Voluntary Group Critical Illness Insurance

CriticalAssistance® Plus

How many bankruptcies can be blamed on medical bills?

Medical problems caused 62% of all personal bankruptcies filed in the United States in 2007, according to a study by Harvard researchers.[1]

GI Available Depending on Case Size.

To learn more, call 1(800) 400-3042!

Basic Coverage

CriticalAssistance Plus offers benefits to help with the costs associated with critical illness when an employee or their insured loved ones are initially diagnosed with the following conditions: heart attack, stroke, paralysis, burns, end-stage renal failure and surgery including heart transplant, coronary bypass, angioplasty/stent and major organ transplant. It also offers optional Cancer Benefit and Occupational HIV Benefit *(healthcare industry only)* Riders. Employers choose up to two plan designs.

Eligible employees can purchase coverage from $5,000 to $50,000 *(in increments of $5,000)*. One and two parent family coverage available. Dependent coverage will be half of the employee benefit amount.

Critical Illness Lump Sum Benefit

Pays a lump sum benefit equal to the Benefit Election multiplied by the percentage shown in the Schedule of Benefits upon the initial positive diagnosis[2] for the initial occurrence of a covered critical illness within each category *(as selected by the employer)*. If the benefit payment is less than 100% of the selected benefit amount, we will pay a lump sum benefit amount upon the diagnosis of a different critical illness within the same category. The cumulative Critical Illness Lump Sum Benefit paid within each category will not exceed 100% of the benefit amount. Maximum lifetime benefit is three times the selected lump sum benefit amount.

Base Plan Schedule of Benefits

<table>
<tr><th>CATEGORY ONE</th><th>PERCENTAGE</th><th colspan="2">CATEGORY TWO</th><th>PERCENTAGE</th></tr>
<tr><td>Heart Attack, Stroke or Heart Transplant Surgery</td><td>100%</td><td colspan="2">Major Organ Transplant Surgery (excluding heart)</td><td>100%</td></tr>
<tr><td rowspan="2">Coronary Bypass Surgery</td><td rowspan="2">25%</td><td colspan="2">End-Stage Renal Failure</td><td>100%</td></tr>
<tr><td rowspan="2">Paralysis (not due to stroke)</td><td>all four limbs</td><td>100%</td></tr>
<tr><td rowspan="2">Angioplasty/Stent</td><td rowspan="2">5%</td><td>fewer than four limbs</td><td>50%</td></tr>
<tr><td colspan="2">Burns (3rd degree or 50% coverage)</td><td>100%</td></tr>
</table>

1 *Businessweek, June 2009.*
Use of statistic does not imply endorsement.

2 *Positive diagnosis must be the initial diagnosis for any critical illness within the same category as the critical illness just diagnosed and be made after the effective date of coverage and while coverage is in force.*

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Recurrent Critical Illness Benefit

This benefit pays a lump sum benefit equal to 50% of the Critical Illness Lump Sum Benefit amount for critical illnesses not eligible for the Critical Illness Benefit. The total recurrent benefit paid within each category will not exceed 50% of the benefit amount. For example: If an employee is diagnosed for the first time with a heart attack and then diagnosed with a subsequent heart attack more than 12 months later, the full benefit will be paid for the initial heart attack and 50% of the benefit will be paid for the subsequent heart attack under the recurrent benefit. The recurrence of the same type of critical illness may be eligible if the diagnosis for the prior occurrence was at least 12 months from the most recent diagnosis and the covered person has been treatment free *(no longer receiving care from a physician, but only having routine check ups and/or taking maintenance medications)* for at least 12 months.

Cancer Screening Benefit

This benefit pays $50 per covered person per calendar year for one of the following covered cancer screening tests: mammogram, Pap smears, flexible sigmoidoscopy, PSA *(prostate-specific antigen tests)*, chest x-rays, hemocult stool specimen, ultrasounds, CEA *(blood test for colon cancer)*, CA 125 *(blood test for ovarian cancer)*, biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings. These tests must be performed to determine whether cancer exists in a covered person. This benefit is limited to one payment per calendar year per covered person, is paid in addition to other benefits and is a preventative benefit, diagnosis is not required.

Employer Level Optional Rider Schedule of Benefits

CATEGORY THREE CANCER BENEFIT RIDER	PERCENTAGE	CATEGORY THREE CANCER BENEFIT RIDER	PERCENTAGE
Invasive Cancer	100%	Skin Cancer	5%
Carcinoma in situ or Prostate Cancer with TNM Classification of T1	25%	Cancer Screening Benefit *(per calendar year)*	$50

Employer Level Optional Benefit Riders

Cancer Screening Wellness Benefit Rider

This benefit pays $50 or $100 *(employer elected)* per calendar year for each covered person when a charge is incurred for one of the covered cancer screening tests mentioned in the Cancer Screening Benefit. This benefit can be added to the Base Plan *(Categories 1 & 2)* for a $50 or $100 Cancer Screening Benefit or added to the Base Plan with Cancer Benefit *(Categories 1, 2 & 3)*, increasing the Cancer Screening Benefit to $100 or $150. Tests must be performed to determine the existence of cancer but is a preventative benefit, diagnosis is not required. Benefit is limited to one payment per calendar year per covered person is paid in addition to any other benefit.

Quality of Life Benefit Rider

This benefit pays five percent of the Benefit Amount on a monthly basis, subject to all of the following: The covered person is confined in a nursing or assisted living facility and confinement begins while this rider is in force; Confinement services are included in the covered person's plan of care; The covered person is chronically ill; The covered person satisfies the 90-day elimination period; The covered person is at least 70 years old; The rider has been in force for at least five years; and the contract to which this rider is attached is in force.

Total benefits paid under this rider when combined with all other benefit payments under the certificate and all other riders will not exceed 100% of the benefit amount. The benefit amount will be reduced by each amount paid under this rider. For each contract month or partial contract month that the covered person receives benefits under this rider, we will waive the premium for their contract.

OPTIONAL BENEFIT RIDERS	BENEFIT
Quality of Life Benefit Rider	5% per month
Cancer Screening Wellness Benefit Rider *(per calendar year)*	$50 or $100

Refer to the proposal for a full list of limitations and exclusions for your state.

IMSA

INSURANCE MARKETPLACE STANDARDS ASSOCIATION

Transamerica Worksite Marketing offers through our underwriting companies:

Universal Life • Whole Life • Basic Group Term Life • Accident • Cancer • Critical Illness
Short-Term Disability Income • Out-of-Pocket Medical Expense Indemnity
Hospital Indemnity • Vision • Legal

For More Information Contact:

Transamerica Worksite Marketing

1 (800) 400-3042

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