

SERFF Tracking Number: AEGB-127324798 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
Company Tracking Number: TLAD2300BC
TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
Product Name: TLAD2300BC
Project Name/Number: Blanket AD&D - Financial Institutions/H004

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TLAD2300BC

SERFF Tr Num: AEGB-127324798 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment

SERFF Status: Closed-Approved- Closed State Tr Num: 49335

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Co Tr Num: TLAD2300BC State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Paula Sachs, Sam Hunt

Disposition Date: 07/29/2011

Date Submitted: 07/18/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Blanket AD&D - Financial Institutions

Status of Filing in Domicile: Not Filed

Project Number: H004

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Approval not required in Iowa, the state of domicile for Transamerica Life Insurance Company.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Blanket, Discretionary, Trust

Overall Rate Impact:

Filing Status Changed: 07/29/2011

State Status Changed: 07/29/2011

Deemer Date:

Created By: Paula Sachs

Submitted By: Paula Sachs

Corresponding Filing Tracking Number: 40943000

Filing Description:

RE: Transamerica Life Insurance Company

TLAD2300BC Blanket Accidental Death & Dismemberment Summary of Coverage

NAIC: 468-86231 FEIN: 39-0989781

Blanket Accidental Death and Dismemberment Summary of Coverage form TLAD2300BC-AR is submitted for your

<i>SERFF Tracking Number:</i>	<i>AEGB-127324798</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49335</i>
<i>Company Tracking Number:</i>	<i>TLAD2300BC</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>TLAD2300BC</i>		
<i>Project Name/Number:</i>	<i>Blanket AD&D - Financial Institutions/H004</i>		

review and approval in accordance with your state's rules for filing out-of-state blanket group A&H insurance forms. The Summary is new and does not replace any forms previously approved by your Department. The form is completed in "John Doe" fashion. Variable information is printed and bracketed in red.

Missouri approved the controlling blanket group policy TLAD2300BP on 5/24/2011 for issuing to discretionary groups that are situated in Missouri.

TLAD2300BC-AR describes an insured's coverage under the group blanket policy. A lump sum benefit is paid for death or dismemberment that is due to a covered accident. Coverage stops on the earlier of 1) an insured is no longer an eligible member of a participating group; 2) the group policy is cancelled; or 3) an insured attains age 81.

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 TLAD2300BC-AR is 45.0.

Company and Contact

Filing Contact Information

Paula Sachs, Senior Analyst	Paula.Sachs@transamerica.com
1150 South Olive Street	213-741-7101 [Phone]
Contract Development LAT-24-0305	
Los Angeles, CA 90015	

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?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: AEGB-127324798 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
Company Tracking Number: TLAD2300BC
TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
Product Name: TLAD2300BC
Project Name/Number: Blanket AD&D - Financial Institutions/H004

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$0.00	07/18/2011	
Transamerica Life Insurance Company	\$100.00	07/19/2011	49901186

SERFF Tracking Number: AEGB-127324798 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
 Company Tracking Number: TLAD2300BC
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Dismemberment
 Product Name: TLAD2300BC
 Project Name/Number: Blanket AD&D - Financial Institutions/H004

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/29/2011	07/29/2011
Approved-Closed	Rosalind Minor	07/27/2011	07/27/2011
Approved-Closed	Rosalind Minor	07/20/2011	07/20/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/19/2011	07/19/2011	Paula Sachs	07/20/2011	07/20/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Insurance Summary of Coverage	Paula Sachs	07/29/2011	07/29/2011
Form	Insurance Summary of Coverage	Paula Sachs	07/21/2011	07/21/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
---------	-----------	------------	------------	----------------

SERFF Tracking Number: AEGB-127324798 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
 Company Tracking Number: TLAD2300BC
 TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Product Name: TLAD2300BC
 Project Name/Number: Blanket AD&D - Financial Institutions/H004

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability - Policy and Certificate	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form	Blanket Policy - AD&D	Approved-Closed	Yes
Form (revised)	Insurance Summary of Coverage	Approved-Closed	Yes
Form	Insurance Summary of Coverage	Replaced	Yes
Form	Insurance Summary of Coverage	Replaced	Yes

