



HELP WHEN YOU'RE DOWN

CRITICALEVENTS[®]
CRITICAL ILLNESS INDEMNITY INSURANCE

Available to the employees of: Stryker Corporation

**Products underwritten by Transamerica Life Insurance
Company, Cedar Rapids, IA**



PEACE OF MIND WHEN ILLNESS STRIKES



Pursuing the financial future you deserve starts with understanding how both your Wealth + HealthSM affect your quality of life. Healthcare costs can have a major impact on your long-term plan. Transamerica's critical illness indemnity insurance can help provide the protection you and your family need to remain confident in your financial future.

Because what good is wealth without the health to enjoy it?

HELPING YOU PREPARE FOR THE UNEXPECTED

You never think it's going to happen to you. Unfortunately, a critical illness can strike at any time. With critical illness indemnity insurance, you can help protect yourself — and your family — from the financial impact of a serious illness.

BENEFITS PAID DIRECTLY TO YOU

A critical illness, such as a heart attack or stroke, can be devastating. But it shouldn't devastate you financially. *CriticalEvents*[®] is voluntary, critical illness insurance that can help ease financial stress by paying a cash benefit that can be used however you need it — from deductibles and healthcare expenses not covered by major medical, to paying everyday living expenses while you're out of work.

Highlights of *CriticalEvents*[®]



**NO
LIFETIME
BENEFIT
MAXIMUM**



**NO
WAITING
PERIOD**



**PAYS
BENEFITS
DIRECTLY
TO YOU**



**EASY
PAYROLL-
DEDUCTION
PREMIUMS**



**FAMILY
OPTIONS
AVAILABLE**




**GUARANTEED
ISSUE**

See "Your Critical Illness Benefits" for more details

Policy Questions?

 **Visit:** transamerica.com

 **Call:** 855-244-8318

Your Critical Illness Benefits

CriticalEvents critical illness indemnity insurance pays you a benefit to cover expenses associated with a covered critical illness. The type of illness determines payout amounts. Critical illness insurance is a voluntary policy intended to supplement your major medical insurance. It is not considered minimum essential coverage to meet the requirement of the Affordable Care Act. Benefits are as follows:

BASE POLICY BENEFITS	PERCENTAGE OF BENEFIT	PLAN OPTION 1
Heart Attack	100%	Included
Stroke	100%	Included
Major Organ Failure Requiring Transplant	100%	Included
End-Stage Renal Failure	100%	Included
Other Specified Organ Failure (Loss of sight, speech, or hearing)	100%	Included
Miscellaneous Diseases -Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease), and Tuberculosis	100%	Included
Alzheimer's Disease	30%	Included
Coronary Artery Disease Requiring Bypass Grafts	25%	Included
Coronary Artery Disease Requiring Angioplasty/Stent	5%	Included

	PLAN OPTION 1
Dependent Insurance	50%
First Occurrence	First occurrence after effective date
Benefit Reduction	No Reduction
Rate Structure	Attained Age

CANCER BENEFIT RIDER	PERCENTAGE OF BENEFIT	PLAN OPTION 1
Invasive Cancer	100%	Included
Bone Marrow Failure	100%	Included
Carcinoma in Situ	25%	Included
Prostate Cancer with TNM Classification of T1	25%	Included
Skin Cancer	5%	Included
Cancer Benefit Waiting Period		None

ADDITIONAL BENEFITS	PLAN OPTION 1
Recurrent Critical Illness Benefit Rider (Rider Form Series CRRCI500)	100%

Your Critical Illness Benefits

Critical Illness Benefits: Heart Attack, Stroke, Major Organ Failure Requiring Transplant, End-Stage Renal Failure, Other Specified Organ Failure (Loss of sight, speech, or hearing), Miscellaneous Diseases, Alzheimer’s Disease, Coronary Artery Disease Requiring Bypass Grafts, Coronary Artery Disease Requiring Angioplasty/Stent

Optional Riders: Cancer Benefit Rider, and Recurrent Critical Illness Benefit Rider (100%)

