

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499  
A Stock Company

**About Your Insurance** - This Certificate explains benefits provided under the Group Master Policy ("Policy") issued to the Policyholder named on the Schedule of Benefits. Please read it closely.

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 as described in this Certificate for a covered loss that occurs while the Covered Person is insured under the Policy.

The Policy 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 change.

The benefits for Dependents described in this Certificate, if available under the Policy, are applicable only if you are insured, apply for Dependent insurance, receive our approval of such Dependents, and pay the premium required for each Dependent.

This Certificate is signed for us at our Home Office to take effect on the same date insurance becomes effective.



Blake Bostwick  
President



Jay Orlandi  
Secretary

## Group Certificate for Hospital Indemnity Insurance

### LIMITED BENEFIT - READ YOUR CERTIFICATE CAREFULLY

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

Administrative Office:  
2700 W Plano Pkwy, PO Box 869094  
Plano, TX 75086-9094  
Customer Service: 1-888-763-7474  
Email Address: [TEBcustresp@Transamerica.com](mailto:TEBcustresp@Transamerica.com)  
Web Address: [www.transamericaemployeebenefits.com](http://www.transamericaemployeebenefits.com)

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SCHEDULE OF BENEFITS

POLICYHOLDER: STRYKER CORPORATION  
 GROUP POLICY NUMBER: B100068239  
 GROUP MASTER POLICY EFFECTIVE DATE: 01-01-2020  
 GOVERNING JURISDICTION: MICHIGAN

BENEFIT COVERAGE	BENEFIT PER COVERED PERSON
DAILY IN-HOSPITAL INDEMNITY BENEFIT	
DAILY IN-HOSPITAL INDEMNITY BENEFIT AMOUNT:	\$100
MAXIMUM NUMBER OF DAYS PER CONFINEMENT:	31
CALENDAR YEAR MAXIMUM:	NONE

OPTIONAL RIDERS - THE FOLLOWING OPTIONAL RIDERS ARE PART OF YOUR COVERAGE

TRHI1000-0118 HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER	
BENEFIT AMOUNT PER DAY	\$1,500
MAXIMUM NUMBER OF DAYS PER CONFINEMENT	1
MAXIMUM NUMBER OF DAYS PER CALENDAR YEAR	1
CRCICU00 - INTENSIVE CARE INDEMNITY BENEFIT RIDER	
BENEFIT AMOUNT PER DAY	\$100
MAXIMUM NUMBER OF DAYS PER CALENDAR YEAR	10

TRWC1000-0118 24-HOUR COVERAGE RIDER

## DEFINITIONS

Terms important to understanding this Certificate are defined in this Section and are capitalized in this Certificate.

**Accident or Accidental Injury** - A sudden, unexpected, and unintended injury that:

1. Is independent of any Sickness;
2. Is caused by or is the result of external means; and
3. Takes place while the Covered Person's insurance is in force.

**Active Service** - Performing in the usual manner all the regular duties of your occupation on a scheduled work day at the normal place of business or other location as directed by your employer.

If you are not working on a day your insurance would otherwise take effect, you will be considered to be in Active Service on that day only if: (a) you are capable of performing in the usual manner all of the regular duties of your occupation, and (b) you were in Active Service on the last preceding regular work day.

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

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

If applicable, Child will also include children of your Other Adult Dependent in the same manner as a stepchild.

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

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

**Confinement or Confined** - That period of time the Covered Person is admitted into a Hospital as a resident bed patient as established by the records of the Hospital. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an Observation Unit or recovery room, a freestanding surgical facility or an outpatient facility.

**Covered Person** - You and your Dependents who have been accepted for insurance.

**Dependent** - Your Spouse, Other Adult Dependent, or Child.

**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 hospital indemnity policy.

**Evidence of Insurability** - The correct and complete answers to the questions in the Application and medical history, if necessary, which will be used by us to base our acceptance of a Late Enrollee.

**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 it 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.

Notwithstanding the above, Hospital does not include an institution or that part of an institution operated as:

1. A nursing home;
2. An extended care facility;
3. A skilled nursing facility;
4. A mental institution or a facility for the treatment of mental disorders;
5. A rest home or home for the aged;
6. A rehabilitation center; or
7. A treatment facility for alcoholics or drug addicts.

**Immediate Family Member** - Anyone related to a Covered Person in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the spouse of any of these. The term "spouse" includes a common law marriage partner, domestic partner, or civil union partner, if the status of the relationship is legally recognized in the governing jurisdiction.