SERFF Tracking Number: AEGB-127324798 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 49335
Company Tracking Number: TLAD2300BC
TOI: H03G Group Health - Accidental Death & *Sub-TOI:* H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: TLAD2300BC
Project Name/Number: Blanket AD&D - Financial Institutions/H004

Disposition

Disposition Date: 07/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-127324798 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
 Company Tracking Number: TLAD2300BC
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Dismemberment
 Product Name: TLAD2300BC
 Project Name/Number: Blanket AD&D - Financial Institutions/H004

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability - Policy and Certificate	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form	Blanket Policy - AD&D	Approved-Closed	Yes
Form (revised)	Insurance Summary of Coverage	Approved-Closed	Yes
Form	Insurance Summary of Coverage	Replaced	Yes
Form	Insurance Summary of Coverage	Replaced	Yes

SERFF Tracking Number: AEGB-127324798 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 49335
Company Tracking Number: TLAD2300BC
TOI: H03G Group Health - Accidental Death & *Sub-TOI:* H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: TLAD2300BC
Project Name/Number: Blanket AD&D - Financial Institutions/H004

Disposition

Disposition Date: 07/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-127324798 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
 Company Tracking Number: TLAD2300BC
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Dismemberment
 Product Name: TLAD2300BC
 Project Name/Number: Blanket AD&D - Financial Institutions/H004

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability - Policy and Certificate	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form	Blanket Policy - AD&D	Approved-Closed	Yes
Form (revised)	Insurance Summary of Coverage	Approved-Closed	Yes
Form	Insurance Summary of Coverage	Replaced	Yes
Form	Insurance Summary of Coverage	Replaced	Yes

SERFF Tracking Number: AEGB-127324798 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
Company Tracking Number: TLAD2300BC
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: TLAD2300BC
Project Name/Number: Blanket AD&D - Financial Institutions/H004

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/19/2011

Submitted Date 07/19/2011

Respond By Date

Dear Paula Sachs,

This will acknowledge receipt of the captioned filing.

Objection 1

- Blanket Policy - AD&D, TLAD2300BP (Form)
- Insurance Summary of Coverage, TLAD2300BC (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit the filing fee of \$100.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: AEGB-127324798 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
Company Tracking Number: TLAD2300BC
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: TLAD2300BC
Project Name/Number: Blanket AD&D - Financial Institutions/H004

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/20/2011
Submitted Date 07/20/2011

Dear Rosalind Minor,

Comments:

Dear Ms. Minor,

Response 1

Comments: I sent the fees via EFT yesterday.

Related Objection 1

Applies To:

- Blanket Policy - AD&D, TLAD2300BP (Form)
- Insurance Summary of Coverage, TLAD2300BC (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit the filing fee of \$100.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thanks for your attention.

SERFF Tracking Number: AEGB-127324798 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
 Company Tracking Number: TLAD2300BC
 TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Product Name: TLAD2300BC
 Project Name/Number: Blanket AD&D - Financial Institutions/H004

Amendment Letter

Submitted Date: 07/29/2011

Comments:

Per my e-mail, the form initially sent with filing AEGB-127324798 was TLAD2300BC. This form was approved on July 20. On July 21 I substituted a state-specific version of the form; that form was approved July 27. Today I learned the form sent with the initial submission was the form that was supposed to be submitted. I am re-attaching form TLAD2300BC for (re)approval. Thank you again.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
TLAD2300B	Certificate	Insurance Summary of Coverage	Initial				45.000	TLAD2300BC.pdf

SERFF Tracking Number: AEGB-127324798 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
 Company Tracking Number: TLAD2300BC
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
 Dismemberment Dismemberment
 Product Name: TLAD2300BC
 Project Name/Number: Blanket AD&D - Financial Institutions/H004

Amendment Letter

Submitted Date: 07/21/2011

Comments:

Per my message, attached is the state-specific version of the form. My apologies, again for any inconvenience.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
TLAD2300B C-AR	Certificate	Insurance Summary of Coverage	Initial				45.000	TLAD2300B -AR.pdf

