

SERFF Tracking Number: AEGG-126677893 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45959
 Company Tracking Number: CRCCBT00
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness Rider No Rates BTL
 Project Name/Number: Critical Illness Rider No Rates BTL/Critical Illness Rider No Rates BTL

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Critical Illness Rider No Rates BTL SERFF Tr Num: AEGG-126677893 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 45959

Sub-TOI: H07G.001 Critical Illness Co Tr Num: CRCCBT00 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: Donna Lambert Disposition Date: 06/21/2010

Date Submitted: 06/15/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 08/16/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Critical Illness Rider No Rates BTL

Project Number: Critical Illness Rider No Rates BTL

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/21/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Blanket, Other

Explanation for Other Group Market Type:

LABOR AND CREDIT UNIONS

State Status Changed: 06/21/2010

Created By: Donna Lambert

Corresponding Filing Tracking Number: 45155

Deemer Date:

Submitted By: Donna Lambert

Filing Description:

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC: 468-86231 FEIN: 39-0989781

NEW BLANKET CRITICAL ILLNESS RIDER FILING

CRCCBT00 Critical Illness Benefit Rider

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The above-referenced forms are submitted for your review and approval. These are new forms and are not intended to replace any forms previously approved by the Department. No part of this filing contains unusual or controversial items that vary from normal company or industry standards.

The Critical Illness Benefit Rider, form CRCCBT00, provides a lump sum benefit upon the initial positive diagnosis of a covered critical illness/condition. This benefit is payable only once per lifetime per Covered Person. The covered critical illnesses or conditions include:

- Cancer (This includes carcinoma, sarcoma, malignant melanoma, lymphoma, leukemia, Hodgkin's Disease or any malignant tumor.)
- Heart Attack
- Stroke
- Major Organ Transplant
- End Stage Renal Failure
- Paralysis
- Burns

This rider will be available for use with Blanket Term Life Insurance Policy CPBTL100 that was approved by your Department on March 19, 2010, State Filing # 45155. The lump sum benefit that will be available to the master policyholder will range from \$5,000 to \$250,000 in \$1,000 increments. The rider will cover not only an eligible employee/member but also an eligible dependent as defined in the master policy.

The master policyholder may elect to pay the premium for this rider; if so, 100% of all eligible employees/members will receive the rider as part of their coverage under the master policy. Coverage under the rider will be guaranteed issue when the policyholder pays the premiums.

The master policyholder may also elect to make this coverage available to their employees/members. If so, each eligible employee or member who elects this optional coverage will be asked to contribute toward the cost of the optional rider. All premiums will be remitted by the policyholder on a monthly basis. When this rider is optional and the employee/member elects this coverage, they will be asked for Evidence of Insurability using form C-EI-01-XX. This form was approved by your Department as part of the Blanket Term Life Policy filing.

The Group Policyholder Application to be used in the solicitation of this policy is form C-EA-01-00. This form was previously approved by your department on July 20, 2006, State Filing # 32865. We wish to extend the use of this approved application to the form in this filing.

Please see the attached Explanation of Variables for the ranges of values we will use for text contained in brackets. Minor modifications in paper size, stock, ink, Company logo, and signatures to accommodate system needs may result.

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To the best of our knowledge, this filing is complete and in compliance with the insurance laws of your jurisdiction. If you have any questions, please contact me at the phone number or email address below.

Sincerely,

Donna Lambert, ACS, ACP, AIRC
 Contract Analyst, Paralegal
 Transamerica Life Insurance Company
 Telephone: 800.400.3042, x1639
 E-Mail: djlambert@aegonusa.com

Company and Contact

Filing Contact Information

Donna Lambert, Contract Analyst djlambert@aegonusa.com
 PO Box 8063 800-400-3042 [Phone] 1639 [Ext]
 Little Rock, AR 72203-8063 501-227-1097 [FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
 PO Box 8063 Group Code: 468 Company Type: Life and Health
 Little Rock, AR 72203-8063 Group Name: State ID Number:
 (501) 227-1106 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form, per filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	06/15/2010	37237749

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/21/2010	06/21/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Critical Illness Benefit Rider	Donna Lambert	06/17/2010	06/17/2010

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Form (revised)	Critical Illness Benefit Rider	Approved-Closed	Yes
Form	Critical Illness Benefit Rider	Replaced	Yes

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Amendment Letter

Submitted Date: 06/17/2010

Comments:

The correct rider is attached.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
CRCCBT00	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Critical Illness Benefit Rider	Initial				58.360	CRCCBT00 Critical Illness Benefit Rider 3-26-10-FINAL.pdf

SERFF Tracking Number: AEGG-126677893 State: Arkansas
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Form Schedule

Lead Form Number: CRCCBT00

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/21/2010	CRCCBT00	Policy/Contract	Critical Illness Benefit Rider	Initial		58.360	CRCCBT00 Critical Illness Benefit Rider 3-26-10- FINAL.pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

CRITICAL ILLNESS BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Effective Date shown on the Insurance Schedule. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Policy will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Policy, the following definitions apply to this Rider:

Covered Person – As it pertains to this Rider, Covered Person means the Insured and any Dependents for which coverage under this Rider is either provided by the Policyholder or elected annually by the Insured.

Critical Illness - One of the illnesses or conditions listed below for which positive diagnosis is made by a Physician. Diagnosis must be based on diagnostic criteria generally accepted by the medical profession, as explained below:

Cancer – A disease evidenced by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes carcinoma, sarcoma, malignant melanoma, lymphoma, leukemia, Hodgkin's Disease or any malignant tumor.

Cancer does not include:

1. Skin cancer, other than malignant melanomas;
2. Tumors that are histologically described as pre-malignant or are only showing early malignant change;
3. Carcinoma in-situ;
4. Papillary cancer of the bladder;
5. Prostatic cancers that are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification); or
6. Other conditions which may be considered precancerous including, but not limited to, leukoplakia, hyperplasia, polycythemia vera, moles, lesions, or similar diseases.

Heart Attack – The ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. The presence of 3 or more of the following indicators:
 - a. Typical chest pain suggestive of Heart Attack;
 - b. New EKG changes indicative of myocardial infarction;
 - c. Diagnostic increase of specific cardiac markers typical for Heart Attack; and
 - d. Confirmatory imaging studies, or
2. In the event of death, an autopsy confirmation identifying Heart Attack as the cause of death will be accepted.

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:

1. documented neurological deficits; and
2. confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

1. Transient Ischemic Attack (TIA);
2. Reversible neurological deficit;
3. Migraine;
4. Cerebral injury resulting from trauma or hypoxia; or
5. Vascular disease affecting the eye, optic nerve or vestibular functions.

Major Organ Transplant– The receipt of a human heart, lung, liver, kidney or pancreas transplant through a surgical procedure.

End Stage Renal Failure – The end stage failure which presents a chronic irreversible failure of both kidneys, and requires treatment by renal dialysis or kidney transplant.

Paralysis - Means quadriplegia, paraplegia, or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of diagnosis to determine if paralysis is permanent. "Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs on the same side of the body. "Limb" means an entire arm or an entire leg. A benefit will not be paid for paralysis that results from a stroke or psychiatric causes.

Burns - The cosmetic disfigurement of body surface or area that is a full-thickness or third-degree burn covering at least 50% of the body surface. A full-thickness or third-degree burn is the injury and destruction of skin through the entire thickness or depth of the dermis and possibly to underlying tissue with a loss of fluid and sometimes shock caused by exposure to fire, heat, caustics, electricity, or radiation.

Immediate Family Member - The Insured, Spouse, Other Adult Dependent, Child, brother, sister, mother, father, and the spouse of any of these individuals.

Initial Diagnosis/Initially Diagnosed - A first time ever positive diagnosis of a covered Critical Illness.

Physician – A practitioner of medicine, other than an Immediate Family Member, who is duly licensed or certified to diagnose and treat any sickness or injury within the scope of his or her license or certification.

BENEFITS

We will pay a one-time benefit when a Covered Person is Initially Diagnosed with a Critical Illness while this Rider is in force. This benefit is payable only once per lifetime per Covered Person and is in addition to any other benefits payable under the Policy. The benefit amount is shown on the Insurance Schedule and may be based on the Insured's annual benefit elections.

Benefit payment will be made directly to the Insured, unless the Insured assigns his or her benefits. Proof of the Initial Diagnosis of the Critical Illness must be submitted to us.

EXCLUSIONS AND LIMITATIONS

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

1. Conditions other than those due to a covered Critical Illness.
2. The Covered Person participating or attempting to participate in an illegal activity.
3. The Covered Person intentionally causing self-inflicted injury.
4. The Covered Person committing or attempting to commit suicide, whether sane or insane.
5. The Covered Person's involvement in any period of armed conflict.
6. Surgeries performed outside the United States or its Territories.