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

**Late Enrollee** - An eligible employee, member, or Dependent who applies for insurance more than 31 days after becoming eligible for coverage. Late Enrollee also includes a former Covered Person 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.

**Observation Unit** - A specialized area within a Hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a Physician. Such a unit must:

1. Be under the direct supervision of a Physician or registered nurse;
2. Be staffed by nurses assigned specifically to that unit; and
3. Provide care seven days per week, 24 hours per day.

**Other Adult Dependent** - Your common law marriage partner, domestic partner, or civil union partner, if the status of such relationship is legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and us.

**Physician** - A person who is providing services within the scope of his or her license, and is either:

1. Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. Legally qualified and licensed as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction.

Such person must not be an Immediate Family Member of any Covered Person. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians under this Policy.

**Policyholder** - The entity named on the Schedule of Benefits to whom the Policy is issued.

**Policyholder Application** - The form completed and signed by the Policyholder to apply for this insurance coverage.

**Sickness** - Illness or disease which first manifests itself while the Covered Person's insurance is in force and is the direct cause of the loss.

**Spouse** - Your legally married Spouse.

**Transamerica Life Insurance Company, the Company, we, us, or our** - The insurer that underwrites this insurance.

## ELIGIBILITY AND EFFECTIVE DATE

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

**Employee or Member Eligibility** - To be eligible for insurance under the Policy, you must:

1. Meet the eligibility requirements listed on the Policyholder Application;
2. Be in Active Service; and
3. Provide satisfactory Evidence of Insurability to us, if required.

Within 31 days of the date enrollment is first offered, you must complete an Enrollment Form and any required premium must be paid. If such enrollment is not made within that 31-day period, you will be considered a Late Enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

**Employee or Member Effective Date** - If you meet the Employee or Member Eligibility requirements, 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 Application, either (a) the first day of the calendar month which coincides with or next follows the date you are eligible for insurance; 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 on such date; and (b) we have received your first premium payment.

If you do not meet the eligibility requirements on the date your insurance is to take effect, your insurance 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 available under the Policy** - To be eligible under the Policy, a Dependent must:

1. Meet the definition of a Dependent;
2. Be able to engage in the usual and customary activities of a person of like age and gender who is free of any physical disease or disorder;
3. Not be eligible as an employee or member under the Policy; and
4. Provide satisfactory Evidence of Insurability to us, if required.

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 a Dependent first meets the definition of Dependent.

You may elect Dependent coverage by:

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

If such enrollment for Dependent coverage is not made within that 31-day period, the 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 you and your Spouse or Other Adult Dependent are both eligible as an employee or member, any Children may be insured as a Dependent of either you or your Spouse or Other Adult Dependent, 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 an eligible Dependent 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 insurance is to take effect, insurance 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.

**Insurance for Newborn Child or Newly Adopted Child** - Insurance 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 with you or the day a court enters an order appointing you the legal guardian of the Child. The Child will be automatically insured for 31 days. In order to continue the Child's insurance, you must notify us by the end of the 31-day period and pay any additional premium, if applicable.

Insurance for a newly born or newly adopted Child will consist of coverage for Accidental Injury or Sickness of the Child including confinements for medically diagnosed congenital defects and birth abnormalities within the scope of the Policy.

## **DAILY IN-HOSPITAL INDEMNITY BENEFIT**

We will pay the Daily In-Hospital Indemnity Benefit amount shown in the Schedule of Benefits for each day the Covered Person is Confined to a Hospital as the result of a covered Accident or Sickness. This benefit is limited to any maximums shown in the Schedule of Benefits.

We will not pay this benefit for an emergency room stay, an outpatient stay, or a stay in an Observation Unit or a recovery room. We also will not pay a Daily In-Hospital Indemnity Benefit for a newborn Child's stay in the Hospital unless the newborn Child is Confined to the Hospital and is being treated for Accidental Injury or Sickness.

Confinement for the same or related condition within 30 days of discharge will be treated as a continuation of the prior Confinement. Successive Confinements separated by more than 30 days will be treated as a new and separate Confinement.

