

A woman with curly hair, wearing a light-colored top, stands in front of a whiteboard, pointing at a line graph. The graph shows a line that starts at the origin, rises steeply, then levels out, and then rises again. There are three blue dots on the line. Three people are seated at a table in front of her, looking at the whiteboard. The man on the right is clapping. The woman on the left is also clapping. The man in the middle is looking at the whiteboard. The background is a bright office with large windows and a potted plant.

TRANSAMERICA SELF-ADMINISTRATION

This manual contains instructions on how to administer the Transamerica Self-Administered products. Transamerica reserves the right to change this manual. To the extent this manual conflicts with the policy or certificate of insurance, the terms of the policy or certificate govern. You should read and understand the policy or certificate that is issued to you. There are variations in the terms of the policy or certificate by state.



TRANSAMERICA®

DUTIES OF THE GROUP POLICYHOLDER

- 1 Maintain enrollment documentation for your insured persons that contains sufficient information to establish proof of insurance. Forward this information monthly. Files should be delivered on the first of the month, on the first business day following the first of the month, or at any time we may reasonably require. Documentation on your insured persons should include the following data: full name, date of birth, gender, insurance effective date, class or benefit amount by type of insurance (our Universal File layout has all data requirements documented).
- 2 Use approved benefits administration platform to send eligibility records.
- 3 Submit evidence of insurability for applicants enrolling above the GI, late entrants, and/or increases in benefit amounts over the GI limits.
- 4 Provide electronic access to deliver certificates, disclosures, and notices to the insureds under the policy as soon as possible after enrolling.
- 5 Provide records upon request to Transamerica that include, but are not limited to: name, hire date, paid-to date and deduction history.
- 6 Accurately calculate and remit premiums monthly to Transamerica.
- 7 Provide completed requests for employee information to Transamerica to assist in determining eligibility at time of claim.
- 8 In the event that any of this insurance is to be terminated, the policyholder is required to notify the insureds within three business days of notification by Transamerica, including any right to convert their insurance, by either giving them a written notice or maintaining a notice to their last known address as shown in the policyholder's records.
- 9 Maintain beneficiary information record for insured where applicable.
- 10 Participate in new case billing call and establish secure data exchange.
- 11 In the event of DOI complaint or insurance department request, be able to provide additional information regarding enrollment data or payment records.
- 12 Acknowledge receipt of Self-Administration Manual (checkbox on employer application).
- 13 Remain compliant with all laws that impact insurance administration, including HIPAA and ERISA.



GROUP MASTER POLICY EFFECTIVE DATE**

Transamerica self-administered products allow for flexible policy effective dates; however they may not be prior to the signature date on the Policyholder Application. For the disability products, the effective date is the first day of the month, always after the signature date of the application.

INDIVIDUAL INSURANCE EFFECTIVE DATE

Providing the employee is actively at work, insurance is available on either the date of hire or on the first day of the month coinciding with or immediately following the date an employee meets the eligibility requirements. An eligibility file must be sent and any required premium paid within 31 days of the date that enrollment is first offered to the employee/dependent or member. If such enrollment is not made within the 31-day period, the employee or member will be considered a late enrollee and may be required to submit satisfactory evidence of insurability in order for insurance to become effective.

Employees absent for work on the date they would have been eligible, when they return, are eligible on the day after they return. The effective date of insurance would depend on the language in the contract.

Effective dates of insurance must not precede the date the employee enrolled in insurance. For disability products, the employee must enroll within 31 days of becoming eligible, and the signature date must be before the effective date of policy.

CERTIFICATES OF INSURANCE

Transamerica will provide a certificate of insurance for you to make available to insured employees. Because these policies are self-administered, there will be no individual or personalized certificates produced. If you elect for us to deliver an electronic copy, we will send the master policy and certificates to the group administrator contact we received from the policyholder agreement by secure email. Otherwise, these items will be delivered by U.S. mail.

In some instances, there are benefits within the product purchased that are employee elected. In those instances, the employer must indicate the level purchased within the schedule of benefits page of the certificate that is distributed to the employee.

**Date is always the first of the month. We cannot support short- or long-term disability on any other effective date.

CONVERSION

When employees terminate employment, they have the option to convert their policies to individual insurance and pay Transamerica on a direct-billed basis. Conversion is not available for short-term disability and long-term disability. Portability may be available for long-term disability.

As the employer, it is your responsibility to notify the employee of their conversion option within 31 days of their termination. You are responsible for ensuring that terminating employees are aware of any portability, conversion, or continuation rights related to their group benefits and for providing them with any necessary forms. The employer portability, continuation, or conversion notice (as applicable), including the associated application and employee kit, must be distributed upon termination of employment or when the policy terminates. We recommend you include these in the employee termination/COBRA packet.

