HELP PROTECT YOUR FUTURE FROM THE UNEXPECTED

***CRITICALASSISTANCE SELECT*®**
FOR NEW YORK — SPECIFIED DISEASE INSURANCE

Available to the employees of: Complete Womens Imaging PC

Products underwritten by Transamerica Financial Life Insurance Company, Harrison, NY

TRANSAMERICA®

HELP PROTECT YOUR FAMILY — AND YOUR FINANCES

Pursuing the financial future you deserve starts with understanding how both your Wealth + Health℠ affect your quality of life. Healthcare costs can have a major impact on your long-term plan. Transamerica's critical illness insurance can help provide the protection you and your family need to remain confident in your financial future.

Because what good is wealth without the health to enjoy it?

CHOOSE PEACE OF MIND

When you're able to help protect your family and your finances, you can worry less and focus on what's important. That's why Transamerica's voluntary benefits offer the financial assistance you need while working toward a healthier, more secure future.

CriticalAssistance Select for New York is designed to help ease the burden of unexpected costs that can accompany a critical illness. It pays a benefit you can use however you need — to help pay for out-of-pocket medical expenses, daily living costs, or even childcare while you recover.

Note: You must have in-force major medical coverage to be eligible for *CriticalAssistance Select*.

Highlights of *Critical Assistance Select*

BENEFITS PAID DIRECTLY TO YOU

CONVENIENT PAYROLL-DEDUCTION PREMIUMS

FAMILY OPTIONS AVAILABLE

PORTABLE IF YOU LEAVE THE COMPANY OR RETIRE

Policy Questions?

Visit: transamerica.com

Call: 888-763-7474

Your Specified Disease Insurance

CriticalAssistance Select for New York is a specified disease insurance that pays a benefit to help with expenses associated with a covered condition. The type of condition determines the benefit amount. This is a voluntary policy intended to supplement your major medical insurance. It is not considered minimum essential coverage to meet the requirement of the Affordable Care Act. Benefits are as follows:

The following plan option pays a lump-sum benefit of $10,000 to $50,000 (available in $5,000 increments) to each insured person for the initial diagnosis of a covered specified disease.

PLAN B
Invasive Cancer Heart Attack Stroke End Stage Renal Failure Major Organ Transplant Surgery

The policy face amount (also known as the Specified Disease Benefit) is payable one time per insured person. There is also a Subsequent Specified Disease Benefit (Rider Form Series FR200100) equal to the face amount that is payable for a subsequent and separate covered specified disease. The subsequent and separate covered specified disease must first manifest itself and be diagnosed more than 60 days after the first covered specified disease is initially diagnosed. This benefit is payable one time for each insured person and will be paid in addition to any other benefit in the policy. The policy will terminate when 100% of the face amount has been paid.

PLAN B – OTHER BENEFITS

The Coronary Artery Disease Benefit provides a benefit equal to 25% of the Specified Disease Benefit. This benefit is payable one time per insured person and any amount paid under this benefit will reduce the face amount for the Specified Disease Benefit.

The Carcinoma in Situ and Coronary Artery Benefits are included under Plan Option B. They each pay a benefit of 25% of the Specified Disease Benefit amount. These benefits are payable one time for each insured person. If a benefit is paid and the insured is later diagnosed with a different covered specified disease or a subsequent specified disease, benefits payable are the face amount less the amount(s) received for carcinoma in situ and/or coronary artery disease. Payment of this benefit is delayed until after coronary artery bypass surgery is performed.

The Skin Cancer Benefit is also included under Plan Option B. It pays a benefit in the amount of $250 if the insured is diagnosed with skin cancer. This benefit is payable one time for each insured person and is paid in addition to any other benefit.

Your Specified Disease Insurance

SPECIFIED DISEASE SCREENING BENEFIT (RIDER FORM SERIES FRSDS2NY)

Plan B offers the employee an optional Specified Disease Screening Benefit. This screening benefit is designed to detect a specified disease at an early stage of development, so that treatment is more effective. This benefit pays a $50 benefit per calendar year for each insured person for the following medical tests and procedures performed at the direction of a licensed physician:

- Breast ultrasound
- Colonoscopy
- Pap test
- Mammography
- Chest X-ray
- Thermography
- Bone marrow testing
- Flexible Sigmoidoscopy
- Hemoccult stool analysis
- CA15-3 (blood test for breast cancer)
- CEA (blood test for colon cancer)
- CA125 (blood test for ovarian cancer)
- Blood test for triglycerides
- Stress test on a bicycle or treadmill
- PSA (blood test for prostate cancer)
- Fasting blood glucose test
- Serum Protein Electrophoresis (blood test for myeloma)
- Serum cholesterol test to determine level of HDL and LDL

This benefit is paid in addition to any other benefit.

