

SERFF Tracking Number: AEGB-127688694 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 50020
Company Tracking Number: GR927, GR937, GR939, GR948, GR949, GR956, GR959, GR960, GR972
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: GR927, GR937, GR939, GR948, GR949, GR956, GR959, GR960, GR972
Project Name/Number: SLIC AD/H009-3SV

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: GR927, GR937, GR939, SERFF Tr Num: AEGB-127688694 State: Arkansas
GR948, GR949, GR956, GR959, GR960,
GR972

TOI: H03G Group Health - Accidental Death & SERFF Status: Closed-Approved- State Tr Num: 50020
Dismemberment Closed

Sub-TOI: H03G.000 Health - Accidental Death Co Tr Num: GR927, GR937, State Status: Approved-Closed
& Dismemberment GR939, GR948, GR949, GR956,
GR959, GR960, GR972

Filing Type: Form

Reviewers: Rosalind Minor
Disposition Date: 10/17/2011
Authors: Suzanne Voight, Cheryl Penner

Date Submitted: 10/12/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SLIC AD
Project Number: H009-3SV
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Filing not required
in domicile state of Iowa
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Discretionary, Trust

Filing Status Changed: 10/17/2011

State Status Changed: 10/17/2011

Created By: Suzanne Voight

Deemer Date:

Submitted By: Suzanne Voight

Corresponding Filing Tracking Number: 40943000

Filing Description:

RE: Transamerica Life Insurance Company, NAIC# 0468-86231
Out of State Group Filing

SERFF Tracking Number: AEGB-127688694 State: Arkansas
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GR927 - Accident Hospital Confinement Benefit Rider

GR937 - Accident Only Dismemberment Benefit Rider

GR939 - Accident Ambulance [And Emergency Rescue] Benefit

GR948 - Accident Motor Vehicle Accidental Death Benefit Rider

GR949 - Accident Outpatient Surgery Benefit

GR956 - Accident Seatbelt [and Air Bag] Benefit Rider

GR959 - Survivor's Monthly Income Accident Benefit Rider

GR960 - Accident Total Disability Benefit Rider

GR972 - Common Carrier Accidental Death Benefit Rider

Attached for your review and approval are the referenced forms. These forms are new and do not replace any forms previously approved by your Department. The forms have been completed in "John Doe" fashion and variable information is printed in red and bracketed. An effective date coinciding with your date of approval is requested.

These riders will be used at-issue as well as an add-on and will be used with the Group Accidental Death Policy GC560.AR and GC561 approved by your Department on 7-14-2011 under SERFF Filing ID AEGB-127314844 and other similar products as your Department approves them.

This filing is a "me too" filing of SERFF Filing ID AEGB-127384415 which was approved by your Department on 8-24-2011 for our sister Company, Stonebridge Life Insurance Company. The form numbers in that filing are: SLAD4001GR, SLAD4005GR, SLAD4006GR, SLAD4011GR, SLAD4012GR, SLAD4013GR, SLAD4014GR, SLAD4015GR, and SLAD4016GR. The forms for this new filing are identical to the forms Approved on 8-24-2011 except for Company name and form numbers.

Please see the Explanation of Variables for Rider information.

These riders will be mass marketed by direct response and telemarketing methods and possibly on the Internet through our website.

We request approval of these forms in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.

The referenced forms may be used in other media formats including translations into (Spanish, Chinese, Korean, Vietnamese, Polish, etc) and in such case, we certify the content will not change. Please note that we will not use translated versions of these forms unless we have submitted them to your department for review and approval.

The group policy is contemplated for issue to various discretionary groups that are situated in Missouri.

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Project Name/Number: SLIC AD/H009-3SV

I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to contact me.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Suzanne K. Voight
Policy Analyst
Contract Development
(319) 355-7860 (collect)
Fax #: (319) 355-2501
Suzanne.Voight@transamerica.com

Company and Contact

Filing Contact Information

Suzanne Voight, Policy Analyst svoight@aegonusa.com
4333 Edgewood Road NE 319-355-7860 [Phone]
Cedar Rapids, IA 52449 319-355-2501 [FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
4333 Edgewood Road, NE Group Code: 468 Company Type:
Cedar Rapids, IA 52499 Group Name: State ID Number:
(319) 355-7888 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? Yes
Fee Amount: \$450.00
Retaliatory? No

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Project Name/Number: SLIC AD/H009-3SV
Fee Explanation: \$50 per form in filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$450.00	10/12/2011	52742883

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/17/2011	10/17/2011

SERFF Tracking Number: AEGB-127688694 *State:* Arkansas
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Disposition

Disposition Date: 10/17/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-127688694 State: Arkansas
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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	Actuarial Memorandums	Approved-Closed	No
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Form	Accident Hospital Confinement Benefit Rider	Approved-Closed	Yes
Form	Accident Ambulance [And Emergency Rescue] Benefit Rider	Approved-Closed	Yes
Form	Accident Outpatient Surgery Benefit Rider	Approved-Closed	Yes
Form	Accident Only Dismemberment Benefit Rider	Approved-Closed	Yes
Form	Accident Motor Vehicle Accidental Death Benefit Rider	Approved-Closed	Yes
Form	Accident Seatbelt [and Air Bag] Benefit Rider	Approved-Closed	Yes
Form	Survivor's Monthly Income Accident Benefit Rider	Approved-Closed	Yes
Form	Accident Total Disability Benefit Rider	Approved-Closed	Yes
Form	Common Carrier Accidental Death Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: AEGB-127688694 State: Arkansas
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 Project Name/Number: SLIC AD/H009-3SV

