

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
A Stock Company

This Certificate explains the benefits provided under the Group Master Policy for Accident Only Insurance that is underwritten by Transamerica Life Insurance Company. Please read it carefully to become familiar with your coverage.

Terms important to understanding this Certificate are defined in the Definitions section or in separate Certificate provisions and are capitalized.

Important Notice - Benefits are payable only for Accidental Bodily Injuries that occur as the result of an Accident and where expenses are incurred. The Accident must occur while the Covered Person is insured under the Policy, subject to the provisions of this Certificate.

The Policy under which this Certificate is issued may be amended or canceled as stated in its provisions. Such an action may be taken without the consent of or notice to any Covered Person. Premiums are subject to periodic changes.

The benefits for Dependents described in this Certificate will be applicable to each of your Dependents only if you are insured and you have applied for Dependent coverage. Such Application must be approved by us and the required premium paid for each Dependent.

This Certificate is issued in consideration of statements made in your Application and the payment of the first full premium.

This Certificate is signed for the Company at our Home Office to take effect on its Effective Date.



Blake Bostwick
President



Jay Orlandi
Secretary

CERTIFICATE FOR GROUP ACCIDENT ONLY INSURANCE

**PREMIUM RATE SUBJECT TO CHANGE
BENEFITS LIMITED TO LOSS DUE TO ACCIDENTS ONLY
NO BENEFITS PROVIDED FOR LOSS FROM ANY OTHER CAUSE
READ YOUR CERTIFICATE CAREFULLY
NONPARTICIPATING - NO ANNUAL DIVIDENDS**

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SCHEDULE OF BENEFITS

POLICYHOLDER: STRYKER CORPORATION
GROUP POLICY NUMBER: BA00068238
GROUP MASTER POLICY EFFECTIVE DATE: JANUARY 01, 2020
GOVERNING JURISDICTION: MICHIGAN

BENEFITS	NUMBER OF UNITS
MODULE 1 - ACCIDENT EMERGENCY TREATMENT	8.0 UNITS
MODULE 2 - FOLLOW-UP VISITS AND PHYSICAL THERAPY	5.0 UNITS
MODULE 3 - INITIAL ACCIDENT HOSPITALIZATION	3.5 UNITS
FORM NUMBER - OPTIONAL BENEFIT RIDERS	
CREXPB00 - EXPANDED BENEFITS RIDER	3.0 UNITS
CRHICU00 - ACCIDENT HOSPITAL AND ICU INCOME RIDER	4.0 UNITS

DEFINITIONS

Accident - An unforeseen occurrence which results in Accidental Bodily Injury and occurs while this Certificate is in force and is not excluded in the Certificate.

Accidental Bodily Injury - An injury or injuries for which Necessary Treatment is received and benefits are provided. The injury or injuries must be sustained by a Covered Person and must be the direct cause of the loss, independent of disease or bodily infirmity. All such injuries, with any complications and any recurrences of complications arising from any one Accident, will be deemed to be a single injury. Such injury or injuries must occur while the Certificate is in force.

Active Service - To be considered in Active Service, you must be doing the following:

1. Performing in the usual manner all of the regular duties of your occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where you normally work or at some location directed by the employer.

You are considered to be in Active Service on a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your occupation as if it were a scheduled work day and you were in Active Service on the last preceding regular work day.

Ambulatory Surgical Center - A licensed, free-standing surgical facility consisting of an operating room, facilities for the administration of general anesthesia, and a post-surgery recovery room. It must also require that the patient be admitted, treated, and released during a 24-hour period.

Amendment, Endorsement, or Rider - Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provisions or benefits.

Application or Enrollment Form - The form completed and signed to apply for this insurance coverage.

Calendar Year - The period from January 1 through December 31 of the same year.

Certificate - This document that describes your insurance coverage.

Child - A Child of yours who is under the age of 26 and is:

1. A natural Child;
2. A legally adopted Child or a Child who has been placed for adoption with you;
3. A stepchild or foster Child;
4. A grandchild who lives with you;
5. A Child for whom you have been appointed legal guardian; or
6. A Child for whom you are legally required to provide support.

If a Dependent Child has reached age 26 but is incapable of self-support because of mental or physical impairment, we will continue the Child's coverage under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of incapacity within 31 days after the coverage would otherwise terminate;
3. We may require additional proof of such incapacity from time to time, but not more often than once a year after the Child attains age 26; and
4. Your coverage must remain in force.