Instructions for the employee regarding conversion or continuation of insurance upon termination are included in the portability, continuation, or conversion kits. All of the forms (applicable to your state) you need to provide employees are available from the client. Please note: if you elect to continue an employee's insurance subject to the policy's termination provisions, you must provide the employee with notice of conversion rights at the point the continuation period ends.

- 1 If the employee is interested in converting their policy, they should contact Transamerica's customer service team within 31 days of you providing notice to the employee.
- 2 Upon receipt, Transamerica will set up the conversion policy and mail a quarterly billing statement and policy to the employee.

LEAVE OF ABSENCE

If you have an employee on a leave of absence, please refer to your policy(s) for leave of absence provisions and continuation of insurance provisions. While the employee is on a leave of absence you should continue to remit premiums until their employment ends. If premiums are paid, insurance may be continued for a limited time period (defined in your policy(s) beyond the date they are no longer actively employed.



POLICY CHANGES AND TERMINATION

Who May Change This Policy: The terms of this policy may be changed at any time by written agreement between the policyholder and Transamerica. The insurance provided by this policy can be changed or canceled without the consent of or, in most states, prior notice to any insureds. Any changes to the terms of this policy can only be made by the addition of an endorsement or amendment signed by an officer of Transamerica Life Insurance Company. No agent has the right to change or waive any terms of this policy. All changes are subject to the laws of the governing jurisdiction.

When Policy Changes Are Effective: Unless the policyholder and Transamerica agree otherwise in writing, the effective date of any change in benefits will be the first day of the calendar month that coincides with or next follows the date we send notice to the policyholder of the change in benefits and any corresponding change in premiums. If the number of enrolled changes by more than 15%, we reserve the right to re-rate the group.

Termination: This policy will end on the earliest of the following events:

- 1 If the policyholder submits an advance written request to us to terminate this policy, this policy will terminate on the date specified in that request.
- 2 If we give a 60-day advance written notice to the policyholder that we intend to terminate this policy, this policy will terminate on the date specified in that notice. Note that some states require a longer notice period, so check your policy for the exact notice provision.
- 3 If any premium payable by the policyholder is not paid within its grace period, this policy will terminate on the day after the end of the grace period.
- 4 If the policyholder fails to comply with any terms of this policy or the policyholder application, fails to fulfill any obligations or duties under or pertaining to this insurance, or fails to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this policy will terminate on the 32nd day after we have given the policyholder written notice of our intent to terminate.

Termination of an insured's policy that was effective prior to the date the policyholder's insurance terminated will be governed by the Termination of Insurance provision of the certificate. The policyholder is required to notify us of any such termination.

Minimum Participation Requirement: The policyholder must maintain the participation levels described in the policyholder application. If participation falls below the minimum participation limit, we have the right to cancel the policy.

BILLING AND PREMIUM REMITTANCE

Transamerica will not provide the employer with a billing statement. The employer is responsible for calculating and remitting premium to Transamerica directly.

Billing and premium payments

To ensure timely processing, we suggest you remit your premiums and supporting documentation approximately ten days prior to the monthly due date. The due date is outlined in your master policy.

Because you have elected to self-administer your group insurance policy, you will not receive a detailed billing statement containing a roster of all insured employees. To ensure proper processing, it is important that we receive the following two pieces of information from you each month:

- 1 A completed Premium worksheet or equivalent data from benefits administration system (discussed on New Case Billing Call)
- 2 Payment

Please note that if there is a variance in your monthly premium remittance, Transamerica may request additional backup data to reconcile your payment.

HOW TO CALCULATE YOUR BILL

For the volume and premium calculations below, you'll need to first review your policy for the following information:

- 1 **Eligibility:** Determine who is eligible for each benefit
- 2 **Waiting period:** A waiting period may need to be fulfilled by the employee prior to the start of insurance
- 3 **Class:** The policy may have different classes within each benefit, and these classes may have different benefit levels depending on locations and whether employees are salaried or hourly, full- or part-time, officers or non-officers, and so forth
- 4 **Earnings:** Usually refers to an employee's wage without extra compensation such as commissions, bonuses, and overtime. Refer to your group's policy for the exact definition
- 5 **Noncontributory (employer-paid) insurance:** All eligible employees must be enrolled in the noncontributory benefit at first date eligible
- 6 **Rate:** Rate information can be found in the billing statement
- 7 **Guaranteed issue:** Keep guaranteed issue in mind, where applicable, and update employee data based on evidence of insurability approvals and denials

ACCIDENT, CRITICAL ILLNESS AND HOSPITAL INDEMNITY

EXAMPLE: PREMIUM SUMMARY TEMPLATE

		
ABC Company 123 Capitol Avenue City, State ZIP		
Group Name:	ABC COMPANY	
Group Number:	GROUP NUMBER	
Bill Due Date:	2/1/2017	
Billing Period:	1/1/2017 - 1/31/2017	
Product	Participant Count	Amount Remitted
Critical Illness	525	\$9,061.50
Hospital Indemnity	301	\$5,204.29
Accident	423	\$3,599.73

Remittance Instructions: You may make your payment via ACH or U.S. postal mail.

