

HELP PROTECT WHAT YOU CAN'T PREDICT

*TRANSAMERICA ACCIDENT
INSURANCESM*



Available to the employees of: Miami Dade County Public Schools

**Products underwritten by Transamerica Life
Insurance Company, Cedar Rapids, IA**



HELP PROTECT YOURSELF WITH *TRANSAMERICA ACCIDENT INSURANCE*SM



Accidents can strike at any moment. Though we can never predict them, you can take steps to help protect yourself if they do.

When working alongside your major medical insurance policy, accident insurance can help keep yourself protected from the financial burdens that result from an unexpected injury due to an accident. It helps cover expenses that major medical insurance won't, giving you additional peace of mind while helping to save you unnecessary costs.

After all, a bit of bad luck shouldn't set you back financially.

FILLING THE GAPS

Accident insurance helps fill the gaps between what major medical insurance covers and where you'd normally be left with a bill. For example, say you break a bone in a car accident. Your health insurance will cover some of the medical expenses that you'll incur from treatment, but you might still have copays, coinsurance, or high deductibles — not to mention the other bills that add up fast during recovery.

Accident insurance can help with these costs and pay your benefits directly to you. That way you could be less likely to dip into your savings or use a credit card, adding to the peace of mind in an uncertain time.

Highlights of *Transamerica Accident Insurance*SM:



**BENEFITS PAID
DIRECTLY
TO YOU**



**SMOOTH,
HASSLE-
FREE CLAIMS
PROCESS**



**FAMILY
OPTIONS
AVAILABLE**



**CONVERTIBLE
IF YOU
LEAVE YOUR
COMPANY**



**EASY
PAYROLL-
DEDUCTED
PREMIUMS**

See "Your Accident Benefits" for more details

Questions? We're here for you.



Visit: transamerica.com



Call: 855-244-8318

Your Accident Insurance Benefits

COVERED BENEFITS

INITIAL TREATMENT AND DIAGNOSIS BENEFITS	
BENEFITS	PLAN OPTION 1
Initial Accident Treatment	
Received in an Emergency Room	\$300
Received in a Physician's Office	\$300
Received in an Urgent Care Center or Similar Facility	\$300
Ground Ambulance	
	\$630
Air Ambulance	
	\$3,150
Laceration	
Without Stitches	\$60
With Stitches — Less than 7.5 centimeters	\$120
With Stitches — 7.5 centimeters to 20 centimeters	\$450
With Stitches — More than 20 centimeters	\$900
Medical Diagnostic Imaging	
	\$480
Blood, Plasma, and Platelets	
	\$600

Your Accident Insurance Benefits

BODILY INJURY BENEFITS — HEAD, NECK, AND SHOULDER	
BENEFITS	PLAN OPTION 1
Brain Injury	
Concussion/Mild Traumatic Brain Injury	\$300
Concussion/Moderate or Severe Traumatic Brain Injury	\$300
Collar Bone Dislocation	
Open Reduction	\$5,160
Closed Reduction	\$960
Collar Bone Fracture	
Open Reduction	\$4,800
Closed Reduction	\$2,040
Dental	
Extraction	\$120
Repaired with Crown	\$450
Eye Injury	
Nonsurgical Removal of Foreign Object	\$105
Surgical Repair	\$600
Face (other than Jaw) Fracture	
Open Reduction	\$4,800
Closed Reduction	\$2,040
Lower Jaw Dislocation	
Open Reduction	\$3,240
Closed Reduction	\$1,680

Your Accident Insurance Benefits

BODILY INJURY BENEFITS — HEAD, NECK, AND SHOULDER	
BENEFITS	PLAN OPTION 1
Lower Jaw Fracture	
Open Reduction	\$4,080
Closed Reduction	\$2,040
Upper Jaw Fracture	
Open Reduction	\$4,080
Closed Reduction	\$2,040
Nose Fracture	
Open Reduction	\$4,080
Closed Reduction	\$840
Shoulder/Shoulder Blade Dislocation	
Open Reduction	\$3,240
Closed Reduction	\$1,320
Shoulder/Shoulder Blade Fracture	
Open Reduction	\$4,080
Closed Reduction	\$2,040
Skull (Other than Face, Jaw or Nose) Fracture	
Depressed Fracture	\$6,480
Simple Fracture	\$2,400