Form Schedule

Lead Form Number: GR927

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/17/2011	GR927	Certificate	Accident Hospital Confinement Benefit t, Insert Rider Page, Endorsement or Rider	Initial		42.400	GR927.pdf
Approved-Closed 10/17/2011	GR937	Certificate	Accident Ambulance [And Emergency t, Insert Rescue] Benefit Page, Rider Endorsement or Rider	Initial		47.300	GR937.pdf
Approved-Closed 10/17/2011	GR939	Certificate	Accident Outpatient Surgery Benefit t, Insert Page, Endorsement or Rider	Initial		43.200	GR939.pdf
Approved-Closed 10/17/2011	GR948	Certificate	Accident Only Dismemberment t, Insert Benefit Rider Page, Endorsement or Rider	Initial		46.600	GR948.pdf
Approved-Closed 10/17/2011	GR949	Certificate	Accident Motor Vehicle Accidental t, Insert Death Benefit Rider Page, Endorsement or Rider	Initial		42.300	GR949.pdf

<i>SERFF Tracking Number:</i>	<i>AEGB-127688694</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50020</i>
<i>Company Tracking Number:</i>	<i>GR927, GR937, GR939, GR948, GR949, GR956, GR959, GR960, GR972</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>GR927, GR937, GR939, GR948, GR949, GR956, GR959, GR960, GR972</i>		
<i>Project Name/Number:</i>	<i>SLIC AD/H009-3SV</i>		
Approved- GR956 Closed 10/17/2011	Certificate Accident Seatbelt Amendmen [and Air Bag] Benefit t, Insert Rider Page, Endorseme nt or Rider	Initial	41.300 GR956.pdf
Approved- GR959 Closed 10/17/2011	Certificate Survivor's Monthly Amendmen Income Accident t, Insert Benefit Rider Page, Endorseme nt or Rider	Initial	54.200 GR959.pdf
Approved- GR960 Closed 10/17/2011	Certificate Accident Total Amendmen Disability Benefit t, Insert Rider Page, Endorseme nt or Rider	Initial	40.000 GR960.pdf
Approved- GR972 Closed 10/17/2011	Certificate Common Carrier Amendmen Accidental Death t, Insert Benefit Rider Page, Endorseme nt or Rider	Initial	45.300 GR972.pdf

Transamerica Life Insurance Company

[Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT HOSPITAL CONFINEMENT BENEFIT RIDER

RIDER BENEFIT SCHEDULE

[INSURED: JOHN J. DOE CERTIFICATE NUMBER: 12345678
345 MAIN STREET
ANYTOWN, USA 12345

EFFECTIVE DATE OF COVERAGE: 09/01/2003

TERMINATION DATE/AGE: 65

	INSURED	COVERED SPOUSE	COVERED CHILD
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	[\$100-1,000] PER DAY	[\$50-1,000] PER DAY	[\$10-1,000] PER DAY

ELIMINATION PERIOD: [0-7] DAYS

MAXIMUM ACCIDENT HOSPITAL CONFINEMENT BENEFIT PERIOD:
[30-730] DAYS PER ACCIDENT PER COVERED PERSON

SIMULTANEOUS HOSPITAL CONFINEMENT BENEFIT ACCIDENT HOSPITAL CONFINEMENT BENEFIT INCREASED BY [50-100%]

MAXIMUM SIMULTANEOUS HOSPITAL CONFINEMENT BENEFIT PERIOD:
[30-730] DAYS PER ACCIDENT]

Premium: \$2.82 per month]

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The premium is [shown in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following Definitions apply.

HOSPITAL means an institution operated pursuant to law which is a short term acute care general hospital. Its main purpose must be to provide medical care and treatment to injured and sick persons on a Resident Patient basis. It must have facilities on premises for major surgery, medical diagnosis and treatment by or under the supervision of one or more licensed Physicians. It must provide 24 hour a day nursing service by or under the supervision of a Registered Nurse. It must have organized departments of medicine. It may not include a rest, convalescent, extended care, rehabilitation, chronic or skilled nursing facility; home for the aged; a place for the care and treatment of drug addicts or alcoholics, or a mental institution; nor does it include any ward, room, wing or other section of the hospital that is used for such purposes, whether or not such a facility is part of a hospital, as defined herein, or is an entirely separate facility.

RESIDENT PATIENT means an Insured who is Confined in a Hospital as a registered bed patient and who is provided at least one day of room and board. An Insured is considered to be a Resident Patient each day of Confinement in the Hospital except for the day of discharge, unless a room and board charge is made for that day. This does not include Confinement if it is not for Necessary Treatment or if a Covered Person is using the Hospital primarily as a place for rest, nursing, rehabilitation, convalescence or extended care.

CONFINEMENT/CONFINEMENT/CONFINED means being a Resident Patient in a Hospital for the necessary care and treatment of an Injury. Such confinement must be prescribed by a Physician.

Confinement does not include outpatient care and treatment, including outpatient surgery or outpatient observation received in a Hospital.

NECESSARY TREATMENT means medical treatment which is consistent with currently accepted medical practice. Any confinement, operation, treatment, or service not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment or service or expense in connection therewith, which is experimental in nature, is considered Necessary Treatment.

We may use Peer Review Organizations or other professional medical opinions to determine if health care services are:

- 1) medically necessary; and
- 2) consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
- 3) provided in the most economical and medically appropriate site for treatment.

Services will not be deemed necessary treatment if these criteria are not met.

INJURY means bodily harm caused by an accident which occurs while this Rider is in force. The Injury must be the direct cause of Hospital Confinement, independent of all other causes. Injury must not be caused by or contributed to by sickness, disease or bodily or mental infirmity.

PHYSICIAN means a person who is duly licensed and legally qualified to diagnose and treat sickness and Injuries. Such person must be providing services within the scope of his or her license. The Physician may not be you or a member of your immediate family.

ACCIDENT HOSPITAL CONFINEMENT BENEFIT

We will pay the Accident Hospital Confinement Benefit stated in the [Rider Benefits Schedule] for each day a Covered Person is Confined to a Hospital, provided

- 1) the Confinement is for the Necessary Treatment of a covered Injury;
- 2) the Covered Person is under the professional care of a Physician; and
- 3) the Confinement begins within 90 days of the accident causing the Injury.

