

TransAccident®
Group Off-the-Job Accident Insurance

R I S E A B O V E .®



TransAccident- Consumer Brochure - CAG01C-A-0607
Underwritten by: **Transamerica Life Insurance Company**

®

TransAccident[®]

Group Off-the-Job Accident Insurance

A fatal injury occurs every 5 minutes and a disabling injury occurs every second.¹ Unintentional injury deaths in the U.S. were up 2% in 2004 from the previous year.¹ However, wage losses, medical expenses, property damage, employer costs, fire losses and other expenses related to fatal and nonfatal unintentional injuries cost Americans \$574.8 billion in 2004.¹ This is the equivalent to about \$2,000 per capita, or about \$5,100 per household.¹

Why take chances that could ruin your financial future? TransAccident is designed to provide benefit payments to help protect against the high cost of accidents. Why do you need it? Because TransAccident pays benefits regardless of any other insurance you might have. Plus, you'll have the comfort of knowing that you'll still be covered even if your major medical insurance won't pay.

Payments are made through convenient payroll deductions. Whether you purchase coverage for just yourself or the entire family, monthly premiums are convenient.

Don't wait for an accident to happen. Secure coverage and help your peace of mind with TransAccident.

¹ National Safety Council, *Report on Injuries in America*, 2006.
Use of statistics does not imply endorsement.



TransAccident is **underwritten by Transamerica Life Insurance Company**, Home Office, Cedar Rapids, Iowa. The "generic" form numbers for this contract series are TPGA0100 or CP200500 (Policy) and TCGA0100 or CC200500 (Certificate). Riders Form Series numbers are TRGA0100 or CR200400, TRGA0200 or CR200500, TRGA0300 or CR200600, TRGA0400 or CR200700, TRGA0500 or CR200800, TRGA0700 or CR200900, TRGA0800 or CR201000, and TRGAS100 or CR201100, TRGAW100 or CR201200, and TRGAIH00 or CR201300.

TransAccident Pays Benefits for...

Accident Specific Sum Injuries Benefit:

- ▶ Dislocations and Fractures - both surgical and non-surgical;
- ▶ Tendons and Ligaments - that are torn, ruptured, or severed;
- ▶ Burns - second and third degree;
- ▶ Ruptured Disc / Torn Knee Cartilage - requiring surgery within 12 months after your accident;
- ▶ Major Cuts - lacerations requiring stitches;
- ▶ Eye Injuries - requiring surgery;
- ▶ Internal Injuries - abdominal or thoracic injuries requiring surgery; and
- ▶ Blood Transfusions.

Initial Care:

- ▶ **Initial Hospitalization for Injury** – Payable once a year when you or a covered family member is hospitalized for 24 hours or more, due to a covered accidental bodily injury.
- ▶ **Accident Hospital Income Benefit** – A set daily amount is paid for hospital confinement for up to one year. If confinement is in an Intensive Care Unit, an additional amount equal to three times your daily hospital benefit will be paid for up to 15 days for each accident.

- ▶ **Accident Emergency Treatment Benefit**– Emergency treatment of injuries by a physician, x-rays or treatment received in a hospital emergency room.
- ▶ **Ambulance** – Transport to a hospital within 100 miles of the accident within 72 hours. If an air ambulance is required, an amount equal to four times your Ambulance Benefit will be paid.
- ▶ **Transportation Benefit** – Benefits are paid up to three trips per year for you or your covered family member if special treatment is required at a facility more than 100 miles away from home or the site of an accident.
- ▶ **Lodging Benefit**– One motel/hotel room for you or immediate family member(s) to accompany a covered person in the event treatment is at a hospital more than 100 miles away from your home. It is payable for up to 30 days, per accident.

Aftercare:

- ▶ **Accident Follow-Up Treatment** – As many as three follow-up treatments for which initial treatment was received within 72 hours after a covered accident.
- ▶ **Appliances, Physical Therapy and Prosthesis Benefit** – Appliances to aid in personal movement and physical therapy sessions after a covered accident. If needed, it even pays benefits for prosthetic devices.

Coverage for Almost Every Contingency

Your TransAccident Policy Provides:

- ▶ An Accidental Death Benefit that pays your selected benefit amount when you die as a result of a covered common-carrier, motor-vehicle, or other type of accident. If elected, your spouse can be covered at 50%, and your eligible dependent children at 10%, of your benefit amount.
- ▶ A lump-sum Accidental Dismemberment Benefit, should you or a covered family member lose a limb or eyesight in a covered accident.

Dismemberment or complete loss of, with or without reattachment	% of Dismemberment Benefit
One or more fingers and/or one or more toes	5%
One eye, hand, foot, arm or leg	20%
Two eyes, hands or feet	50%
Two arms or two legs	50%
Both arms and both legs	100%

Only the largest benefit will be paid for any one covered accident.