Your Accident Insurance Benefits

BODILY INJURY BENEFITS — LIMBS	
BENEFITS	PLAN OPTION 1
Ankle or Foot (other than Toes) Dislocation	
Open Reduction	\$3,240
Closed Reduction	\$960
Ankle or Foot (other than Toes) Fracture	
Open Reduction	\$4,080
Closed Reduction	\$2,040
Upper Arm Fracture	
Open Reduction	\$4,800
Closed Reduction	\$2,040
Forearm Fracture	
Open Reduction	\$4,080
Closed Reduction	\$2,040
Elbow Dislocation	
Open Reduction	\$2,640
Closed Reduction	\$1,320
Elbow Fracture	
Open Reduction	\$4,080
Closed Reduction	\$2,040
Fingers Dislocation	
Open Fracture	\$720
Closed Fracture	\$360
Fingers Fracture	
Open Fracture	\$4,080
Closed Fracture	\$840

Your Accident Insurance Benefits

BODILY INJURY BENEFITS — LIMBS	
BENEFITS	PLAN OPTION 1
Hand (other than Fingers or Wrist) Fracture	
Open Reduction	\$4,080
Closed Reduction	\$2,040
Heel Fracture	
Open Reduction	\$4,080
Closed Reduction	\$840
Knee Dislocation	
Open Reduction	\$3,240
Closed Reduction	\$1,320
Kneecap Fracture	
Open Reduction	\$4,080
Closed Reduction	\$2,040
Leg Fracture	
Open Reduction	\$5,040
Closed Reduction	\$4,080
Toes Dislocation	
Open Reduction	\$720
Closed Reduction	\$360
Toes Fracture	
Open Reduction	\$1,680
Closed Reduction	\$840

Your Accident Insurance Benefits

BODILY INJURY BENEFITS — LIMBS	
BENEFITS	PLAN OPTION 1
Wrist Dislocation	
Open Fracture	\$2,640
Closed Fracture	\$1,320
Wrist Fracture	
Open Fracture	\$4,080
Closed Fracture	\$2,040
BODILY INJURY BENEFITS — TORSO	
BENEFITS	PLAN OPTION 1
Coccyx (Tailbone) Fracture	
Open Reduction	\$1,680
Closed Reduction	\$840
Hip Dislocation	
Open Reduction	\$9,600
Closed Reduction	\$3,240
Hip Fracture	
Open Reduction	\$12,000
Closed Reduction	\$4,080
Pelvis Fracture	
Open Reduction	\$2,040
Closed Reduction	\$2,040

Your Accident Insurance Benefits

BODILY INJURY BENEFITS — TORSO	
BENEFITS	PLAN OPTION 1
Rib Fracture	
Open Reduction	\$8,040
Closed Reduction	\$840
Sternum (Breastbone) Fracture	
Open Reduction	\$4,080
Closed Reduction	\$2,040
Vertebrae/Vertebral Processes Fracture	
Open Reduction	\$8,040
Closed Reduction	\$1,200
HOSPITALIZATION BENEFITS	
BENEFITS	PLAN OPTION 1
Admission Benefit	
Non-Intensive Care Unit	\$3,150
Intensive Care Unit	\$6,300
Daily Benefit	
Non-Intensive Care Unit	\$375 LIMITED TO 365 DAYS PER ACCIDENT
Intensive Care Unit	\$1,125 LIMITED TO 15 DAYS PER ACCIDENT

Your Accident Insurance Benefits

RECOVERY SERVICES BENEFITS	
BENEFITS	PLAN OPTION 1
Appliance	
	\$300
Family Lodging (per day)	
	\$225 LIMITED TO 30 DAYS PER ACCIDENT
Chiropractic Care (per visit)	
	\$120 LIMITED TO 10 VISITS PER ACCIDENT
Follow-Up Treatment (per visit)	
	\$120 LIMITED TO 3 VISITS PER ACCIDENT
Prosthetic Devices	
One Prosthetic	\$1,125
Multiple Prosthetic	\$2,250
Therapy Services (per visit)	
	\$120 LIMITED TO 10 VISITS PER ACCIDENT
Transportation	
	\$900 LIMITED TO 3 TRIPS PER ACCIDENT