Chip Fracture - A Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray.

Covered Person - You and any Dependents that have been accepted by us for coverage under this Certificate.

Dependent - Your Spouse or Child covered under this Certificate.

Dislocation - A completely separated joint. It must be diagnosed as a Dislocation by a Physician within 96 hours after the date of the Accident. The Dislocation must require correction by a Physician. It can be corrected by open or closed reduction.

Effective Date - The date the Covered Person's insurance starts under this Certificate.

Enrollment Qualifying Event - The occurrence of a specified event that would allow an eligible employee or member and his or her eligible Dependent(s) to enroll under the Policy after being first eligible without Evidence of Insurability being required. A specified event means any of the following:

1. An individual becomes an eligible Dependent of the eligible employee or member through marriage, birth, adoption, or placement for adoption; or
2. The eligible employee, member, or Dependent loses coverage under another accident only policy.

Evidence of Insurability - The complete and truthful answers to the questions in our Application and medical history, if necessary, which may be used by us to base our acceptance of any proposed Covered Person.

Extended Care Facility - An institution or that part of an institution that:

1. Is licensed or accredited to provide nursing or rehabilitative care under the supervision of a Physician or a registered nurse;
2. Provides 24-hour skilled nursing service; and
3. Maintains daily medical records on each patient.

It does not include institutions or parts of institutions which are primarily for the care and treatment of drug addiction, alcoholism, or the aged.

Fracture - A break in a bone that can be seen by X-ray. It must be diagnosed as a Fracture by a Physician within 14 days after the date of the Accident. The Fracture must require correction by a Physician. It can be corrected by open or closed Reduction.

Grace Period - The period of 31 days allowed for each premium payment after the first premium.

Group Master Policy or Policy - The document that is issued to the Policyholder.

Hospital - A licensed institution that has on its premises or in facilities available to the Hospital on a contractually prearranged basis and under the supervision of a staff of one or more duly licensed Physicians:

1. Laboratory, X-ray equipment, and operating rooms where major surgical operations may be performed by licensed Physicians;
2. Permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
3. 24-hour-a-day nursing service by or under the supervision of graduate registered nurses; and
4. A patient's written history and medical records.

We will consider a Government or Charity Hospital as any other Hospital.

The term "Hospital" does not include an institution or that part of an institution operated as:

1. A place for rehabilitation;
2. A place for rest or for the aged;
3. A nursing or convalescent home;
4. A long-term nursing unit or geriatrics ward; or
5. An Extended Care Facility for the care of convalescent, rehabilitative, or ambulatory patients.

Hospital Confinement, Confinement, or Confined - That period of time during which the Covered Person is admitted into a Hospital on an inpatient basis in excess of 23 hours as an overnight resident bed patient for the necessary treatment of an Accident. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an observation room, a freestanding surgical facility, or Outpatient facility. Successive Confinements separated by 30 days or less will be considered as one Confinement.

Immediate Family Member - You, your Spouse, Child, mother, father, brother, sister, or other close family member of the Covered Person.

Insured, you, your, or yours - The employee or member covered for this insurance.

Late Enrollee - An employee or member who applies for insurance more than 31 days after becoming eligible for coverage. Late Enrollee also includes a former Insured who applies for reinstatement after his or her insurance has terminated. A proposed insured will not be considered a Late Enrollee if he or she applies for insurance within 31 days of an Enrollment Qualifying Event.

Necessary Treatment - The medical treatment which is consistent with currently accepted medical practice. Any confinement, operation, treatment, or service which is not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment, service, or expense which is experimental in nature is considered Necessary Treatment.

We may use a Peer Review Organization or other professional medical opinions to determine if health care services are:

1. Medically necessary;
2. Consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. Provided in the most economical and medically appropriate site for treatment.

Expenses related to such services will not be considered Necessary Treatment if services are not considered to be:

1. Medically necessary; or
2. Consistent with professionally recognized standards of care with respect to quality, frequency, or duration.

Outpatient - A Covered Person who receives medical tests, treatment, or services from a Hospital, Ambulatory Surgical Center, medical clinic, or Physician's office and is not charged for room and board.

Physical Therapist - Anyone, other than you or your Immediate Family Member, who is licensed as a Physical Therapist and certified to treat physically disabled or handicapped persons with physical agents and methods such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electrical stimulation, and light to assist in rehabilitation.

