



CRITICAL ILLNESS INSURANCE

Underwritten by Transamerica Life Insurance Company

Critical illness insurance from Transamerica goes beyond major medical insurance by paying a lump-sum benefit for a specific illness, such as heart attack or stroke that can be used however you see fit.

Approximately 805K¹ heart attacks and 759K² strokes occur every year in the United States.

MEET JACK

Jack, a 28-year-old carpenter, unexpectedly suffered a heart attack due to an untreated congenital defect. His treatments, hospital stay, and other related expenses added up fast. Fortunately, Jack had enrolled in critical illness insurance from Transamerica through his employer. The cash benefit helped with out-of-pocket costs and other unexpected expenses that came up, helping him get through the hard time a little more smoothly.



AN EXAMPLE OF HOW CRITICAL ILLNESS INSURANCE WORKS

Benefit payments may vary depending on the plan design selected by your employer and the benefit amount chosen at enrollment.



TREATMENT COSTS AND UNEXPECTED EXPENSES

JACK'S CRITICAL ILLNESS POLICY PAID HIM:

\$20,000

Jack signed up for critical illness insurance offered by his employer and chose a \$20,000 benefit amount. The employer's policy pays 100% for heart attacks so Jack will receive his full \$20,000 benefit regardless of what he paid in out-of-pocket costs expenses.

How would a serious illness impact you financially?

Focus more on recovery and less on the costs with critical illness insurance.

YOUR BENEFITS AT A GLANCE

Maximum Benefit Amounts	Employee: \$50,000	Spouse: \$50,000	Child: \$50,000
Guaranteed Issue Amount:	Employee: Up to \$25,000	Spouse: \$25,000	Child: \$25,000
Can I continue my insurance after employment?	Yes, with our portability option		
Additional Benefits:	Cancer Benefit Rider Recurrent Critical Illness Benefit Rider Specified Disease Screening Benefit		

KEY FEATURES



No pre-existing condition limitations



Allows you to keep your policy should you retire or change jobs



Benefits paid directly to the insured or provider if designated



Options to insure your family members

BENEFITS CAN INCLUDE

- Cancer
- Coronary Artery Disease Requiring Bypass Grafts
- Heart Attack
- Kidney Failure
- Major Organ Transplant
- Stroke

Questions?

See product brochure for a full list of included benefits.



Visit: transamerica.com



Contact: (888) 763-7474

¹ "Heart Disease Facts," Centers for Disease Control, May 2023 ² "Stroke Facts," Centers for Disease Control, May 2023.

² "Stroke Facts," Centers for Disease Control, May 2023.

LIMITATIONS AND EXCLUSIONS — We do not pay benefits for losses caused by, or as a result of, the following: As a result of the insured voluntarily participating or attempting to participate in an illegal occupation; as a result of the insured intentionally causing a self-inflicted injury as a result of the insured committing or attempting to commit suicide, whether sane or insane as a result of an insured's participation in a war or any act of war, declared or undeclared, riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority; for any loss that occurred while on active duty status in the armed forces of any country. If you notify us of such active duty, we will refund any premiums paid for any period for which no benefits are provided as a result of this exclusion; as a result of an insured's commission of a felony; as a result of an insured's participation in a contest of speed in power driven vehicles, parachuting, or hang gliding; as a result of an insured's 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; as a result of an insured's being intoxicated as defined by the laws of the jurisdiction in which the loss occurred or under the influence of a controlled substance unless administered by a physician or taken according to a physician's instructions. Under no condition will we pay any benefits for losses incurred prior to the effective date.

This is a brief summary of *Transamerica Critical Illness Insurance*SM C112 **underwritten by Transamerica Life Insurance Company (TLIC)**, Cedar Rapids, IA. TLIC is not an authorized insurer in New York. Policy form series TMC1200-1020 and TCC1200-1020. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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

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TRANSAMERICA®

Product Details

SPECIFIED DISEASE SCREENING BENEFIT (RIDER FORM SERIES FRSDS2NY)

Plan B offers the employee an optional Specified Disease Screening Benefit. This screening benefit is designed to detect a specified disease at an early stage of development, so that treatment is more effective. This benefit pays a \$50 benefit per calendar year for each insured person for the following medical tests and procedures performed at the direction of a licensed physician:

- Breast ultrasound
- Colonoscopy
- Pap test
- Mammography
- Chest X-ray
- Thermography
- Bone marrow testing
- Flexible Sigmoidoscopy
- Hemocult stool analysis
- CA15-3 (blood test for breast cancer)
- CEA (blood test for colon cancer)
- CA125 (blood test for ovarian cancer)
- Blood test for triglycerides
- Stress test on a bicycle or treadmill
- PSA (blood test for prostate cancer)
- Fasting blood glucose test
- Serum Protein Electrophoresis (blood test for myeloma)
- Serum cholesterol test to determine level of HDL and LDL

This benefit is paid in addition to any other benefit.