Under no condition will we pay any benefits for losses or medical expenses incurred prior to the Effective Date.

EFFECTIVE DATE

The Rider Effective Date is shown on the Insurance Schedule. A Covered Person's coverage will become effective on the Rider Effective Date, the same date his or her coverage becomes effective under the Policy, or the Anniversary Date on which the Insured's benefit elections to include this Rider become effective, whichever is later.

TERMINATION

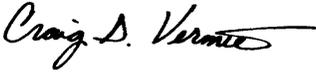
Termination of Rider – This Rider will terminate on the earliest of:

1. The date the Rider or Policy Lapses for failure to pay premiums, subject to the Grace Period;
2. The date the Policy terminates; or
3. The date of the Policyholder's written request to terminate this Rider.

Termination of Coverage – A Covered Person's coverage under this Rider will end on the earliest of:

1. The date the Rider terminates;
2. The date the Covered Person's coverage ends under the Policy; or
3. The date a benefit is paid on a Covered Person (for that Covered Person only).

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


[]

[General Counsel and Secretary]


[]

[President]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: Reg 19 Certification.pdf Reg 49 Certification.pdf	Approved-Closed	06/21/2010

	Item Status:	Status Date:
Satisfied - Item: Application Comments: We would like to extend the approval of the following application and evidence of insurability form to the rider submitted for approval.	Approved-Closed	06/21/2010

Application form number C-EA-01-00, approved July 20, 2006, Arkansas Department Filing Number 32865.
 Evidence of Insurability form number C-EI-01-00, approved 3/19/10, Arkansas Department Filing Number 45155.

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variables Comments: Attachment: Explanation of Variables 5-17-2010 djl.pdf	Approved-Closed	06/21/2010

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Titles: Critical Illness Benefit Rider

Form Numbers: CRCCBT00

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Patsy J. Napier, FLMI, AIRC, HIA, CCP
Assistant Secretary

June 15, 2010

Date

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Titles: Critical Illness Benefit Rider

Form Numbers: CRCCBT00

I hereby certify that to the best of my knowledge and belief, the above forms and submission comply with Arkansas Regulation 49, relative to the dissemination of life and health guaranty association notices.



Patsy J. Napier, FLMI, AIRC, HIA, CCP
Assistant Secretary

June 15, 2010
Date

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/15/2010	Form	Critical Illness Benefit Rider	06/17/2010	CRADBT00 - ADD Rider 3-1-10-FINAL.pdf (Superseded)

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]

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

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This Rider is attached to and made part of the Policy as of the Effective Date shown on the Insurance Schedule. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Policy will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Policy, the following definitions apply to this Rider:

Accidental Bodily Injury - Injury resulting, directly and independently of all other causes, from external and involuntary causes.

Accidental Death - Loss of life resulting from an Accidental Bodily Injury. The death must occur within [365] days of the Accidental Bodily Injury.

Air Bag System – An automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile – A four-wheeled private passenger motor vehicle licensed for use on public highways and not used to transport passengers for hire.

Covered Loss – An Accidental Death or a Dismemberment. Such a loss must occur within [365] days of an Accidental Bodily Injury subject to the Exclusions and Limitations section of this Rider. Covered Loss also includes an Accidental Death or Dismemberment resulting from unavoidable exposure to the elements if such loss occurs within [365] days of the date of an Accidental Bodily Injury.

Dismemberment - An Accidental Bodily Injury that, directly and independently of all other causes, results in the loss of:

1. A hand – the actual severance at or above the wrist.
2. A foot – the actual severance at or above the ankle.
3. The thumb and index finger on the same hand - the actual severance at or above the point at which they are attached to the hand.
4. Sight - the total and permanent loss of sight.
5. Speech – the total and permanent loss of speech.
6. Hearing – the total and permanent loss of hearing.
7. Hemiplegia – the total and permanent paralysis of both an arm and a leg on the same side of the body.
8. Paraplegia – the total and permanent paralysis of both legs.
9. Quadriplegia – the total and permanent paralysis of both arms and both legs.

Elder - An adult who is at least [60] years of age and who depends primarily on the Insured for financial support.

Elder Care – The non-medical care provided in a home for the aged or a community living center that provides domiciliary, residential, or retirement care. Elder Care does not include:

1. Medical care in a hospital;
2. Psychiatric care in a facility that treats mental illness of a non-organic origin; or
3. Treatment in a facility for voluntary chemical dependence.