Optional Benefits

If selected by your employer, TransAccident's coverage from these Optional Benefits can supplement your income in case you become disabled and can't work as a result. The three optional benefits are:

- ▶ An **Off-the-Job Accident Disability Benefit** if you become disabled within 90 days because of a covered off-the-job accident.
- ▶ A **Sickness Disability Benefit** if you are totally disabled because of an extended illness, after the Elimination Period.
- ▶ A **Wellness Benefit** for routine exams and preventive testing for either yourself or an insured family member. It is payable one time per year for one covered person, after the certificate's first anniversary date.

Additional Coverage and Benefit Information

- ▶ TransAccident is available to qualified employees and their spouses. Coverage is also available for children ages 0 through 18 (to age 24 if they are full-time students).
- ▶ TransAccident provides a continuation of coverage option. This means that as long as your employer chooses to offer this plan, you can continue your coverage even if you leave employment.

Definitions of Terms

Accidental Bodily Injury: Means an Off-The-Job Injury or Injuries for which benefits are provided. Such injuries must be sustained by a Covered Person and must be the direct cause of the loss, independent of disease or bodily infirmity or any other cause. All such injuries sustained by a Covered Person in any one accident and complications arising therefrom as well as recurrences of complications shall be deemed to be a single injury. Such injury or injuries must occur while the policy is in force.

Accidental Death: Means death resulting directly and independently of all other causes from:

- ▶ An Accidental Bodily Injury, provided that such death occurs within ninety (90) days of such accident; or,
- ▶ A disease or infection resulting directly from an Accidental Bodily Injury which begins within thirty (30) days after the date of such accident, provided such death occurs within ninety (90) days of such Accidental Bodily Injury.

Accidental Dismemberment: Means dismemberment or complete loss of, with or without reattachment:

- ▶ One or more fingers and/or one or more toes;
- ▶ One eye, hand, foot, arm or leg;
- ▶ Two eyes, hands or feet;
- ▶ Two arms or two legs;
- ▶ Both arms and both legs.

Loss of a finger or toe means complete severance at the hand or foot. Loss of a foot means complete severance at or above the ankle joint. Loss of sight means entire and irrevocable loss of sight. Loss of a hand means the entire loss of at least four fingers.

Active Service: Means that you are:

- ▶ doing all of the regular duties in the usual manner of your employment, full-time, on a scheduled work day; and
- ▶ performing these duties at one of the places of business where you normally do such duties or at some location to which your employment sends you.

Continuation: Means that you may have the option to continue all or part of this insurance by paying the premiums directly to us if you (or any other person covered under your Certificate, if applicable) lose eligibility for this insurance for any reason other than because your employer's Group Master Policy stops.

Eligibility: All persons who:

- (a) are on Active Service as employees of the Policyholder;
- (b) qualify as eligible Insureds as defined in the Policyholder's application; and
- (c) meet the definition of Eligibility as stated in the Schedule.

Insured: (you, your) means a person whose coverage has been applied for and is in force under the terms of the Policy.

Off-the-Job Injury: Means an Accidental Bodily Injury which does not occur while in the course of any legal or illegal occupation, activity or employment for pay, benefit or profit.

Policyholder: means the employer who holds the Policy.

Sickness: Means an illness, disease, or condition not resulting from an Accidental Bodily Injury and which first produces a clear or obvious symptom after the Effective Date of the Certificate.

Total Disability: Means the Insured is unable to engage in or perform all of the material and substantial duties of his or her occupation. Total Disability shall be considered to exist when the Insured is under the regular care and attendance of a Physician for the Necessary Treatment of an Accidental Bodily Injury, and is not actually engaged in any substantially gainful occupation. Total Disability must begin while the Certificate is in force.

Totally Disabled: Means the Insured shall be considered to be Totally Disabled only for the period of time he/she meets the requirements for Total Disability above.

We, Us, Our, TLIC: Refers to Transamerica Life Insurance Company.

Important Policy Information

This brochure highlights the coverage being offered for TransAccident, a Group Off-the-Job Accident Insurance Policy.

Throughout this brochure in referring to "you," we assume you are the employee or member, the Insured, and the Owner of the coverage described. If coverage is issued on a spouse or child, you are generally considered the Owner of that coverage.

Coverage is subject to certain conditions, limitations and exclusions, which are detailed in the Group Master Policy as well as the Certificate and Riders (or, in some states, in the Policy and Riders). Together, these constitute a legal contract. If there is a conflict between what is described in this brochure and your contract, the terms and policy provisions of the contract will prevail.

For a complete listing of the plan provisions, as well as any limitations and exclusions, please refer to the Group Master Policy.

