

YOUR FLEXIBLE BENEFITS

CRITICALASSISTANCE SELECT® FOR NEW YORK , PLAN OPTION B SPECIFIED DISEASE INSURANCE

***CriticalAssistance Select* for New York, underwritten by Transamerical Financial Life Insurance Company, is extra help when you need it most.**

CriticalAssistance Select for New York provides benefits for invasive cancer, heart attack, stroke, coronary artery disease, end-stage renal failure, carcinoma in situ, major organ transplant surgery, and skin cancer.

Designed to be flexible, the policy can be purchased in amounts of \$10,000 increments beginning at \$10,000 up to \$30,000 for yourself plus each eligible family member you choose to enroll. All insured family members will receive the same level of benefit.

PLAN OPTION B CONDITIONS	PERCENTAGE OF SPECIFIED DISEASE BENEFIT
Invasive cancer, heart attack, stroke, end-stage renal failure, and major organ transplant surgery	100%
Coronary artery disease* (payable once per insured person), carcinoma in situ*	25%
Skin cancer*	\$250

*Payment for these benefits is one-time only but will be paid in addition to any other benefit in this policy. If you receive a benefit for coronary artery disease or carcinoma in situ and are later diagnosed with another different covered specified disease, we will pay the face amount minus the amount(s) you received for coronary artery disease or carcinoma in situ.

Note: The expected benefit ratio for this policy is 60.1 percent. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

This brochure is not complete without an enclosed rate table.

This is a brief summary of *CriticalAssistance Select* for New York specified disease insurance, **underwritten by Transamerica Financial Life Insurance Company, Harrison, New York**. Policy form series TPSD01NY and FR200100. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

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

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PRODUCT HIGHLIGHTS

- Benefits paid directly to you.
- Benefits for invasive cancer, heart attack, stroke, coronary artery disease, end-stage renal failure, carcinoma in situ, major organ transplant surgery, and skin cancer.
- Convenient payroll-deducted premiums.
- Family options available.



Visit:

transamericabenefits.com



Customer Service:

888-763-7474



TRANSAMERICA®



ISSUE AGES

- Eligible employees and spouses (or equivalent as determined by governing state law) ages 16 through 64.
- Eligible dependent children from birth through age 25.

TAKE YOUR POLICY WITH YOU

If you leave your employment or retire, you have the option to continue insurance by paying the premiums directly to the insurer.

SUBSEQUENT SPECIFIED DISEASE BENEFIT

If you are diagnosed for the first time by a physician with a subsequent and separate specified disease more than 60 days after the first one, you will receive the elected subsequent specified disease benefit amount, up to \$100,000 based on the benefit amount.

For example: If you are first diagnosed with a heart attack and then you are diagnosed for the first time with a stroke more than 60 days later, you will receive the benefit amount you selected for each illness. This benefit is payable one time per insured person.

LIMITATIONS AND EXCLUSIONS

We may reduce or deny a claim or void the policy as follows:

- During the first 24 months if you make a material misrepresentation on the application; or
- At any time if you make a fraudulent misstatement.

The policy does not pay benefits for losses caused by or resulting from the following:

- Participation in a felony, riot or insurrection, intentionally causing a self-inflicted injury,
- Committing or attempting to commit suicide.

We will not pay the Specified Disease Benefit for the following:

- Pre-malignant conditions or conditions with malignant potential; or
- Transient Ischemic Attacks, which are not considered strokes or any other type of disease covered by the policy.

The Subsequent Specified Disease Benefit will be paid in addition to any other benefit in the policy; however, it is not payable for Coronary Artery Disease. It is payable only one time for each insured.

Any provision of the policy which, on its effective date, does not agree with state laws in New York will be amended to conform to the minimum requirements of those laws.

No benefits are payable for conditions other than the specified diseases defined in the policy.

TERMINATION OF INSURANCE

You cease to be insured under the policy on the first of the following to occur:

- The premium due date as of which you fail to pay the premium (you'll have a 31-day grace period after the due date to pay the premium).
- The next premium due date after the insurer receives written notice from you to cancel your policy.
- When 100% of the face amount of both the Specified Disease and Subsequent Specified Disease Benefit have been paid. Termination of your insurance will not affect any claim which begins before the date of termination.

SUMMARY OF BENEFITS

The CriticalAssistance Select for New York policy pays benefits when certain losses occur as a result of a specified disease first diagnosed after the Waiting Period.

Coverage Options

Employers may select from the following two coverage options. Each option pays a lump-sum benefit of \$10,000 to \$30,000 (available in \$10,000 increments) to each covered person for the initial diagnosis of a covered specified disease. The coverage options are as follows:

Plan A

Heart Attack

Stroke

End Stage Renal Failure

Major Organ Transplant Surgery

Plan B

Invasive Cancer

Heart Attack

Stroke

End Stage Renal Failure

Major Organ Transplant Surgery

Under both coverage options the policy face amount (also known as the Specified Disease Benefit) is payable one time per covered person. There is also a Subsequent Specified Disease Benefit (Rider FR200100) equal to the face amount that is payable for a subsequent and separate covered specified disease. The subsequent and separate covered specified disease must first manifest itself and be diagnosed more than 60 days after the first covered specified disease is initially diagnosed. This benefit is payable one time for each covered person and will be paid in addition to any other benefit in the policy. The policy will terminate when 100% of the face amount has been paid, under both of these benefits.