Product Details

PLAN OPTION 1: PLAN B

Cancer, Heart Attack, Stroke, End Stage Renal Failure, Major Organ Transplant, and Coronary Artery Disease and an optional Specified Disease Screening Benefit

INDIVIDUAL NON-TOBACCO MONTHLY PREMIUM									
AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
16-29	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
30-39	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90	\$18.55	\$21.20	\$23.85	\$26.50
40-49	\$10.20	\$15.30	\$20.40	\$25.50	\$30.60	\$35.70	\$40.80	\$45.90	\$51.00
50-59	\$18.40	\$27.60	\$36.80	\$46.00	\$55.20	\$64.40	\$73.60	\$82.80	\$92.00
60-64	\$27.50	\$41.25	\$55.00	\$68.75	\$82.50	\$96.25	\$110.00	\$123.75	\$137.50

INDIVIDUAL AND SPOUSE NON-TOBACCO MONTHLY PREMIUM									
AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
16-29	\$5.20	\$7.80	\$10.40	\$13.00	\$15.60	\$18.20	\$20.80	\$23.40	\$26.00
30-39	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$37.10	\$42.40	\$47.70	\$53.00
40-49	\$20.40	\$30.60	\$40.80	\$51.00	\$61.20	\$71.40	\$81.60	\$91.80	\$102.00
50-59	\$36.80	\$55.20	\$73.60	\$92.00	\$110.40	\$128.80	\$147.20	\$165.60	\$184.00
60-64	\$55.00	\$82.50	\$110.00	\$137.50	\$165.00	\$192.50	\$220.00	\$247.50	\$275.00

INDIVIDUAL AND CHILD(REN) NON-TOBACCO MONTHLY PREMIUM									
AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
16-29	\$3.90	\$5.85	\$7.80	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50
30-39	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$23.10	\$26.40	\$29.70	\$33.00
40-49	\$11.50	\$17.25	\$23.00	\$28.75	\$34.50	\$40.25	\$46.00	\$51.75	\$57.50
50-59	\$19.70	\$29.55	\$39.40	\$49.25	\$59.10	\$68.95	\$78.80	\$88.65	\$98.50
60-64	\$28.80	\$43.20	\$57.60	\$72.00	\$86.40	\$100.80	\$115.20	\$129.60	\$144.00

INDIVIDUAL, SPOUSE AND CHILD(REN) NON-TOBACCO MONTHLY PREMIUM									
AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
16-29	\$6.50	\$9.75	\$13.00	\$16.25	\$19.50	\$22.75	\$26.00	\$29.25	\$32.50
30-39	\$11.90	\$17.85	\$23.80	\$29.75	\$35.70	\$41.65	\$47.60	\$53.55	\$59.50
40-49	\$21.70	\$32.55	\$43.40	\$54.25	\$65.10	\$75.95	\$86.80	\$97.65	\$108.50
50-59	\$38.10	\$57.15	\$76.20	\$95.25	\$114.30	\$133.35	\$152.40	\$171.45	\$190.50
60-64	\$56.30	\$84.45	\$112.60	\$140.75	\$168.90	\$197.05	\$225.20	\$253.35	\$281.50

SPECIFIED DISEASE SCREENING BENEFIT				
INSURANCE TYPE	INDIVIDUAL	INDIVIDUAL & SPOUSE	INDIVIDUAL & CHILD(REN)	INDIVIDUAL, SPOUSE & CHILD(REN)
Monthly Premium for All Ages:	\$1.84	\$3.68	\$3.68	\$5.52

Issue State: New York

Rate generation date: December 4, 2024

SIC Code: 6799

Product Details

PLAN OPTION 1: PLAN B

Cancer, Heart Attack, Stroke, End Stage Renal Failure, Major Organ Transplant, and Coronary Artery Disease and an optional Specified Disease Screening Benefit

INDIVIDUAL TOBACCO MONTHLY PREMIUM									
AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
16-29	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
30-39	\$14.80	\$22.20	\$29.60	\$37.00	\$44.40	\$51.80	\$59.20	\$66.60	\$74.00
40-49	\$29.50	\$44.25	\$59.00	\$73.75	\$88.50	\$103.25	\$118.00	\$132.75	\$147.50
50-59	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00	\$250.00
60-64	\$68.00	\$102.00	\$136.00	\$170.00	\$204.00	\$238.00	\$272.00	\$306.00	\$340.00