Immediate Family Member - The Insured, Spouse, Other Adult Dependent, Child, brother, sister, mother, father, and the spouse of any of these individuals.

Physician – A practitioner of medicine, other than an Immediate Family Member, who is duly licensed or certified to diagnose and treat any sickness or injury within the scope of his or her license or certification.

Public Transportation – A public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. (This definition excludes taxis, limousines, and chartered vehicles.)

Seatbelt – A properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the Automobile was not equipped with a combination lap and shoulder restraint system when manufactured. This benefit is not payable if a seatbelt is not worn or the seatbelt is not available in the Automobile.

Survivor – The Insured's Spouse or Other Adult Dependent.

DEATH BENEFITS

The following benefits are payable in addition to the Life Insurance Proceeds payable under the Policy. This Rider must be in force at the time of death.

Accidental Death Benefit - If a Covered Person dies as the result of an Accidental Bodily Injury, we will pay an Accidental Death Benefit to the Beneficiary in an amount equal to the Proceeds payable under the Policy.

Seatbelt Benefit – We will pay a Seatbelt Benefit equal to [10%] of the Accidental Death Benefit if the Covered Person's death was the result of an Automobile accident and the deceased was wearing and properly utilizing a Seatbelt at the time of the accident, as evidenced by a police accident report. This benefit will not be payable if the Covered Person was the driver of the Automobile and did not hold a current and valid driver's license.

Air Bag Benefit – We will pay an Air Bag Benefit equal to [5%] of the Accidental Death Benefit if:

1. The Covered Person's death is the result of an Automobile accident;
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer;
3. The deceased was seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System; and
4. The Air Bag System deployed, as evidenced by a police accident report.

Common Carrier Benefit – We will pay a Common Carrier Benefit equal to [100%] of the Accidental Death Benefit if the Accident occurs while the Covered Person was riding as a fare-paying passenger on Public Transportation.

Transportation of Remains Benefit - We will pay a Transportation of Remains Benefit equal to the lesser of [10%] of the Accidental Death Benefit or [\$5,000] if the Covered Person dies more than [200] miles from his or her primary residence and expenses are incurred to transport the Covered Person's body to a mortuary near his or her primary place of residence.

Survivor Training Benefit - We will pay a Survivor Training Benefit equal to the lesser of [3%] of the Accidental Death Benefit or [\$3,500] to the Insured's Survivor. This benefit will be for a training program in which a Survivor has enrolled within 365 days of the Insured's death. The training program must be for the purpose of obtaining an independent source of income for the Survivor. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

Elder Care Benefit - We will pay an Elder Care Benefit equal to the lesser of [3%] of the Accidental Death Benefit or [\$3,500] as long as an Elder is receiving Elder Care before this Rider's Effective Date. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

Surviving Child Educational Benefit – We will pay a Surviving Child Educational Benefit equal to the lesser of [3%] of the Accidental Death Benefit or [\$3,500] to the Insured's Survivor if the Insured is survived by a Child, within the Age range of 17 through Age 21, who is enrolled, or enrolls within 365 days of the Insured's death, as a regular, full-time student at an accredited secondary school, college, university, or trade school. We will pay this benefit each year, for up to four consecutive years, while a Child remains enrolled as a full-time student. We will pay this benefit in equal installments over the four-year period. We will pay separate benefits for each Child who meets the requirements for this benefit. Evidence of student status must be provided annually. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

If there is no Survivor, we will pay this benefit directly to the Child, if of legal age of majority. Otherwise we will pay this benefit to the legally appointed guardian of the Child.

Child Care Center Benefit - We will pay a Child Care Center Benefit equal to the lesser of [3%] of the Accidental Death Benefit or [\$3,500] to the Insured's Survivor if the Insured is survived by a Child, within the Age range of 15 days through Age 12, who is enrolled, or enrolls within 90 days of the Insured's death, in a qualified child care center on less than a 24-hour per day basis for which an expense is incurred. We will pay this benefit each year, for up to four years, while the Child remains enrolled in a child care center. We will pay this benefit in equal installments over the four year period. We will pay separate benefits for each Dependent Child who meets the requirements for this benefit. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

A qualified child care center means a facility that operates pursuant to law, including any licensing or other laws or regulations applicable to child care facilities and primarily provides care and supervision for children in a group setting on a regular, daily basis. A child care center does not include any of the following: a hospital; the child's home; a nursing home or convalescent home; a facility or part thereof for the treatment of mental disorders; a place or part thereof used primarily for the care of drug addicts, or alcoholics; or an orphanage.