Your Accident Insurance Benefits

MAJOR INJURIES	
BENEFITS	PLAN OPTION 1
Burns	
Second-Degree Burns covering 25-35% of total body surface	\$900
Second-Degree Burns covering more than 35% of total body surface	\$2,250
Third-Degree Burn measuring at least 6 square centimeters but less than 10 square centimeters	\$2,250
Third-Degree Burn measuring at least 10 square centimeters but less than 25 square centimeters	\$6,000
Third-Degree Burn measuring at least 25 square centimeters but less than 35 square centimeters	\$13,500
Third-Degree Burn measuring more than 35 square centimeters	\$18,000
Skin Graft (pays a percentage of the applicable Burn benefit)	50%
Coma	
Non-Induced	\$22,500
Induced	\$22,500
Persistent Vegetative State (PVS)	\$22,500
Paralysis	
Quadriplegia	\$22,500
Triplegia	\$11,250
Paraplegia	\$11,250
Hemiplegia	\$11,250
Diplegia	\$11,250
Monoplegia	\$11,250
Major Surgery	
	\$2,250

Your Accident Insurance Benefits

MAJOR INJURIES	
BENEFITS	PLAN OPTION 1
Surgery on Tendons, Ligaments, Rotator Cuffs	
Arthroscopic Surgery with No Repair	\$300
Surgery with One Repair	\$750
Surgery with Two or More Repairs	\$1,500
Surgery on Ruptured Discs or Torn Knee Cartilage	
Shaved Cartilage or Arthroscopic Surgery with No Repair	\$300
Surgery with One Repair	\$750
Surgery with Two or More Repairs	\$1,500
ACCIDENTAL DEATH BENEFITS	
BENEFITS	PLAN OPTION 1
Other Accidental Death (other than Automobile or Common Carrier)	EMPLOYEE: \$20,000
	SPOUSE: \$20,000
	CHILD: \$10,000
Automobile Accident — while wearing seatbelt and airbag deployed	EMPLOYEE: \$44,000
	SPOUSE: \$44,000
	CHILD: \$22,000
Automobile Accident — while wearing seatbelt without airbag being deployed	EMPLOYEE: \$40,000
	SPOUSE: \$40,000
	CHILD: \$20,000
Automobile Accident — while not wearing seatbelt	EMPLOYEE: \$30,000
	SPOUSE: \$30,000
	CHILD: \$15,000

Your Accident Insurance Benefits

ACCIDENTAL DEATH BENEFITS	
BENEFITS	PLAN OPTION 1
Common Carrier Accident	EMPLOYEE: \$60,000
	SPOUSE: \$60,000
	CHILD: \$30,000
Transportation of Remains	\$800
DISMEMBERMENT BENEFITS	
BENEFITS	PLAN OPTION 1
One or more fingers or one or more toes	EMPLOYEE: \$1,000
	SPOUSE: \$1,000
	CHILD: \$500
One eye, hand, foot, arm, or leg	EMPLOYEE: \$4,000
	SPOUSE: \$4,000
	CHILD: \$2,000
Two eyes, hands, or feet	EMPLOYEE: \$10,000
	SPOUSE: \$10,000
	CHILD: \$5,000

Your Accident Insurance Benefits

DISMEMBERMENT BENEFITS	
BENEFITS	PLAN OPTION 1
Two arms or two legs	EMPLOYEE: \$10,000
	SPOUSE: \$10,000
	CHILD: \$5,000
Speech and hearing in both ears	EMPLOYEE: \$20,000
	SPOUSE: \$20,000
	CHILD: \$10,000
Both arms and both legs	EMPLOYEE: \$20,000
	SPOUSE: \$20,000
	CHILD: \$10,000
SURVIVOR BENEFITS	
BENEFITS	PLAN OPTION 1
Career Enrichment	\$1,600
Child Care Center	\$600
Child Education	\$1,600