Physician - A licensed medical practitioner of the healing arts who:

1. Performs only those services permitted within the scope of his or her license; and
2. Is not an Immediate Family Member.

Physician will also include other licensed medical practitioners, such as nurse practitioners, Physician's assistants, and chiropractors that operate within the scope of their license.

Policyholder - The entity named on the Policy's Cover Page and is shown on the Certificate's Schedule of Benefits.

Reduction - Open-surgical repair or closed-manipulative repair.

Spouse - As named in the Application, includes your legally married Spouse, your common law Spouse, domestic partner, or civil union partner if legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and the Company.

Type of Coverage - Insurance coverage selected for this Certificate, as shown on your Application or Enrollment Form. The types of coverage available are:

1. Individual - Coverage on the Insured only.
2. Single Parent Family - Coverage on the Insured and any Dependent Child.
3. Two-Adult Family - Coverage on the Insured and Spouse only.
4. Family - Coverage on the Insured, the Insured's Spouse, and any Dependent Child.

Transamerica Life Insurance Company, the Company, we, us, or our - The Insurer that underwrites this coverage.

ELIGIBILITY AND EFFECTIVE DATE

Coverage will start at 12:01 a.m. on the Effective Date at the main place of business of the Policyholder.

Employee or Member Eligibility - You must meet the following requirements to be eligible for insurance:

1. Meet the eligibility requirements as selected on the Policyholder's Application;
2. Satisfactorily answer all eligibility and other questions on your Application and provide Evidence of Insurability satisfactory to us, if we ask for it; and
3. Be in Active Service.

Employee or Member Effective Date - Your insurance will take effect on the latest of the following dates:

1. The Group Master Policy Effective Date; or
2. As selected on the Policyholder's Application, either: (a) the first day of the calendar month which coincides with or next follows the date you are eligible for coverage; provided you are: (a) an eligible employee or member on such date; or (b) your date of hire; provided you are not a Late Enrollee and we have received your first premium payment; or
3. If you are a Late Enrollee, the first day of the calendar month which coincides with or next follows the date you are accepted for insurance; provided you are: (a) eligible for coverage on such date; and (b) we have received your first premium payment.

If you do not meet the eligibility requirements on the date your coverage is to take effect, your coverage will take effect on the first day of the calendar month which coincides with or next follows the date you satisfy the requirements.

Dependent Eligibility - If Dependent coverage is available, a Dependent will be eligible for such coverage on the later of the following dates:

1. The day you become eligible for coverage; or
2. The day he or she first meets the definition of Dependent.

You may elect Dependent coverage by:

1. Applying for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction or premium payment.

If such Application is not made within that 31-day period, your Spouse or Child will be considered a Late Enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

If an eligible Dependent does not become a Covered Person on your Effective Date, you may add the Dependent to this Certificate by taking the following steps:

1. Submitting an Application;
2. Satisfying any Evidence of Insurability requirements; and
3. Paying any additional premium, if required.

If you and your Spouse are both eligible as an employee or member, your Child may be insured as a Dependent of either you or your Spouse, but not both.

Dependent Effective Date - Insurance on each Dependent will take effect on the latest of the following dates:

1. The date your insurance becomes effective; or
2. The first day of the calendar month which coincides with or next follows the date the Dependent is eligible for insurance, provided that: (a) the Dependent is not a Late Enrollee; and (b) we have received any additional premium;
3. If a Late Enrollee, the first day of the calendar month which coincides with or next follows the date the Dependent is accepted for insurance, provided that: (a) the Dependent is eligible on such date; and (b) we have received any additional premium.

If a Dependent does not meet the eligibility requirements on the date his or her coverage is to take effect, coverage on that Dependent will take effect on the first day of the calendar month which coincides with or next follows the date the Dependent satisfies the requirements.

Newborn or Newly-Adopted Child Effective Date - Coverage for a newborn, a newly adopted Child, or a Child for whom you are appointed the legal guardian, will become effective automatically on the day he or she is born, the day the Child is placed for adoption or the day a court enters an order appointing you the legal guardian of the Child, as long as you have Single Parent Family or Family coverage in force on that date.

If this Certificate was issued as Individual coverage, the Child will be automatically covered for 31 days. In order to continue the Child's coverage:

1. You must notify us by the end of the 31-day period of the addition of such Child; and
2. You must elect either the Single Parent Family or Family coverage, and pay any applicable additional premium.