EMPLOYEE ONLY PLAN OPTION 1: UNI-TOBACCO MONTHLY ATTAINED AGE RATES		CRITICALEVENTS SELF ADMIN 2020.09.MI.0.00.OVR.DB
AGE	\$15,000	
Under 25	\$2.90	
25-29	\$3.35	
30-34	\$3.65	
35-39	\$4.40	
40-44	\$5.90	
45-49	\$9.20	
50-54	\$12.65	
55-59	\$18.05	
60-64	\$24.50	
65+	\$44.30	
1 PARENT FAMILY PLAN OPTION 1: UNI-TOBACCO MONTHLY ATTAINED AGE RATES		
Under 25	\$3.20	
25-29	\$3.65	
30-34	\$3.95	
35-39	\$4.70	
40-44	\$6.20	
45-49	\$9.50	
50-54	\$12.95	
55-59	\$18.35	
60-64	\$24.80	
65+	\$44.60	
2 PARENT FAMILY PLAN OPTION 1: UNI-TOBACCO MONTHLY ATTAINED AGE RATES		
Under 25	\$3.35	
25-29	\$4.10	
30-34	\$4.55	
35-39	\$5.75	
40-44	\$8.30	
45-49	\$12.95	
50-54	\$18.35	
55-59	\$26.30	
60-64	\$36.20	
65+	\$65.90	

The above rates reflect the addition of first occurrence after effective date.

Issue State: Michigan

Rate generation date: May 19, 2022

SIC code: 3841

** HSA Compatible – Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica’s understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

Summary of Benefits

CRITICAL ILLNESS BENEFIT

Critical illness insurance provides a lump-sum cash benefit which the employee can use however they wish. After the first occurrence critical illness diagnosis, the insured person will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the effective date of the certificate. Percentages for each covered critical illness are shown in the Product Details section.

For example, if an employee purchased a benefit amount of \$30,000 and is diagnosed with a heart attack after the effective date, the employee will receive 100 percent of their benefit - a lump sum of \$30,000.

For a different and subsequent critical illness, the insured person will receive an additional lump-sum benefit as long as the diagnosis is made 90 days or more after the last critical illness for which a benefit was paid. If the last critical illness benefit payment under this certificate was less than 100 percent of the applicable benefit amount, we will waive the requirements that the newly diagnosed illness must be medically unrelated and separated by 90 days.

Benefit Reduction - the benefit amount will reduce by the amount reflected in the product details as the insured reaches specified age.

RECURRENT CRITICAL ILLNESS BENEFIT (RIDER FORM SERIES CRRCI500)

This benefit provides each insured person with an opportunity to receive an additional payment for the same critical illness. The Recurrence Benefit is a percentage of the Critical Illness Benefit amount and the percentage is selected by the employer. A recurrence of the same critical illness must be separated by a 12 month waiting period. For a cancer condition, the insured person must be treatment free for 12 months. Only one Recurrence Benefit will be paid for each critical illness.

If the same employee in the earlier example also had the Recurrent Critical Illness Benefit Rider and undergoes another heart attack two years later, the employee would receive a percentage of their benefit elected by their employer. If their employer chose a 50 percent recurrent critical illness benefit, the employee would receive 50 percent of their \$30,000 benefit amount - \$15,000.

CRITICAL ILLNESS DEFINITIONS

Critical illness - One of the illnesses or conditions listed below positively diagnosed by a physician. It must be based on diagnostic criteria generally accepted by the medical profession, as defined below.

Alzheimer's disease - A clinically established disease diagnosed by a psychiatrist or neurologist that is based upon a severe cognitive impairment of such progressive nature that it has resulted in the inability to independently perform (without hands-on assistance) two or more daily living activities such as bathing, dressing, eating, toileting, transferring or continence.

Coronary artery disease requiring bypass grafts - Coronary artery disease requiring a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts, as confirmed in writing by a board-certified cardiologist. Angiographic evidence to support the necessity for this surgery will be required. For purposes of this benefit, a surgical operation to correct narrowing or blockage does not include the following procedures: balloon angioplasty, laser embolectomy, atherectomy, stent placement or other non-surgical procedures.

Coronary artery disease requiring angioplasty/stent - Coronary artery disease requiring a balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more coronary arteries, as confirmed in writing by a board-certified cardiologist. This benefit is confined to the heart; therefore, a narrowing or blockage of renal arteries or other peripheral arteries is not coronary artery disease and does not qualify for this benefit.

End stage renal failure - The end stage failure which presents a chronic irreversible failure of both kidneys, and requires treatment by renal dialysis.

Summary of Benefits

Heart attack - The ischemic death of a portion of heart muscle resulting from one or more obstructions of coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. The presence of three or more of the following indicators:
 - pain, pressure, fullness, discomfort or squeezing in the center of the chest.
 - radiating pain to shoulder(s), neck, back, arm(s) or jaw.
 - new EKG changes indicative of myocardial infarction.
 - diagnostic increase of specific cardiac markers typical for heart attack.
 - confirmed image studies.
2. In the event of death, an autopsy confirmation identifying heart attack as the cause of death.

