

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
A Stock Company

About Your Insurance – This Certificate explains benefits provided under the Group Master Policy (“Policy”) issued to the Policyholder named on the Schedule of Benefits. Please read it closely.

Terms important to understanding this Certificate are defined in the Definitions section or in separate Certificate provisions and are capitalized.

Important Notice – Benefits are payable only as described in this Certificate for a covered loss that occurs while the Covered Person is insured under the Policy.

The Policy may be amended or canceled as stated in its provisions. Such an action may be taken without the consent of or notice to any Covered Person. Premiums are subject to change.

The benefits for Dependents described in this Certificate, if available under the Policy, are applicable only if you are insured, apply for Dependent insurance, receive our approval of such Dependents, and pay the premium required for each Dependent.

This Certificate is subject to the laws of the State of New Jersey. It is signed for us at our Home Office to take effect on the same date insurance becomes effective.



Blake Bostwick
President



Karyn S.W. Polak
Secretary

Group Certificate for Hospital Indemnity Insurance

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Administrative Office:
PO Box 219
Cedar Rapids, IA 52406-0219
Customer Service: 1-888-763-7474
Email Address: TEBcustresp@Transamerica.com
Web Address: www.transamericaemployeebenefits.com

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SCHEDULE OF BENEFITS

POLICYHOLDER: WITHUM

POLICY NUMBER: B100085772

GROUP MASTER POLICY EFFECTIVE DATE: JANUARY 1 2025

GOVERNING JURISDICTION: NEW JERSEY

INSURED: XXXXXXXXXXXX

AGE AT ISSUE: XX

CERTIFICATE NUMBER: XXXXXXXXXXXX

EFFECTIVE DATE: XXXXXXXXXXXX

COVERAGE TYPE: INDIVIDUAL

TOTAL PREMIUM: \$XXX.XX

PREMIUM MODE: XXXXXXXXXXXX

BENEFIT COVERAGE

BENEFIT PER COVERED PERSON

DAILY IN-HOSPITAL INDEMNITY BENEFIT

BENEFIT AMOUNT – FIRST DAY OF CONFINEMENT

\$1,000

BENEFIT AMOUNT – DAYS 2 – 60 OF CONFINEMENT

\$50

MAXIMUM NUMBER OF DAYS PER CONFINEMENT:

31

CONFINEMENT FOR THE SAME OR RELATED CONDITION WITHIN 90 DAYS OF DISCHARGE WILL BE TREATED AS A CONTINUATION OF THE PRIOR CONFINEMENT

TRWC10000-0118 – 24-HOUR COVERAGE RIDER

DEFINITIONS

Terms important to understanding this Certificate are defined in this Section and are capitalized in this Certificate.

Accident or Accidental Injury – A sudden, unexpected, and unintended injury for which benefits are payable under your Certificate that is independent of any Sickness.

Active Service – Performing in the usual manner all the regular duties of your occupation on a scheduled work day at the normal place of business or other location as directed by your employer.

If you are not working on a day your insurance would otherwise take effect, you will be considered to be in Active Service on that day only if: (a) you are capable of performing in the usual manner all of the regular duties of your occupation, and (b) you were in Active Service on the last preceding regular work day.

Active Service does not apply if employment is not an eligibility requirement.

Amendment, Endorsement, or Rider – Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provision or benefit.

Application or Enrollment Form – The form completed and signed to apply for this insurance coverage.

Calendar Year – The period from January 1 through December 31 of the same year.

Certificate – This document that describes your insurance coverage.

Child – A Child of yours by blood, marriage, or civil union who is:

1. Is under the age of 30;
2. Is unmarried or unpartnered;
3. Has no dependent of his or her own; and
4. Is a resident of the State of New Jersey or is enrolled as a full-time student at an accredited public or private institution of higher education.

Child also includes a Child who is incapable of self-support due to a mental or physical impairment. If a Child has reached age 30, but is incapable of self-support because of mental or physical impairment, we will continue the Child's coverage under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of incapacity within 31 days after coverage would otherwise terminate;
3. We may require additional proof of such incapacity from time to time, but not more often than once a year after the Child attains age 30; and
4. Your coverage must remain in force.

Confinement or Confined – That period of time the Covered Person is admitted into a Hospital as a resident bed patient as established by the records of the Hospital. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an Observation Unit for less than 24-48 hours or recovery room, a freestanding surgical facility or an outpatient facility.

