

SERFF Tracking Number: AEGB-127282728 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49090
 Company Tracking Number: TLHAP1200BC
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: TLHAP1200BC
 Project Name/Number: Blanket HIP - Financial Institutions/1103-00046

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TLHAP1200BC

SERFF Tr Num: AEGB-127282728 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness

SERFF Status: Closed-Approved-Closed
 State Tr Num: 49090

Sub-TOI: H04.000 Health - Blanket
 Accident/Sickness

Co Tr Num: TLHAP1200BC

State Status: Approved-Closed

Filing Type: Form

Author: Sam Hunt

Reviewer(s): Rosalind Minor

Date Submitted: 06/20/2011

Disposition Date: 06/30/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Blanket HIP - Financial Institutions

Status of Filing in Domicile: Not Filed

Project Number: 1103-00046

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Blanket, Trust

Overall Rate Impact:

Filing Status Changed: 06/30/2011

State Status Changed: 06/30/2011

Deemer Date:

Created By: Sam Hunt

Submitted By: Sam Hunt

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Blanket Accident Hospital Indemnity Policy TLHAP1200BP and Summary of Coverage form TLHAP1200BC are submitted for your review and approval in accordance with your state's rules for filing out-of-state blanket group A&H insurance forms. The Policy and Summary are new and do not replace any forms previously approved by your Department. The forms are completed in "John Doe" fashion. Variable information is printed and bracketed in red.

Missouri approved the controlling blanket group policy TLHAP1200BP on 5/23/2011 for issuing to discretionary groups

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and group trusts that are situated in Missouri. The blanket accident hospital indemnity insurance will cover eligible members of a discretionary group or participating groups that are part of discretionary group trust. The premium is paid by the group policyholder or participating group.

TLHAP1200BC describes an insured's coverage under the group blanket policy. A daily hospital confinement benefit is payable when the confinement is due to a covered accidental injury.

All variable information is bracketed and printed in red. We request approval of these forms with various dimensions, format, shading and colors. No dimension, format, shading or color change will produce unacceptable print.

The Flesch scores for TLHAP1200BP is 45.3 and the score for TLHAP1200BC is 45.2.

Company and Contact

Filing Contact Information

Sam Hunt, sam.hunt@transamerica.com
 300 Eagleview Blvd 610-648-5816 [Phone]
 Exton, PA 19341

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: \$100.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form - Two Forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$100.00	06/20/2011	48882830

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/30/2011	06/30/2011

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Disposition

Disposition Date: 06/30/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Explanation of Variability	Approved-Closed	Yes
Form	Blanket Accident Hospital Indemnity Summary of Coverage	Approved-Closed	Yes
Form	Blanket Group Accident Hospital Indemnity Policy	Approved-Closed	Yes

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Form Schedule

Lead Form Number: TLHAP1200BC

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/30/2011	TLHAP1200BC	Certificate	Blanket Accident Hospital Indemnity Summary of Coverage	Initial		45.200	TLHAP1200BC Summary of Coverage.pdf
Approved-Closed 06/30/2011	TLHAP1200BP	Policy/Contract/Fraternal Certificate	Blanket Group Accident Hospital Indemnity Policy	Initial		45.300	TLHAP1200BP.pdf

INSURANCE SUMMARY OF COVERAGE

Transamerica Life Insurance Company
A Stock Company
Home Office: Cedar Rapids, Iowa

This coverage is not Medicare Supplement coverage. It provides supplemental limited benefits for accidental Injury only. It is not intended to cover medical expenses or supplement Federal Medicare Health Insurance. It does not provide basic hospital, basic medical, major medical or sickness coverage.

Please read this Summary of Coverage Carefully. Keep it with your other insurance documents. This Summary of Coverage is not a contract of insurance. It is a summary of the principal provisions of the coverage while in effect.

This insurance plan is underwritten by Transamerica Life Insurance Company (herein called "we," "us" or "our") under Blanket Accident Daily Hospital Confinement Insurance Policy Form TLHAP1200BP. It provides Accident Daily Hospital Confinement benefits for eligible [ABC Bank Members] who are ages [18] through [80] (18 through 54 in California).

Coverage and Benefit Amount: We will pay the Accident Daily Hospital Confinement Benefit stated in the Schedule of Insurance beginning with the first day of Confinement for each day [you are] Confined to a Hospital as a Resident Patient for at least 24 hours, provided 1) the Confinement is for the Necessary Treatment of a covered Injury; 2) [you are] under the professional care of a Physician; 3) the Confinement occurs while this Certificate is in force; and 4) the Confinement begins within 90 days of the accident causing the Injury.