Major organ failure requiring transplant - The irreversible failure of a heart, lung, pancreas, kidney (entire renal function) or any combination that a physician determined there is medical evidence to support the complete replacement of such organ with an entire organ from a human donor. It can also be the irreversible failure of an insured person's liver for which a physician has determined that there is medical evidence to support the complete or partial replacement of the liver or liver tissue from a human donor. The transplant need must be due to severe organ disease. To be eligible for payment, the insured person must either: (1) be placed on the Transplant List, or (2) have the transplant procedure performed.

Miscellaneous diseases - The following diseases will be considered critical illnesses when diagnosed by a physician: amyotrophic lateral sclerosis (Lou Gehrig's Disease), encephalitis/meningitis, rocky mountain spotted fever, typhoid fever, anthrax, cholera, primary sclerosing cholangitis (Walter Payton's disease) or tuberculosis.

Other specified organ failure - One of the following occurring independently of any other covered critical illness:

- Loss of sight - the total and irreversible loss of all sight in both eyes. Loss of Sight that can be corrected by the use of any visual aid or device will not be considered an irreversible loss.
- Loss of speech - the total and permanent loss of the ability to speak.
- Loss of hearing - the total and irreversible loss of hearing in both ears. Hearing loss that can be corrected by using any hearing aid or device will not be considered an irreversible loss.

Stroke - A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

- Documented neurological deficits; and
- Confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

- Transient ischemic attack (TIA).
- Reversible neurological deficit.
- Migraine.
- Cerebral injury resulting from trauma or hypoxia.
- Vascular disease affecting the eye, optic nerve or vestibular functions.

Invasive cancer - Cancer evidenced by a malignant tumor and tissue invasion. Invasive cancer does not include pre-malignant conditions or conditions with malignant potential, prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification), and any malignancy associated with the diagnosis of HIV.

Summary of Benefits

Carcinoma in situ - Cancer that stays in its original location, confined to the site without having invaded neighboring tissue.

Prostate cancer with TNM classification of T1 - Microscopic prostate tumors that are neither palpable nor visible on transrectal ultrasonography.

Skin cancer - Basal cell epithelioma or squamous cell carcinoma. Skin cancer does not include malignant melanoma or mycosis fungoides, which are not considered skin cancers.

Cancer waiting period - No benefits will be paid for a cancer condition that is diagnosed during the waiting period.

Limitations and Exclusions: What Doesn't Qualify

We do not pay benefits for losses caused by, or as a result of, the insured person's:

- Commission of a felony, voluntarily participating or attempting to participate in an illegal or willful criminal occupation
- Voluntary involvement in any period of armed conflict

Under no condition will we pay any benefits for losses incurred prior to the effective date.

CONVERSION OPTION

If an employee loses eligibility for this insurance for any reason other than fraud or nonpayment of premiums or termination of the group master policy, they will have the option to convert this group insurance to an individual policy we are issuing for the purpose of conversions by submitting an application and the first month's premium to us within 31 days after loss of eligibility. We will bill the employee directly once we receive notification to continue insurance.

TERMINATION OF INSURANCE

Employee insurance will terminate on the earliest of:

- The date the group master policy terminates
- The date an employee ceases to be eligible for insurance
- The date of the employee's death
- The premium due date on which we fail to receive the employee's premium, subject to the Grace Period provision
- The date a written notice that the employee wants to cancel insurance is received

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates
- The date of the dependent's death
- The premium due date on which we fail to receive the employee's premium, subject to the Grace Period provision
- The date the dependent no longer meets the definition of dependent
- The date the group master policy or certificate is modified to exclude dependent insurance
- The date a written notice that the employee wants to cancel insurance on their dependent is received

We may end the insurance of any insured person who submits a fraudulent claim under the policy.

Termination of the employee's insurance will not affect any claim which begins before the date of termination.

OTHER INSURANCE WITH US

An employee can only have one critical illness policy or certificate with us. If a person already has critical illness insurance with us, such person is not eligible to apply for this insurance.

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness, and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

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

Policy Questions?

 **Visit:** transamerica.com

 **Call:** 855-244-8318

For information about your privacy rights under applicable law, please visit transamerica.com.

This is a brief summary of *CriticalEvents*[®] critical illness indemnity insurance underwritten by Transamerica Life Insurance Company (TLIC), Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. Policy Form Series TMCI10MI-0118 and TCCI10MI-0118. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Please refer to the policy, certificate, and riders for complete details.

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