Your Specified Disease Insurance

PLAN OPTION 1: PLAN B

Cancer, Heart Attack, Stroke, End Stage Renal Failure, Major Organ Transplant, and Coronary Artery Disease and an optional Specified Disease Screening Benefit

INDIVIDUAL NON-TOBACCO MONTHLY PREMIUM

AGE	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
16-29	$2.60	$3.90	$5.20	$6.50	$7.80	$9.10	$10.40	$11.70	$13.00
30-39	$5.30	$7.95	$10.60	$13.25	$15.90	$18.55	$21.20	$23.85	$26.50
40-49	$10.20	$15.30	$20.40	$25.50	$30.60	$35.70	$40.80	$45.90	$51.00
50-59	$18.40	$27.60	$36.80	$46.00	$55.20	$64.40	$73.60	$82.80	$92.00
60-64	$27.50	$41.25	$55.00	$68.75	$82.50	$96.25	$110.00	$123.75	$137.50

INDIVIDUAL AND SPOUSE NON-TOBACCO MONTHLY PREMIUM

AGE	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
16-29	$5.20	$7.80	$10.40	$13.00	$15.60	$18.20	$20.80	$23.40	$26.00
30-39	$10.60	$15.90	$21.20	$26.50	$31.80	$37.10	$42.40	$47.70	$53.00
40-49	$20.40	$30.60	$40.80	$51.00	$61.20	$71.40	$81.60	$91.80	$102.00
50-59	$36.80	$55.20	$73.60	$92.00	$110.40	$128.80	$147.20	$165.60	$184.00
60-64	$55.00	$82.50	$110.00	$137.50	$165.00	$192.50	$220.00	$247.50	$275.00

INDIVIDUAL AND CHILD(REN) NON-TOBACCO MONTHLY PREMIUM

AGE	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
16-29	$3.90	$5.85	$7.80	$9.75	$11.70	$13.65	$15.60	$17.55	$19.50
30-39	$6.60	$9.90	$13.20	$16.50	$19.80	$23.10	$26.40	$29.70	$33.00
40-49	$11.50	$17.25	$23.00	$28.75	$34.50	$40.25	$46.00	$51.75	$57.50
50-59	$19.70	$29.55	$39.40	$49.25	$59.10	$68.95	$78.80	$88.65	$98.50
60-64	$28.80	$43.20	$57.60	$72.00	$86.40	$100.80	$115.20	$129.60	$144.00

INDIVIDUAL, SPOUSE AND CHILD(REN) NON-TOBACCO MONTHLY PREMIUM

AGE	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
16-29	$6.50	$9.75	$13.00	$16.25	$19.50	$22.75	$26.00	$29.25	$32.50
30-39	$11.90	$17.85	$23.80	$29.75	$35.70	$41.65	$47.60	$53.55	$59.50
40-49	$21.70	$32.55	$43.40	$54.25	$65.10	$75.95	$86.80	$97.65	$108.50
50-59	$38.10	$57.15	$76.20	$95.25	$114.30	$133.35	$152.40	$171.45	$190.50
60-64	$56.30	$84.45	$112.60	$140.75	$168.90	$197.05	$225.20	$253.35	$281.50

SPECIFIED DISEASE SCREENING BENEFIT

INSURANCE TYPE	INDIVIDUAL	INDIVIDUAL & SPOUSE	INDIVIDUAL & CHILD(REN)	INDIVIDUAL, SPOUSE & CHILD(REN)
Monthly Premium for All Ages:	$1.84	$3.68	$3.68	$5.52

Issue State: New York
Rate generation date: October 13, 2025
SIC Code: 8011

Your Specified Disease Insurance

PLAN OPTION 1: PLAN B

Cancer, Heart Attack, Stroke, End Stage Renal Failure, Major Organ Transplant, and Coronary Artery Disease and an optional Specified Disease Screening Benefit