SERFF Tracking Number: AEGB-127324798 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
Company Tracking Number: TLAD2300BC
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: TLAD2300BC
Project Name/Number: Blanket AD&D - Financial Institutions/H004

Note To Reviewer

Created By:

Paula Sachs on 07/20/2011 03:21 PM

Last Edited By:

Paula Sachs

Submitted On:

07/20/2011 03:21 PM

Subject:

Insurance Summary of Coverage

Comments:

Ms. Minor,

During my post-approval review of this submission, I noticed I sent in the generic version of the captioned form when I should have sent in a state-specific version for Arkansas. So although TLAD2300BC was approved, it should have been form TLAD2300BC-AR. Can you please re-open so I can either replace the generic or just add the state variation? Also, will I have to send another filing fee and if so, for \$50 or \$100? Sorry for the inconvenience. Thanks for your attention.

SERFF Tracking Number: AEGB-127324798 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
 Company Tracking Number: TLAD2300BC
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Product Name: TLAD2300BC
 Project Name/Number: Blanket AD&D - Financial Institutions/H004

Form Schedule

Lead Form Number: TLAD2300BC

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/20/2011	TLAD2300 BP	Policy/Contract	Blanket Policy - Fraternal AD&D Certificate	Initial		48.400	TLAD2300BP.pdf
Approved-Closed 07/29/2011	TLAD2300 BC-AR	Certificate	Insurance Summary of Coverage	Initial		45.000	TLAD2300BC.pdf

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]

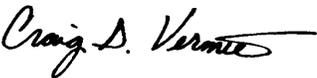
(Herein called Policyholder)

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

This Policy is 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 ACCIDENTAL DEATH [AND DISMEMBERMENT] 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.

LOSS means:

1. loss of life[.];
2. [with reference to hand or foot, complete severance at or above the wrist or ankle joint;
3. with reference to eye, the total and irrecoverable loss of the entire sight including best-corrected vision of 20/200 or more as verified by a board certified ophthalmologist.

Loss does not mean loss of use.]

[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(age 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)]; (c) the date this Policy is terminated or cancelled; or (d) the date the Benefit Amount stated on the Schedule of Insurance has been paid.

[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.

ACCIDENTAL DEATH [AND DISMEMBERMENT] COVERAGE

If [an Insured] suffers [a Loss][any of the following Losses] as a direct result of an Injury from an accident not otherwise excluded and the Loss occurs within 90 days following the date of the accident which caused the Injury, the Company will pay the applicable Benefit Amount specified in the Schedule of Insurance for the Loss, [subject to the Schedule of Losses and Benefits shown below].

[SCHEDULE OF LOSSES AND BENEFITS]	
LOSS	BENEFIT
LIFE	THE BENEFIT AMOUNT
Both Hands or Both Feet or Sight of Both Eyes	The Benefit Amount
One Hand and One Foot	The Benefit Amount
One Hand and Sight of One Eye	The Benefit Amount
One Foot and Sight of One Eye	The Benefit Amount
One Hand or One Foot or Sight of One Eye	One-Half the Benefit Amount]

[Only one of the above benefits, the largest, will be paid for multiple Losses that result from one accident for each Insured].

If [an Insured] has coverage under two or more [memberships] with [ABC Bank], only one Accidental Death [and Dismemberment] 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 Loss or 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.

BENEFICIARY

[All benefits are payable to the Insured, if living. Any other benefit due for Loss of life will be paid as follows:]

[Any amount due for Loss 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.

[At the death of any other Covered Person, benefits will be paid to the Insured, if living; otherwise as though it were payable under items 1 through 4 above.]

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]

ACCIDENTAL DEATH [AND DISMEMBERMENT] SCHEDULE OF INSURANCE

	<u>[INSURED]</u>	<u>[SPOUSE]</u>	<u>[EACH CHILD]</u>
BENEFIT AMOUNT	[\$1,000- 100,000]	[\$1,000-100,000]	[\$500-25,000]
	[\$50-2,000 PER MONTH]	[\$50-2,000 PER MONTH]	[\$50-2,000 PER MONTH]
	[MAXIMUM NUMBER OF MONTHLY PAYMENTS]		[1-24]

[ONLY ONE OF THE ABOVE BENEFITS, THE LARGEST, WILL BE PAID FOR MULTIPLE LOSSES THAT RESULT FROM ONE ACCIDENT FOR EACH INSURED].

