



# TransApp Self-Service Guide

Your guide to benefits enrollment online.

## User Guide to TransApp

Along with the link to TransApp you received a personal invitation code. Enter the code then register by creating a username and password.

### Step 1:

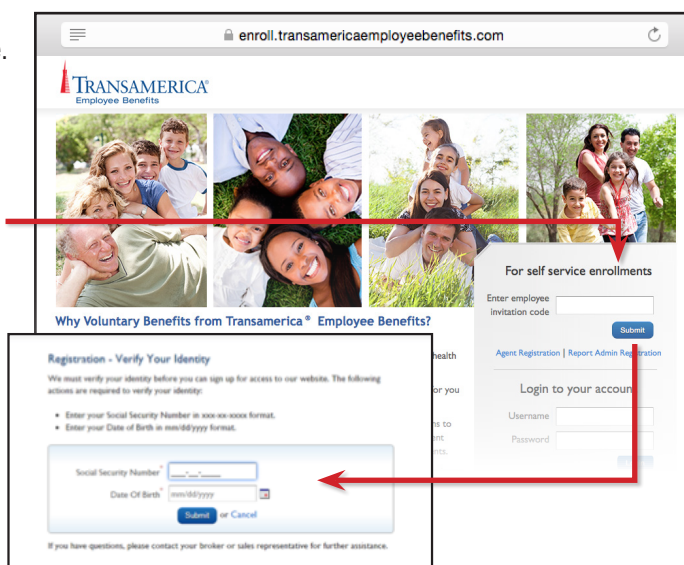
Go to: [enroll.transamericaemployeebenefits.com](https://enroll.transamericaemployeebenefits.com)

In the Enter employee invitation code field, enter your **invitation code** and click **submit**.

*Your invitation code would have been provided to you by your Agent or Employer.*

### Step 2:

On the following screen you will **Verify Your Identity** with your Social Security Number and Birth Date and click **submit**.



enroll.transamericaemployeebenefits.com

**TRANSAMERICA®**  
Employee Benefits

Why Voluntary Benefits from Transamerica® Employee Benefits?

Registration - Verify Your Identity

We must verify your identity before you can sign up for access to our website. The following actions are required to verify your identity:

- Enter your Social Security Number in xxx-xx-xxxx format.
- Enter your Date of Birth in mm/dd/yyyy format.

Social Security Number\*

Date Of Birth\*

If you have questions, please contact your broker or sales representative for further assistance.

For self service enrollments

Enter employee invitation code

Agents Registration | Report Admin Registration

Login to your account

Username

Password

### Step 3:

**Create Your Account** by completing the fields with your information.

*Required fields are noted with a red asterisk.*

**NOTE:** If the Captcha is not legible, obtain a new Captcha by clicking the blue arrows to the right of the Captcha.

After you have entered the required information and agreed to the Site User Agreement, click **Register**.



Registration - Create Your Account

Congratulations! You're now one step away from accessing our website. Please take a few moments to create your account by entering the following information below.

Username\*

Password\*

Confirm Password\*

Email Address\*

Security Question\*

Security Answer\*

Captcha 

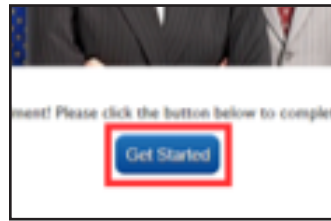
Enter the text from the image above

☐ I agree to the [Site User Agreement](#)

If you have questions, please contact your broker or sales representative for further assistance.



Click the 'Get Started' button to begin your enrollment.



Welcome, SKIP TEST! | Logout  
Last Login: 5/22/2015

Home Basic Information My Benefits Current Employee: TESTSue TESTBates

My Information > Spouse Information > Dependent Information > Employment Information

First Name\* MI Last Name\*  
TESTSue TESTBates

Social Security Number\*  
\*\*\*\*\*

Date Of Birth\*  
11/24/1954

Gender\*  
Female

Are You Actively At Work? ⓘ  
Yes

Are You Currently Disabled? ⓘ  
No

Do You Use Tobacco? ⓘ  
No

Marital Status\*  
Married

Phone Number

Email Address

Birth State

Home Address

Line 1\*  
1979 Main St

Line 2

City\* State\* Zip\*  
Cavendish VT 05142

Mailing Address

☒ Use My Home Address

Save and Continue or Cancel

#### Step 4:

The **My Information** screen lists your basic personal information as received from your employer.