The Accident Daily Hospital Confinement Benefit will continue for the number of days stated on the Schedule of Insurance.

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

Name of Policyholder: [XYZ Trust] Group Policy Number: [XXXXXXXX]
[Participating Group:] [ABC Bank] [Participating Group Number:] [XXXXXXXX]

SCHEDULE OF INSURANCE

[INSURED] [SPOUSE] [EACH CHILD]

BENEFIT AMOUNT **[\$100-500] per day** **[\$50-500] per day** **[\$50-500] per day**

MAXIMUM ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT PERIOD PER ACCIDENT [PER COVERED PERSON:] **[90-365] DAYS**

If [you have] coverage under two or more [memberships] with [ABC Bank], only one Accident Daily Hospital Confinement Benefit, the largest, will be paid for multiple losses that result from one accident.

[Reduction: All benefits will reduce by one-half (50%) of that otherwise payable if, before the date of Injury resulting in a covered loss, [you attain] age [70]. Reduction of benefits does not apply to California Insureds.)]

Insured (herein called you, your or yours) means you, a [member] of [ABC Bank] whose premium has been paid by [ABC Bank] and coverage has become effective.

[Covered Person means, for coverage purposes only, you and the following persons, provided coverage has become effective: (1) your lawful spouse; and (2) each of your unmarried children including step-children, children born to you or legally adopted by you, 25 years of age or younger. (An adopted child is a child who is in your custody pursuant to an interim court order of adoption or placement of adoption).]

Injury means bodily harm caused by an accident which occurs while the coverage 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 sickness, disease or bodily or mental infirmity.

Injured means having suffered a bodily Injury.

Hospital means an institution which is a short term acute care general hospital. Its main purpose must be to provide medical care and treatment to injured persons as Resident Patients. 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 facility operating primarily as 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.

Hospital Confinement / Confinement / Confined means being a Resident Patient in a Hospital for Necessary 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.

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 one is using the Hospital primarily as a place for rest, nursing, rehabilitation, convalescence or extended care.

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. A physician may not be you or a member of your Immediate Family.

Immediate Family means [your] spouse, parent, child, brother or sister, or any person living with [you].

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 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 the treatment constitutes Necessary Treatment. Services are not deemed Necessary Treatment if healthcare services are not found to be 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.

[Participating Group means an organization that requests to participate in the Insurance Trust known as the Policyholder and whose participation has been approved by us. The name of such group is shown in the Policy Schedule of Insurance.]

Coverage Begins at 12:01 a.m. Standard Time on the Policy Effective Date and the date you become eligible for coverage as [an ABC Bank member].

Coverage Ends (a) when you no longer fulfill the requirements of an Insured as defined; (b) on the monthly renewal date immediately following the date [you attain] age [81]; (age 55 in California); or (c) when the Policy is terminated or cancelled. [If you have family coverage under the Policy, coverage for all Covered Persons ends on the date your insurance is terminated or cancelled.]

Exclusions: Benefits under the Policy will not be paid for Injury that is caused by, results from or contributed to by: 1) an intentionally self-inflicted Injury, suicide, or any attempt at suicide, while sane or insane (while sane in Missouri and Colorado); 2) any active participation in a riot, insurrection or war, either declared or undeclared; 3) taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a Physician; 4) [your] blood alcohol level being .08 percent weight by volume or higher; 5) operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight; 6) committing or attempting to commit a felony or an assault or being engaged in an illegal activity; 7) sickness, disease, bodily or mental infirmity or their medical or surgical treatment including diagnosis (except bacterial infections which result from an Injury) or mental disease or disorder; 8) voluntary gas inhalation or poison voluntarily taken, administered or inhaled; 9) taking alcohol in combination with any drug, medication or sedative; or 10) military or combat activities while serving in the armed forces, National Guard or organized reserve corps in any state, country or international authority.

Payment Of Claims: All benefits are payable to you, if living. Any other benefit unpaid at your death will be paid as follows 1) to your living lawful spouse; or if you do not have one, 2) in equal shares to your living lawful children; or if there are none, 3) in equal shares to your living lawful parents; or if there are none, 4) to your estate. Spouse means only the one to whom you are lawfully married on the date of your death. Except in the case of a legal adoption, lawful children and parents do not mean "step" children and parents.