Covered Person - You and your Dependents who have been accepted for insurance.

Dependent – Your Spouse or Child.

Effective Date – The date the Covered Person's insurance starts under this Certificate.

Enrollment Qualifying Event – The occurrence of a specified event that would allow an eligible employee or member and his or her eligible Dependent(s) to enroll under the Policy after being first eligible without Evidence of Insurability being required. A specified event means any of the following:

1. An individual becomes an eligible Dependent of the eligible employee or member through marriage, birth, adoption, or placement for adoption; or
2. The eligible employee, member, or Dependent loses coverage under another hospital indemnity policy.

Evidence of Insurability – The correct and complete answers to the questions in the Application and medical history, if necessary, which will be used by us to base our acceptance of a Late Enrollee.

Grace Period – The period of 31 days allowed for each premium payment after the first premium.

Group Master Policy or Policy – The document that is issued to the Policyholder.

Hospital – An institution operated pursuant to law that:

1. Is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the Hospital on a contractual prearranged basis, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis. Such facilities must be under the supervision of a staff of duly licensed Physicians.
2. Provides 24-hour-a-day nursing service by or under the supervision of graduate professional registered nurses.

Notwithstanding the above, Hospital does not include an institution or that part of an institution operated as:

1. A nursing home;
2. An extended care facility;
3. A skilled nursing facility;
4. A mental institution or a facility for the treatment of mental disorders;
5. A rest home or home for the aged;
6. A rehabilitation center; or
7. A treatment facility for alcoholics or drug addicts.

Immediate Family Member – Anyone related to a Covered Person in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the spouse of any of these.

Insured, you, or your – The employee or member covered for this insurance.

Late Enrollee – An eligible employee, member, or Dependent who applies for insurance more than 31 days after becoming eligible for coverage. Late Enrollee also includes a former Covered Person who applies for reinstatement after his or her insurance has terminated. A proposed insured will not be considered a Late Enrollee if he or she applies for insurance within 31 days of an Enrollment Qualifying Event.

Observation Unit – A specialized area within a Hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a Physician. Such a unit must:

1. Be under the direct supervision of a Physician or registered nurse;
2. Be staffed by nurses assigned specifically to that unit; and
3. Provide care seven days per week, 24 hours per day.

Physician – A person who is providing services within the scope of his or her license, and is either:

1. Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. Legally qualified and licensed as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction.

Such person must not be an Immediate Family Member of any Covered Person. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians under this Policy.

Policyholder – The entity named on the Schedule of Benefits to whom the Policy is issued.

Policyholder Application – The form completed and signed by the Policyholder to apply for this insurance coverage.

Sickness – Illness or disease which manifests itself while the Covered Person's insurance is in force and is the direct cause of the loss.

Spouse – A person who is legally married to the Insured; the Insured's New Jersey civil union partner; or the Insured's civil union partner relationship entered into outside of New Jersey which provides substantially all of the rights and benefits of marriage and is valid under the laws of the jurisdiction in which the civil union relationship was entered.

Transamerica Life Insurance Company, the Company, we, us, or our – The insurer that underwrites this insurance.

ELIGIBILITY AND EFFECTIVE DATE

Insurance will start at 12:01 a.m. on the Effective Date at the main place of business of the Policyholder.

Employee or Member Eligibility – To be eligible for insurance under the Policy, you must:

1. Meet the eligibility requirements listed on the Policyholder Application;
2. Be in Active Service; and
3. Provide satisfactory Evidence of Insurability to us, if required.

Within 31 days of the date enrollment is first offered, you must complete an Enrollment Form and any required premium must be paid. If such enrollment is not made within that 31-day period, you will be considered a Late Enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

Employee or Member Effective Date – If you meet the Employee or Member Eligibility requirements, your insurance will take effect on the latest of the following dates:

1. The Group Master Policy Effective Date; or
2. As selected on the Policyholder Application, either (a) the first day of the calendar month which coincides with or next follows the date you are eligible for insurance; or (b) your date of hire; provided you are not a Late Enrollee and we have received your first premium payment; or
3. If you are a Late Enrollee, the first day of the calendar month which coincides with or next follows the date you are accepted for insurance; provided you are: (a) eligible on such date; and (b) we have received your first premium payment.