You will need to **verify any pre-populated information** on this screen and **answer blank fields**.

Required fields are noted with a red asterisk.

Click **Save and Continue**.

Welcome, SKIP TEST! | Logout  
Last Login: 5/22/2015

Home Basic Information My Benefits Current Employee: TESTSue TESTBates

My Information > Spouse Information > Dependent Information > Employment Information

☒ Add Spouse Information

Save and Continue or Cancel

If the **Marital Status** field is set to **married**, you'll have the option to add a spouse by selecting **Add Spouse Information**, then click **Save & Continue**.

My Information > Spouse Information > Dependent Information > Employment Information

☒ Remove Spouse

(NOTE: Spouse Information will not be saved until you click "Save and Continue")

First Name\* MI Last Name\*  
Social Security Number

Date Of Birth\*  
mm/dd/yyyy

Gender\*

Does Your Spouse Use Tobacco? ⓘ

Is Your Spouse Currently Disabled? ⓘ

Date Of Marriage ⓘ  
mm/dd/yyyy

Phone Number

Email Address

Birth State

☒ Use My Home And Mailing Address

Home Address

Line 1\*  
Line 2

City\* State\* Zip\*

Mailing Address

Line 1\*  
Line 2

City\* State\* Zip\*

Save and Continue or Cancel

The **Spouse Information** screen asks for spouse's basic personal information.

Answer the required questions.

Click **Save & Continue**.

TRANSAMERICA  
EMPLOYEE BENEFITS

Welcome, SKIP TEST! | Logout  
Last Login: 5/22/2015

Home Basic Information My Benefits Current Employee: TESTSue TESTBates

My Information > Spouse Information > **Dependent Information** > Employment Information

[Add New Dependent](#)

[Save and Continue](#) or [Cancel](#)

If you wish to enroll your dependents in benefits click **Add New Dependent**.

Click **Save & Continue**.

**Add New Dependent**

First Name\* MI Last Name\*

Social Security Number

Birth Date\*  
mm/dd/yyyy

Gender\*

Does This Dependent Use Tobacco?\*

Is This Dependent A Full Time Student?

Is This Dependent Disabled?\*

Phone Number

Email Address

Birth State

**Mailing Address**

☐ Use My Mailing Address

Line 1\*

Line 2\*

City\* State\* Zip\*

[Save](#) [Cancel](#)

Enter each Dependent's information separately.

The **Dependent Information** screen asks for dependent(s) basic personal information. Answer the required questions.

Click **Save**.

TRANSAMERICA  
EMPLOYEE BENEFITS

Welcome, TESTTracy L TESTBecker! | Logout  
Last Login: 6/11/2015

Home Basic Information My Benefits

My Information > Spouse Information > **Dependent Information** > **Employment Information**

Location	Occupation
Hire Date 7/17/1997	Work Phone
Employee Id 222-55-3610	Work Email
Pay Frequency Weekly	
Hours Worked Per Week 40	
Annual Salary View	

[Save and Continue](#) or [Cancel](#)

### Step 5:

The **Employment Information** screen lists your employment details such as date of hire and annual salary.

Answer the additional questions.

Click **Save & Continue**.

*Some fields are pre-populated from the census and cannot be edited during enrollment.*

*Contact your employer if you notice an errors on pre-populated fields.*

Welcome, TESTTracy L TESTBecker! | Logout  
Last Login: 6/11/2015

Home Basic Information **My Benefits**

### My Open Enrollment Benefits

Welcome to Open Enrollment! Benefits must be finalized within the number of days listed.  
You have **10 days** to complete Open Enrollment for your next benefit year.  
Please click Start section to complete each section.

**Critical Illness**  
Please complete by: 12/31/2015  
You are being offered the following product:  
• CriticalAssistance Advance Insurance

Start Section

**Term Life**  
Please complete by: 12/31/2015  
You are being offered the following product:  
• Term Life Insurance

Start Section

**TeleHealth**  
Please complete by: 12/31/2015  
You are being offered the following product:  
• Tele Health

Start Section

**Hospital Indemnity**  
Please complete by: 12/31/2015  
You are being offered the following product:  
• Hospital Indemnity Insurance

Start Section

**Your Enrollment Progress**

1. My Basic Information
2. My Open Enrollment Benefits
3. Finalize
4. Summary

Product Enrollment

### Step 6:

The **My Open Enrollment Benefits** screen lists available products.

