



**YOUR TRANSAMERICA**  
ENROLLMENT MATERIALS

[transamericabenefits.com](http://transamericabenefits.com)

Products underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA  
or Transamerica Financial Life Insurance Company, Harrison, NY.

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# VOLUNTARY EMPLOYEE BENEFITS

**ProService Hawaii** is proud to offer you a comprehensive suite of Supplemental Insurance products underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.

These policies provide you access to best-in-class benefits that are tailored to your needs and most importantly, offered at competitively priced rates with the convenience of paying your premiums through payroll deductions.

## ADVANTAGES THROUGH PROSERVICE HAWAII

### SMART BENEFITS

Thoughtfully crafted plan designs include the insurance protection you and your family need. Nothing more, nothing less.

### COMPETITIVE RATES

Transamerica is making available with ProService Hawaii competitive rates for our Universal Life, Term Life and Accident Advance policies.

### EASY ENROLLMENT

No physicals or blood work required. Acceptance will be based on answer to questions on your application. Quick personal enrollment assistance provided by ProService partner, Markham Insurance Services.

### CONVENIENCE

Convenient premium payment via payroll deduction. ProService manages the policies, administration and paperwork.

**To enroll or make changes to your Transamerica Supplemental Insurance products, contact:**

**Oahu/Kauai**

Jesse Markham  
808.526.4442

Jesse@markhaminsuranceservices.com

**Maui/Hawaii**

Steven Markham  
808.935.8795

Steven@markhaminsuranceservices.com

Markham Insurance Services is an independent contractor representing Transamerica Life Insurance Company.

# YOUR FLEXIBLE BENEFITS

**ACCIDENTADVANCE®**

**ACCIDENT INSURANCE: BENEFITS FOR UNEXPECTED INJURIES**

**AccidentAdvance, underwritten by Transamerica Life Insurance Company, can help protect you and your family in the event of unanticipated medical bills when someone is hurt.**

George enrolls himself, his wife, and his kids in the accident insurance offered at the car dealership where he works, joking that his wife is such a klutz they'll get plenty of use out of it. A few weeks later, he drops a cinder block on his foot while working in his garage, breaking a bone. He ends up with a cast, crutches, and a joke his wife will never let him live down.

## GET BENEFITS TO SPEND ON WHAT YOU NEED

George's health insurance pays for many of his medical expenses, but he still has copays and a high deductible. He doesn't make commissions for sales on the days he misses work.

Because he has accident insurance, he has help recovering financially without dipping into family savings or using a credit card. Accident insurance benefits are paid directly to the insured, letting George use them where and how they're most needed.

## FLEXIBILITY TO MEET YOUR NEEDS

George gets specific amounts for his emergency care (including X-rays and physician care received within 96 hours of the accident), for follow-up visits, and for his physical therapy while recovering. He would have received additional help had he needed an ambulance, initial hospitalization, or intensive care. See this brochure for in-depth information about what benefits are paid for specific injuries or procedures.

## HELP PROTECT YOURSELF AND YOUR FAMILY

George liked the ability to add his wife and kids to his policy. Because kids can be especially accident-prone, a family accident policy provides extra peace of mind. Eligible dependent children can keep their insurance through age 25.

## HASSLE-FREE ONLINE CLAIMS PROCESS

Our easy-to-navigate website allows you to update your information, keep track of your policies, submit claims, and more from your PC or mobile device.

This is a brief summary of AccidentAdvance accident insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusion 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](http://tebcs.com).**

## PRODUCT HIGHLIGHTS

- Pays benefits directly to you.
- Family options available.
- Payroll-deducted premiums.