Your Accident Insurance Benefits

SUPPLEMENTAL BENEFITS	PLAN OPTION 1
WELLNESS BENEFIT RIDER (RIDERS FORM SERIES TRWE1300-1220)	
<p>Pays a benefit once per specified insured (in the corresponding plan option) per calendar/plan year for undergoing a Wellness Test, regardless of the number of tests the insured undergoes. Wellness Test includes, but may not be limited to, one of the below listed tests performed under the supervision of or recommendation by a physician while this rider is in force.</p>	EMPLOYEE: \$150
	SPOUSE: \$150
<p>Cholesterol and Diabetes</p> <ul style="list-style-type: none"> ▪ Blood Test Total Cholesterol ▪ Blood Test Total Triglycerides ▪ Fasting Blood Glucose Test ▪ Fasting Plasma Glucose Test ▪ Hemoglobin A1C ▪ Serum Cholesterol Test LDL/HDL Levels ▪ Two-hour Post-load Plasma Glucose Test 	
<p>Cancer</p> <ul style="list-style-type: none"> ▪ Biopsies for Cancer ▪ Bone Marrow Testing ▪ Breast MRI ▪ Breast Ultrasound ▪ Breast Sonogram ▪ Cancer Antigen 15-3 Blood Test for Breast Cancer (CA 15-3) ▪ Cancer Antigen 125 Blood Test for Ovarian Cancer (CA 125) ▪ Carcinoembryonic Antigen Blood Test for Colon Cancer (CEA) ▪ Colonoscopy ▪ Doppler Screening for Cancer ▪ Endoscopy ▪ Flexible Sigmoidoscopy ▪ Hemoccult Stool Specimen ▪ Oral Cancer Screening ▪ PAP Smears or Thin Prep PAP Test ▪ Prostate-Specific Antigen (PSA) Test ▪ Serum Protein Electrophoresis ▪ Skin Cancer Biopsy ▪ Skin Cancer Screening ▪ Skin Exam ▪ Virtual Colonoscopy 	
<p>Cardiovascular Function</p> <ul style="list-style-type: none"> ▪ Carotid Doppler ▪ Doppler Screening for Peripheral Vascular Disease ▪ Echocardiogram (Echo) ▪ Electrocardiogram (ECG or EKG) ▪ Electroencephalogram (EEG) ▪ Stress Test on Bicycle or Treadmill 	
<p>Imaging Studies</p> <ul style="list-style-type: none"> ▪ Chest X-Rays ▪ Mammogram ▪ Thermography ▪ Ultrasounds for Cancer Detection ▪ Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms 	
<p>Periodic Physical and Blood Examinations</p> <ul style="list-style-type: none"> ▪ Routine Health Check-up Exam ▪ Blood Chemistry Panel ▪ Clinical Testicular Exam ▪ Complete Blood Count (CBC) ▪ Dental Exam ▪ Digital Rectal Exam (DRE) ▪ Eye Exams ▪ Hearing Test ▪ Lipid Panel ▪ Successful Completion of Smoking Cessation Program ▪ Tests for Sexually Transmitted Infections (STIs) 	
<p>Immunizations</p> <ul style="list-style-type: none"> ▪ Immunization ▪ Human Papillomavirus Vaccination (HPV) 	

Rate Sheet

PREMIUM RATES — CONTRIBUTORY		D5
	PLAN OPTION 1	
Coverage Type	24-HOUR	
Rate Frequency	MONTHLY	
Employee	\$17.18	
Employee and Spouse	\$35.38	
Employee and Children	\$27.78	
Employee and Family	\$42.61	

This custom plan design is incomplete without a state specific proposal which describes the benefits, exclusions, and limitations of policy form TMAC1100-1220.

***HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

Issue State: Florida

Rate generation date: 7/19/2021

SIC Code: 8211

Definitions

The benefits described below are payable when an insured is treated for bodily injuries resulting from an accident for which benefits are payable. All benefits will be paid to the insured, unless otherwise stated or when the insured has assigned benefits. Benefits may vary by state or plan option/class.

INITIAL TREATMENT AND DIAGNOSIS BENEFITS

Each of the following Initial Treatment and Diagnosis benefits will be payable once per insured per accident.

Initial Accident Treatment Benefit — A benefit will be paid if an insured receives treatment for a bodily injury. Treatment must be received within four days of the accident and must be provided by a physician in any of the following:

- A physician's office
- Hospital emergency room
- An urgent care center

Ambulance Benefit — A benefit will be paid for ambulance transportation by a licensed ambulance service if, because of an accident, the insured is transferred by ambulance to the nearest hospital for treatment within four days of the accident.

Laceration Benefit — A benefit will be paid if an insured receives treatment for a laceration within four days of the accident.