Benefits will begin on the first day following the Elimination Period as stated on the [Rider Benefit Schedule], if any.

[SIMULTANEOUS HOSPITAL CONFINEMENT BENEFIT]

[If you and your covered spouse are Confined as the result of an Injury sustained in the same accident and such Confinement begins within 90 days from the date of the accident causing such Injury, the Accident Hospital Confinement Benefit shown on the [Rider Benefit Schedule][Certificate Schedule of Insurance] will be increased by the Simultaneous Hospital Confinement Benefit Amount shown in the [Rider Benefit Schedule][Certificate Schedule of Insurance] for both you and your covered spouse. This benefit will be payable for each day that both you and your covered spouse remain Confined at the same time in a Hospital.]

Recurrent Confinements – To be covered, additional Confinements for the same Injury must take place within 90 days of a previously covered Confinement.

The Maximum benefit periods payable are stated on the [Rider Benefit Schedule][Certificate Schedule of Insurance].

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

- 1) non-payment of any premium for the Certificate or this Rider on or before the due date, except as provided in the Grace Period; or
- 2) the date the Certificate terminates; or
- 3) the date the Rider terminates.

This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Transamerica Life Insurance Company has caused this Rider to be signed by its President and Secretary.



President



Secretary

Transamerica Life Insurance Company

[Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT ONLY DISMEMBERMENT BENEFIT RIDER

RIDER BENEFIT SCHEDULE

[INSURED: JOHN J. DOE
345 MAIN STREET
ANYTOWN, USA 12345

CERTIFICATE NUMBER: 12345678

EFFECTIVE DATE OF COVERAGE: 09/01/2003

TERMINATION DATE/AGE: 65

ACCIDENT ONLY
DISMEMBERMENT BENEFIT 100% of the Certificate Accidental Death Benefit for all Covered Persons.

Total Additional Premium: \$2.82 per month]

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is [listed in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following Definitions apply.

LOSS, for this Rider is defined as:

1. Loss of Hand means complete severance at or above the wrist joint.
2. Loss of Foot means complete severance at or above the ankle joint.
3. Loss of Sight means total and irrecoverable loss of the entire sight including best corrected vision of 20/200 or more as verified by a board certified ophthalmologist.
- [4. Loss of Speech means total and irrecoverable Loss of Speech.]
- [5. Loss of Hearing means total and irrecoverable Loss of Hearing.]

LOSS does not mean loss of use.

LOSS OF SIGHT must be certified by a licensed Physician who specializes in ophthalmology and is certified by the American Board of Ophthalmology.

[**LOSS OF SPEECH or LOSS OF HEARING** must be certified by a licensed Physician who specializes in otolaryngology and is certified by the American Board of Otolaryngology.]

INJURY means bodily harm caused by an accident which occurs while this Rider is in force. The Injury must be the direct cause of Loss, independent of all other causes. Injury must not be caused by or contributed to by disease or bodily infirmity.

ACCIDENT ONLY DISMEMBERMENT BENEFIT

Upon receipt of due proof that a Covered Person suffers a Loss shown in the Schedule of Losses and Benefits below, we will pay the benefit amount shown in the Rider Benefit Schedule. The benefit payable is subject to the following conditions:

1. the Loss must occur as a direct result of an Injury; and
2. the Loss must occur within 90 days of the accident causing the Injury.

SCHEDULE OF LOSSES AND BENEFITS

LOSS	BENEFIT
Both Hands or Both Feet or Sight of Both Eyes	100% of Dismemberment Benefit
One Hand and One Foot	100% of Dismemberment Benefit
One Hand and Sight of One Eye	100% of Dismemberment Benefit
One Foot and Sight of One Eye	100% of Dismemberment Benefit
One Hand or One Foot or Sight of One Eye	50% of Dismemberment Benefit
[Speech and Hearing]	[100% of Dismemberment Benefit]
[Speech or Hearing]	[50% of Dismemberment Benefit]

Accident Only Dismemberment benefits for each Covered Person are as specified in the [Rider Benefit Schedule]. Only one of the above benefits, the largest, will be paid for multiple Losses that result from one accident for each Covered Person.

If a Covered Person sustains more than one Loss from one accident, we will pay for the Loss which has the greatest benefit. Payment will be made only for the Loss that results from that accident, without regard to any Loss from a prior accident.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

- 1) non-payment of any premium for the Certificate or this Rider on or before the due date, except as provided in the Grace Period; or
- 2) the date the Certificate terminates; or
- 3) the date the Rider terminates.

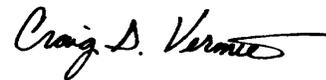
This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Transamerica Life Insurance Company has caused this Rider to be signed by its President and Secretary.



President



Secretary

Transamerica Life Insurance Company

[Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT AMBULANCE [AND EMERGENCY RESCUE] BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

INSURED JOHN J. DOE CERTIFICATE NUMBER: 1234455667
345 MAIN STREET
ANYTOWN, USA 12345

EFFECTIVE DATE OF COVERAGE: 09/01/2009

TERMINATION DATE/AGE: 65

	INSURED	COVERED SPOUSE	COVERED CHILD
ACCIDENT AMBULANCE BENEFIT	[\$50 - \$1,000] PER ACCIDENT	[\$25 - \$1,000] PER ACCIDENT	[\$5 - \$1,000] PER ACCIDENT
MAXIMUM NUMBER OF ACCIDENT AMBULANCE TRIPS PER CALENDAR YEAR	[1 - 3]	[1 - 3]	[1 - 3]
OR MAXIMUM NUMBER OF ACCIDENT AMBULANCE TRIPS ALLOWED PER CALENDAR YEAR: [1 - 10]			

[ACCIDENT EMERGENCY RESCUE BENEFIT	[\$100 - \$10,000]	[\$50 - \$10,000]	[\$10 - \$10,000]
MAXIMUM NUMBER OF ACCIDENT EMERGENCY RESCUE TRIPS PER CALENDAR YEAR	[1 - 2]	[1 - 2]	[1 - 2]
OR MAXIMUM NUMBER OF ACCIDENT EMERGENCY RESCUE TRIPS ALLOWED PER CALENDAR YEAR: [1 - 6]			

Premium: \$2.82 per month]

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The premium is [shown in the Rider Benefit Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following Definitions apply.