IF [AN INSURED] HAS COVERAGE UNDER TWO OR MORE [MEMBERSHIPS] WITH [ABC BANK], ONLY ONE ACCIDENTAL DEATH [AND DISMEMBERMENT] 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 INSURED.)]

INSURANCE SUMMARY OF COVERAGE

Transamerica Life Insurance Company

A Stock Company

Home Office: Cedar Rapids, Iowa

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 Accidental Death [and Dismemberment] Insurance Policy Form TLAD2300BP. It provides Accidental Death [and Dismemberment] benefits for eligible [ABC Bank Members] who are age [18] through [80] [(Age 54 in California)].

COVERAGE AND BENEFIT AMOUNT: If [you] suffer [a Loss][any of the following Losses] as a direct result of an Injury from an accident not otherwise excluded in the Policy and the Loss occurs within 90 days following the date of the accident which caused the Injury, we will pay the applicable Benefit Amount specified in the Schedule of Insurance for the Loss, [subject to the Schedule of Losses and Benefits shown below].

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

Group Policy Number: [XXXXXXXX]
[Participating Group Number:] [XXXXXXXX]

SCHEDULE OF INSURANCE

	<u>[INSURED]</u>	<u>[SPOUSE]</u>	<u>[EACH CHILD]</u>
BENEFIT AMOUNT	[\$1,000- 100,000]	[\$1,000-100,000]	[\$500-25,000]
	[\$50-2,000 per month]	[\$50-2,000 per month]	[\$50-2,000 per month]
[Maximum Number Of Monthly Payments]		[1-24]	

[SCHEDULE OF LOSSES AND BENEFITS

LOSS	BENEFIT
LIFE	THE BENEFIT AMOUNT
Both Hands or Both Feet or Sight of Both Eyes	The Benefit Amount
One Hand and One Foot	The Benefit Amount
One Hand and Sight of One Eye	The Benefit Amount
One Foot and Sight of One Eye	The Benefit Amount
One Hand or One Foot or Sight of One Eye	One-Half the Benefit Amount]

[Only one of the benefits above, the largest, will be paid for multiple Losses that result from one accident [for each Covered Person.] If [you have] coverage under two or more [memberships] with [ABC Bank], only one Accidental Death [and Dismemberment] 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.

LOSS means (1) loss of life(.;); (2) [with reference to hand or foot, complete severance at or above the wrist or ankle joint; (3) with reference to eye, the total and irrecoverable loss of the entire sight including best-corrected vision of 20/200 or more as verified by a board certified ophthalmologist. Loss does not mean loss of use.]

[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 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]; (c) when the Policy is terminated or canceled or (d) the date the Benefit Amount stated on the Schedule of Insurance has been paid. [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 Loss or 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.

BENEFICIARY: [All benefits are payable to you, if living]. [At your death, benefits will be paid] [Any other benefit due for Loss of life will be paid] as follows: 1) to your living lawful spouse; or if the Insured does 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) in equal shares to your living lawful brothers and sisters, or if there are none; 5) to your estate. [At the death of any other Covered Person, benefits will be paid to you, if living; otherwise as though it were payable under items 1 through 4 above.] 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, parents, brothers and sisters do not mean "step" children, parents, brothers or sisters.

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.

<i>SERFF Tracking Number:</i>	<i>AEGB-127324798</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49335</i>
<i>Company Tracking Number:</i>	<i>TLAD2300BC</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>TLAD2300BC</i>		
<i>Project Name/Number:</i>	<i>Blanket AD&D - Financial Institutions/H004</i>		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	07/20/2011
Comments:			
Attachments:	Readability Certification TLAD2300BP TLAD2300BC-AR.pdf AR Regulation 49 Certification.pdf AR Regulation 19 Certification.pdf		
Bypassed - Item:	Application	Approved-Closed	07/20/2011
Bypass Reason:	Not applicable		
Comments:			
Satisfied - Item:	Statement of Variability - Policy and Certificate	Approved-Closed	07/20/2011
Comments:			
Attachment:	Variability TLAD2300BP TLAD2300BC AR.pdf		
Satisfied - Item:	Actuarial Memorandum	Approved-Closed	07/20/2011
Comments:			
Attachment:	TLAD2300BP Actuarial Memorandum.pdf		