Plan A – Other Benefits

The Coronary Artery Disease Benefit provides a benefit equal to 25% of the Specified Disease Benefit. This benefit is payable one time per covered person and any amount paid under this benefit will reduce the face amount for the Specified Disease Benefit.

Plan B - Other Benefits

The Carcinoma in Situ and Coronary Artery Benefits are included under Plan B. They each pay a benefit of 25% of the Specified Disease Benefit amount. These benefits are payable one time for each covered person. If a benefit is paid and the insured is later diagnosed with a different covered specified disease or a subsequent specified disease, benefits payable are the face amount less the amount(s) received for carcinoma in situ and/or coronary artery disease. Payment of this benefit is delayed until after coronary artery bypass surgery is performed.

The Skin Cancer Benefit is also included under Plan B. It pays a benefit in the amount of \$250 if the insured is diagnosed with skin cancer. This benefit is payable one time for each covered person and is paid in addition to any other benefit.

A Specified Disease is any of the following:

Specified Disease Screening Benefit (*Rider Form Series FRSDS2NY*) – Plan B offers the employee an optional Specified Disease Screening Benefit. This screening benefit is designed to detect a specified disease at an early stage of development, so that treatment is more effective. This benefit pays a \$50 benefit per calendar year for each covered person for the following medical tests and procedures performed at the direction of a licensed physician:

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| • Breast ultrasound | • Colonoscopy | • Pap test |
| • Mammography | • Chest X-ray | • Thermography |
| • Bone marrow testing | • Flexible Sigmoidoscopy | • Hemocult stool analysis |
| • Fasting blood glucose test | • CEA (blood test for colon cancer) | • Blood test for triglycerides |
| • CA15-3 (blood test for breast cancer) | • CA125 (blood test for ovarian cancer) | • PSA (blood test for prostate cancer) |
| • Serum Protein Electrophoresis (blood test for myeloma) | • Serum cholesterol test to determine level of HDL and LDL | • Stress test on a bicycle or treadmill |

This benefit is paid in addition to any other benefit.

SUMMARY OF BENEFITS

What is a Specified Disease?

A Specified Disease is any of the following:

1. **Invasive Cancer** – A disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of malignant cells. Invasive Cancer does not include pre-malignant conditions or conditions with malignant potential or carcinoma in situ or skin cancer as defined in the policy (Plan B only).
Carcinoma In Situ – Non-invasive cancer that is in the natural or normal place, confined to the site of origin without
Skin Cancer – Means basal cell carcinoma and squamous cell carcinoma of the skin or melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.
2. **Heart Attack** (myocardial infarction) – The ischemic death of a portion of heart muscle as a result of inadequate blood supply. The diagnosis must be based on all of the following criteria:
 - elevation of cardiac enzymes;
 - associated new electrocardiographic (EKG) changes consistent with ischemic injury; and
 - other clinical information to support the diagnosis of heart attack (myocardial infarction) such as confirmatory imaging studies like as thallium scans, MUGA scans, or stress echocardiograms.
3. **Stroke** – A cerebrovascular event causing permanent neurological damage to brain tissue that results in a permanent neurological deficit, including infarction, hemorrhage, or embolization of brain tissue from an extracranial source. The diagnosis must be based on:
 - permanent neurological deficits; and
 - confirmatory neuroimaging studies.

Transient Ischemic Attacks are not considered strokes or any other disease covered by the policy and is specifically excluded.
4. **End-Stage Renal Failure** – Chronic, irreversible failure of the function of both kidneys, such that a covered person must undergo regular hemodialysis or peritoneal dialysis to sustain life.
5. **Major Organ Transplant** – Clinical evidence of major organ failure of such severity that the organ functions in a way inadequate to support life and requires the malfunctioning organ to be replaced with the organ from a suitable donor. The transplant must be recommended by a physician and the covered person must be registered with the United Network of Organ Sharing (UNOS), or any other transplantation waiting list provided by any legally operating organization performing this service.
6. **Coronary Artery Disease** – Diagnosis of at least 75% cross-sectional occlusion of one or more major coronary arteries (left main, left anterior descending, circumflex or right coronary artery). A physician must recommend that the covered person undergo coronary artery bypass surgery

LIMITATIONS AND EXCLUSIONS

CriticalAssistance Select for New York contains certain restrictions and exclusions, which are detailed below.

A. **Exclusions:** The policy does not cover losses caused by or resulting from the following:

- a covered person being diagnosed with a specified disease during the waiting period. If a covered person is diagnosed with a specified disease during the waiting period, Transamerica Financial Life Insurance Company will void the policy and refund all premiums paid.
- a covered person participating in a felony, riot or insurrection.
- a covered person intentionally causing a self-inflicted injury.
- a covered person committing or attempting to commit suicide.
- Transamerica Financial Life Insurance Company will not pay the specified disease benefit for the following:
 - pre-malignant conditions or conditions with malignant potential; or
 - Transient Ischemic Attacks.

Transient Ischemic Attacks are not considered strokes or any other type of disease covered by the policy.

B. **Time Limit on Certain Defenses:** After two years from the date of issue, only fraudulent misstatements in the application may void the policy or cause denial of claims for loss incurred or disability after such two year period.

DISCLOSURES

GROUP BENEFITS DISCLOSURE POLICY

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.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.

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