BENEFITS

If a Covered Person receives an Accidental Bodily Injury and expenses are incurred for Necessary Treatment, we will pay the following benefits according to the Benefits section of this Certificate. Such injury must be independent of disease or bodily infirmity other than an Accident. Such Accident must occur while coverage is in force.

Benefit payments will be made directly to you, unless you assign benefits. Proof of Loss must be submitted to us for each incurred expense. Under no conditions will we pay any benefits for losses or medical expenses incurred prior to the Effective Date.

The following benefits are payable per unit, per Covered Person, as shown below. The number of units selected by the Policyholder for each benefit is shown on the Schedule of Benefits.

Module 1 - Accident Emergency Treatment

Accident Emergency Treatment Benefit - If a Covered Person receives treatment for an Accidental Bodily Injury, we will pay \$25 per unit for treatment received. This benefit is payable for treatment by a Physician, X-rays, treatment received in a Hospital emergency room, or Physician's office. Treatment must be received within 96 hours of such Accident for benefits to be payable. This benefit is payable once per Accident, per Covered Person. Benefits will not be paid for services rendered by an Immediate Family Member.

Major Diagnostic Examinations Benefit - We will pay \$40 per unit, per Covered Person, for one Major Diagnostic Examination per Accident. This benefit is limited to one Major Diagnostic Examination per Accident. Such examination must be performed within 90 days of the Accidental Bodily Injury. Major Diagnostic Examinations are limited to the following:

1. CT (computerized tomography) scan;
2. MRI (magnetic resonance imaging); and
3. EEG (electroencephalogram).

Dislocation Benefit - Dislocations which are reduced under general anesthesia are payable as follows:

1. If a Covered Person receives a Dislocation in an Accident and requires open or closed Reduction, we will pay according to the Dislocation Benefit schedule;
2. If a Covered Person receives more than one Dislocation in an Accident and requires open or closed Reduction, we will pay 1 1/2 times the amount for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit;
3. If a Covered Person receives a Dislocation and a Fracture in the same Accident, we will pay 1 1/2 times the amount for the Dislocation or Fracture involved that has the highest benefit amount. No other amount under this benefit or the Fracture Benefit will be paid; and
4. If a Dislocation is reduced without general anesthesia by a Physician, we will pay 25% of the amount shown for the Dislocation involved.
5. Benefits are payable only for the first Dislocation of a joint. If a Covered Person dislocates a joint and then dislocates the same joint again, the second same joint Dislocation would not be covered.

<u>Dislocation Benefit</u>	<u>Benefit per Unit</u>
Hip	
Open Reduction	\$800
Closed Reduction	\$270
Knee or Shoulder	
Open Reduction	\$270
Closed Reduction	\$110
Collar Bone	
Open Reduction	\$430
Closed Reduction	\$ 80
Ankle or Foot (excluding toes)	
Open Reduction	\$270
Closed Reduction	\$ 80
Lower Jaw	
Open Reduction	\$270
Closed Reduction	\$140

<u>Dislocation Benefit</u>	<u>Benefit per Unit</u>
Wrist or Elbow	
Open Reduction	\$220
Closed Reduction	\$110
Toe or Finger	
Open Reduction	\$ 60
Closed Reduction	\$ 30

Fracture Benefit - If a Covered Person receives more than one Fracture in an Accident and requires open or closed Reduction, we will pay 1 1/2 times the amount for the Fracture involved that has the highest benefit amount. No other amount will be paid under this benefit.

If a Covered Person receives a Fracture and a Dislocation in the same Accident, we will pay 1 1/2 times the amount for the Fracture or Dislocation involved that has the highest benefit amount. No other amount under this benefit or the Dislocation benefit will be paid.

Chip Fractures pay 10% of the benefit amount for the Fracture involved.

<u>Fracture Benefit</u>	<u>Benefit per Unit</u>
Hip	
Open Reduction	\$1,000
Closed Reduction	\$340
Leg	
Open Reduction	\$420
Closed Reduction	\$340
Skull	
Depressed	\$540
Simple	\$200
Hand (excluding fingers) Foot (excluding toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	
Open Reduction	\$340
Closed Reduction	\$170
Vertebrae (body of), Pelvis (excluding coccyx).....	\$170
Upper Jaw, Upper Arm or Face (excluding Nose), Collar Bone	
Open Reduction	\$400
Closed Reduction	\$170
Rib(s)	
Open Reduction	\$670
Closed Reduction	\$ 70
Nose, Heel or Finger(s)	
Open Reduction	\$340
Closed Reduction	\$ 70
Coccyx	
Open Reduction	\$140
Closed Reduction	\$ 70
Toe(s)	
Open Reduction	\$140
Closed Reduction	\$ 70
Vertebral Processes	
Open Reduction	\$670
Closed Reduction	\$100

Benefits are not payable for services rendered by an Immediate Family Member.