Medical Diagnostic Imaging — A benefit will be paid if an insured undergoes one of the following due to a bodily injury:

- CT (Computerized Tomography) scan
- MRI (Magnetic Resonance Imaging)
- EEG (Electroencephalogram)

Imaging must be performed within 90 days of the accident.

Blood, Plasma, and Platelets — A benefit will be paid if an insured requires blood, plasma, or platelets for the treatment of a bodily injury. Immunoglobulins are not covered. Treatment must be received within 14 days of the accident.

X-Ray — A benefit will be paid if an insured undergoes an X-Ray due to a bodily injury. X-Rays must be performed within four days of the accident.

Lab Test — A benefit will be paid if an insured undergoes a lab test due to a bodily injury. Lab tests must be performed within four days of the accident.

BODILY INJURY BENEFITS

Each of the following Bodily Injury benefits will be payable once per insured per accident.

Brain (Concussion/Traumatic Brain Injury) — A benefit will be paid if an insured is diagnosed with a concussion by a physician within four days of the accident.

Dislocation or Fracture — A benefit will be paid if an insured requires correction of a dislocation or fracture by a physician. Benefit varies by the location of the dislocation or fracture. Correction can be made through an open reduction (surgical repair) or closed reduction (manipulative repair) and must be repaired by a physician within 14 days of the accident. If more than one dislocation and/or fracture is repaired, the benefit paid will be 1.5 times the larger benefit amount. Dislocations not corrected under general anesthesia will be reduced to 50% of the applicable benefit amount. Chip Fractures pay 10% of the applicable fracture benefit amount and must be diagnosed by a physician through the use of an X-Ray.

Definitions

Dental — A benefit will be paid if an insured sustains broken teeth in an accident. Treatment must be received within 180 days of the accident.

Eye Injury — A benefit will be paid if the insured sustains eye damage in an accident. Treatment must be received from a physician within 180 days of the accident.

HOSPITALIZATION BENEFITS

Admission Benefit — A benefit will be paid if an insured is admitted to a hospital for treatment of a bodily injury. The Admission Benefit is paid in addition to the Hospital Confinement Daily Benefit. Only one Admission Benefit is payable per insured per accident. We will only pay the Intensive Care Unit Admission Benefit if the initial admission is to the Intensive Care Unit. For all other admissions, the normal Admission Benefit will be paid.

Daily Benefit — A benefit will be paid for each day an insured is hospital confined due to an accident. Confinement must begin within 31 days of the accident. An additional benefit will be paid for each 24-hour period the insured is confined in any of the following:

- An Intensive Care Unit
- A Step-Down Unit
- An Observation Room

Inpatient Rehabilitation Unit — A benefit will be paid for each day an insured is confined in a rehabilitation facility following a period of hospital confinement. The benefit is not payable for the same days that the hospital confinement benefit is payable.

Daily benefits are subject to limits shown in the Product Details.

RECOVERY SERVICES BENEFITS

Appliance — A benefit will be paid for a medical appliance recommended by a physician as an aid in personal locomotion as the result of an accident. This benefit is not payable for prosthetic devices. Benefit is payable once per insured per accident.

Residence and Vehicle Modification — A benefit will be paid if an insured suffers total disability due to a bodily injury within 365 days of the accident. This benefit is payable once per insured per accident. The modification must be made within two years from the date of the accident causing the injury.

The benefit will be payable for the modification to the insured's primary residence to make the residence accessible or private passenger automobile to make it drivable or rideable only if the modification is all of the following:

- Made by a person or persons with experience in such modifications
- Recommended by a physician or recognized organization associated with the total disability
- Certified by a physician that the modification is needed to accommodate the total disability
- In compliance with the applicable laws or requirements for the approval by the appropriate government authorities

Family Lodging — A benefit will be paid per day, up to a maximum of 30 days per accident, for one motel/hotel room for an immediate family member to accompany the insured if hospital confinement is within 90 days of an accident for the treatment of a bodily injury. Benefits are payable only for the same time period the insured is hospital confined in a facility 50 or more miles from the insured's primary residence. The local attending physician must prescribe the treatment.

Definitions

Acupuncture Care — A benefit will be paid if an insured receives acupuncture treatment on the advice of a physician due to an accident. Acupuncture treatments must begin within 180 days of the accident and be completed within one year after the accident.