In the My Open Enrollment Benefits screen, click **Start Section** to proceed to the applicable product landing page for each benefit.

Welcome, SKIP TEST! | Logout  
Last Login: 6/11/2015

Home Basic Information **My Benefits** Current Employee: TESTTracy L TESTBecker

### CriticalAssistance® Advance critical illness insurance

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa

**Everyone deserves a better Tomorrow.**  
CriticalAssistance Advance is critical illness insurance designed to be cost-effective as it provides valuable benefits.

**Why Should You Consider Critical Illness Insurance?**  
A critical illness can impact your family at any time. It pays to be ready. A recent study in Washington state found that compared to the general population, bankruptcy rates were nearly twice as high among cancer patients one year after diagnosis, and the median time to bankruptcy was less than a year after diagnosis. Critical Illness Insurance can help you and your family prepare for the financial stress a critical illness can cause.

**Understanding CriticalAssistance® Advance**  
CriticalAssistance Advance is designed to come to the rescue of those budget-conscious families by helping pay the costs associated with the initial occurrence after the effective date of a heart attack, stroke, cancer or other serious illness as defined in the policy. You choose your benefit amount. Benefits are also available for your spouse and eligible children. Their benefit amount will be 50% of the benefit you elect.

**Critical Illness Lump Sum Benefit**  
You choose your Critical Illness benefit amount. The policy pays you a lump sum benefit equal to the amount you choose multiplied by the applicable percentage shown in the Schedule of Benefits upon the occurrence of a covered critical illness within each category. If the benefit payment is less than 100% of the selected benefit amount, the policy pays another lump sum benefit amount upon the diagnosis of a different type of critical illness within the same category up to the limit per category. There is a lifetime maximum of three times the benefit amount you choose.

**Payments can be used to cover related expenses, medical or otherwise, including:**

- Deductibles, copays, hospital bills and other medical expenses
- Child care or housekeeping for the family pet
- Credit card payments and other household bills
- Travel to out-of-town hospital or treatment facility
- Non-medical expenses like missed work and housekeeping

**Additional Highlights**  
Individual and family coverage is available. Employee and spouse from age 18 and up, eligible children from birth through age 25. It pays in addition to any other coverage with no waiting period. You can get all of this protection at a competitive cost and the convenience of payroll deduction. You can also keep coverage if you change jobs or retire.

So, sign up or enroll to get critical illness insurance to help provide the financial protection for you and your eligible family members.

[Continue to Enrollment](#) [Go Back](#)

Each product has a landing page that provides product information along with a link to a brief video about the product.

Review the information and click **Continue to Enrollment**.

Welcome, TESTTracy L TESTBecker! | Logout  
Last Login: 6/11/2015

Home Basic Information **My Benefits**

### CriticalAssistance Advance Insurance<sup>SM</sup>

**CRITICAL ASSISTANCE ADVANCE**  
Product Brochure

**TESTTracy L TESTBecker**

Coverage Type: **Employee**

Benefit Amount: **\$10,000**

Guaranteed Issue

**Included Coverage**

- First Occurrence Amenity Rider
- Mandatory Mammography Benefit
- Cancer Rider
- Recurrent Benefit Rider
- \$50 Wellness Benefit Rider

☐ Waive All Coverage

[Go Back](#) [Save & Continue](#) **\$4.68** weekly deduction

The premium deduction area for each section will automatically adjust as options are changed.

Waiving coverage on a product will change the weekly deduction amount to \$0.00 and will only give you the option to 'Save & Continue' unless the box is unchecked.

### Step 7:

On the **Product Options** screen, there is a link to download the product's brochure. Use this to consider the different benefit options. It also outlines the riders available to you, your spouse, and dependents.

Use the **Coverage Type** dropdown menu to determine the type of coverage.

Use the **Benefit Amount** dropdown menu to review and select the desired benefit amount.

Or you may select **Waive All Coverage** check box to decline benefits for this particular product.

Once the fields are correctly set to your choices, click **Save & Continue**.

