

## TransAccident Pays Benefits for... Coverage for Almost Every Contingency

### Accident Specific Sum Injuries:

- ▶ **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 the insured or a covered family member is hospitalized 24 hours or more, due to a covered accident.
- ▶ **Accident Hospital Income** – 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** – Emergency treatment of injuries.
- ▶ **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 Costs** – Benefits are paid up to three times a year for the insured or a covered family member if special treatment is required at a facility more than 100 miles away from home.
- ▶ **Lodging** – One motel/hotel room for members of the immediate family in the event hospital confinement for a covered person 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** – Appliances to aid in personal movement and physical therapy sessions after a covered accident. If needed, it even pays benefits for prosthetic devices.

### The TransAccident Policy Provides:

- ▶ An **Accidental Death Benefit** that pays the selected benefit amount when the insured dies as a result of a covered common-carrier, motor-vehicle, or other type of accident. If elected, the spouse can be covered at 50%, and eligible dependent children at 10%, of the benefit amount.
- ▶ A lump-sum **Accidental Dismemberment Benefit**, should an insured 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 the employer, these Optional Benefits can supplement an insured's income in case they become disabled. The three optional benefits are:

- ▶ An **Off-the-Job Accident Disability Benefit** if an insured employee becomes disabled within 90 days because of a covered off-the-job accident.
- ▶ A **Sickness Disability Benefit** if the insured employee can't work because of an extended illness, after the Elimination Period.
- ▶ A **Wellness Benefit** for routine exams and preventive testing for either the insured 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 the employer chooses to offer the policy, the employee can continue their coverage even if they leave employment.

**Underwritten by Transamerica Life Insurance Company.** Home Office, Cedar Rapids, Iowa. This page highlights the coverage being offered for TransAccident. Policy Form Series 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. Form and number may vary and coverage may not be available in all jurisdictions. Please refer to the policy, certificate and riders for exact details and for Limitations and Exclusions.



# Limitations and Exclusions

Benefits are payable only for listed covered off-the-job accidental injuries that occur while the covered person is insured 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. 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 the employee notifies 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).

## 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 the age has been misstated, the true age will be used to determine all amounts to be paid for loss incurred by the employee.

**Misstatement of Occupation or Income:** If the employee's occupation has been misstated, the benefits will be those that the premiums paid would have purchased for the correct occupation. If the employee's income has been misstated, the benefit payable will be that which would have been allowed for the 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.

**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:** The insurance coverage will end on the earliest of these dates:

- (a) the date the employee does not qualify as an insured;
- (b) the date the employee retires;
- (c) the date the employee ceases 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 the employee belongs; or
- (g) on the 16th day after the employee enters the armed forces of any country or international authority.

If the coverage ends as a result of the employee's 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 effect on payment of benefits for a Total Disability or a claim which begins before the Certificate is terminated.

We may end the employee's coverage if they make a fraudulent claim.