How To File A Claim: For information on how to file a claim, contact the Customer Service department in the following ways:

Mail: Transamerica Life Insurance Company, Life and Health Claims Department, [P.O. Box 17004, Baltimore, MD 21297-0428] **E-mail:** [claims@transamerica.com] **Phone:** [1-800-423-9369]

Claim Forms: When we receive the Notice of Claim, we will send the claimant forms for filing Proof of Loss. If the we do not send the forms within 15 days, the claimant shall be deemed to have complied with the requirements as to Proof of Loss upon submitting, within the time fixed for filing Proof of Loss, written proof covering the occurrence, character, and extent of the loss for which claim is made.

Proof Of Loss: Written proof of loss must be given to us within 90 days after the date of the loss or as soon as possible thereafter. Failure to produce proof within 90 days shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within this time period. Proof must, however, be furnished no later than one year from the time it is otherwise required, except in the absence of legal capacity. We will pay all benefits covered by the Policy as soon as proper written Proof of Loss sufficient to determine liability has been received.

Transamerica Life Insurance Company

A stock Company

Home Office: 4333 Edgewood Road N.E., Cedar Rapids IA 52499

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

Transamerica Life Insurance Company

(Herein called the Company)

Having issued this Policy to

[XYZ TRUST]

(Herein called Policyholder)

Agrees to pay the benefits herein provided with respect to persons Insured hereunder, subject to all terms of this Policy.

This Policy is not a Medicare Supplement policy. This Policy provides supplemental limited benefits for accidental injury only. It is not intended to cover medical expenses or to supplement Federal Medicare Health Insurance. It does not provide basic hospital, basic medical, major medical or sickness coverage.

This Policy is issued in consideration of the payment of premium herein provided, and shall take effect on [JUNE 1, 2011] which shall be its date of issue. Policy anniversaries shall be [YEARLY] and each subsequent [YEAR].

This Policy is issued in the State of Missouri, and its terms shall be construed in accordance with the laws of the State of Missouri.

The provisions and conditions of this Policy shall form a part of the contract as fully as if recorded in detail above the signatures hereunder affixed.



Secretary



President

Policy No.: **[XXXXXXXXX]**

**BLANKET ACCIDENT INSURANCE POLICY
PROVIDING ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFITS
OPTIONALLY RENEWABLE**

DEFINITIONS

INSURED means a person who is a [member] of [ABC Bank] whose premium has been paid by [ABC Bank] and coverage has become effective.

[COVERED PERSON means, for coverage purposes only, the Insured and the following persons, provided coverage has become effective:

1. the Insured's lawful spouse; and
2. each of the Insured's unmarried children including step-children, children born to the Insured or legally adopted by the Insured, 25 years of age or younger. (An adopted child is a child who is in the Insured's custody pursuant to an interim court order of adoption or placement of adoption).]

INJURY means bodily harm caused by an accident which occurs while coverage 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 sickness, disease or bodily or mental infirmity.

INJURED means having suffered a bodily Injury.

HOSPITAL means an institution which is a short term acute care general hospital. Its main purpose must be to provide medical care and treatment to injured persons as Resident Patients. 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 facility operating primarily as 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.

HOSPITAL CONFINEMENT / CONFINEMENT / CONFINED means being a Resident Patient in a Hospital for Necessary 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.

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 one is using the Hospital primarily as a place for rest, nursing, rehabilitation, convalescence or extended care.

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. A physician may not be an Insured or a member of an Insured's Immediate Family.

IMMEDIATE FAMILY means [an Insured's] spouse, parent, child, brother or sister, or any person living with the [Insured].

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 in connection therewith, which is experimental in nature, is considered Necessary Treatment.

The Company may use peer review organizations or other professional medical opinions to determine if the treatment constitutes Necessary Treatment. Services are not deemed necessary treatment if healthcare services are not found to be:

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.

[PARTICIPATING GROUP means an organization that requests to participate in the Insurance Trust known as the Policyholder and whose participation has been approved by the Company. The name of such group is shown in the Schedule of Insurance.]

ELIGIBILITY

[Each natural person age 18 through 80 (18 through 54 in California) who is a member of ABC Bank who elects to participate in plans of group insurance issued to the trustee on behalf of THE XYZ TRUST] is eligible to become an Insured. Such persons are herein called eligible persons.