This will take you back to the My Open Enrollment Benefits page and you can start the next section.

The following screens are not applicable for every product.

TransApp will guide you to the screens required based on your underwriting, product and benefit selections.

Responses to these questions may affect the benefit amount you are eligible for, or your application to be declined. Pop-up windows will inform you of any changes.

The **Evidence of Insurability Screen** appears when you select a coverage amount above the Guaranteed Issue amount for your enrollment.

Read and respond to each underwriting question. Based on your group's offer, you may need to supply additional information.

Once the questions have been answered, click **Save & Complete**.

The **Policy Owner** screen allows you to change the policy owner to a different insured.

It will list the current policy owner's name and address by default. If you don't need this to change, and the information is correct, click **Save & Continue**.

The **Beneficiaries** screen appears next for products where benefits could be paid to a beneficiary. Beneficiaries need to be created for each policy. You can create up to 10 Primary and 10 Contingent Beneficiaries.

Click **add new** under **Primary Beneficiaries** or **Contingent Beneficiaries**.

A primary beneficiary is the person to receive the proceeds of the death benefit in the event of the Insured's death. The contingent beneficiary will receive benefits if the primary beneficiary is deceased.

The **Add New Beneficiary** screen will display.

For convenience, you can use the **Family Members drop down menu** to select the a beneficiary whose information you have already submitted. Then click **Select**. Or you can add a new Beneficiary and click **Add New**.

You will assign each Beneficiary a percentage. Beneficiary percentages need to add up to 100%.

Click **Save & Continue** button when all of the beneficiaries are added.

If your marital status is set to married, the Spouse listed will be the default for your policy. You are set as the default if your status is single.

The **Statement & Agreements** screen is for insurance products that have caps on total insurance benefits. The page lets you to tell us if you have any existing life insurance policies or contracts.

Once the question has been answered, click **Save & Continue**.


TRANSAMERICA  
EMPLOYEE BENEFITS

Welcome, TESTTracy L TESTBecker! | [Logout](#)  
Last Login: 6/11/2015


[Home](#) [Basic Information](#) [My Benefits](#)

### My Open Enrollment Benefits


Welcome to Open Enrollment!  
You have **10 days** to complete Open Enrollment for your next benefit year.  
Please click Start section to complete each section.

**Critical Illness**  
Benefit coverage is effective: 1/1/2015  
You have selected the following product:  
• CriticalAssistance Advance Insurance [view details](#)


[Make Changes](#)  
**\$4.68**  
weekly

**Term Life**  
Please complete by: 12/31/2015  
You are being offered the following product:  
• Term Life Insurance





[Start Section](#)

**TeleHealth**  
Please complete by: 12/31/2015  
You are being offered the following product:  
• Tele Health

[Start Section](#)

**Hospital Indemnity**  
Please complete by: 12/31/2015  
You are being offered the following product:  
• Hospital Indemnity Insurance

[Start Section](#)

**Your Enrollment Progress**  
 1. My Basic Information  
 2. My Open Enrollment Benefits  
 3. Finalize  
 4. Summary  
[Finalize Elections](#)  
**\$4.68**  
post-tax deduction

Your first product enrollment is complete!

The **My Open Enrollment Benefits** page will display again to confirm your benefit elections, effective date and deduction amounts.

Select **Make Changes** or **Start Section** on the next product.



**Success**



**Not yet Reviewed or Waived**




**Waived**

**To finalize your enrollment, you must elect or waive all the product(s) that appear on the My Benefits screen.**

For changes to completed benefit elections, click **Make Changes** next to the product you want to change.


**Repeat Steps 6 and 7** for the remaining benefits offered. Once you are satisfied with your elections, simply click **Finalize Elections** to navigate to the next page and review your choices.





Welcome, TESTTracy L TESTBecker! | [Logout](#)  
Last Login: 6/11/2015

Home
Basic Information
My Benefits



Please review and finalize your elections below


Congratulations! Your benefits enrollment is nearly complete! You have made choices that will affect your family's health coverage and costs all year long. Please take this opportunity to review the information on this page and make sure that it is accurate before finalizing your elections.

Again, thank you for enrolling with Transamerica Employee Benefits. We look forward to helping you and your family prepare for a better tomorrow.