Visit:

[transamericabenefits.com](http://transamericabenefits.com)



Customer Service:

888-763-7474

## PRODUCT DETAILS

### Plan 1 Off-The-Job

Module 1 Accident Emergency Treatment		12.00 Units	
<b>Accident Emergency Treatment Benefit</b> For physician treatment and X-rays in a hospital or doctor's office within 96 hours of the accident.		\$300	
<b>Major Diagnostic Examination Benefit</b> For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$480	
<b>Dislocation Benefit</b> Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid at 25% of the joint's benefit amount. Multiple reduced dislocations are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	<b>Dislocated Joint</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Hip	\$9,600	\$3,240
	Knee or Shoulder	\$3,240	\$1,320
	Collar Bone	\$5,160	\$960
	Ankle or Foot (except toes)	\$3,240	\$960
	Lower Jaw	\$3,240	\$1,680
	Wrist or Elbow	\$2,640	\$1,320
	Toe or Finger	\$720	\$360
<b>Fractures Benefit</b> For repair of a fracture sustained in an accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	<b>Fractured Bone</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Coccyx	\$1,680	\$840
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$4,080	\$2,040
	Hip	\$12,000	\$4,080
	Leg	\$5,040	\$4,080
	Nose, Heel or Fingers	\$4,080	\$840
	Ribs	\$8,040	\$840
	Skull	\$6,480	\$2,400
	Toes	\$1,680	\$840
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$4,800	\$2,040
	Vertebrae, Pelvis	\$2,040	\$2,040
	Vertebral Processes	\$8,040	\$1,200

**For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid.  
No other dislocation or fracture benefit is paid.**

## PRODUCT DETAILS

Module 2 Follow-Up Visits and Physical Therapy		5.00 Units
<b>Accident Follow-Up Treatment Benefit</b> Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		\$50
<b>Physical Therapy Benefit</b> For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		\$50
Module 3 Initial Accident Hospitalization		3.50 Units
<b>Initial Accident Hospitalization Benefit</b> Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$1,050
<b>Ambulance Benefit</b> For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$210
	Air Ambulance	\$1,050
Additional Riders		
Accidental Death and Dismemberment Rider (Form No. CRADD300)		1.00 Units
<b>Accidental Death Benefit</b> Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per covered person per accident and will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount.		
<b>Common Carrier Accidental Death</b> For death resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation		\$30,000
<b>Automobile Accidental Death</b> If the covered person was:		
wearing and properly utilizing a seat belt and was seated in a position protected by an air bag system that deployed during the accident, as evidenced by police report.		\$22,000
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.		\$20,000
not wearing a seat belt.		\$15,000
<i>Benefits are not payable if a covered person was driving without a valid drivers' license</i>		
<b>Other Accidental Death</b> Other than those described above.		\$10,000
<b>Transportation of Remains Benefits</b> For transporting remains to a mortuary near the covered person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.		\$400

## PRODUCT DETAILS

### Additional Benefits for Accidental Death

If an accidental death benefit is payable, the following benefits will be paid to the survivor. A reduced benefit will be paid to the beneficiary if no eligible survivor. Benefits do not require a spouse or child to be covered under this rider.

<b>Surviving Child Educational Benefit</b> Payable for each eligible child ages 17 through 21, who is a full-time student at an accredited college, university, 2-year college, vocational or trade school within 365 days of the accidental death. Payable each year for up to 4 years while the child remains a full-time student.		\$800
<b>Licensed Day Care Center Benefit</b> Child must be between newborn and 12 years old, attend a licensed day care, which is not an immediate family member, within 90 days from the accidental death date. Day care must be necessary for the survivor to work or obtain training for work.		\$300
<b>Career Enrichment Benefit</b> Survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-year college, vocational, or trade school within 24 months of the accidental death. Training must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. This benefit will be paid for up to 4 years while the survivor remains a full-time student. Benefit not available for children.		\$800
<b>Accidental Dismemberment Benefits</b> Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.	One or more fingers or toes	\$500
	One eye, hand, foot, arm or leg	\$2,000
	Two eyes, hands or feet	\$5,000
	Speech <u>or</u> hearing in both ears	\$5,000
	Two arms or two legs	\$5,000
	Speech <u>and</u> hearing in both ears	\$10,000
	Both arms and both legs	\$10,000
Total dismemberment benefits per covered person per accident will not exceed:		\$10,000
<b>Accident Hospital and ICU Income Rider (Form No. CRHICU00)</b>		<b>6.00 Units</b>
<b>Accident Hospital Income Benefit</b> For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.		\$150
<b>Accident ICU Benefit</b> For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.		\$450