HOSPITAL means an institution operated pursuant to law which is a short term acute care general hospital. Its main purpose must be to provide medical care and treatment to injured and sick persons on a Resident Patient basis. It must have facilities on premises for major surgery, medical diagnosis and treatment by or under the supervision of one or more licensed Physicians. It must provide 24 hour a day nursing service by or under the supervision of a Registered Nurse. It must have organized departments of medicine. It may not include a rest, convalescent, extended care, rehabilitation, chronic or skilled nursing facility; home for the aged; a place for the care and treatment of drug addicts or alcoholics, or a mental institution; nor does it include any ward, room, wing or other section of the hospital that is used for such purposes, whether or not such a facility is part of a hospital, as defined herein, or is an entirely separate facility.

RESIDENT PATIENT means an Insured who is Confined in a Hospital as a registered bed patient and who is provided at least one day of room and board. An Insured is considered to be a Resident Patient each day of Confinement in the Hospital except for the day of discharge, unless a room and board charge is made for that day. This does not include Confinement if it is not for Necessary Treatment or if [a Covered Person] is using the Hospital primarily as a place for rest, nursing, rehabilitation, convalescence or extended care.

NECESSARY TREATMENT means medical treatment which is consistent with currently accepted medical practice. Any confinement, operation, treatment, or service not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment or service or expense in connection therewith, which is experimental in nature, is considered Necessary Treatment.

We may use Peer Review Organizations or other professional medical opinions to determine if health care services are:

- 1) medically necessary; and
- 2) consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
- 3) provided in the most economical and medically appropriate site for treatment.

Services will not be deemed necessary treatment if these criteria are not met.

PHYSICIAN means a person who is duly licensed and legally qualified to diagnose and treat Injuries. Such person must be providing services within the scope of his or her license. The Physician may not be you or a member of your immediate family.

[**AIR AMBULANCE** means a helicopter used as an ambulance for the rapid transport of seriously injured persons within 24 hours of the accident which caused the Injury.]

INJURY means bodily harm caused by an accident which occurs while this Rider is in force. The Injury must be the direct cause of need for an ambulance [or Air Ambulance], independent of all other causes. Injury must not be caused by or contributed to by sickness, disease or bodily or mental infirmity.

ACCIDENT AMBULANCE BENEFIT

Upon receipt of due proof that [a Covered Person] was transported for the Necessary Treatment of an Injury in an ambulance within 24 hours of the accident which caused the Injury, we will pay the benefit shown on the [Rider Benefit Schedule] for the maximum number of trips shown. Only one Accident Ambulance Benefit will be paid for each Accident.

[ACCIDENT EMERGENCY RESCUE BENEFIT

Upon receipt of due proof that a Covered Person required transportation for the Necessary Treatment of an Injury by Air Ambulance to a Hospital within 24 hours of the accident which caused the Injury, we will pay the benefit shown on the [Rider Benefit Schedule] for the maximum number of trips shown. Only one Accident Emergency Rescue Benefit will be paid for each Accident].

GENERAL PROVISIONS

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- 1) non-payment of any premium for the Certificate or this Rider on or before the due date, except as provided in the Grace Period; or
- 2) the date the Certificate terminates; or
- 3) the date the Rider terminates.

This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Transamerica Life Insurance Company has caused this Rider to be signed by its President and Secretary.



President



Secretary

Transamerica Life Insurance Company

[Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075]

GROUP MOTOR VEHICLE ACCIDENTAL DEATH BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

INSURED: JOHN J. DOE CERTIFICATE NUMBER:
12345678
345 MAIN STREET
ANYTOWN, USA 12345

EFFECTIVE DATE OF COVERAGE: 09/01/2003

TERMINATION DATE/AGE: 65

	MEMBER	COVERED SPOUSE	COVERED CHILD
MOTOR VEHICLE ACCIDENTAL DEATH BENEFIT	[10,000 - \$500,000]	[\$5,000 - 500,000]	[\$1,000 - 500,000]
	[50% OF THE CERTIFICATE ACCIDENTAL DEATH BENEFIT]		

Total Additional Premium: \$2.82 per month]

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is [listed in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following Definitions apply:

PRIVATE PASSENGER AUTOMOBILE means a four-wheeled vehicle which is required to be registered with the state for non-commercial use on public highways and includes station wagons, vans, jeeps or truck types with a factory rating load capacity of 2,000 pounds or less, or self-propelled motor home type vehicles.

Farm equipment, forklifts, construction equipment, motorcycles, motor scooters, all terrain vehicles, snowmobiles, vehicles designed primarily for off road use and vehicles registered to carry passengers for hire are specifically excluded under Private Passenger Automobile.

LAND MOTOR VEHICLE includes any gasoline, diesel, electric or similarly powered vehicle which is required to be registered with the state for use on public highways, customarily used for transportation on land and for which the operator is required to be licensed.

This category includes, but is not limited to the following:

1. vehicles defined as "Private Passenger Automobiles"; or
2. vehicles with more than four wheels, such as tractor/trailer rigs and flat bed trucks.

Farm equipment, forklifts, construction equipment, motorcycles, motor scooters, all terrain vehicles, snowmobiles and vehicles designed primarily for off road use are specifically excluded under Land Motor Vehicle.

INJURY means bodily harm caused by an accident which occurs while this Rider is in force. The Injury must be the direct cause of Loss, independent of all other causes. Injury must not be caused by or contributed to by disease or bodily infirmity.