Critical Illness [view pdf](#)
\$4.68

Term Life [view pdf](#)
\$4.88

Hospital Indemnity [view pdf](#)
\$4.99



Your Enrollment Progress
1. My Basic Information
2. My Open Enrollment Benefits
3. Finalize
4. Summary

Make Changes
Finalize Elections
\$14.55 post-tax deduction

The following will serve as your electronic signature

Last 4 digits of your Social Security Number\*
Date of Birth (MMDD)\*
Mother's Maiden Name\*

☐ Important: I have reviewed my benefits applications and approve of my final elections.

The **Finalize** screen is required to complete the enrollment.

Enter the:

- Last four digits of your SSN,
- Date of Birth (format MMDD)
- Mother's Maiden Name.

Check the box to certify the information provided is accurate and complete.

You may view each product's application by clicking the **view pdf** link.


**Post-tax premium deductions** are displayed next to each product elected.

**Total post-tax premium** is displayed under the Finalize Elections button.

Click **Finalize Elections** to complete the enrollment.

**If you log-out before clicking the Finalize Elections button, no coverage will be received.**

## Application Sample



Transamerica Life Insurance Company ("Insurer")  
Home Office: Cedar Rapids, IA  
Administrative Office: P.O. Box 8063  
Little Rock, AR 72203-8063

Universal Life  
Application

☒ First Application
☐ Add Dependents - Contract #
☐ Increase Coverage - Contract #

Group Name
Group Number
Location

Applicant  
(Last, First, M.I.)

☐ Male  
☒ Female

Social Security No.

Date of birth  
5/4/1954

Date of marriage\*\*\*  
1/1/1984

Spouse\*\*  
(Last, First, M.I.)

☒ Male  
☐ Female

Social Security No.

Date of birth  
4/1/1954

Date of hire  
11/24/2009

Avg hours worked per week  
40

Annual salary  
\$40,141.00

Occupation

Applicant ID  
12

Have you or your spouse\*\* used tobacco products in the last year?  
Applicant ☒ No ☐ Yes
Spouse\*\* ☒ No ☐ Yes

Home phone

Work phone/ext.

Home address

City  
Springfield

State  
Illinois

Zip code  
60803

Life insurance certificate/policy owner (Last, First)  
(If different than applicant)

Address

Relationship

Social Security No.

Primary Beneficiary:  
(Last, First, M.I.)

SEE CONTINUATION FORM

Relationship:

Contingent Beneficiary:  
(Last, First, M.I.)

Relationship:

Applicant will be the beneficiary for any spouse\*\* and/or child(ren) coverage

Payroll Mode:
☐ Weekly
☐ Bi-Weekly
☐ Semi-Monthly
☒ Monthly
☐ Other

I Am Applying For:

Universal Life: Benefit Option
☒ A (level)
☐ B (increasing)

Automatic Increase  
Option Rider
☒ Yes
☐ No

Level Term Rider

Face Amount\*

Premium per pay period\*

Face Amount\*

Rider Length

Premium per pay period\*

☒ Applicant

\$100,000

\$238.42

☒ 10yr
☐ 20yr

\$0.00

## My Open Enrollment Benefits

Thank you for completing Open Enrollment!



[Change Benefit Elections](#) *please complete by 12/31/2015*

[Make Changes](#)

[Payroll Deduction Form](#)

[View PDF](#)



### Critical Illness

Benefit coverage is effective: 1/1/2015

You have selected the following product:

- CriticalAssistance Advance Insurance [view details](#)

[View PDF](#)

**\$4.68**

weekly deduction



### Term Life

Benefit coverage is effective: 1/1/2015

You have selected the following product:

- Term Life Insurance [view details](#)

[View PDF](#)

**\$4.88**

weekly deduction



### Hospital Indemnity

Benefit coverage is effective: 1/1/2015

You have selected the following product:

- Hospital Indemnity Insurance [view details](#)

[View PDF](#)

**\$4.99**

weekly deduction

### Your Enrollment Progress



1. My Basic Information



2. My Open Enrollment Benefits



3. Finalize

4. Summary

**\$14.55**

post-tax deduction

After you finalize your enrollment the **Summary** screen is available for viewing the applications and payroll deductions.

## Congratulations!

You have completed your enrollment.

You may click **view details** to see benefit elections.

You may click **view pdf** to see the completed application.

Click **Logout** at the top right when you are done.