TRANSAMERICA LIFE INSURANCE COMPANY

CERTIFICATE OF COMPLIANCE

TO: DEPARTMENT OF INSURANCE

FORM	Description	Flesch Score
TLAD2300BP	Blanket Accidental Death Policy	48.4
TLAD2300BC-AR	Blanket Accidental Death Summary of Coverage	45.0

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

April 29, 2011



Date

Vice President

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

REGULATION 49 CERTIFICATION

Form TLAD2300BC-AR

We certify that, for coverage issued in Arkansas on the above-referenced form number, we will deliver the Life and Health Guaranty Fund Notice required by Regulation 49.

Cheryl Bock

Cheryl Bock
Assistant Vice President

07/18/2011
Date

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

REGULATION 19 CERTIFICATION

Form TLAD2300BP, et al

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.



Cheryl Bock
Assistant Vice President

07-18-2011
Date

Explanation of Variables for TLAD2300BP

Blanket Policy

Page 1

1. Transamerica Life Insurance Company has several administrative office locations. This product may be solicited from one of three locations below or any of the other U.S. locations, depending on the market. The address on the forms may be one of the following in most cases:
 - a. 2700 West Plano Parkway
 - b. Plano, Texas 75075-8200
 - c. 520 Park Avenue
 - d. Baltimore, Maryland 21201
 - e. Valley Forge, Pennsylvania 19493
2. Policyholder name will be the business partner or trust name 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.
5. Dismemberment will be included in the title when that benefit is provided.
6. Termination age may be between the ages of 61 and 100 and is determined by the marketing plan.

Page 2

1. The term "insured" will be substituted with "Covered Person" where appropriate throughout the form and when family coverage is provided.
2. The definition of insured will be determined by the policyholder/participating group name and is determined by the type of customers (such as Accountholder, Card member, Cardholder, Borrower, member) of the policyholder.
3. The definition of Covered Person will be used when family coverage is provided.
4. Items 2 and 3 will be used in the definition of Loss when the dismemberment benefit is provided.
5. Participating group is defined when the policy is issued to a participating group trust.
6. Eligibility unique to the policyholder.
7. Under "When Insurance Begins" the customer is identified by the policyholder.
8. Notification of "When Insurance Ends" will be 90 -180 days.

Page 3

1. Termination age may be between the ages of 61 and 100 and is determined by the marketing plan.
2. The second paragraph under Termination for each Insured is included when family coverage is provided.
3. The title of the coverage provision will include dismemberment when that benefit is provided.
4. A schedule of losses and benefits will be included when dismemberment is provided.
5. The first paragraph under the schedule of losses and benefits will be included when dismemberment is provided.
6. The benefits will reduce when the insured attains age 60-75 in the Reduction provision.
7. "Your" in Exclusion #4 will be "Covered Person" when family coverage is provided.

Page 4

1. The Beneficiary provision will change depending on whether single coverage or family coverage is provided and whether dismemberment benefits are provided.
2. Under the Premium provisions and throughout the form, the term participating group will replace policyholder where appropriate and when the policy is issued to a participating trust.

Page 5

Physical Exam will be included with the Autopsy provision when dismemberment benefits are provided.

Page 6

1. The Schedule of Insurance information is determined by the benefit amounts chosen by the policyholder.
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 and payment option for benefit amounts are shown on the schedule of insurance and are selected by the policyholder.
4. The following statement is used when dismemberment benefits are provided: "ONLY ONE OF THE ABOVE BENEFITS, THE LARGEST, WILL BE PAID FOR MULTIPLE LOSSES THAT RESULT FROM ONE ACCIDENT FOR EACH [INSURED]."