Chiropractic Care — A benefit will be paid if an insured receives chiropractic treatment on the advice of a physician due to an accident. Chiropractic treatments must begin within 180 days of the accident and be completed within one year after the accident.

Follow-Up Treatment — A benefit will be paid if an insured first receives treatment for a bodily injury within four days of the accident and later requires additional treatment for the same injury. Treatments must be furnished by a physician in the physician's office or in a hospital on an outpatient basis. Follow-up treatment must begin within 180 days of, and be completed within, the one-year period following the later of the following dates:

- The accident
- Discharge from the hospital
- Discharge from an extended care facility

Mental Health Care — A benefit will be paid if an insured has received treatment for a covered accident and requires psychological or psychiatric care for a mental health condition triggered by the accident. Treatment must begin within three months of the covered accident.

Pain Management — A benefit will be paid if an insured is prescribed and receives an injection administered into the spine or a nerve ablation or block for pain management due to an accident.

Prosthetic Devices — A benefit will be paid for a prosthetic device due to a covered accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eyeglasses, or for cosmetic prosthetic devices such as hair wigs. We will not pay for joint replacement, such as an artificial hip or knee. Only one prosthetic device benefit is payable per insured per accident. You must receive the prosthetic device(s) or artificial limb(s) within two years of the accident.

Repair — A benefit will be paid if an insured loses or damages their existing prosthetic device or artificial limb as a result of an accident. Repair must be made within 365 days of the accident. This benefit is not payable for any of the following:

- Hearing aids
- Dental aids (including false teeth)
- Eyeglasses
- Cosmetic prostheses such as hair wigs
- Joint replacement such as artificial hip or knee

Therapy Services — A benefit will be paid if, as a result of an accident, a physician advises an insured to seek treatment from any of the following:

- A physical therapist
- An occupational therapist
- A speech therapist

Therapy must begin within 180 days of the accident. All treatments must be completed within one year after the accident.

Transportation — A benefit will be paid for round-trip transportation if an insured requires confinement in a hospital more than 50 miles from the insured's primary residence as the result of an accident. The local attending physician must prescribe the treatment and the treatment must not be available locally. Travel and hospital confinement must occur within 90 days of the accident.

Definitions

MAJOR INJURIES

Each of the following Major Injuries benefits will be payable once per insured per accident.

Burns — A benefit will be paid if an insured suffers burns due to an accident. If multiple burns exist, the highest benefit for the most severe burn will be paid. When applicable, the Skin Graft benefit will be paid in addition to the burn benefit. Burns must be treated by a physician within four days of the accident.

Coma — A benefit will be paid if an insured suffers a coma due to an accident. The benefit amount varies by whether the coma was induced or non-induced. The coma must last for a minimum of 10 consecutive days before this benefit is payable.

Paralysis — A benefit will be paid if an insured becomes paralyzed due to an accident. Paralysis must last a minimum of 30 consecutive days before this benefit is payable.

Major Surgery — A benefit will be paid if an insured undergoes an open abdominal, cranial, or thoracic surgery performed by a physician within one year of the accident. Laparoscopic procedures are excluded.

Exploratory Surgery — A benefit will be paid if an insured undergoes minimally invasive surgery performed by a physician within one year of the accident using manual and instrumental means of investigating an area of the body suspected of disease when a specific diagnosis is not possible through noninvasive or simple biopsy techniques. Laparoscopic procedures are included.

Surgery for Tendons, Ligaments, Rotator Cuffs — A benefit will be paid if, as a result of an accident, an insured undergoes surgery for tendons, ligaments, or rotator cuffs that are detached, torn, ruptured, or severed. Surgery must be performed by a physician within one year of the accident.

Surgery for Ruptured Discs or Torn Knee Cartilage— A benefit will be paid if an insured undergoes surgery for a disc in the spine that is ruptured or knee cartilage that is torn. Surgery must be performed by a physician within one year of the accident.

ACCIDENTAL DEATH BENEFITS

Benefits for the loss of life resulting from bodily injuries resulting from an accident. Accidental death must be independent of disease or bodily infirmity or any other cause, other than an accident.

Accidental Death — A benefit will be paid for the insured's accidental death. The accident must occur while insurance is in force. Such accidental death must occur within one year of the accident. The benefit will be paid to the beneficiary.