Lifetime Benefits Limitation - A claim can be made for Accidental Death Benefits under the Survivor Training, Elder Care, Surviving Child Education, or Child Care Center provisions, concurrently or separately. We do, however, limit the aggregate lifetime benefit for all four of these benefits to a maximum of \$15,000 over a four-year period.

DISMEMBERMENT BENEFITS

If a Covered Person suffers a Dismemberment, we will pay the applicable benefit shown in the following table. If more than one Dismemberment occurs as a result of the same Accidental Bodily Injury, we will pay a single benefit for the loss which has the largest benefit. This Rider must be in force at time of Dismemberment.

Dismemberment or complete loss of, with or without reattachment:

Two or more: hand, foot, or sight of one eye	[100]% of Proceeds
Quadriplegia	[100]% of Proceeds
Loss of speech and loss of hearing in both ears	[100]% of Proceeds
Paraplegia	[75]% of Proceeds
One: hand, foot, or sight of one eye	[50]% of Proceeds
Loss of speech or loss of hearing in both ears	[50]% of Proceeds
Hemiplegia	[50]% of Proceeds
Loss of hearing of one ear	[25]% of Proceeds
Loss of thumb and index finger on same hand	[25]% of Proceeds

EXCLUSIONS AND LIMITATIONS

Benefits for Accidental Death or Dismemberment will not be payable for any loss caused in whole or in part by, or resulting from, any of the following:

1. Suicide or intentionally self-inflicted injury while sane or insane;
2. Sickness, disease, physical or mental infirmity, pregnancy, or any other kind of illness, or any medical or surgical care, diagnosis, or treatment for such condition;
3. Committing or attempting to commit a felony or engaging in an illegal occupation;
4. Voluntary use of any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction;
5. Voluntary taking, absorbing, or inhaling a poison, gas, or fumes;
6. Involvement in an accident that occurs while driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs;
7. Travel in or descent 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;
8. Service in the military or any auxiliary unit attached thereto;
9. Participation in any of the following activities: motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, or any related hazardous activities; or
10. The release of nuclear energy.

CLAIMS

Notice of Claim - We must be notified of a claim for benefits under this Rider, in writing, within 90 days of the Covered Loss. The written notice must be sent to our agent or us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 90 days of a loss, notice must be sent as soon as reasonably possible.

Claim Forms - After we receive notice of claim, we will send claim forms to the claimant within 15 days. If the forms have not been received within 15 days, the claimant may send us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to us within the time limit stated in the following paragraph.

Written Proof of Loss - We will pay benefits under this Rider after we receive written proof of loss satisfactory to us. We must receive such proof within 90 days after the Covered Loss. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but not later than one year after the Covered Loss.

Written proof of loss means the completion and submission of all documents needed to support a Covered Loss, such as a claimant's statement, attending Physician's statement, Accident report, and death certificate, if applicable.

Physical Examination - At our expense, we reserve the right to have a Physician of our choosing examine the Covered Person while a claim is pending to determine eligibility for benefits. In the event that the Physician we choose provides a different diagnosis of the condition, we reserve the right to rely on the certification from the Physician of our choosing for claim purposes. We may have an autopsy performed, if necessary, unless prohibited by law.

Time of Payment of Claims - All benefits described in this Rider will be paid as soon as we have received written proof of loss satisfactory to us.

Payment of Claims – Benefits other than loss of life are payable to the Insured, unless a different payee is designated. Life Insurance Proceeds are payable to the Beneficiary.

Legal Actions - No legal action may be brought to recover under the Policy within 60 days after written proof of loss has been provided to us as required nor more than 3 years from the time written proof of loss is required to be furnished.

EFFECTIVE DATE

The Rider Effective Date is shown on the Insurance Schedule. A Covered Person's coverage will become effective on the Rider Effective Date or the same date his or her coverage becomes effective under the Policy, whichever is later.

TERMINATION

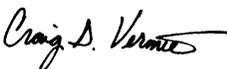
Termination of Rider - This Rider will terminate on the earliest of:

1. The date the Rider or Policy Lapses for failure to pay premiums, subject to the Grace Period;
2. The date the Policy terminates; or
3. The date of the Policyholder's written request to terminate this Rider.

Termination of Coverage – A Covered Person's coverage under this Rider will end on the earliest of:

1. The date the Rider terminates; or
2. The date the Covered Person's coverage ends under the Policy.

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

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[General Counsel and Secretary]

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[President]