ACH/wire - If paying via ACH/wire

- 1 Send a copy of the Premium Summary Template to **tebpremiums@transamerica.com** (or via other method that was established during New Case Billing Call)
- 2 Remit premiums via ACH to the routing and account numbers provided during your New Case Billing Call

Mail - If paying via check/mail

- 1 Send a copy of the Payroll Summary Template file to **tebpremiums@transamerica.com** (or via other method that was established during New Case Billing Call)
- 2 Send a copy of the Premium Summary Template along with your check to:

Transamerica Employee Benefits
6400 C Street SW, P55
Cedar Rapids, IA 52499-0001

Billing inquiries: Billing inquiries may be directed to Transamerica billing services at **866-411-4159**.

CUSTOMER SERVICE: ACCIDENT, CRITICAL ILLNESS AND HOSPITAL INDEMNITY

Transamerica is committed to satisfying our customers. We want to make the administration of your policy a successful experience. This manual has been designed to assist you in the administration of your insurance program.

Business Hours: Monday through Thursday,
7 a.m. to 5:30 p.m. CT
Friday, 7 a.m. to 5 p.m. CT

Mailing Address: **Transamerica Customer Service**
P.O. Box 219
Cedar Rapids, IA 52406-0219

Main Telephone Number: 855-244-8318
Billing Telephone Number: 866-411-4159
Claims Fax Number: 855-604-5205

Claims Email: **selfadminclaims@transamerica.com**
Customer Service Email: **tebcustresp@transamerica.com**

Our Customer Care team is trained to assist you with claims and product questions. Your benefits administrator (a company HR representative, for example) can provide specific eligibility and benefit information. Here are some sample questions to help you decide who to contact for assistance:

Transamerica (855-244-8318)	Benefits Administrator
How does this policy work?	Who is included in my policy?
How do I file a claim?	How much is my death benefit?
What is the status of my claim?	How do I change my beneficiary?

Claims help is also available on the Internet at www.tebcs.com

- Download death claim forms and instructions
- Create a notification of death
- Contact/email customer service

NOTE: The Group Administrator must keep all paperwork on file in his/her office including, but not limited to the policy, enrollment forms, change and adjustment forms, beneficiary designation forms, and TERMINATION NOTICES. Except in the case of claims status questions, all group employees will be referred back to the group administrator for changes and questions.

CLAIMS PROCEDURES: ACCIDENT, CRITICAL ILLNESS AND HOSPITAL INDEMNITY

Time service standards are necessary to manage claim service. Our goal is to adjudicate or acknowledge claims within five to 10 business days of receipt. The determination of whether a claim is covered under the policy and certificate is the responsibility of Transamerica. Please refrain from sharing opinions or making promises to your employees.

Claims may be submitted as follows:

Mail: Transamerica Claims Department
P.O. BOX 869098
Plano, TX 75086

Fax: 855-604-5205
Email: selfadminclaims@transamerica.com

Accident, Critical Illness, and Hospital Indemnity Claim Filing Requirements

Completed and signed claim form that includes the following:

- a. Attending physician statement
- b. Itemized statements
- c. Discharge summaries
- d. Police report (if applicable to the loss)

In case of an accidental death claim:

- a. Death certificate is required; photocopies of this document are acceptable
- b. Completed claim form
- c. Beneficiary designations (provided by the employer)

Any eligibility questions directed to the employer from Transamerica should be responded to within 24-48 hours of the request

Waiver of Premium Claims

The following is required for a Waiver of Premium claim:

- Fully completed claim form
- Attending physician statement

Claim Payments

All claim payments are made to the employee unless the employee or dependent assigns their benefits to the provider of service.

Claim Denials

If a claim is denied, the claimant will receive a detailed written explanation of why the claim was not paid. The denial will include specific reference to the policy provision on which the denial was based.

Claim Appeals

An insured or beneficiary has the right to appeal any claim decision. Appeals must be made in writing within 60 days of the date the claimant receives the claim determination. The letter must explain the reason for the appeal and include any additional supporting documentation.



TRANSAMERICA®



Visit: transamerica.com

Administrative services for long- and short-term disability provided by DisabilityRMS. DisabilityRMS is a third-party administrator for Transamerica Life Insurance Company. DisabilityRMS and Transamerica are not affiliated in any way.

Insurance products **underwritten by Transamerica Life Insurance**, Cedar Rapids, Iowa or **Transamerica Financial Life Insurance**, Harrison, NY. Transamerica Financial Life Insurance Company is licensed to conduct business in New York. Transamerica Life Insurance Company is authorized to conduct business in all other states.