If you do not meet the eligibility requirements on the date your insurance is to take effect, your insurance will take effect on the first day of the calendar month which coincides with or next follows the date you satisfy the requirements.

Dependent Eligibility, if available under the Policy – To be eligible under the Policy, a Dependent must:

1. Meet the definition of a Dependent;
2. Be able to engage in the usual and customary activities of a person of like age and gender who is free of any physical disease or disorder;
3. Not be eligible as an employee or member under the Policy; and
4. Provide satisfactory Evidence of Insurability to us, if required.

A Dependent will be eligible for such coverage on the later of the following dates:

1. The day you become eligible for coverage; or
2. The day a Dependent first meets the definition of Dependent.

You may elect Dependent coverage by:

1. Enrolling for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction.

If such enrollment for Dependent coverage is not made within that 31-day period, the Spouse or Child will be considered a Late Enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

If you and your Spouse or Dependent are both eligible as an employee or member, any Children may be insured as a Dependent of either you or your Spouse or Dependent, but not both.

Dependent Effective Date – Insurance on each Dependent will take effect on the latest of the following dates:

1. The date your insurance becomes effective; or
2. The first day of the calendar month which coincides with or next follows the date the Dependent is eligible for insurance, provided that: (a) the Dependent is not a Late Enrollee; and (b) we have received any additional premium;
3. If a Late Enrollee, the first day of the calendar month which coincides with or next follows the date the Dependent is accepted for insurance, provided that: (a) the Dependent is an eligible Dependent on such date; and (b) we have received any additional premium.

If a Dependent does not meet the eligibility requirements on the date his or her insurance is to take effect, insurance on that Dependent will take effect on the first day of the calendar month which coincides with or next follows the date the Dependent satisfies the requirements.

Insurance for Newborn Child or Newly Adopted Child – Insurance for a newborn, a newly adopted Child, or a Child for whom you are appointed the legal guardian, will become effective automatically on the day he or she is born, the day the Child is placed for adoption with you or the day a court enters an order appointing you the legal guardian of the Child. The Child will be automatically insured for 31 days. In order to continue the Child's insurance, you must notify us by the end of the 31-day period and pay any additional premium, if applicable.

Insurance for a newly born or newly adopted Child will consist of coverage for Accidental Injury or Sickness of the Child including confinements for medically diagnosed congenital defects and birth abnormalities within the scope of the Policy.

DAILY IN-HOSPITAL INDEMNITY BENEFIT

If a Covered Person is Confined to a Hospital as a result of an Accident or Sickness, we will pay the benefit amount per day shown on the Schedule of Benefits. Confinement must begin while this contract is in force. Each day must include an overnight stay. This benefit is limited to any maximums shown in the Schedule of Benefits.

We will not pay a Daily In-Hospital Indemnity Benefit for a newborn Child's stay in the Hospital unless the newborn Child is Confined to the Hospital and is being treated for Accidental Injury or Sickness.

Confinement for the same or related condition within 90 days of discharge will be treated as a continuation of the prior Confinement. Successive Confinements separated by more than 90 days will be treated as a new and separate Confinement.

Waiver of Premium Benefit - After you have been Confined to a Hospital due to a covered Accident or Sickness for more than 30 continuous days while this contract is in force, we will waive the premium for the contract for as long as you remain Confined to a Hospital.

All premiums must be paid to keep the contract in force until you have been Confined to a Hospital for more than 30 continuous days and the waiver becomes effective.

You must send us written notice as soon as you are no longer Confined to a Hospital. We will assume you are no longer Confined to a Hospital if:

1. You do not send us satisfactory proof of loss when we request it; or
2. You notify us that you are no longer Confined to a Hospital.

All premiums must be paid to keep this contract in force beginning with the first premium due after you are no longer Confined to a Hospital.

The Waiver of Premium Benefit does not apply to any period that you are Confined to a Hospital due to an accident, sickness or condition which is excluded by name or specific description.

This benefit does not apply to your Spouse or to your children. We will waive premiums, including premiums for Dependent coverage, only if you, the Insured, are Confined to a Hospital for more than 30 continuous days.