In no event will a corporation, partnership, or business entity, other than a natural person, be eligible for insurance.

WHEN INSURANCE BEGINS

Coverage for each Insured will become effective under this Policy at 12:01 a.m., Standard Time on the Policy Effective Date shown on the Schedule of Insurance. If an individual is not a [member] of [ABC Bank] on the Policy Effective Date, coverage will become effective on the date he or she becomes a [member] of [ABC Bank] provided premium has been paid.

WHEN INSURANCE ENDS

Termination by Policyholder. The Policyholder may terminate this Policy on the first renewal date or at any time after that date by delivering to the Company a written notice to end this Policy at least [90] days in advance of such termination.

Termination by the Company. The Company may terminate this Policy by giving the Policyholder at least [90] days notice of Our intent to terminate. Such notice shall state the exact date this Policy will terminate. The Company may also end this Policy for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. The Company will mail a notice of such termination to the Policyholder's last address shown in Our records.

Termination for each Insured. The insurance on each Insured will automatically terminate at 12:01 A.M. on whichever of the following dates occurs first: (a) the date that he or she no longer fulfills the requirements of an Insured as defined; or (b) the monthly renewal date [an Insured] attains age [81] (age 55 in California); or (c) the date this Policy is terminated or cancelled.

[If an Insured has family coverage under this Policy, coverage for all Covered Persons ends on the date insurance for the Insured is terminated or cancelled.]

Termination shall be without prejudice to any claim originating prior to the effective date of termination.

ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT

The Company will pay the Accident Daily Hospital Confinement Benefit stated in the Schedule of Insurance beginning with the first day of Confinement for each day [an Insured] is Confined to a Hospital as a Resident Patient for at least 24 hours, provided 1) the Confinement is for the Necessary Treatment of a covered Injury; 2) the [Insured] is under the professional care of a Physician; 3) the Confinement occurs while the [Insured's] coverage is in force; and 4) the Confinement begins within 90 days of the accident causing the Injury.

The Maximum Accident Daily Hospital Confinement Benefit Period will continue for the number of days stated on the Schedule of Insurance.

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

If [an Insured] has coverage under two or more [memberships] with [ABC Bank], only one Accident Daily Hospital Confinement benefit, the largest, will be paid for multiple losses that result from one accident.

[REDUCTION

All benefits will reduce by one-half (50%) of that otherwise payable if, before the date of Injury resulting in a covered loss, [an Insured] attains age [70]. (Reduction of benefits does not apply to California Insureds.)]

EXCLUSIONS

No benefit shall be paid for Injury that is caused by, results from or contributed to by:

1. an intentionally self-inflicted Injury, suicide, or any attempt at suicide, while sane or insane (while sane in Missouri and Colorado);
2. any active participation in a riot, insurrection or war, either declared or undeclared;
3. taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a Physician;
4. [the Insured's] blood alcohol level being .08 percent weight by volume or higher;
5. operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight;
6. committing or attempting to commit a felony or an assault or being engaged in an illegal activity;
7. sickness, disease, bodily or mental infirmity or their medical or surgical treatment including diagnosis (except bacterial infections which result from an Injury) or mental disease or disorder;
8. voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
9. taking alcohol in combination with any drug, medication or sedative; or
10. military or combat activities while serving in the armed forces, National Guard or organized reserve corps in any state, country or international authority.

PAYMENT OF CLAIMS

All benefits are payable to the Insured, if living. Any other benefit unpaid at the death of the Insured will be paid as follows:

1. to the Insured's living lawful spouse; or if the Insured does not have one,
2. in equal shares to the Insured's living lawful children; or if there are none,
3. in equal shares to the Insured's living lawful parents; or if there are none,
4. to the Insured's estate.

Spouse means only the one to whom the Insured is lawfully married on the date of the Insured's death. Except in the case of a legal adoption, lawful children and parents do not mean "step" children and parents.

PREMIUM

The Company will provide coverage as described in this Policy in return for premium payments. Premiums are payable by the [Participating Group/Policyholder]. The premium amount due is shown on the Policy Schedule of Insurance.

The Company has the right to change the table of rates on any premium due date. The Company will provide written notice to the [Participating Group/Policyholder] at least 31 days before the date of change. The premium rates may also be changed at any time the terms of this Policy are changed.

PAYMENT OF PREMIUM

All premiums due by the terms of this Policy shall be paid to the Administrative Office of the Company on or prior to the day they are due.