## **EXCLUSIONS AND LIMITATIONS**

We do not cover losses caused by, or as a result of, the following:

1. Rest care or rehabilitative care and treatment.
2. Immunization shots and routine examinations such as: physical examinations, mammograms, Pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings. This exclusion does not apply to coverage under the optional Wellness Indemnity Benefit Rider, if attached as part of the contract.
3. Any pregnancy of a Dependent Child, including Confinement rendered to her Child after birth.
4. Routine newborn care. This exclusion does not apply to coverage under the optional Wellness Indemnity Benefit Rider, if attached as part of the contract.
5. A Covered Person's abortion, except for medically necessary abortions performed to save the mother's life.
6. The treatment of:
  - a. A Covered Person's mental or emotional disorder. This exclusion does not apply to coverage under the optional Inpatient Mental and Nervous Disorder Indemnity Benefit Rider, if attached as part of the contract.
  - b. A Covered Person's alcoholism or drug addiction. This exclusion does not apply to coverage under the optional Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider, if attached as part of the contract.
7. A Covered Person's participation in a riot, or insurrection, if such participation rises to the level of a misdemeanor or felony.
8. Dental care or treatment, except for such care or treatment due to Accidental Injury to sound natural teeth within 12 months of the Accident and except for dental care or treatment necessary due to congenital disease or anomaly.
9. Any Accident caused by the operation of a vehicle while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the Accident occurred).
10. A Covered Person's sex change, reversal of tubal ligation or reversal of vasectomy.
11. Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician's services, unless required by law.
12. Any loss to which a contributing cause was the Covered Person's commission of or attempt to commit, a misdemeanor or felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
13. 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.
14. Any loss incurred while a Covered Person is 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.)
15. An Accident or Sickness arising out of or in the course of any occupation for compensation, wage or profit or for which benefits may be payable under an Occupational Disease Law or similar law, whether or not application for such benefits has been made.
16. A Covered Person's voluntary involvement in any war or act of war, whether declared or undeclared.

17. Hospital Confinement of a newborn Child following the Child's birth, unless the newborn Child is being treated for Accidental Injury or Sickness.

## PREMIUMS

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

**Premium Changes** - 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 60-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. If such premium increase takes place on a date other than a premium due date, a pro rata premium for the increase will be due on the next premium due date. The pro rata premium will be for the period from the date of the increase to the next premium due date. If such premium is not paid when due, the insurance will automatically be terminated as of the date the pro rata premium was due. Any partial payment of premium will be refunded.

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 the following dates:

1. The date the Policy terminates;
2. The date you cease to be eligible for insurance;
3. The date of your death;
4. The premium due date on which we fail to receive your premium from the Policyholder, subject to the Grace Period provision; or
5. The date you request your insurance be cancelled, or the date your request is received, whichever is later.

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

1. The date your insurance terminates;
2. The premium due date on which we fail to receive your premium from the Policyholder, subject to the Grace Period provision;
3. The date the Dependent Child no longer meets the definition of Child;
4. The date a Covered Spouse or Other Adult Dependent no longer meets the definition of same;
5. The date of the Dependent's death;
6. The date the Policy is modified so as to exclude Dependent insurance; or
7. The date you request your Dependent insurance be cancelled, or the date your request is received, whichever is later.

We may terminate the insurance of any Covered Person who submits a fraudulent claim under the Policy.

Termination of your insurance will not affect any claim which begins before the date of termination.

## CONVERSION OPTION

If you lose eligibility for this insurance for any reason other than fraud or 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 only available for the Insured and the Insured's covered Dependents. It is not available for the Insured's Dependents without the Insured.

## CLAIMS PROVISIONS

**Notice of Claim** - Written notice of claim must be given to us at our Administrative Office. 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 Covered Person will be considered a Notice of Claim.

**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. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the cover page.

**Proof of Loss** - Due written Proof of Loss must be given to us at our Administrative Office. In case of a claim for loss for which a periodic payment is provided contingent upon continuing loss, such satisfactory written Proof of Loss must be sent within 90 days after the termination of the period for which we are liable. For any other loss, proof must be sent within 90 days after the date of such loss.

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

**Payment of Claim Benefits** - All benefits payable under your Certificate will be paid to you, unless you have assigned such benefits. Any benefits due that have not been paid at the time of your death will be paid either: (1) to your Spouse or Other Adult Dependent; or (2) if there is no Spouse or Other Adult Dependent, 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.

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

**Time of Payment of Claims** - Benefits for a covered loss will be paid immediately after we receive due written Proof of Loss.

## 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** - You may change a beneficiary by giving us written notice. Please request a Change of Beneficiary form from us. When we receive the notice, it will be effective on the date made, however, any benefits paid before we receive the notice of a change in beneficiary will not be subject to such change. The consent of the beneficiary or beneficiaries is not required to surrender or assign this coverage, to change beneficiaries, or to make any other changes in this coverage.

**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** - A provision of the Policy or Certificate that conflicts with a law of the governing jurisdiction is hereby changed to meet the minimum standards of that law.