Module 2 - Follow-Up Visits and Physical Therapy

Accident Follow-Up Treatment Benefit - While this coverage is in force, if a Covered Person first receives treatment for an Accidental Bodily Injury within 96 hours of an Accident and later requires additional treatment for the same injury, we will pay \$10 per unit for such follow-up treatment as follows:

1. This benefit is payable up to a maximum of three follow-up treatments per Accident per Covered Person.
2. Such treatment must begin within 30 days of, and be completed within, the six-month period following the later of the following dates:
 - a. The Accident;
 - b. Discharge from the Hospital from a covered Confinement; or
 - c. Discharge from the Extended Care Facility; and
3. Treatments must be furnished by a Physician in a Physician's office or in a Hospital on an Outpatient basis.

Physical Therapy Benefit - While this coverage is in force, if a Physician advises a Covered Person to seek treatment from a Physical Therapist, we will pay a benefit amount of \$10 per unit, per treatment, up to a maximum of 10 treatments per Accident. Physical Therapy must begin within 120 days of the Accident. All treatments must be completed within one year of the Accident.

Module 3 - Initial Accident Hospitalization

Initial Accident Hospitalization Benefit - When a Covered Person is Hospital Confined for 24 hours or more for an Accidental Bodily Injury, we will pay the following benefit amounts:

1. Hospital admission - \$300 per unit for the first Hospital admission due to an Accident; and
2. Intensive Care Unit (ICU) - \$300 per unit for the first ICU admission due to an Accident.

An ICU admission benefit is paid even if admitted to the Hospital initially, and then transferred to ICU later during the same hospitalization.

This benefit is payable only once per Hospital or ICU Confinement and only once per Covered Person per Accident.

Ambulance Benefit - We will pay for ambulance transportation by a licensed ambulance service if the Covered Person is transferred by ambulance to the nearest Hospital for treatment within 96 hours of an Accident in the amounts as follows:

1. \$60 per unit for ground ambulance; or
2. \$300 per unit for air ambulance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for a Covered Person's Accident that is caused by or occurs as a result of one of the following events:

1. Driving any taxi for wage, compensation, or profit.
2. Mountaineering, parachuting, or hang gliding.
3. Voluntarily taking, administering, absorbing, or inhaling poison, gas, or fumes.
4. Alcoholism or drug addiction.
5. Participating in any sport or sporting activity for wage, compensation, profit, or racing any type vehicle in an organized event.
6. 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.
7. War, or any act of war, whether declared or undeclared.
8. Operation of a vehicle, while intoxicated as defined under Michigan vehicle code or according to the laws of the jurisdiction in which the Accident occurred.
9. Committing, attempting to commit, or taking part in a felony or engaging in an illegal occupation or other willful criminal activity.
10. 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.

PREMIUMS

All premiums are payable on or before the date they are due.

We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, we will give at least a 31-day advance written notice to the Policyholder.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that our liability is increased, without regard to any premium rate guarantee.

A change to your premium may also occur if you choose to convert your insurance to a conversion policy after becoming ineligible under this Certificate. See the Conversion Option section for further details.

TERMINATION OF INSURANCE

Your insurance will cease on the earliest of:

1. The date of your death;
2. The date on which you cease to be eligible for coverage;
3. The premium due date on which we fail to receive your premium from the Policyholder, subject to the Grace Period provision;
4. The date the Policy terminates; or
5. The date a written notice that you want to cancel coverage is received.

The insurance on a Dependent will cease on the earliest of:

1. The date of the Dependent's death;
2. The date your coverage terminates;
3. The premium due date on which we fail to receive your premium from the Policyholder, subject to the Grace Period provision;
4. The date the Dependent no longer meets the definition of Dependent;
5. The date the Certificate is modified so as to exclude Dependent coverage; or
6. The date a written notice that you want to cancel coverage on your Dependent is received.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Certificate.