Only one Accidental Death benefit will be paid per insured, the highest applicable benefit, as described below:

- **Automobile Accident** — Accidental death resulting from an accident that occurs while the insured is driving or riding as a passenger in an automobile. Automobile is defined as a four-wheeled, private passenger motor vehicle licensed for use on public highways and is not being used to transport passengers for hire. The Automobile Accident benefit will not be payable if the insured is the driver of the automobile and does not hold a current and valid driver's license.
- **Common Carrier Accident** — Accidental death resulting from an accident that occurs while the insured was riding as a fare-paying passenger on public transportation. Public Transportation is defined as a public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. Common carrier vehicles are limited to commercial airplanes, trains, buses, trolleys, subways, ferries, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis, limousines, and privately chartered vehicles are not common carriers.

Definitions

- Other Accidental Death — Accidental death resulting from any other bodily injury other than Automobile Accident or Common Carrier Accident.

Accidental Death Benefit Increase — The Accidental Death Benefits will automatically increase by the amount shown in the Product Details each year, for the first one year (“Increase Period”). The automatic increase will become effective on the certificate anniversary date. The automatic increases will cease at the end of the Increase Period or when the insured has an accident for which benefits are payable, if sooner. There is no premium increase associated with this automatic benefit increase.

Transportation of Remains — A benefit will be paid if, as a result of an accident, the insured dies more than 200 miles from their primary residence and expenses are incurred to transport the insured’s body to a mortuary near their primary place of residence. This benefit is payable once per insured and only if the Accidental Death Benefit is payable. This benefit will be paid to the person incurring the expense.

DISMEMBERMENT BENEFITS

A benefit will be paid if an insured suffers a dismemberment due to an accident. Dismemberment must occur within one year of the accident. A dismemberment is defined as a bodily injury that is independent of disease or bodily infirmity and results in the complete severance of a body extremity or the complete loss of sight, speech, or hearing.

SURVIVOR BENEFITS

The following benefits are paid to the survivor upon the accidental death of an insured. For purposes of these benefits, Survivor is defined as any of the following:

- Surviving insured — if the spouse is deceased from the accidental death
- Surviving spouse — if the insured is deceased from the accidental death
- Legally appointed guardian of each surviving child - if both the insured and spouse are deceased from the accidental death

The survivor does not need to be insured under this certificate to receive survivor benefits.

Career Enrichment Benefit — A benefit will be paid if the survivor enrolls in a professional or trade training program on a full-time basis within 24 months of the accidental death. The training program must be for the purpose of obtaining an independent source of income or enriching the survivor’s ability to earn a living. The training program must be at an accredited college, university, a two-year college, vocational, or trade school. This benefit will be paid each year for up to four years while the survivor remains enrolled in a training program. Satisfactory proof of enrollment must be provided annually. If there is no survivor, a one-time benefit of \$200 will be paid to the beneficiary.

Child Care Center Benefit — A benefit will be paid when the following conditions are met:

- The surviving child must be within the ages of newborn through 12
- The survivor pays a child care center for day care, within 90 calendar days after the date of the accidental death
- The day care is necessary in order for the survivor to work or to obtain training for work

This benefit will be paid each year for up to four years while the surviving child is enrolled in a child care center, provided the child remains enrolled in a child care center during that time. This benefit will be paid in equal installments over the four-year period. Separate benefits will be paid for each surviving child who meets the requirements for this benefit. Satisfactory proof of enrollment must be provided annually. If there is no surviving child between the ages of newborn through 12, a one-time benefit of \$200 will be paid to the beneficiary.

Definitions

For purposes of this benefit, the child care center must be an appropriately licensed facility or home that meets all of the following conditions:

- Provides supervision for more than six persons (other than persons who reside there) under the age of 13 for less than 24 hours per day
- Receives a payment for providing dependent care services
- Has a Taxpayer Identification Number

Child Education Benefit — A benefit will be paid when the following conditions are met:

- The surviving child must be within the ages of 17 through 21
- The surviving child must be enrolled or must enroll within two years of the accidental death, as a regular, full-time student at an accredited college, university, two-year college, vocational, or trade school

This benefit will be paid each year for up to four years while the surviving child is enrolled in school. This benefit will continue to be paid only while the surviving child remains a full-time student. This benefit will be paid in equal installments over the four-year period. Separate benefits will be paid for each surviving child who meets the requirements for this benefit. Satisfactory proof of student status must be provided annually. If there is no surviving child between the ages of 17 through 21, a one-time benefit of \$200 will be paid to the beneficiary.