PREMIUM CHANGES

The Company has the right to change the table of rates on any date. The Company will provide written notice to the [Participating Group][Policyholder] at least 31 days before the date of change. The premium rates may also be changed at any time the terms of this Policy are changed.

GRACE PERIOD

If a premium is not paid when due, the insurance shall be in default. The Company will allow a 31-day grace period to pay each premium after the first one. If a premium is not paid on or before the end of the grace period, the insurance shall terminate effective the last day of the period covered by the last premium payment.

WHEN THERE IS A CLAIM

NOTICE OF CLAIM

Written notice of claim must be given to the Company within 30 days after any loss covered under this Policy occurs or as soon as possible thereafter. Notice should be mailed to the Company's Administrative Office.

CLAIM FORMS

When the Company receives the Notice of Claim, the Company will send the claimant forms for filing Proof of Loss. If the Company does not send the forms within 15 days, the claimant shall be deemed to have complied with the requirements as to Proof of Loss upon submitting, within the time fixed for filing Proof of Loss, written proof covering the occurrence, character, and extent of the loss for which claim is made.

PROOF OF LOSS

Written proof of loss must be given to the Company within 90 days after the date of the loss or as soon as possible thereafter. Failure to produce proof within 90 days shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within this time period. Proof must, however, be furnished no later than one year from the time it is otherwise required, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

The Company will pay all benefits covered by this Policy as soon as proper written Proof of Loss sufficient to determine liability has been received.

When a claim is paid during the Grace Period, any premium due and unpaid may be deducted from the claim payment.

PHYSICAL EXAM AND AUTOPSY

The Company, at its own expense, shall have the right to examine [an Insured] when and as often as is reasonable while a claim is pending. The Company may also have an autopsy done where it is not prohibited by law.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy and any attachments form the entire contract of insurance. No agent may change or waive any provisions of the Policy under which this coverage is provided.

This Policy is issued in consideration of the application and payment of the premium. The Policy and the copy of the application from the [Participating Group/Policyholder] form the entire contract.

Any change in this Policy must be in the form of an amendment or endorsement signed by one of the officers of the Company. Agreements made by the [Participating Group/Policyholder] and the Company in this manner will be binding on all Insureds.

INFORMATION TO BE FURNISHED

The [Policyholder][Participating Group] shall furnish the Company with any information required to administer this Policy. The Company shall have the right to inspect any record of the [Policyholder][Participating Group] or in possession of the [Policyholder][Participating Group] which relates to this Policy.

CLERICAL ERROR

A clerical error in the records relative to this insurance shall not invalidate insurance or cause insurance to be in force or to continue in force. Upon discovery of such error, an equitable adjustment shall be made in the premium.

LEGAL ACTIONS

No action can be brought to recover on this Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 3 years after the date Proof of Loss is required.

TRANSAMERICA LIFE INSURANCE COMPANY

SCHEDULE OF INSURANCE

This Schedule of Insurance is part of the Policy. It supersedes any Schedule of Insurance bearing an earlier effective date issued under Policy No. [XXXXXXX] to [XYZ Trust] .

[PARTICIPATING GROUP NUMBER: 12345] [PARTICIPATING GROUP: ABC BANK]

[POLICY EFFECTIVE DATE: 09/01/2012] [POLICY TERMINATION DATE: 09/01/2013]

[MONTHLY PREMIUM [PER MEMBERSHIP] \$.25]

[FAMILY COVERAGE: YES]

ACCIDENT DAILY HOSPITAL CONFINEMENT SCHEDULE OF INSURANCE

	<u>[INSURED]</u>	<u>[SPOUSE]</u>	<u>[EACH CHILD]</u>
BENEFIT AMOUNT	[\$100-500] PER DAY	[\$50-500] PER DAY	[\$50-500] PER DAY
MAXIMUM ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT PERIOD PER ACCIDENT [PER COVERED PERSON:]			[90-365] DAYS

IF [AN INSURED] HAS COVERAGE UNDER TWO OR MORE [MEMBERSHIPS] WITH [ABC BANK], ONLY ONE ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT, THE LARGEST, WILL BE PAID FOR MULTIPLE LOSSES THAT RESULT FROM ONE ACCIDENT.

[BENEFITS REDUCE BY FIFTY PERCENT (50%) IF, BEFORE THE DATE OF INJURY RESULTING IN A COVERED LOSS, [AN INSURED] HAS ATTAINED AGE [70]. (REDUCTION OF BENEFITS DOES NOT APPLY TO CALIFORNIA INSUREDS.)]