INDIVIDUAL TOBACCO MONTHLY PREMIUM

AGE	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
16-29	$5.00	$7.50	$10.00	$12.50	$15.00	$17.50	$20.00	$22.50	$25.00
30-39	$14.80	$22.20	$29.60	$37.00	$44.40	$51.80	$59.20	$66.60	$74.00
40-49	$29.50	$44.25	$59.00	$73.75	$88.50	$103.25	$118.00	$132.75	$147.50
50-59	$50.00	$75.00	$100.00	$125.00	$150.00	$175.00	$200.00	$225.00	$250.00
60-64	$68.00	$102.00	$136.00	$170.00	$204.00	$238.00	$272.00	$306.00	$340.00

INDIVIDUAL AND SPOUSE TOBACCO MONTHLY PREMIUM

AGE	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
16-29	$10.00	$15.00	$20.00	$25.00	$30.00	$35.00	$40.00	$45.00	$50.00
30-39	$29.60	$44.40	$59.20	$74.00	$88.80	$103.60	$118.40	$133.20	$148.00
40-49	$59.00	$88.50	$118.00	$147.50	$177.00	$206.50	$236.00	$265.50	$295.00
50-59	$100.00	$150.00	$200.00	$250.00	$300.00	$350.00	$400.00	$450.00	$500.00
60-64	$136.00	$204.00	$272.00	$340.00	$408.00	$476.00	$544.00	$612.00	$680.00

INDIVIDUAL AND CHILD(REN) TOBACCO MONTHLY PREMIUM

AGE	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
16-29	$6.30	$9.45	$12.60	$15.75	$18.90	$22.05	$25.20	$28.35	$31.50
30-39	$16.10	$24.15	$32.20	$40.25	$48.30	$56.35	$64.40	$72.45	$80.50
40-49	$30.80	$46.20	$61.60	$77.00	$92.40	$107.80	$123.20	$138.60	$154.00
50-59	$51.30	$76.95	$102.60	$128.25	$153.90	$179.55	$205.20	$230.85	$256.50
60-64	$69.30	$103.95	$138.60	$173.25	$207.90	$242.55	$277.20	$311.85	$346.50

INDIVIDUAL, SPOUSE AND CHILD(REN) TOBACCO MONTHLY PREMIUM

AGE	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
16-29	$11.30	$16.95	$22.60	$28.25	$33.90	$39.55	$45.20	$50.85	$56.50
30-39	$30.90	$46.35	$61.80	$77.25	$92.70	$108.15	$123.60	$139.05	$154.50
40-49	$60.30	$90.45	$120.60	$150.75	$180.90	$211.05	$241.20	$271.35	$301.50
50-59	$101.30	$151.95	$202.60	$253.25	$303.90	$354.55	$405.20	$455.85	$506.50
60-64	$137.30	$205.95	$274.60	$343.25	$411.90	$480.55	$549.20	$617.85	$686.50

SPECIFIED DISEASE SCREENING BENEFIT

INSURANCE TYPE	INDIVIDUAL	INDIVIDUAL & SPOUSE	INDIVIDUAL & CHILD(REN)	INDIVIDUAL, SPOUSE & CHILD(REN)
Monthly Premium for All Ages:	$1.84	$3.68	$3.68	$5.52

Issue State: New York
Rate generation date: October 13, 2025
SIC Code: 8011

Definitions Page

A Specified Disease is any of the following:

INVASIVE CANCER: A disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of malignant cells. Invasive Cancer does not include pre-malignant conditions or conditions with malignant potential or carcinoma in situ or skin cancer as defined in the policy (Plan B only).

CARCINOMA IN SITU: Non-invasive cancer that is in the natural or normal place, confined to the site of origin without invasion of neighboring tissues. (Plan B only)

SKIN CANCER: Means basal cell carcinoma and squamous cell carcinoma of the skin or melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm. (Plan B only)

HEART ATTACK (MYOCARDIAL INFARCTION): The ischemic death of a portion of heart muscle as a result of inadequate blood supply. The diagnosis must be based on all of the following criteria:

- elevation of cardiac enzymes;
- associated new electrocardiographic (EKG) changes consistent with ischemic injury; and
- other clinical information to support the diagnosis of heart attack (myocardial infarction) such as confirmatory imaging studies like as thallium scans, MUGA scans, or stress echocardiograms.

