



24-HOUR ACCIDENT INSURANCE

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.

What happens if you get hurt?

Accident insurance can help offset medical deductible, help reduce stress and recovery time.



Schedule of Benefits

Accident Specific Sum Injuries Benefit¹ (Form Series TRA0300 or CR500300)

Pays benefits for dislocations, tendons and ligaments, burns, ruptured discs and torn knee cartilage, eye injuries, lacerations, internal injuries, fractures, blood and plasma. See the Schedule of Benefits for amounts payable, definitions and limitations for each specific accident.

Accident Emergency Treatment Benefit¹ (Form Series TRA0100 or CR500100)

Pays benefits for emergency treatment for a covered accident; we will pay the amount shown in the Policy Schedule for treatment received. This benefit is payable for treatment by a physician, x-rays, or treatment received in a hospital emergency room. Treatment must be received within 72 hours (1 year in Washington) of such accident for benefits to be payable. This benefit is payable once per covered accident.

Initial Hospitalization for Injury Benefit (Form Series TRIH0200 or CR501100)

When a covered person is hospital confined for 24 hours or more for a covered accidental bodily injury, the insurer will pay the benefit amount shown. This benefit is payable only once per hospital confinement and only once for each covered person per calendar year.

Accident Follow-Up Treatment Benefit¹ (Form Series TRA0700 or CR500700)

Pays benefits for additional treatment of injuries sustained in a covered accident over and above emergency treatment administered within 72 hours (1 year in Washington) following the accident. This benefit is payable for up to a maximum of three treatments per covered person per covered accident. Such treatment must begin within 30 days (1 year in Washington) of the covered accident or discharge from the hospital or extended care facility, and be within the six-month period (1 year in Washington) following the covered accident or discharge. Treatments must be furnished by a physician in a physician's office or in a hospital on an outpatient basis.

Accident Hospital Income Benefit (Form Series TRA0200 or CR500200)

When a covered person is hospital confined, the insurer will pay the daily amount shown in the Policy Schedule for each day of such confinement. Such confinement must start within 30 days (1 year in Washington) of the accident. This benefit can be paid for up to 365 days per covered accident.

Additional Intensive Care Unit Benefit (Form Series TRA0200 or CR500200)

Pays an additional benefit equal to three times the Accidental Hospital Income Benefit for each day the covered person is confined in an Intensive Care Unit (ICU). This ICU benefit is payable for up to 15 days per covered accident.

¹ Benefits will not be paid for services rendered by a member of the immediate family of a covered person.

Ambulance Benefit (Form Series TRA0400 or CR500400)

Pays benefits for ambulance transportation to a hospital or emergency center for injuries sustained in a covered accident. Ambulance transportation must be within 72 hours (1 year in Washington) of the accident. Pays four times the Ambulance Benefit for transportation provided by an air ambulance. The hospital or emergency center must be within 100 miles of the site of the accident or residence of the covered person. A licensed professional ambulance company must provide the ambulance service. Benefit is limited to one trip per covered accident per covered person.

Appliances Benefit (Form Series TRA0500 or CR500500)

Pays if a physician advises a covered person to use a medical appliance as an aid in personal mobility as a result of injuries sustained in a covered accident. Benefits include and are payable for: crutches, leg braces, wheelchairs, and walkers. This benefit is not payable for prosthetic devices. Benefit is payable once per covered accident per covered person.

Physical Therapy Benefit (Form Series TRA0500 or CR500500)

Pays if a physician advises a covered person to seek treatment from a physical therapist. Physical therapy must be for injuries sustained in a covered accident and must start within 30 days (1 year in Washington) of such accident or discharge from the hospital. Pays for one treatment per day for up to six treatments per covered accident. The six treatments must take place within six months after the accident (does not apply in Washington).

Wellness Benefit (Form Series TRW0100 or CR501000) – not available in Georgia or Kansas

After 12 months (3 months in Idaho, 0 months in South Dakota and Virginia) of paid premium for this benefit, the insurer will pay for an insured or any one covered family member to undergo routine examinations or other preventive testing. Benefits include and are payable for: annual physical exams; mammograms, pap smears, immunizations, flexible sigmoidoscopy, Prostatic Specific Antigen, and blood screenings. This benefit will become available following each anniversary of this Rider's effective date, and is payable only once each 12-month period. Family members include an insured employee's spouse and dependent children. Services must be under the supervision of, or recommended by a physician, and a charge must be incurred.

Accidental Death Benefit (Form Series TPA0100 or CP500100)

Death must occur as a result of a covered accident and must occur within 90 days (180 days for Utah, 1 year for Washington) of the accident.

Accidental Dismemberment Benefit (Form Series TPA0100 or CP500100)

Pays a percentage of the Accidental Death Benefit selected.

Prosthesis Benefit (Form Series TRA0500 or CR500500)

Pays if a covered person requires use of a prosthetic device as a result of a covered accident. This benefit is payable once per covered accident per covered person. Benefit is not payable for hearing aids or any dental aids (including false teeth).