SERFF Tracking Number: AEGB-127282728 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49090
 Company Tracking Number: TLHAP1200BC
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: TLHAP1200BC
 Project Name/Number: Blanket HIP - Financial Institutions/1103-00046

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/30/2011
Comments:		
Attachment: AR Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/30/2011
Bypass Reason: N/A - Blanket Coverage		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/30/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variability	Approved-Closed	06/30/2011
Comments:		
Attachment: EOV TLHAP1200BP Pol and Cert.pdf		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Transamerica Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
TLHAP1200BC	45.2
TLHAP1200BP	45.3

Cheryl Bock

Signed: _____
Name: Cheryl Bock
Assistant Vice President of Contract
Title: Development
Date: June 20, 2011 _____

Explanation of Variables for TLHAP1200BP

Blanket Policy

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1. Transamerica Life Insurance Company has several administrative office locations. This product may be solicited from one of those locations, depending on the market. Currently, the address on the forms may be one of the following:

2700 West Plano Parkway
Plano, Texas 75075-8200

520 Park Avenue
Baltimore, Maryland 21201

Valley Forge, Pennsylvania 19493

2. Policyholder name will be the business partner name or the name of the trust to which the coverage is issued.
3. Effective date is the date of issue of the policy and anniversaries are determined by agreement between the policyholder and the company.
4. Policy number is unique to the policyholder.

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1. The definition of insured will be determined by the policyholder name and by the type of customers (such as Accountholder, Card member, Cardholder, Borrower, member) of the policyholder.
2. The definition of Covered Person will be used when family coverage is provided.
3. The term "insured" will be substituted with "Covered Person" where appropriate throughout the form and when family coverage is provided.

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1. Participating group is defined when the policy is issued to a participating group.
2. Eligibility is unique to the policyholder.
3. Under "When Insurance Begins" the customer is identified by the business the policyholder offers (such as Accountholder, Card member, Cardholder, Borrower, member) and the name of the policyholder or participating group is the entity to which the policy is issued.
4. Under "When Insurance Ends", first paragraph, the range for the days of notification is 60-180.
5. The range for termination age for each insured is 61-100.
6. The fourth paragraph under "When Insurance Ends" will be used when family coverage is provided.

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1. The reduction provision is included in the policy when the policyholder reduces coverage amounts at a specified age. The benefits will reduce when the insured attains age 60-75.
2. "the Insured's" in Exclusion #4 will be "Covered Person's" when family coverage is provided.
3. If the policy is issued to a participating group trust, the term "participating group" will replace policyholder where appropriate throughout the form.

1. The Schedule of Insurance information is determined by the benefit amounts and features chosen by the policyholder. The benefit ranges are shown on the schedule of insurance.
2. Information for the participating group will be on the schedule of insurance when the coverage is issued to a participating group trust.
3. Ranges for the Benefit amount for the insured are \$100 to \$500 per day, for the spouse, \$50-\$500 per day and for the child, \$50-\$500 per day.
4. The maximum number of days for an accident hospital confinement benefit period is 90 to 365 days.
5. If benefits reduce, the last paragraph on the schedule of insurance will print.

Explanation of Variables for TLHAP1200BC

Insurance Coverage Summary

1. Policyholder name will be the business partner name or name of the trust to which the coverage is issued. If there is a participating group, that information will be printed on the summary.
2. The range for the benefit amounts is \$100-500 per day for the insured and \$50-500 per day for spouse and each covered child. The maximum benefit period is 90 to 365 days.
3. The Reduction provision is variable and will be used when the policyholder reduces benefits at a specific age. The age range is 60-75.
4. The definition of insured will be determined by the policyholder name and by the type of customers (such as Accountholder, Card member, Cardholder, Borrower, member) of the policyholder.
5. The definition of Covered Person will be used when family coverage is provided
6. The term "insured" will be replaced with "Covered Person" where appropriate throughout the form and when family coverage is provided.
7. The participating group definition is in the form when the policy is issued to a participating group.
8. The last sentence under "Coverage Ends" will be used when family coverage is provided..
9. Claims may be sent to any administrative locations in the U.S. but the three locations Plano, TX, Baltimore, MD or Valley Forge, Pennsylvania, are primary administrative locations. Email, 800 number and address will reflect those locations.