LOSS means loss of life.

MOTOR VEHICLE ACCIDENTAL DEATH BENEFIT

If [a Covered Person] suffers a Loss due to an Injury:

1. by being struck by a Private Passenger Automobile or Land Motor Vehicle, or
2. as a direct result of a collision or crash of a Private Passenger Automobile or Land Motor Vehicle

we will pay the Motor Vehicle Accidental Death benefit shown on the [Rider Benefit Schedule].

The benefit payable is subject to the following conditions:

1. a death benefit must be payable under the terms of the Policy;
2. death must occur within 90 days of the Motor Vehicle accident; and
3. death must occur while this Rider is in force.

Benefits for an Injury that result from a natural disaster such as an earthquake are specifically excluded under this Rider.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

- 1) non-payment of any premium for the Certificate or this Rider on or before the due date, except as provided in the Grace Period; or
- 2) the date the Certificate terminates; or
- 3) the date the Rider terminates.

This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Transamerica Life Insurance Company has caused this Rider to be signed by its President and Secretary.



President



Secretary

Transamerica Life Insurance Company

[Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT OUTPATIENT SURGERY BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

INSURED: JOHN J. DOE CERTIFICATE NUMBER: 12345678
345 MAIN STREET
ANYTOWN, USA 12345

EFFECTIVE DATE OF COVERAGE: 09/01/2012

TERMINATION DATE/AGE: 65

	INSURED	COVERED SPOUSE	COVERED CHILD
ACCIDENT OUTPATIENT SURGERY BENEFIT	[\$250 - \$5,000]	[\$125 - \$5,000]	[\$25 - 5,000]

Premium: \$2.82 per month]

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The premium is [shown in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following Definitions apply:

OUTPATIENT SURGERY means a surgical procedure which meets the following requirements:

1. treatment is given as a Hospital Outpatient or done in an Ambulatory Surgical Center; and
2. surgery must be Necessary Treatment of an Injury and recommended by a Physician; and
3. it must be such a complex or severe procedure that it cannot be done in a Physician's office and requires full surgical facilities of a Hospital or Ambulatory Surgical Center.

HOSPITAL means an institution operated pursuant to law which is a short term acute care general hospital. Its main purpose must be to provide medical care and treatment to injured and sick persons on a Resident Patient basis. It must have facilities on premises for major surgery, medical diagnosis and treatment by or under the supervision of one or more licensed Physicians. It must provide 24 hour a day nursing service by or under the supervision of a Registered Nurse. It must have organized departments of medicine. It may not include a rest, convalescent, extended care, rehabilitation, chronic or skilled nursing facility; home for the aged; a place for the care and treatment of drug addicts or alcoholics, or a mental institution; nor does it include any ward, room, wing or other section of the hospital that is used for such purposes, whether or not such a facility is part of a hospital, as defined herein, or is an entirely separate facility.

RESIDENT PATIENT means an Insured who is Confined in a Hospital as a registered bed patient and who is provided at least one day of room and board. An Insured is considered to be a Resident Patient each day of Confinement in the Hospital except for the day of discharge; unless a room and board charge is made for that day. This does not include Confinement if it is not for Necessary Treatment or if [a Covered Person] is using the Hospital primarily as a place for rest, nursing, rehabilitation, convalescence or extended care.

NECESSARY TREATMENT means medical treatment which is consistent with currently accepted medical practice. Any confinement, operation, treatment, or service not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment or service or expense in connection therewith, which is experimental in nature, is considered Necessary Treatment.

We may use Peer Review Organizations or other professional medical opinions to determine if health care services are:

- 1) medically necessary; and
- 2) consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
- 3) provided in the most economical and medically appropriate site for treatment.

Services will not be deemed necessary treatment if these criteria are not met.

HOSPITAL OUTPATIENT means a person receiving treatment on an Outpatient basis and not confined to a Hospital on a Resident Patient basis.

PHYSICIAN means a person who is duly licensed and legally qualified to diagnose and treat sickness and Injuries. Such person must be providing services within the scope of his or her license. The Physician may not be you or a member of your immediate family.

AMBULATORY SUGICAL CENTER means a facility which:

1. is a licensed public or private establishment with an organized medical staff of Physicians;
2. has permanent facilities operated primarily for performing surgery; and
3. provides continuous Physician services and registered professional nursing services.

INJURY means bodily harm caused by an accident which occurs while this Rider is in force. The Injury must be the direct cause of the need for Outpatient Surgery, independent of all other causes. Injury must not be caused by or contributed to by sickness, disease or bodily or mental infirmity.

ACCIDENT OUTPATIENT SURGERY BENEFIT

Upon receipt of due proof that [a Covered Person] had Accident Outpatient Surgery as a result of an Injury, we will pay the benefit shown in the [Rider Benefit Schedule][Certificate Schedule of Insurance].

The Outpatient Surgery must occur within [30-90] days of the accident causing the Injury.

We will only pay one Accident Outpatient Surgery benefit per covered accident.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

- 1) non-payment of any premium for the Certificate or this Rider on or before the due date, except as provided in the Grace Period; or
- 2) the date the Certificate terminates; or
- 3) the date the Rider terminates.

This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Transamerica Life Insurance Company has caused this Rider to be signed by its President and Secretary.



President



Secretary

Transamerica Life Insurance Company

[Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT SEATBELT [AND AIR BAG] BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

INSURED: JOHN J. DOE CERTIFICATE NUMBER: 12345678
345 MAIN STREET
ANYTOWN, USA 12345

EFFECTIVE DATE OF COVERAGE: 09/01/2012

TERMINATION DATE/AGE: 65

	INSURED	COVERED SPOUSE	COVERED CHILD
ACCIDENT SEATBELT BENEFIT	[\$5,000-250,000]	[\$5,000-250,000]	[\$1,000-125,000]
[ACCIDENT AIR BAG BENEFIT	[\$5,000-250,000]	[\$5,000-250,000]	[\$5,000-250,000]
Total Additional Premium:	\$2.82 per month]		

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is listed in the [Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following Definitions apply.