Extension of Benefits - Whenever termination of coverage under this section occurs due to termination of your employment or membership, such termination will be without prejudice to:

1. Any Hospital Confinement which began while coverage was in force; or
2. 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:

1. 30 days; or
2. The date on which the Covered Person is no longer hospitalized or receiving treatment.

CONVERSION OPTION

If you are under age 70 and you lose eligibility for this insurance for any reason other than nonpayment of premiums or termination of the Group Master Policy, you will have the option to convert this group coverage to a policy we are issuing for the purpose of conversions. You will receive notification of this Option from the Group Policyholder at the time your insurance terminates.

You must complete a written request to convert and pay the first premium to us no later than 31 days after the date of your termination under the Policy. If you are interested, please request an application from the Policyholder and submit to us within 31 days of your termination date. The converted policy will be issued, without Evidence of Insurability, on a policy form then available for conversions, which is most comparable to this Certificate.

The initial premium for the converted policy for the first 12 months and subsequent renewal premiums will be determined in accordance with our table of premium rates as of the converted policy's effective date applicable to the age and class of risk of each person to be insured under the converted policy and to the type and amount of insurance provided.

The effective date of the converted policy will be the day following the termination of insurance under this Certificate.

This Conversion Option is available for the Insured and the Insured's covered Dependents, but only if the Insured is also exercising the Conversion Option.

CLAIMS PROVISIONS

Claim Forms - Claim forms should be used for filing Proof of Loss. We will send such form to the claimant within 15 days of receipt of notice of claim. If we fail to supply the proper claim forms within 15 days, you can give proof in writing setting forth the nature and extent of the loss within the time stated in the Proof of Loss provision.

Claims Procedure - Due Proof of Loss must be submitted to us at our Administrative Office. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the Cover Page.

Notice of Claim - Written notice of claim must be given to us at our Administrative Office, or to our authorized agent. Such notice should be made within 30 days after any loss covered by the contract. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay, so long as notice is given as soon as reasonably possible. Information sufficient to identify the Insured will be considered a Notice of Claim.

Payment of Claim Benefits - Benefits may be assigned to the provider(s) of such benefits. Otherwise, all benefits payable under the Policy will be paid to you. Accrued benefits that are not paid at your death will be paid to your Spouse, or if there is no Spouse, then to your estate. We may pay up to \$1,000 of such benefit to one of your relatives at our discretion. Such payment fully discharges us to the extent of the payment.

Proof of Loss - Satisfactory written Proof of Loss must be given to us at our Administrative Office. Proof must be sent within 90 days after the date of such loss.

Failure to furnish such proof within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof and that it was furnished as soon as it was reasonably possible. In any event, the proof required must be given no later than one year from the time of loss, unless the claimant was legally incapacitated.

Time of Payment of Claims - After receiving written Proof of Loss, we will immediately pay all benefits then due under this Certificate.

GENERAL PROVISIONS

Assignment - The Insured may assign benefits under this Certificate. We assume no responsibility for the validity or effect of any assignment of this Certificate or any interest in it.

Change of Beneficiary - Unless the Insured makes an irrevocable designation of beneficiary, the right to change beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries will not be required to surrender or assign this Certificate or to change beneficiaries, or to make any other coverage changes.

Changes to this Certificate - Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Certificate and then only in writing. No agent or Policyholder has authority to change the Policy or this Certificate or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

Clerical Error - A clerical error by us will not invalidate insurance otherwise in force, nor continue insurance otherwise not validly in force.

Conformity with State Laws - Should any provision of this Certificate conflict with a law of the governing jurisdiction, it is hereby amended to conform to the minimum requirements of that law.

Entire Contract - The Group Master Policy, this Certificate, any attached Amendments, Endorsements, or Riders, the Policyholder's Application, and your Application.

Grace Period - A period of 31 days from the premium due date will be allowed for each premium payment after the first premium payment has been made. Coverage will stay in force during this time. The coverage under this Certificate will terminate on the day after the Grace Period ends if the premium has not been paid. You must still pay all unpaid premium. This includes the premium due for the Grace Period.

Legal Action - No legal action may be brought to recover under the Policy or Certificate:

1. Within 60 days after written Proof of Loss has been furnished as required; or
2. More than three years from the time written Proof of Loss is required to be furnished.

Misstatement of Age - If the Insured's age has been misstated, all amounts payable under this Certificate will be such as the premium paid would have purchased at the correct age.