EXCLUSIONS AND LIMITATIONS

We do not cover losses caused by, or as a result of, the following:

1. A Covered Person's suicide or attempted suicide.
2. A Covered Person's intentional self-inflicted injury.
3. Rest care or rehabilitative care and treatment.
4. Immunization shots and routine examinations such as: physical examinations, mammograms, Pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings.
5. Routine newborn care.
6. A Covered Person's abortion, except for medically necessary abortions performed to save the mother's life.
7. The treatment of:
 - a. A Covered Person's mental or emotional disorder.
 - b. A Covered Person's alcoholism or drug addiction.
8. A Covered Person's commission of or attempt to commit a felony or the Covered Person's engagement in an illegal occupation.
9. Dental care or treatment, except for such care or treatment due to Accidental Injury to sound natural teeth within 12 months of the Accident and except for dental care or treatment necessary due to congenital disease or anomaly.

10. A Covered Person's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.
11. A Covered Person's sex change, reversal of tubal ligation or reversal of vasectomy.
12. Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician's services, unless required by law.
13. Aviation except as a fare-paying passenger on a regularly scheduled airline.
14. Any loss incurred while a Covered Person is on active duty status in the armed forces. (If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception.)
15. An Accident or Sickness arising out of or in the course of any occupation for compensation, wage or profit or for which benefits may be payable under an Occupational Disease Law or similar law, whether or not application for such benefits has been made.
16. A Covered Person's involvement in any war or act of war, whether declared or undeclared; participation in a riot or insurrection.
17. Hospital Confinement of a newborn Child following the Child's birth, unless the newborn Child is being treated for Accidental Injury or Sickness.

PREMIUMS

All premiums are payable on or before the date they are due.

Premium Changes – We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, we will give at least a 60-day advance written notice to the Policyholder.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that our liability is increased, without regard to any premium rate guarantee. If such premium increase takes place on a date other than a premium due date, a pro rata premium for the increase will be due on the next premium due date. The pro rata premium will be for the period from the date of the increase to the next premium due date. If such pro rata premium is not paid when due, the insurance will automatically be terminated as of the date it was due. Any partial payment of premium will be refunded.

A change to your premium may also occur if you choose to convert your insurance to a conversion policy after becoming ineligible under this Certificate. See the Conversion Option section for further details.

TERMINATION OF INSURANCE

Your insurance will cease on the earliest of the following dates:

1. The date the Policy terminates;
2. The date you cease to be eligible for insurance;
3. The date of your death;
4. The premium due date on which we fail to receive your premium from the Policyholder, subject to the Grace Period provision; or
5. The date you request your insurance be cancelled, or the date your request is received, whichever is later.

The insurance on a Dependent will cease on the earliest of the following dates:

1. The date your insurance terminates;
2. The premium due date on which we fail to receive your premium from the Policyholder, subject to the Grace Period provision;
3. The date the Dependent Child no longer meets the definition of Child;
4. The date a Covered Spouse or Dependent no longer meets the definition of same;
5. The date of the Dependent's death;
6. The date the Policy is modified so as to exclude Dependent insurance; or
7. The date you request your Dependent insurance be cancelled, or the date your request is received, whichever is later.

We may terminate the insurance of any Covered Person who submits a fraudulent claim under the Policy.

Termination of your insurance will not affect any claim which begins before the date of termination.

CONVERSION OPTION

If you lose eligibility for this insurance for any reason other than fraud or nonpayment of premiums or termination of the Group Master Policy, you will have the option to convert this group coverage to a policy we are issuing for the purpose of conversions. You will receive notification of this Option from the Group Policyholder at the time your insurance terminates.

You must complete a written request to convert and pay the first premium to us no later than 31 days after the date of your termination under the Policy. If you are interested, please request an application from the Policyholder and submit to us within 31 days of your termination date. The converted policy will be issued, without Evidence of Insurability, on a policy form then available for conversions, which is most comparable to this Certificate. If this contract includes a Preexisting Condition Limitation or a Normal Pregnancy Limitation, the limitation(s) in the converted policy will continue from the Covered Person's original effective date under this Certificate.

The initial premium for the converted policy for the first 12 months and subsequent renewal premiums will be determined in accordance with our table of premium rates as of the converted policy's effective date applicable to the age and class of risk of each person to be insured under the converted policy and to the type and amount of insurance provided.

The effective date of the converted policy will be the day following the termination of insurance under this Certificate.

This Conversion Option is only available for the Insured and the Insured's covered Dependents. It is not available for the Insured's Dependents without the Insured.