Limitations and Exclusions

Limitations and Exclusions may vary by state or plan option/class.

We will not pay benefits for any accident that is caused by or occurs as a result of any of the following:

- Driving any taxi (including ride-sharing programs such as Uber and Lyft) for wage, compensation, or profit
- Mountaineering, parachuting, or hang gliding
- Voluntarily taking, administering, absorbing, or inhaling poison, gas, or fumes
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event
- Traveling in or descending from any vehicle or device for aerial navigation, unless as a fare-paying passenger on a scheduled or a charter flight operated by a scheduled airline
- 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 while intoxicated (intoxicated means that condition as defined by the laws of the jurisdiction in which the accident occurred)
- Participating in a riot or insurrection
- Committing, attempting to commit, or voluntarily taking part in a felony or assault, or engaging in an illegal occupation
- Intentionally self-inflicting a bodily injury or attempting suicide, while sane or insane
- Any loss incurred 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 insurance is provided as a result of this exception

Limitations and Exclusions

CONVERSION OPTION

If an employee loses eligibility for this insurance for any reason other than nonpayment of premium, they will have the option to convert this group insurance to a policy we are issuing for the purpose of conversions. The premium for the converted policy will be based on resident state, age, and class of risk at the time of conversion and the type and amount of insurance provided. Conversion option is not available for the insured's dependents without the insured.

If a spouse's insurance terminates due to a valid decree of dissolution of marriage (or civil union relationship) between the employee and spouse, the spouse may convert to a policy providing insurance not greater than the terminated policy. Insured children may be insured under either the employee's policy or former spouse's policy, but not both.

Insured children who have reached the age of 30 may continue insurance on a separate equivalent policy without the requirement for evidence of insurability. The child's insurance will continue at the appropriate premium for the new policy.

WELLNESS BENEFIT RIDER

This rider will terminate on the earliest of:

- The date we receive the employer's request to terminate the rider
- The date the certificate terminates

TERMINATION OF INSURANCE

Employee insurance will terminate on the earliest of:

- The date the group master policy terminates
- The date the employee ceases to be eligible for insurance
- The date of the employee's death
- The premium due date on which we fail to receive the employee's premium, subject to the grace period provision
- The date we receive the employee's request to terminate the insurance, or the effective date of termination requested, if later

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates
- The premium due date on which we fail to receive the employee's premium from the employer, subject to the grace period provision
- The date the dependent no longer meets the definition of dependent
- The date of the dependent's death
- The date the group master policy is modified to exclude dependent insurance

The date we receive employee's request to terminate their dependent insurance, or the effective date of termination requested, if later

We may terminate the insurance of any insured person who submits a fraudulent claim.

Limitations and Exclusions

TERMINATION OF THE GROUP MASTER POLICY

The group master policy will terminate at the earliest of the following:

- If the employer submits a 60-day advance written request to us to terminate the policy, the policy will terminate on the date specified in the request. If the employer submits a written request to us to terminate the policy, the policy will terminate on the date specified in that request.
- If we give a 60-day advance written notice to the employer that we intend to terminate the policy, the policy will terminate on the date specified in the notice.
- If any premium payable by the employer is not paid within its grace period, the policy will terminate on the day after the end of the grace period
- The policy will terminate on the 32nd day after we have given the employer written notice of our intent to terminate if the employer:
 - Fails to comply with any terms of the policy or the policyholder application
 - Fails to fulfill any obligations or duties under or pertaining to the insurance
 - Fails to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to the insurance
- If the policy is cancelled or discontinued, notice of such cancellation or discontinuation will be sent to each insured.

OTHER INSURANCE WITH US

If an insured has more than one accident policy, certificate, or similar insurance with us, only one, chosen by the insured or insured's estate, will be effective. We will refund all premiums paid for all other such insurance from the date of the duplication, less any benefits paid from such date.

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.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

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

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.

This is a brief summary of *Transamerica Accident Insurance*SM – AC11 **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy Form Series TMAC1100-1220 and TCAC1100-1220. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.