PRIVATE PASSENGER AUTOMOBILE means a four-wheeled vehicle which is required to be registered with the state for non-commercial use on public highways and includes station wagons, vans, jeeps or truck types with a factory rating load capacity of 2,000 pounds or less, or self-propelled motor home type vehicles.

Farm equipment, forklifts, construction equipment, motorcycles, motorscooters, all terrain vehicles, snowmobiles, vehicles designed primarily for off road use and vehicles registered to carry passengers for hire are specifically excluded under Private Passenger Automobile.

INJURY means bodily harm caused by an accident which occurs while this Rider is in force. The Injury must be the direct cause of Loss, independent of all other causes. Injury must not be caused by or contributed to by disease or bodily infirmity.

LOSS means loss of life.

ACCIDENT SEATBELT BENEFIT

Upon receipt of due proof of Loss, we will pay the Accident Seatbelt Benefit shown in the [Rider Benefit Schedule] if the [Covered Person] dies as a result of an Injury from an accident while operating or riding in a Private Passenger Automobile, provided the [Covered Person] was:

1. operating or riding as a passenger in any Private Passenger Automobile; and
2. wearing an original, equipped, factory installed or manufacturer authorized and unaltered seat belt or lap and shoulder restraint at the time of the Injury.

[ACCIDENT AIR BAG BENEFIT

Upon receipt of due proof of Loss, we will pay the Accident Air Bag Benefit shown in the [Rider Benefit Schedule] if the Covered Person dies as a result of an Injury from an accident while operating or riding in a Private Passenger Automobile, provided the Covered Person was:

1. seated in the driver's or a passenger's seating position intended to be protected by the air bag system; and
2. the air bag system deploys.]

Verification of the [Covered Person's] actual use of the seat belt or lap and shoulder restraints [or air bag deployment] is required as follows:

1. in the official law enforcement report of the accident, through certification by the investigation officers, or
2. by other reasonable proof, acceptable to us.

The Accident Seatbelt Benefit [and / or the Accident Air bag Benefit] is payable subject to the following conditions:

1. death must occur as the direct result of an Injury sustained in an accident while riding in or operating a Private Passenger Automobile;
2. a death benefit must be payable under the terms of the Policy; and
3. Loss must occur within 90 days after the Injury.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

1. non-payment of any premium for the Certificate or this Rider on or before the due date, except as provided in the Grace Period; or
2. the date the Certificate terminates; or
3. the date the Rider terminates.

This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Transamerica Life Insurance Company has caused this Rider to be signed by its President and Secretary.



President



Secretary

Transamerica Life Insurance Company

[Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT ONLY SURVIVOR'S MONTHLY INCOME BENEFIT RIDER

[RIDER BENEFIT SCHEDULE]

[INSURED: JOHN J. DOE CERTIFICATE NUMBER: 12345678
345 MAIN STREET
ANYTOWN, USA 12345

EFFECTIVE DATE OF COVERAGE: 09/01/2012

TERMINATION DATE/AGE: 65

ACCIDENT ONLY SURVIVOR'S MONTHLY INCOME BENEFIT

	PRIMARY	COVERED SPOUSE
FOR [1-60] MONTHS	[\$100 - \$10,000] PER MONTH	[\$50 - \$10,000] PER MONTH

Total Additional Premium: \$2.82 per month]

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is [listed in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

ACCIDENT ONLY SURVIVOR'S MONTHLY INCOME BENEFIT

Upon receipt of due proof of your death due to an Injury, we will pay the benefit shown on the [Rider Benefit Schedule] for the number of months shown on the [Rider Benefit Schedule].

[Upon receipt of due proof of the death of your Covered Spouse due to an Injury, we will pay the benefit shown on the [Rider Benefit Schedule] to you.]

The benefit payable is subject to the following conditions:

1. a death benefit must be payable under the terms of the Policy;
2. death must occur as a direct result of an Injury; and
3. death must occur within 90 days of the accident causing the Injury.

The beneficiary may elect to receive payment of benefits in one lump sum.

We reserve the right to pay the Accident Only Survivor's Monthly Income Benefit in a lump sum.

If the recipient of the benefit dies before the entire benefit amount has been paid, the sum of any outstanding payments will be made to his estate in a lump sum.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

- 1) non-payment of any premium for the Certificate or this Rider on or before the due date, except as provided in the Grace Period; or
- 2) the date the Certificate terminates; or
- 3) the date the Rider terminates.

This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Transamerica Life Insurance Company has caused this Rider to be signed by its President and Secretary.



President



Secretary

In addition to the Exclusions included on the Certificate, no benefit shall be paid for Injury that is caused by, results from or contributed to by your employment.

Benefits will be paid monthly in arrears upon satisfactory proof of Total Disability. Benefits will continue until the earlier of:

1. the date [a Covered Person] is no longer Totally Disabled; or
2. the Maximum Benefit [Period][Amount] shown on the [Rider Benefit Schedule] has been [reached][paid].

RECURRENT TOTAL DISABILITY: If You have been paid benefits for Total Disability, and You later become Totally Disabled, Your later Total Disability will be considered a continuation of the earlier one if (1) less than 90 days separate the two periods of Total Disability; and (2) the two periods are the result of the same accidental Injury.

RE-ELIGIBILITY: You are re-eligible for Total Disability benefits if:

1. You are completely recovered from the accidental Injury for which we have already paid benefits; and
2. You meet the eligibility requirements for a new period of Total Disability as stated above; and
3. Your new Total Disability is not the result of the same accidental Injury for which we have already paid benefits; and
4. at least 6 consecutive months separate the periods of Total Disability.