Any provision of the Certificate, which, on its Effective Date, does not agree with the laws of the state in which the Policy is written, will be amended to conform to the minimum requirements of those laws.

No benefits are payable for accidents other than those defined in the Group Master Policy and Certificate.

This brochure is not complete without an enclosed Schedule of Benefits and Rate Table.

Limitations and Exclusions

Important Notice

Benefits are only payable for listed covered off-the-job accidental injuries that occur while the insured is covered under the certificate. We will not pay benefits for an accident that is caused by or occurs as a result of a Covered Person's:

- ▶ Driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit;
- ▶ Mountaineering, parachuting or hang gliding;
- ▶ Voluntarily taking, administering, absorbing, or inhaling poison, gas or fumes;
- ▶ Alcoholism or drug addiction;
- ▶ Participating in any sport or activity for wage, compensation or profit; or racing any type vehicle in an organized event;
- ▶ Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- ▶ Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician or taken according to the Physician's instructions) or committing an illegal act while intoxicated (Intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred);
- ▶ Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (A felony is as defined by the law of the jurisdiction in which the activity takes place);
- ▶ Intentional self-inflicted bodily injury or attempted suicide while sane or insane. An exception for accident coverage is suicide while sane or insane during the first two years the coverage is in force. In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage.; or
- ▶ Incurring any loss while 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).



Limitations and Exclusions (continued)

Time Limit on Certain Defenses

1. **Misstatements in the Application:** After 2 years from the issue date only fraudulent misstatements in the application may be used to void the certificate or deny any claim for loss incurred or disability that starts after the 2 year period.
2. **Pre-Existing Conditions:** No claim for loss incurred or disability that starts after 2 years from the issue date will be reduced or denied because a physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of coverage.

Accidental Death Benefit: Death must occur as a result of a covered accident and must occur within 90 days of such accident. See the Policy Schedule for the number of units you selected.

Misstatement of Age: If your age has been misstated, your true age will be used to determine all amounts to be paid for loss incurred by you.

Misstatement of Occupation or Income: If your occupation has been misstated, the benefits will be those that the premiums paid would have purchased for your correct occupation. If your income has been misstated, the benefit payable will be that which would have been allowed for your true income level and any overpayment of premium will be refunded.

Conformity with State Statutes: Any provision of the Policy which, on its Effective Date, is in conflict with the laws of the state in which the Insured resides, on that date, is amended to conform to the minimum requirements of such laws.

Accidental Dismemberment Benefits: We will pay the applicable lump-sum benefit for dismemberment due to a covered accident. Dismemberment must occur within 90 days of such accident. The benefit amount for a specific dismemberment will equal the assigned percentage of the total unit value of the Accidental Death Benefit for Other Accidents, as shown in the Schedule of Benefits.

Accident Emergency Treatment: Treatment must be received within 72 hours of the covered accident.

Accident Follow-up Treatment: Follow up treatment must begin within thirty (30) days of the covered accident or discharge from hospital or extended care facility and be received within six months of the covered accident. Initial treatment must be received within 72 hours of covered accident.

Accident Hospital Income Benefit: Hospital Confinement must start within 30 days of the covered accident.

Ambulance Benefit: Ambulance transportation must be within 72 hours of the accident.



Limitations and Exclusions (continued)

Appliances, Physical Therapy & Prosthesis Benefit: Appliances: this benefit is not payable for Prosthetic Devices and is payable once per covered accident per Covered Person. Physical Therapy must begin within thirty (30) days of the covered accident or discharge from the hospital. Only one treatment per day for 6 treatments is covered per accident (payable once per accident).

Prosthesis: This benefit is payable once per covered accident per Covered Person. This benefit is not payable for hearing aids or any dental aids to include false teeth.

Termination and Continuation of Insurance: Your insurance coverage will end on the earliest of these dates:

- (a) the date you do not qualify as an Insured;
- (b) the date you retire;
- (c) the date you cease to be on Active Service as defined in Section 1 of the Certificate;
- (d) the end of the last period for which premium has been paid;
- (e) the date the employer discontinues coverage;
- (f) the date the insurance is cancelled for the class of insureds to which you belong; or
- (g) on the 16th day after you enter the armed forces of any country or international authority.

If your coverage ends as a result of your termination of Active Service, such termination is caused by an Accident or Sickness for which Disability Benefits would be payable; and Total Disability is established prior to the termination of Active Service, then Disability Benefits will be paid as if such termination had not occurred.

Termination of the Certificate will have no affect on payment of benefits for a Total Disability or a claim which begins before the Certificate is terminated.

We may end your coverage if you make a fraudulent claim.

TransAccident® is underwritten by:

Transamerica Life Insurance Company

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STANDARDS ASSOCIATION