CLAIMS PROVISIONS

Notice of Claim – Written notice of claim must be given to us at our Administrative Office. Such notice should be made within 30 days after any loss covered by the contract. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay, so long as notice is given as soon as reasonably possible.

Claim Forms – Claim forms should be used for filing Proof of Loss. We will send such form to the claimant within 15 days of receipt of notice of claim. If we fail to supply the proper claim forms within 15 days, you can give proof in writing, setting forth the nature and extent of the loss within the time stated in the Proof of Loss provision and you will be deemed to have complied with the requirements of the policy for filing Proof of Loss. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the cover page.

Proof of Loss – Due written Proof of Loss must be given to us at our Administrative Office. In case of a claim for loss for which a periodic payment is provided contingent upon continuing loss, such satisfactory written Proof of Loss must be sent within 90 days after the termination of the period for which we are liable. For any other loss, proof must be sent within 90 days after the date of such loss.

Failure to furnish proof within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof and it was furnished as soon as reasonably possible.

Payment of Claim Benefits – All benefits payable under your Certificate will be paid to you, unless you have assigned such benefits. Any benefits due that have not been paid at the time of your death will be paid either: (1) to your Spouse or Dependent; or (2) if there is no Spouse or Dependent, to your estate. We may pay up to \$1,000 of such benefit to one of your relatives at our discretion. Such payment fully discharges us to the extent of the payment.

Physical Examinations and Autopsy – We have the right to have a Covered Person examined by a Physician of our choice, at our expense, as often as reasonably necessary while a claim is pending. In case of death, we may request an autopsy at our expense where it is not forbidden by law.

Time of Payment of Claims – Benefits for a covered loss will be paid not more than 60 days after we receive due written Proof of Loss.

GENERAL PROVISIONS

Assignment - The Insured may assign benefits under this Certificate. We assume no responsibility for the validity or effect of any assignment of this Certificate or any interest in it.

Clerical Error – A clerical error by us will not invalidate insurance otherwise in force, nor continue insurance otherwise not validly in force.

Conformity with State Laws – A provision of the Policy or Certificate that conflicts with a law of the governing jurisdiction is hereby changed to meet the minimum standards of that law.

Entire Contract; Changes – The Entire Contract consists of the Policy as issued to the Policyholder, the Policyholder Application, the Certificate Provisions, and any attached Amendments, Endorsements, and Riders. Changes to the Policy or this Certificate may only be made in writing if approved and signed by an executive officer of the Company and evidenced by an endorsement or amendment signed by an officer of the Company and the Policyholder. No agent or Policyholder has authority to change the Policy or this Certificate or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

Legal Action – No legal action may be brought to recover under the Policy or Certificate within 60 days after written Proof of Loss has been provided to us as required nor more than three years from the time written Proof of Loss is required to be furnished.

Misstatement of Age – If the Insured's age has been misstated, all benefits payable under the policy for any Covered Person will be such amount as the premium paid would have purchased at the Insured's correct age..

Other Insurance With Us – If a Covered Person has more than one hospital indemnity policy, certificate, or similar coverage with us, only one, chosen by you or your estate, will be effective. We will refund all premiums paid for all other such coverage from the date of duplication, less any benefits paid from such date.

Time Limit on Certain Defenses

Misstatements in the Application – We will not use any statement, except fraudulent statements, to void or reduce benefits after your insurance has been in effect for two years. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amounts is subject to a new two year contestable period for the increased amount only.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

Notice – Any notice to you will be sent to your last known address.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

24-HOUR COVERAGE RIDER

This Rider is attached to and made a part of the contract to which it is attached. It is issued in consideration of the Application and payment of any required initial premium. The contract is amended as follows:

The exclusion for Accident or Sickness arising out of or in the course of any occupation for compensation, wage or profit or for which benefits may be payable under an Occupational Disease Law or similar law in the contract's **EXCLUSIONS AND LIMITATIONS** section is deleted in its entirety. Benefits for occupation-related Accidents and Sicknesses will be paid the same as any other Accident or Sickness.

This Rider does not waive, alter or extend any condition or provision of the contract, except to the extent shown above. It is subject to all the terms and limitations of the contract. This Rider takes effect and expires concurrently with the contract to which it is attached.

This Rider is signed for the Company at our Home Office to take effect on the contract Effective Date.



[Blake Bostwick]
[President]



Karyn S.W. Polak
Secretary