One-thirtieth of the monthly benefit will be paid for each day of a partial month of Total Disability.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

- 1) non-payment of any premium for the Certificate or this Rider on or before the due date, except as provided in the Grace Period; or
- 2) the date the Certificate terminates; or
- 3) the date the Rider terminates; or
- 4) the Certificate anniversary date after the Insured reaches the Termination Age shown on the [Rider Benefit Schedule].

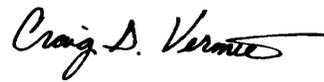
This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Transamerica Life Insurance Company has caused this Rider to be signed by its President and Secretary.



President



Secretary

Transamerica Life Insurance Company

[Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075]

GROUP COMMON CARRIER ACCIDENTAL DEATH BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

INSURED JOHN J. DOE CERTIFICATE NUMBER: 1234455667
345 MAIN STREET
ANYTOWN, USA 12345

EFFECTIVE DATE OF COVERAGE: 09/01/2012

TERMINATION AGE/DATE: 85

	INSURED	COVERED SPOUSE	COVERED CHILD
COMMON CARRIER BENEFIT	[\$10,000-1,000,000] [50%-100% OF CERTIFICATE ACCIDENTAL DEATH BENEFIT]	[\$5,000-1,000,000,000]	[\$1,000 to 100,000]

Total Additional Premium: \$2.82 per month]

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is [shown in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following Definitions apply.

COMMON CARRIER means a public conveyance which is:

1. licensed to transport passengers for hire by a duly constituted authority having jurisdiction in the state or country in which said conveyance operates; and
2. provided and operated (a) for regular passenger service by land, water, or air, and (b) on a regular passenger route with regularly published schedules of departures and arrivals between established and recognized points of departure and arrival; and
3. provides and operates under a valid license or operating specifications for commercial transportation at the time of Loss.

The following modes of transportation are specifically excluded under Common Carrier:

1. chartered buses, chartered airplanes, chartered helicopters and chartered boats;
2. taxis, limousines, shuttle services and ambulances; and
3. school buses and vans.

INJURY means bodily harm caused by an accident which occurs while this Rider is in force. The Injury must be the direct cause of Loss, independent of all other causes. Injury must not be caused by or contributed to by disease or bodily infirmity.

LOSS means loss of life.

COMMON CARRIER ACCIDENTAL DEATH BENEFIT

Upon receipt of due proof of Loss; we will pay the Common Carrier benefit shown on the [Rider Benefit Schedule] provided:

1. a death benefit is payable under the terms of the Policy;
2. the Loss is the result of an Injury;
3. the Injury is a direct result of a collision, crash or sinking of a duly licensed Common Carrier;
4. the [Covered Person] was riding as a fare paying passenger inside such Common Carrier; and
5. the Loss occurs within 90 days of the accident causing the Injury.

Benefits for an Injury that result from a natural disaster such as an earthquake are specifically excluded under this Rider.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

1. non-payment of any premium for the Certificate or this Rider on or before the due date, except as provided in the Grace Period; or
2. the date the Certificate terminates; or
3. the date the Rider terminates.

This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Transamerica Life Insurance Company has caused this Rider to be signed by its President and Secretary.



President



Secretary

SERFF Tracking Number: AEGB-127688694 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 50020
 Company Tracking Number: GR927, GR937, GR939, GR948, GR949, GR956, GR959, GR960, GR972
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
 Dismemberment Dismemberment
 Product Name: GR927, GR937, GR939, GR948, GR949, GR956, GR959, GR960, GR972
 Project Name/Number: SLIC AD/H009-3SV

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Package 2.pdf	Approved-Closed	10/17/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not Applicable Comments:	Approved-Closed	10/17/2011

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandums Comments: Attachments: GR927 Actuarial Memo.pdf GR937 Actuarial Memo.pdf GR939 Actuarial Memo.pdf GR948 Actuarial Memo.pdf GR949 Actuarial Memo.pdf GR956 Actuarial Memo.pdf GR959 Actuarial Memo.pdf GR960 Actuarial Memo.pdf GR972 Actuarial Memo.pdf	Approved-Closed	10/17/2011

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variables Comments:	Approved-Closed	10/17/2011

TRANSAMERICA LIFE INSURANCE COMPANY

CERTIFICATE OF COMPLIANCE

TO: DEPARTMENT OF INSURANCE

RIDER	Description	Flesch Score
GR927	Accident Hospital Confinement Benefit Rider	42.4
GR937	Accident Only Dismemberment Benefit Rider	47.3
GR939	Group Accident Ambulance [And Emergency Rescue Benefit	43.2
GR948	Accident Motor Vehicle Accidental Death Benefit Rider	46.6
GR949	Accident Outpatient Surgery Benefit	42.3
GR956	Accident Seatbelt [and Air Bag] Benefit Rider	41.3
GR959	Survivor's Monthly Income Accident Benefit Rider	54.2
GR960	Accident Total Disability Benefit Rider	40.0
GR972	Common Carrier Accidental Death Benefit Rider	45.3

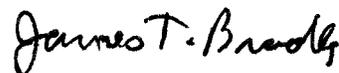
We hereby certify that we have carefully reviewed the forms submitted herewith, and to the best of our knowledge and ability find:

1. That the said form(s) comply with the readability requirements of this state.
2. That the said form(s) have a reading ease score shown above.

TRANSAMERICA LIFE INSURANCE COMPANY

October 12, 2011

Date



Vice President

GENERAL RIDER INFORMATION

General Rider Information

ADMINISTRATIVE OFFICE is bracketed because Transamerica Life Insurance Company has several administrative office locations.

If coverage is issued to Primary only, then **INSURED** will print. If issued to Primary and/or Spouse and/or Child, then **COVERED PERSON** will print.

TERMINATION DATE/AGE: [65 – up]

If there is no Termination Date/Age, then this Section will not print.