No Dividends Payable - This Certificate does not participate in the profits or surplus earnings of the Company.

Other Insurance With Us - If you have more than one accident policy, certificate, or similar coverage with us, only one, chosen by you or your estate, will be effective. We will refund all premiums paid for all other such coverage from the date of duplication, less any benefits paid from such date.

Physical Examinations and Autopsy - We reserve the right to have a Covered Person examined by a Physician of our choice as often as reasonably necessary while a claim is pending. We will pay for such examination. In case of death, we may request an autopsy where it is not forbidden by law.

Reinstatement- If any renewal premium is not paid within the time granted for payment, a subsequent acceptance of premium by us or by any of our authorized agents, without requiring an application for reinstatement, will reinstate the Certificate. However, if we or our agent require an application for reinstatement, your Certificate reinstates on the date your application is approved. Lacking such approval, the Certificate will be reinstated on the 45th day after we receive your application, unless we have notified you in writing of our disapproval of such application. The reinstated Certificate will only cover loss resulting from an Accident sustained after the date of reinstatement. The reinstated Certificate will only cover loss due to a covered Sickness that begins more than 10 days after the reinstatement date. In all other respects you and the Company will have the same rights as each had under the Certificate immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

Time Limit on Certain Defenses

Misstatements in the Application - We will not use any statement, except fraudulent statements, to void or reduce benefits after your insurance has been in effect for three years. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amounts is subject to a new three year contestable period for the increased amount only.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

When Notice is to be Given by Us - Any notice to you will be sent to your last known address.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
Administrative Office: P.O. Box 869094, Plano, TX 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

EXPANDED BENEFITS RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Coma - A state of unconsciousness for 14 consecutive days due to an Accident with:

1. No reaction to external stimuli;
2. No reaction to internal needs, and
3. The use of life support systems.

Prosthetic Device - An artificial device which is prescribed by a Physician, designed to replace a missing body part when the Covered Person loses a hand, foot, or an eye due to an Accident.

BENEFITS

This Rider provides the following benefits once per Accident, per Covered Person, for Accidental Bodily Injury. The benefit amounts shown below are the amounts per unit. The number of units selected by the Policyholder for this Rider is shown on the contract's Schedule of Benefits.

	<u>Benefit Amount</u>
A. Burns	
Benefits are payable for Burns treated by a Physician within 96 hours after the Accident.	
1. Second-degree burns of at least 25% but not more than 35% of body surface	\$ 60.00
2. Second-degree burns of more than 35% of body surface	\$ 150.00
3. Third-degree burns covering 6 through 10 square centimeters of the body surface	\$ 150.00
4. Third-degree burns covering 10 through 25 square centimeters of the body surface	\$ 400.00
5. Third-degree burns covering 25 through 35 square centimeters of the body surface	\$ 900.00
6. Third-degree burns covering more than 35 square centimeters of the body surface	\$1,200.00
One or more skin grafts for a covered burn will be paid at 50% of the Burn benefit amount we paid for the Burn involved.	
B. Lacerations	
Benefits are payable for lacerations treated or repaired within 96 hours after the Accident.	
1. Lacerations not requiring sutures	\$ 4.00
2. Single laceration less than 7.6 centimeters	\$ 8.00
3. Lacerations 7.6 to 20 centimeters	\$ 30.00
4. Lacerations over 20 centimeters	\$ 60.00
C. Eye Injury	
Benefits are payable for eye injury.	
1. With surgical repair	\$ 40.00
2. Non-surgical removal of foreign body by a Physician	\$ 7.00
D. Emergency Dental Work	
Benefits are payable for dental benefits for broken teeth.	
1. One or more broken teeth repaired with crowns; and	\$ 30.00
2. One or more broken teeth resulting in extractions.	\$ 8.00
E. Brain Concussion	\$ 20.00
Benefits are payable for a concussion that is diagnosed by a Physician within 96 hours after the Accident.	
F. Coma	\$1,500.00
Benefits are payable for a Coma.	

G. Paralysis

Benefits are payable for paralysis lasting a minimum of 30 days.