## PRODUCT DETAILS

Expanded Benefits Rider (Form No. CREXPB00)		10.00 Units
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		
<b>Burns</b> Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.	<b>Second-degree burns of body surface:</b> At least 25%, but not more than 35%	\$600
	More than 35%	\$1,500
	<b>Third-degree burns of body surface:</b> 6 through 10 square centimeters	\$1,500
	10 through 25 square centimeters	\$4,000
	25 through 35 square centimeters	\$9,000
	more than 35 square centimeters	\$12,000
<b>Lacerations</b> Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures	\$40
	Single laceration less than 7.5 centimeters	\$80
	Lacerations 7.6 to 20 centimeters	\$300
	Lacerations over 20 centimeters	\$600
<b>Eye Injury</b>	With surgical repair	\$400
	Non-surgical removal of foreign body by physician	\$70
<b>Emergency Dental Work</b>	One or more broken teeth repaired with crowns	\$300
	One or more broken teeth resulting in extractions	\$80
<b>Brain Concussion</b> Must be diagnosed by a physician within 96 hours of the accident.		\$200
<b>Coma</b> Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.		\$15,000
<b>Paralysis</b> Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$15,000
	Paraplegia (paralysis of lower limbs)	\$7,500
<b>Tendons, Ligaments and/or Rotator Cuffs</b> Must be detached, torn, ruptured or severed and surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Arthroscopic surgery with: No repair	\$200
	One repair	\$500
	Two or more repairs	\$1,000
<b>Ruptured Discs and/or Torn Knee Cartilage</b> Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Shaved cartilage or arthroscopic surgery with: No repair	\$200
	One repair	\$500
	Two or more repairs	\$1,000

## PRODUCT DETAILS

<b>Major Surgery</b> For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		\$1,500
<b>Appliance</b> For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.		\$200
<b>Prosthetic Devices</b> For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.	One prosthetic device	\$750
	Two or more prosthetic devices	\$1,500
<b>Blood, Plasma and Platelets</b> Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		\$400
<b>Transportation</b> Benefit is payable for up to 2 round trips to the hospital per accident per covered person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or covered person's residence.		\$600
<b>Family Lodging Benefit</b> Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the covered person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the covered person's residence and confinement must begin within 30 days of the accident. Benefits are not payable for services rendered by an immediate family member.		\$150
<b>Wellness Benefit Rider (Form No. CRWELB00)</b>		8.00 Units
After a 30-day waiting period, benefit is payable per calendar year for one annual health screening test listed for the covered employee and one test for a covered spouse.		
Blood test for triglycerides Bone marrow testing Breast ultrasound CA 125 (blood test for ovarian cancer) CA 15-3 (blood test for breast cancer) CEA (blood test for colon cancer) Chest X-ray Colonoscopy Fasting blood glucose test	Flexible sigmoidoscopy Hemocult stool analysis Mammography Pap Test PSA (blood test for prostate cancer) Serum cholesterol test to determine HDL/LDL level Serum Protein Electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Thermography	\$80

## PRODUCT DETAILS

### Rates

Coverage	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan I Off-The-Job	Semi-Monthly	\$10.00	\$13.57	\$15.34	\$19.31

### Accident-Only Disability Income Rider (Form No. CRAODI00)

Monthly benefits are payable when a covered employee suffers continuous total disability as the result of a covered accident, not to exceed the benefit period. Total disability must occur within 90 days of the accident. This rider will match the plan selection for the base policy. Rider terminates the first of the month following an employee's 70th birthday.

#### Plan Design 1: 12 Month Benefit Period

Monthly Benefit:	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300
Age 18-64	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00	\$5.50	\$6.00	\$6.50

### Sickness-Only Disability Income Rider (Form No. CRSODI00)

Monthly benefits are payable when a covered employee suffers continuous total disability as the result of a covered sickness, not to exceed the benefit period. A 14-day elimination period must be satisfied before benefits become payable. During the elimination period, benefits are not payable and do not accrue. This rider terminates the first of the month following an employee's 70th birthday.