Depending on the issue system used, the Rider Benefit Schedule information will either be printed within the Rider Benefit Schedule or within the Certificate Schedule of Insurance. We certify that all necessary information will be printed in one location or the other. If the Coverage information is printed on the Rider, the reference to the Certificate Schedule of Insurance will be removed through out the Rider text. If the Coverage information is printed on the Certificate Schedule of Insurance, the reference to the Rider Benefit Schedule will be removed through out the Rider text and printed within the Rider Benefit Schedule will be **SEE YOUR CERTIFICATE SCHEDULE OF INSURANCE.**

In the first paragraph, second sentence below the Rider Benefit Schedule, the variable information will either state “shown or listed in the Rider Benefit Schedule” or “included in the Certificate Schedule of Insurance.”

In some Riders, the benefit(s) can be stated as a Flat dollar amount or as a percentage of the Accidental Death Benefit issued and printed on the Schedule Page of the Certificate.

Rider GR927 – Accident Hospital Confinement Benefit

Page 1

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- **Schedule Numeric Ranges:**
 - **Accident Hospital Confinement Benefit**
 - **Insured** \$100 - \$1,000
 - **Covered Spouse** \$50 - \$1,000
 - **Covered Child** \$10 - \$1,000
 - **Elimination Period** 0 – 7
 - **Maximum Accident Hospital Confinement Benefit Period** 30 – 730 days
 - **Simultaneous Hospital Confinement Benefit** is an optional benefit which may or may not be offered.
 - **Increase Amount** 50% - 100%
 - **Maximum Simultaneous Hospital Benefit Period** 30 – 730 days

Page 2

- **SIMULTANEOUS HOSPITAL CONFINEMENT BENEFIT** section will print if a Simultaneous Hospital Confinement Benefit is issued.

Rider GR937 – Accident Only Dismemberment Benefit

Page 1

- RIDER BENEFIT SCHEDULE: Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- DEFINITIONS:
Under the definition of Loss, numbers 4 and 5 are included when coverage provides for loss of speech or hearing.
The definition of Loss of Speech or Loss of Hearing is included when coverage provides for loss of speech or hearing.

Page 2

The schedule of Losses and Benefits includes speech and hearing and may be covered at 50% or 100% of the Dismemberment Benefit.

The Loss of Speech or Loss of Hearing benefits are included when coverage provides for loss of speech or hearing.

Rider GR939 – Accident Ambulance [And Emergency Rescue] Benefit

Page 1

- The title of the Rider will include “and emergency rescue” when that benefit is included.
- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased. The Accident emergency Rescue Benefit will be stated in the schedule when that benefit is offered.
- **Schedule Numeric Ranges:**
 - **Accident Ambulance Benefit**
 - Insured \$50 - \$1,000
 - Covered Spouse \$25 - \$1,000
 - Covered Child \$5 - \$1,000
 - **Maximum Accident Ambulance trips per calendar year 1-3 or**
 - **Maximum number of accident ambulance trips allowed per calendar year: 1-10**
 - **Accident Emergency Rescue Benefit** (an optional benefit which may or may not be offered) – 1-2.
 - **Maximum number of accident ambulance trips allowed per calendar year: 1-10**

Page 2

- **AIR AMBULANCE** definition will print if the Emergency Rescue benefit is issued.
- **INJURY** definition will include *or Air Ambulance* if Emergency Rescue is issued.
- The provision for the Accident Emergency Rescue Benefit will be included when that benefit is offered.

Rider GR948 – Motor Vehicle Accidental Death Benefit

Page 1

- RIDER BENEFIT SCHEDULE: Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- Schedule Numeric Ranges:
Motor Vehicle Accidental Death Benefit
Insured – 10,000-500,000
Covered Spouse – 5,000-500,000
Covered Child - \$1,000-500,000
Or

50% of the certificate accidental death benefit

Rider GR949 – Accident Outpatient Surgery Benefit

Page 1

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- Schedule Numeric Ranges:
 - Group Accident Outpatient Surgery Benefit
 - Insured – 250-5,000
 - Covered Spouse – \$125-5,000
 - Covered Child - \$25-5,000

Rider GR956 – Accident Only Seatbelt [and Air Bag] Benefit

Page 1

- The title of the form will include air bag when that benefit is included.
- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
 - Schedule Numeric Ranges:
 - Group Accident Seatbelt Benefit
 - Insured – \$5,000-250,000
 - Covered Spouse – \$5,000-250,000
 - Covered Child - \$1,000 -125,000
 - Group Accident Air Bag Benefit
 - Insured – \$5,000-250,000
 - Covered Spouse – \$5,000-250,000
 - Covered Child - \$5,000 -250,000
 - If the Air Bag Benefit is issued, reference to Air Bag within the Schedule will print.
 - **AIR BAG BENEFIT:** If the Air Bag benefit is issued, this section will print.

Rider GR959 – Accident Survivor’s Monthly Income Benefit

Page 1

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- Group Survivor’s Monthly Accident Benefit
 - Insured – \$100-10,000
 - Covered Spouse – \$50-10,000
 - For 1-60 months
- The second paragraph under the Survivor’s Monthly Income Accident Benefit will be included when coverage is offered for the spouse of the insured.

Rider GR960 – Accident Total Disability Benefit

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- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- Group Accident Total Disability Benefit
 - Insured – \$100-5000 per month
 - Covered Spouse – \$50-5000 per month
 - Elimination Period 30-365 continuous days
 - Maximum Benefit Amount: Insured - \$300-25,000, Spouse \$150-25,000
 - Or 3-24 months

- In the Accident Total Disability Benefit provision, the number of hours and number of weeks will be determined by the marketing offer.
- The maximum benefit period or amount under Number 2 in the second paragraph will print based on the marketing offer.

Rider GR972 – Group Common Carrier Accidental Death Benefit

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- RIDER BENEFIT SCHEDULE: Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- Schedule Numeric Ranges:
Common Carrier Accidental Death Benefit
Insured – 10,000-1,000,000
Covered Spouse – 5,000-1,000,000
Covered Child - \$1,000-100,000
Or
50-100% of the certificate accidental death benefit