Transportation Benefit (Form Series TRA0400 or CR500400)

Pays benefits for transportation to a hospital for special treatment and confinement for injuries sustained in a covered accident. This benefit is payable for the trip to the hospital. The local attending physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the site of the accident or residence of the covered person. This benefit is payable for up to three trips per calendar year per covered person.

Family Lodging Benefit (Form Series TRA0400 or CR500400)

Pays benefits for one motel or hotel room for a member (*or members*) of the immediate family to accompany the covered person for hospital confinement for the treatment of injuries sustained in a covered accident. This benefit is payable only during the same period of time the injured covered person is confined to the hospital. Benefit is not payable for the trip to the hospital. The hospital and the motel or hotel must be more than 100 miles from the residence of the covered person. The local attending physician must prescribe the treatment. This benefit is payable for up to 30 days per covered accident.

Important Information

Renewability

You are guaranteed the right to renew this policy for your lifetime by the payment of premiums in effect at the beginning of each term. Rates can be changed only if the rate is changed for all policies of this class. While this policy is in force, no change will be made because of your age or physical condition.

Effective Date

The effective date of the policy and riders will be the date on the Policy Schedule or endorsement, not the date the application is signed.

Issue Ages (may vary by state)

Available to individuals 18 through 64, your spouse² and eligible dependent children.

- **Family Coverage** includes the insured, spouse, and eligible dependent children, living with the insured and under age 19 (24 if the child is a full-time student). Newborn children are covered under the terms of the policy from the moment of birth.
- **Single-Parent Coverage** includes the insured and all unmarried eligible dependent children under 25.

Limitations and Exclusions

The insurer will not pay benefits for a covered accident that is caused by, or occurs as a result of:

- Driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation, or profit.
- Mountaineering, parachuting, or hang gliding.
- Poison, gas, or fumes voluntarily taken, administered, absorbed, or inhaled;
- Alcoholism or drug addiction.
- Participating in any sport or activity for wage, compensation, or profit; or racing any type vehicle in an organized event.
- Travel in, or descent 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 chartered airline*) on a regularly scheduled passenger trip.
- War, or any act of war, whether declared or undeclared.
- 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 an attempt to participate in, an illegal activity that is defined as a felony, whether charged or not. (*A felony is defined by the law of the jurisdiction in which the activity takes place.*)
- Intentionally self-inflicted bodily injury or attempting 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.
- Any loss incurred while on active duty status in the armed forces. (*If the insurer is notified of such active duty, a refund will be provided for any premiums paid for any period for which no coverage is provided as a result of the exception.*)

"Hospital" does not include an institution, or that part of an institution operated as a:

- convalescent home or skilled nursing care facility or hospice care center; or
- facility primarily affording custodial rehabilitative or educational care; or
- facility for the aged, drug addicts, or alcoholics.

Pre-Existing Conditions

Disability or hospitalization caused by a pre-existing condition will not be covered unless it begins more than 12 months after the effective date of coverage. A pre-existing condition is a sickness, disease, or physical condition not disclosed on the application or excluded from coverage by name or specific description; it is one for which medical advice, consultation, or treatment was recommended or received, or symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care, or treatment within the 12-month period (6-month period for New Mexico) before the effective date.

Pre-Existing Conditions in Montana, North Carolina or North Dakota

Disability or hospitalization caused by a pre-existing condition will not be covered unless it begins more than 12 months after the effective date of coverage. A pre-existing condition is a sickness, disease, or physical condition not disclosed on the application or excluded from coverage by name or specific description; it is one for which medical advice, consultation, or treatment was recommended or received, within the 12-month period before the effective date.

² Spouse or equivalent as defined by governing state law.

Time Limit on Certain Defenses

Misstatements in the Application

After two years from the issue date only fraudulent misstatements in the application may be used to void the policy or deny any claim for loss incurred or disability that starts after the two-year period.

Pre-Existing Conditions

Benefits for a loss that occurs more than two years after the date the policy is issued will not be reduced or denied because the condition causing the loss existed before the effective date, unless the condition is specifically excluded from coverage.

Termination - End Of Coverage

- A. Coverage under this policy will end upon the earliest of the Insured's:
 - (1) Death; or
 - (2) Failure to pay the renewal premium before the Grace Period ends; or
 - (3) Written notice to end coverage, effective upon the receipt by us.
- B. If your (*the Insured's*) Spouse is covered under this policy, such coverage shall Terminate/End upon the earliest of your Spouse's:
 - (1) Death; or
 - (2) Valid decree of divorce from you; or
 - (3) End of coverage by reason of your written request, effective upon our receipt of your written notice.
- C. If a Dependent Child is covered under this policy as provided in the definition of 'Dependent Children' such coverage shall Terminate/End upon the earliest of such child's:
 - (1) Death; or
 - (2) Attainment of age 26; or
 - (3) Written notice by you to end such coverage effective upon receipt by us.

Special rules apply to children with mental or physical impairments, subject to certain requirements as explained in the policy.

This is a brief summary of AccidentSelect, 24-Hour Accident Insurance benefits. Limitations and exclusions may apply.
Refer to the contract, including riders, for complete information.