#### Plan Design 1: 12 Month Benefit Period

Monthly Benefit:	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300
Age 18-49	\$4.60	\$5.75	\$6.90	\$8.05	\$9.20	\$10.35	\$11.50	\$12.65	\$13.80	\$14.95
Age 50-64	\$7.68	\$9.60	\$11.52	\$13.44	\$15.36	\$17.28	\$19.20	\$21.12	\$23.04	\$24.96

*Coverage for pre-existing conditions may be excluded or limited under this rider.  
See Exclusions and Limitations for details.*

### Spouse Off-the-Job Accident Only Disability Income Rider (Form No. CRSPDI00)

Monthly benefits are payable when a covered spouse suffers continuous total disability as the result of a covered off-the-job accident, not to exceed the benefit period. Total disability must occur within 90 days of the accident. This rider terminates the first of the month following the spouse's 70th birthday. Injuries that occur in the workplace or during the course of any employment for pay, benefit or profit are not eligible for this benefit.

#### Plan Design 1: 6 Month Benefit Period

Monthly Benefit:	\$200	\$300	\$400	\$500	\$600	\$700	\$800
Age 18-64	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80

## LIMITATIONS AND EXCLUSIONS

We will not pay benefits for losses caused by or as a result of a covered person:

- Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit;
- Driving any taxi 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 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, 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;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting 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 coverage is provided as a result of this exception.

### All Disability Income Riders

Benefits are not payable for a disability that is caused by or occurs as the result of one of:

- Disability that is being treated outside the territorial limits of the United States or, if outside of the United States, the territorial limits of the place where this rider was issued.
- Any disability which begins after termination of coverage. This will not be considered a continuation of a previous disability and will not be covered under the contract.

Total disability exists when under the regular care and attendance of a physician for necessary treatment of a covered accident or sickness and not actually engaged in any substantially gainful occupation.

Total disability must begin while rider is in force and ends when released by a physician to return to work.

Total disability is the inability to:

- **Employed Full-Time:** engage in or perform all of the material and substantial occupational duties.
- **Not Employed Full-Time:** perform two or more ADLs (bathing, continence, dressing, eating, toileting and transferring) without direct personal assistance, as certified by a physician, each time the activity is performed.

If more than one disability benefit is in force with us, rider benefits are reduced so that the total benefit from all disability coverage does not exceed 80% of a person's monthly compensation. Premium paid for disability benefits in excess of 80% will be refunded.

### Sickness-Only Disability Income Rider

Benefits are not payable for a disability that is caused by, or occurs as the result of, childbirth or charges related to normal pregnancy within 10 months of the rider's effective date. Pregnancy complications are covered to the same extent as any other sickness.

No benefits are provided during the first 12 months for any sickness that has been diagnosed, treated, or for which the Insured has incurred expense or has taken medication within \_\_\_\_\_ months prior to this rider's effective date.

# **LIMITATIONS AND EXCLUSIONS**

## **Termination of Coverage**

Subject to the Portability Option, insurance coverage on the employee will end on the earliest of:

- the date of his or her death;
- the date he or she ceases to be eligible for coverage;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she terminates employment;
- the date the group master policy terminates;
- the date he or she sends us a written notice to cancel coverage.

The insurance coverage on a dependent will cease on the earliest of:

- the date of the employee's death;
- the date the employee's coverage terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the certificate is modified so as to exclude dependent coverage;
- the date the employee sends us a written notice to cancel coverage on a dependent.

## **Extension of Benefits**

Whenever termination of coverage under this section occurs due to termination of employment, such termination will be without prejudice to:

- any hospital confinement which began while coverage was in force; or
- any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however that the covered person is and continues to be hospital confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- the date on which the covered person is no longer hospitalized or receiving treatment.

## **Portability Option**

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

## **Termination of the Group Master Policy**

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end, subject to the Portability Option.

## **Other Insurance with Us**

An individual can only have one accident policy or certificate with us. An individual can only have one disability income policy, certificate, or rider with us. If a person already has accident insurance with us, such person is not eligible to apply for this coverage. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.