STROKE: A cerebrovascular event causing permanent neurological damage to brain tissue that results in a permanent neurological deficit, including infarction, hemorrhage, or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

- permanent neurological deficits; and
- confirmatory neuroimaging studies.

Transient Ischemic Attacks are not considered strokes or any other disease covered by the policy and is specifically excluded.

END-STAGE RENAL FAILURE: Chronic, irreversible failure of the function of both kidneys, such that an insured person must undergo regular hemodialysis or peritoneal dialysis to sustain life.

MAJOR ORGAN TRANSPLANT: Clinical evidence of major organ failure of such severity that the organ functions in a way inadequate to support life and requires the malfunctioning organ to be replaced with the organ from a suitable donor. The transplant must be recommended by a physician and the insured person must be registered with the United Network of Organ Sharing (UNOS), or any other transplantation waiting list provided by any legally operating organization performing this service.

CORONARY ARTERY DISEASE: Diagnosis of at least 75% cross-sectional occlusion of one or more major coronary arteries (left main, left anterior descending, circumflex or right coronary artery). A physician must recommend that the insured person undergo coronary artery bypass surgery.

Limitations and Exclusions

CriticalAssistance Select for New York contains certain restrictions and exclusions, which are detailed below.

Exclusions: The policy does not pay benefits for losses caused by or resulting from the following:

- an insured person being diagnosed with a specified disease during the waiting period. If an insured person is diagnosed with a specified disease during the waiting period, Transamerica Financial Life Insurance Company will void the policy and refund all premiums paid
- an insured person participating in a felony, riot or insurrection
- an insured person intentionally causing a self-inflicted injury
- an insured person committing or attempting to commit suicide
- Transamerica Financial Life Insurance Company will not pay the specified disease benefit for the following:
    - Pre-malignant conditions or conditions with malignant potential; or
    - Transient Ischemic Attacks

Transient Ischemic Attacks are not considered strokes or any other type of disease covered by the policy.

Time Limit on Certain Defenses: After two years from the date of issue, only fraudulent misstatements in the application may void the policy or cause denial of claims for loss incurred or disability after such two year period.

CONTINUATION/RENEWABILITY

Should an employee leave your company, he or she can continue his or her insurance on a monthly bank draft, or semiannual or annual direct billing basis. The insured is guaranteed the right to renew this policy for his or her lifetime by paying the premium rate in effect at the beginning of each term. Premiums can only be changed after advance notification and only if made on all in-force policies of the same policy form issued in New York State.

TERMINATION OF EMPLOYEE INSURANCE

Insurance ends on the earliest of the following dates:

- The date the insurer receives a request for cancellation or on such later date as may be specified in such notice;
- The date an insured dies, unless there is a spouse insured under the policy who shall become the insured;
- At the end of the grace period, if premiums are not paid; or
- When 100% of the policy face amount (the Specified Disease Benefit amount and/or the Subsequent Specified Disease Benefit) has been paid.

Termination of the policy will have no effect on payment of benefits for a claim which begins before the policy is terminated.

TERMINATION OF THE EMPLOYER'S AGREEMENT

A group will not be continued if it drops below the minimum required enrollment of 5 employees. The agreement will be terminated and insurance of all remaining insureds may be continued on a direct bill basis.

Termination of the agreement will have no effect on payment of benefits for a claim which begins before the agreement is terminated.

The employer may end the agreement on any premium due date. Sixty (60) days advance written notice of such termination must be given.

Limitations and Exclusions

OTHER INSURANCE WITH US

Transamerica offers a menu of supplemental health and life products. We will allow an individual to have a Cancer contract with a CriticalAssistance contract. An individual may not have duplicate CriticalAssistance contracts or duplicate insurance with a CriticalAssistance contract and one of our life insurance contracts with a critical care rider attached.

We will not allow the replacement of one of our existing supplemental health insurance products with this insurance.

Group Benefits Disclosure Policy

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness, and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

Up-to-date information regarding our compensation practices can be found in the Disclosures section of our website at **tebcs.com**.

Policy Questions?

Visit: transamerica.com

Call: 888-763-7474

The expected benefit ratio for this policy is 60.1 percent. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

CriticalAssistance Select® for New York, a voluntary limited specified disease insurance policy is **underwritten by Transamerica Financial Life Insurance Company** Home Office Harrison, NY. Policy form series TPSDC1NY. Limitations and exclusions apply. Please refer to the policy and riders for complete details.

264864

TRANSAMERICA®