**Entire Contract; Changes** - The Entire Contract consists of the Policy as issued to the Policyholder, the Policyholder Application, the Certificate Provisions, and any attached Amendments, Endorsements, and Riders. Changes to the Policy or this Certificate may only be made in writing signed by an executive officer of the Company. 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.

**Grace Period** - A Grace Period of 31 days will be allowed for each premium payment after the first premium. Insurance will stay in force during this time. The insurance under the Policy and/or 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.

If insurance is canceled on a premium due date and the premium has been paid through that date, the Grace Period will not apply. If cancellation is during the Grace Period, you will be liable for any unpaid premium including the pro rata premium for that part of the Grace Period during which insurance was in force. Benefits may be reduced by the amount of any due but unpaid premiums.

**Legal Action** - No legal action may be brought to recover under the Policy or Certificate within 60 days after written Proof of Loss has been provided to us as required nor 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 benefits payable under the policy for any Covered Person will be such amount as the premium paid would have purchased at the Insured's correct age..

**Other Insurance With Us** - If a Covered Person has more than one hospital indemnity 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.

**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.

**Notice** - Any notice to you will be sent to your last known address.

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499  
Administrative Office: 2700 W Plano Pkwy, PO Box 869094, Plano, TX 75086-9094  
(Hereinafter called "the Company," "we," "us," or "our")

## HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider apply to this Rider.

### BENEFIT

We pay a Hospital Confinement Indemnity Benefit for each day a Covered Person is Confined to a Hospital as the result of the Covered Person's Accidental Injury or Sickness. Confinement must begin while this Rider is in force and must last a minimum of 24 continuous hours from time of admission as a resident bed patient. Each stay in a Hospital must meet the contract's definition of Confinement. The Hospital Confinement Indemnity Benefit amounts and the maximum number of days the benefit is payable in a Calendar Year are shown in the Schedule of Benefits.

We will not pay this benefit for an emergency room stay, an outpatient stay, or a stay in an Observation Unit or a recovery room. We also will not pay a Hospital Confinement Indemnity Benefit for a newborn Child's stay in the Hospital unless the newborn Child is Confined to the Hospital and is being treated for Accidental Injury or Sickness.

Confinement for the same or related condition within 30 days of discharge will be treated as a continuation of the prior Confinement. Successive Confinements separated by more than 30 days will be treated as a new and separate Confinement.

### RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract 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 Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination;
3. The date of the Insured's death; or
4. The date the contract terminates.

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



Blake Bostwick  
President



Jay Orlandi  
Secretary

# TRANSAMERICA LIFE INSURANCE COMPANY

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

## INTENSIVE CARE INDEMNITY BENEFIT RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider apply to this Rider.

### 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:

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

Intensive Care Unit includes: Intensive cardiac and coronary care units, neonatal intensive care units, and burn intensive care units if such units meet the conditions in this definition. This does not include any lesser treatment units.

### BENEFIT

We will pay the Intensive Care Indemnity Benefit amount shown on the Schedule of Benefits for each day that a Covered Person is Confined to an Intensive Care Unit as a result of a covered Accident or Sickness. Each day must include an overnight stay. No benefit will be paid for any day the Covered Person is not under the regular care and attendance of a Physician. Benefits are limited to the maximums shown in the Schedule of Benefits.

### RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract 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 Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination;
3. The date of the Insured's death; or
4. The date the contract terminates.

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



Jay Orlandi  
Secretary



Blake Bostwick  
President

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499  
Administrative Office: 2700 W Plano Pkwy, PO Box 869094, Plano, TX 75086-9094  
(Hereinafter called "the Company," "we," "us," or "our")

## 24-HOUR COVERAGE RIDER

This Rider is attached to and made a part of the contract to which it is attached. It is issued in consideration of the Application and payment of any required initial premium. The contract is amended as follows:

The exclusion for Accident or Sickness arising out of or in the course of any occupation for compensation, wage or profit or for which benefits may be payable under an Occupational Disease Law or similar law in the contract's **EXCLUSIONS AND LIMITATIONS** section is deleted in its entirety. Benefits for occupation-related Accidents and Sicknesses will be paid the same as any other Accident or Sickness.

This Rider does not waive, alter or extend any condition or provision of the contract, except to the extent shown above. It is subject to all the terms and limitations of the contract. This Rider takes effect and expires concurrently with the contract to which it is attached.

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



Blake Bostwick  
President



Jay Orlandi  
Secretary