# YOUR FLEXIBLE BENEFITS

**SIMPLE, PAINLESS CLAIMS  
USING YOUR WORKPLACE VOLUNTARY BENEFITS**

**Voluntary benefits that are easy to use, underwritten by Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company.**

When you're sick or hurt, you want less aggravation, not more. That's why Transamerica has made our claims process as painless as possible. With our easy and efficient online system, you can submit claims in just minutes.

## **BENEFITS WE OFFER**

- Short-Term Disability Income Insurance.
- Critical Illness.
- Accident.
- Hospital Indemnity Insurance.
- Cancer.
- Wellness benefit included in a Critical Illness, Accident, or Cancer policy.

## **HOW TO FILE ONLINE CLAIMS**

1. Log onto **tebcs.com**.  
Not registered? Click "New User Registration" and use your contract (certificate or policy) number and personal information to register.
2. Click on the policy for which you are filing a claim.
3. Once inside the policy's contract details, click on claims and again on the specific type of claim you want to file.
4. Complete all requested information. If your claim requires a specific form, it will be provided here.

Print a copy of your claim submission for your records, and allow 7 to 10 days for processing. We'll contact you if we need further information.

If you have additional questions or concerns regarding your insurance, please contact our customer service professionals:



### **Email**

tebcustresp@transamerica.com



### **Customer service**

888-763-7474

Monday – Thursday  
7 a.m. to 6 p.m. CT

Friday  
7 a.m. to 5 p.m. CT

Online at [tebcs.com](https://tebcs.com)

Products underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa, or Transamerica Financial Life Insurance Company, Harrison, New York.

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**TRANSAMERICA®**

GROUP NAME:						
APPLICANT NAME:				SOCIAL SECURITY #:		
	DEDUCTION FREQUENCY (See Below)*	MONTHLY PREMIUM AMOUNTS				
		APPLICANT	SPOUSE**	DEPENDENT CHILD	DEPENDENT CHILD	PRODUCT TOTAL
AccidentAdvance <sup>SM</sup>						
Accident AnswerSelect®						
AccidentSelect®						
CancerSelect® Plus						
CriticalAssistance <sup>SM</sup> Plus						
CriticalAssistance Select®						
SightSelect®						
TAC\$-Advantage®/VTL						
TransAccident®						
TransChoice® Plus						
TransConnect®						
TransDI® Plus						
TransLegacy <sup>SM</sup>						
TransSmile®						
Trans\$ure <sup>SM</sup>						
TransUL <sup>SM</sup> Plus						

**\*DEDUCTION FREQUENCY OPTIONS**

WEEKLY (W)-(52 Checks)  
BI-WEEKLY (BW)-(26 Checks)  
SEMI-MONTHLY (SM)-(24 Checks)  
MONTHLY (M)-(12 Checks)

OTHER \_\_\_\_\_

TOTAL MONTHLY PREMIUMS

TOTAL PAYROLL DEDUCTION

DATE DEDUCTIONS TO BEGIN

\_\_\_\_/\_\_\_\_/\_\_\_\_

Is this an existing policy with a change?

☐ No ☐ Yes If yes, Policy #: \_\_\_\_\_ Current Deduction Amount: \$ \_\_\_\_\_

Upon acceptances by the Insurer(s) of coverage(s) applied for I hereby authorize my Employer to deduct from my earnings the amount indicated above and to remit such deductions each month to the Administrative Office of the Insurer(s) indicated below toward the payment of premiums on a policy or policies issued on my life, or on my eligible dependents. This authorization begins on the date shown above. It shall continue thereafter until the earlier of (a) termination of my employment, (b) written notice from me canceling this authorization, or (c) termination of Payroll Deduction Plan.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFER REFUSAL**

I do not wish to participate and understand that future application for such insurance may require evidence of insurability.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

A completed copy of this must be provided to the Home Office, Group and Applicant.

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(888) 763-7474  
[www.transamericaemployeebenefits.com](http://www.transamericaemployeebenefits.com)