- 1. Quadriplegia (paralysis of four limbs) \$1,500.00
- 2. Paraplegia (paralysis of lower limbs) \$ 750.00

H. Tendons, Ligaments, and/or Rotator Cuffs

Benefits are payable for tendons, ligaments, and/or rotator cuffs that are detached, torn, ruptured, or severed. Surgical repair must be performed by a Physician within one year of the Accident. Only one of the following benefits is payable:

- 1. Arthroscopic surgery with no repair; \$ 20.00
- 2. Repair of one; or \$ 50.00
- 3. Repair of two or more. \$100.00

I. Ruptured Discs and/or Torn Knee Cartilage

Benefits are payable for a disc in the spine that is ruptured and/or knee cartilage that is torn. Surgical repair must be performed by a Physician within one year of the Accident. Only one of the following benefits is payable:

- 1. Shaved cartilage (debridement) or arthroscopic surgery with no repair; \$ 20.00
- 2. Repair of one; or \$ 50.00
- 3. Repair of two or more. \$100.00

J. Major Surgery

\$150.00

Benefits are payable for an open abdominal, cranial, or thoracic surgery performed by a Physician within one year of the Accident. Laparoscopic procedures are excluded.

K. Appliance

\$ 20.00

Benefits are payable for a medical appliance recommended by a Physician as an aid in personal locomotion. Benefits include and are payable for such items as crutches, leg braces, wheelchairs, and walkers. This benefit is not payable for Prosthetic Devices.

L. Prosthetic Devices

Benefits are payable for one or more Prosthetic Devices. The Prosthetic Device(s) must be received within one year of the Accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eye glasses, or for cosmetic Prosthetic Devices such as hair wigs. We will not pay for joint replacement, such as an artificial hip or knee.

- 1. Benefit for one Prosthetic Device; or \$75.00
- 2. Benefit for two or more Prosthetic Devices. \$150.00

M. Blood, Plasma, and Platelets

\$40.00

Benefits are payable for blood, plasma, and/or platelets required for the treatment of Accidental Bodily Injury. Immunoglobulins are not covered.

N. Transportation

\$60.00

Benefits are payable per round trip, up to 2 round trips to the Hospital per Accident, per Covered Person if special treatment and Hospital Confinement occurs within 30 days of an Accidental Bodily Injury. The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any Hospital located within a 100-mile radius of the site of the Accident or residence of the Covered Person.

O. Family Lodging

\$15.00

Benefits are payable per day, up to a maximum of 30 days per Accident, for one motel/hotel room for a member(s) of the Immediate Family to accompany the Covered Person if Hospital Confinement is within 30 days of an Accident for the treatment of Accidental Bodily Injury. Benefits are payable only for the same time period that the injured Covered Person is Hospital Confined in a facility 100 or more miles from the Covered Person's residence. The local attending Physician must prescribe the treatment. Benefits will not be paid for services rendered by an Immediate Family Member.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.



Jay Orlandi
Secretary



Blake Bostwick
President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499

Administrative Office: 1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063
(Hereinafter called "the Company," "we," "us," or "our")

ACCIDENT HOSPITAL AND ICU INCOME RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

In addition to the definitions contained in the contract, the following definition applies to this Rider.

Intensive Care Unit (ICU) - A specially designated area of a Hospital that provides the highest level of medical care restricted to those patients who are critically ill or critically injured. It must be separate and apart from the surgical recovery room and other rooms, wards, or beds normally used for patient confinement. It must also meet these additional requirements:

1. It is provided with constant and continuous nursing care by nurses assigned to it on a full-time basis;
2. It is under the full-time direction and/or supervision of either a Physician or a standing committee of the Hospital's medical staff; and
3. It contains special life-saving equipment.

ICU includes:

1. Intensive cardiac and coronary care units;
2. Neonatal intensive care units; and
3. Burn intensive care units, if such units meet the conditions of this definition.

The following care units do not qualify as an ICU:

1. Progressive Care Units;
2. Sub-acute Intensive Care Units;
3. Intermediate Care Units;
4. Step-Down Units;
5. Private rooms with monitoring; or
6. Any lesser care units.

BENEFITS

The following benefits are payable per unit as shown below. The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

Accident Hospital Income Benefit - While this Rider is in force, if a Covered Person requires Hospital Confinement for treatment of an Accident, we will pay \$25, per unit, per day, of Confinement. Confinement must start within 30 days of the Accident. We will pay this benefit up to 365 days per Accident.

Accident ICU Benefit - While a Covered Person is receiving the Accident Hospital Income Benefit, we will pay an additional \$75, per unit, for each day the Covered Person is Confined in an ICU. This ICU benefit is payable for up to 15 days per Accident.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.



Jay Orlandi
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