Explanation of Variables for TLAD2300BC-AR

Insurance Coverage Summary/Certificate

1. Dismemberment is included in the coverage when the policyholder provides that benefit.
2. Eligibility ages may range from 18 through 60 up to age 99 and is determined by the marketing plan.
3. Policyholder name will be the business partner or trust name to which the coverage is issued. When the policy is issued to a participating group, the name of the participating group is provided in the summary, the definition of Insured and Coverage Begins.
4. The range for the benefit amounts is \$1,000-100,000 for the insured and spouse and \$500-50,000 for each covered child.
5. Under Coverage and Benefit Amount, the term Loss is used for AD only and the term "any of the following Losses" is used when dismemberment benefits are included.
6. The last sentence before the schedule of insurance includes, "subject to the Schedule of Losses and Benefits shown below". The schedule of losses and benefits are included when dismemberment benefits are provided.
7. The first sentence under the Schedule of Losses and Benefits is included when dismemberment benefits are provided.
8. The benefits will reduce when the insured attains age 60-75 in the Reduction provision.
9. The definition of insured and the type of customers (such as Accountholder, Card member, Cardholder, Borrower, member) is determined by the policyholder.
10. The definition of Covered Person will be used when family coverage is provided.
11. The term "insured" will be substituted with "Covered Person" where appropriate throughout the form and when family coverage is provided.
12. Number 2 and 3 in the definition of Loss is used when dismemberment benefits are provided.
13. Participating group is defined when the policy is issued to a participating group.
14. The range when Coverage may terminate is age 61 to age 100.
15. The last sentence under "Coverage Ends" will be used when family coverage is provided.
16. Under Exclusion #4, the term 'your' will be replaced with 'covered person' when family coverage is provided.
17. The Beneficiary provision is determined by whether dismemberment benefits are provided and whether family or single coverage is provided.
18. Claims information for the phone number, address and email is determined by the location where the claims are administered.

SERFF Tracking Number: AEGB-127324798 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49335
 Company Tracking Number: TLAD2300BC
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
 Dismemberment Dismemberment
 Product Name: TLAD2300BC
 Project Name/Number: Blanket AD&D - Financial Institutions/H004

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/21/2011	Form	Insurance Summary of Coverage	07/29/2011	TLAD2300BC-AR.pdf (Superceded)
07/18/2011	Form	Insurance Summary of Coverage	07/21/2011	TLAD2300BC.pdf (Superceded)

INSURANCE SUMMARY OF COVERAGE

Transamerica Life Insurance Company

A Stock Company

Home Office: Cedar Rapids, Iowa

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 Accidental Death [and Dismemberment] Insurance Policy Form TLAD2300BP. It provides Accidental Death [and Dismemberment] benefits for eligible [ABC Bank Members] who are age [18] through [80].

COVERAGE AND BENEFIT AMOUNT: If [you] suffer [a Loss][any of the following Losses] as a direct result of an Injury from an accident not otherwise excluded in the Policy and the Loss occurs within 90 days following the date of the accident which caused the Injury, we will pay the applicable Benefit Amount specified in the Schedule of Insurance for the Loss, [subject to the Schedule of Losses and Benefits shown below].

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

Group Policy Number: [XXXXXXXX]
[Participating Group Number:] [XXXXXXXX]

SCHEDULE OF INSURANCE

	<u>[INSURED]</u>	<u>[SPOUSE]</u>	<u>[EACH CHILD]</u>
BENEFIT AMOUNT	[\$1,000- 100,000]	[\$1,000-100,000]	[\$500-25,000]
	[\$50-2,000 per month]	[\$50-2,000 per month]	[\$50-2,000 per month]
[Maximum Number Of Monthly Payments]		[1-24]	

[SCHEDULE OF LOSSES AND BENEFITS

LOSS	BENEFIT
LIFE	THE BENEFIT AMOUNT
Both Hands or Both Feet or Sight of Both Eyes	The Benefit Amount
One Hand and One Foot	The Benefit Amount
One Hand and Sight of One Eye	The Benefit Amount
One Foot and Sight of One Eye	The Benefit Amount
One Hand or One Foot or Sight of One Eye	One-Half the Benefit Amount]

[Only one of the benefits above, the largest, will be paid for multiple Losses that result from one accident [for each Covered Person.] If [you have] coverage under two or more [memberships] with [ABC Bank], only one Accidental Death [and Dismemberment] 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].