INDIVIDUAL AND SPOUSE TOBACCO MONTHLY PREMIUM									
AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
16-29	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00
30-39	\$29.60	\$44.40	\$59.20	\$74.00	\$88.80	\$103.60	\$118.40	\$133.20	\$148.00
40-49	\$59.00	\$88.50	\$118.00	\$147.50	\$177.00	\$206.50	\$236.00	\$265.50	\$295.00
50-59	\$100.00	\$150.00	\$200.00	\$250.00	\$300.00	\$350.00	\$400.00	\$450.00	\$500.00
60-64	\$136.00	\$204.00	\$272.00	\$340.00	\$408.00	\$476.00	\$544.00	\$612.00	\$680.00

INDIVIDUAL AND CHILD(REN) TOBACCO MONTHLY PREMIUM									
AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
16-29	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90	\$22.05	\$25.20	\$28.35	\$31.50
30-39	\$16.10	\$24.15	\$32.20	\$40.25	\$48.30	\$56.35	\$64.40	\$72.45	\$80.50
40-49	\$30.80	\$46.20	\$61.60	\$77.00	\$92.40	\$107.80	\$123.20	\$138.60	\$154.00
50-59	\$51.30	\$76.95	\$102.60	\$128.25	\$153.90	\$179.55	\$205.20	\$230.85	\$256.50
60-64	\$69.30	\$103.95	\$138.60	\$173.25	\$207.90	\$242.55	\$277.20	\$311.85	\$346.50

INDIVIDUAL, SPOUSE AND CHILD(REN) TOBACCO MONTHLY PREMIUM									
AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
16-29	\$11.30	\$16.95	\$22.60	\$28.25	\$33.90	\$39.55	\$45.20	\$50.85	\$56.50
30-39	\$30.90	\$46.35	\$61.80	\$77.25	\$92.70	\$108.15	\$123.60	\$139.05	\$154.50
40-49	\$60.30	\$90.45	\$120.60	\$150.75	\$180.90	\$211.05	\$241.20	\$271.35	\$301.50
50-59	\$101.30	\$151.95	\$202.60	\$253.25	\$303.90	\$354.55	\$405.20	\$455.85	\$506.50
60-64	\$137.30	\$205.95	\$274.60	\$343.25	\$411.90	\$480.55	\$549.20	\$617.85	\$686.50

SPECIFIED DISEASE SCREENING BENEFIT				
INSURANCE TYPE	INDIVIDUAL	INDIVIDUAL & SPOUSE	INDIVIDUAL & CHILD(REN)	INDIVIDUAL, SPOUSE & CHILD(REN)
Monthly Premium for All Ages:	\$1.84	\$3.68	\$3.68	\$5.52

Issue State: New York

Rate generation date: December 4, 2024

SIC Code: 6799

Definitions Page

A Specified Disease is any of the following:

INVASIVE CANCER: A disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of malignant cells. Invasive Cancer does not include pre-malignant conditions or conditions with malignant potential or carcinoma in situ or skin cancer as defined in the policy (Plan B only).

CARCINOMA IN SITU: Non-invasive cancer that is in the natural or normal place, confined to the site of origin without invasion of neighboring tissues. (Plan B only)

SKIN CANCER: Means basal cell carcinoma and squamous cell carcinoma of the skin or melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm. (Plan B only)

HEART ATTACK (MYOCARDIAL INFARCTION): The ischemic death of a portion of heart muscle as a result of inadequate blood supply. The diagnosis must be based on all of the following criteria:

- elevation of cardiac enzymes;
- associated new electrocardiographic (EKG) changes consistent with ischemic injury; and
- other clinical information to support the diagnosis of heart attack (myocardial infarction) such as confirmatory imaging studies like as thallium scans, MUGA scans, or stress echocardiograms.

STROKE: A cerebrovascular event causing permanent neurological damage to brain tissue that results in a permanent neurological deficit, including infarction, hemorrhage, or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

- permanent neurological deficits; and
- confirmatory neuroimaging studies.

Transient Ischemic Attacks are not considered strokes or any other disease covered by the policy and is specifically excluded.

END-STAGE RENAL FAILURE: Chronic, irreversible failure of the function of both kidneys, such that an insured person must undergo regular hemodialysis or peritoneal dialysis to sustain life.

MAJOR ORGAN TRANSPLANT: Clinical evidence of major organ failure of such severity that the organ functions in a way inadequate to support life and requires the malfunctioning organ to be replaced with the organ from a suitable donor. The transplant must be recommended by a physician and the insured person must be registered with the United Network of Organ Sharing (UNOS), or any other transplantation waiting list provided by any legally operating organization performing this service.

CORONARY ARTERY DISEASE: Diagnosis of at least 75% cross-sectional occlusion of one or more major coronary arteries (left main, left anterior descending, circumflex or right coronary artery). A physician must recommend that the insured person undergo coronary artery bypass surgery.