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 or newborns to be adopted if the petition for adoption is filed within 60 days after the birth).]

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.

LOSS means (1) loss of life(.;) (2) [with reference to hand or foot, complete severance at or above the wrist or ankle joint; (3) with reference to eye, the total and irrecoverable loss of the entire sight including best-corrected vision of 20/200 or more as verified by a board certified ophthalmologist. Loss does not mean loss of use.]

[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 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]; (c) when the Policy is terminated or canceled or (d) the date the Benefit Amount stated on the Schedule of Insurance has been paid. [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 Loss or 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; 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.

BENEFICIARY: [All benefits are payable to you, if living]. [At your death, benefits will be paid] [Any other benefit due for Loss of life will be paid] as follows: 1) to your living lawful spouse; or if the Insured does 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) in equal shares to your living lawful brothers and sisters, or if there are none; 5) to your estate. [At the death of any other Covered Person, benefits will be paid to you, if living; otherwise as though it were payable under items 1 through 4 above.] 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, parents, brothers and sisters do not mean "step" children, parents, brothers or sisters.

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 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.

INSURANCE SUMMARY OF COVERAGE

Transamerica Life Insurance Company

A Stock Company

Home Office: Cedar Rapids, Iowa

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 Accidental Death [and Dismemberment] Insurance Policy Form TLAD2300BP. It provides Accidental Death [and Dismemberment] benefits for eligible [ABC Bank Members] who are age [18] through [80] [(Age 54 in California)].

COVERAGE AND BENEFIT AMOUNT: If [you] suffer [a Loss][any of the following Losses] as a direct result of an Injury from an accident not otherwise excluded in the Policy and the Loss occurs within 90 days following the date of the accident which caused the Injury, we will pay the applicable Benefit Amount specified in the Schedule of Insurance for the Loss, [subject to the Schedule of Losses and Benefits shown below].

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

Group Policy Number: [XXXXXXXX]
[Participating Group Number:] [XXXXXXXX]

SCHEDULE OF INSURANCE

	<u>[INSURED]</u>	<u>[SPOUSE]</u>	<u>[EACH CHILD]</u>
BENEFIT AMOUNT	[\$1,000- 100,000]	[\$1,000-100,000]	[\$500-25,000]
	[\$50-2,000 per month]	[\$50-2,000 per month]	[\$50-2,000 per month]
[Maximum Number Of Monthly Payments]		[1-24]	

[SCHEDULE OF LOSSES AND BENEFITS

LOSS	BENEFIT
LIFE	THE BENEFIT AMOUNT
Both Hands or Both Feet or Sight of Both Eyes	The Benefit Amount
One Hand and One Foot	The Benefit Amount
One Hand and Sight of One Eye	The Benefit Amount
One Foot and Sight of One Eye	The Benefit Amount
One Hand or One Foot or Sight of One Eye	One-Half the Benefit Amount]

[Only one of the benefits above, the largest, will be paid for multiple Losses that result from one accident [for each Covered Person.] If [you have] coverage under two or more [memberships] with [ABC Bank], only one Accidental Death [and Dismemberment] 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.

LOSS means (1) loss of life(.; (2) [with reference to hand or foot, complete severance at or above the wrist or ankle joint; (3) with reference to eye, the total and irrecoverable loss of the entire sight including best-corrected vision of 20/200 or more as verified by a board certified ophthalmologist. Loss does not mean loss of use.]

[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 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]; (c) when the Policy is terminated or canceled or (d) the date the Benefit Amount stated on the Schedule of Insurance has been paid. [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 Loss or 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.

BENEFICIARY: [All benefits are payable to you, if living]. [At your death, benefits will be paid] [Any other benefit due for Loss of life will be paid] as follows: 1) to your living lawful spouse; or if the Insured does 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) in equal shares to your living lawful brothers and sisters, or if there are none; 5) to your estate. [At the death of any other Covered Person, benefits will be paid to you, if living; otherwise as though it were payable under items 1 through 4 above.] 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, parents, brothers and sisters do not mean "step" children, parents, brothers or sisters.

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.