

SERFF Tracking Number: AEGB-127924358 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number:
Company Tracking Number: GR982
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: GR982
Project Name/Number: TLICAD - Phase 3 Riders Filing/H009-5

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: GR982 SERFF Tr Num: AEGB-127924358 State: Arkansas

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

Sub-TOI: H03G.000 Health - Accidental Death Co Tr Num: GR982 State Status: Approved-Closed
& Dismemberment

Filing Type: Form

Author: Cheryl Penner

Reviewer(s): Donna Lambert

Date Submitted: 01/04/2012

Disposition Date: 01/17/2012

Implementation Date Requested: On Approval

Disposition Status: Approved

Implementation Date: 02/17/2012

State Filing Description:

General Information

Project Name: TLICAD - Phase 3 Riders Filing

Status of Filing in Domicile: Not Filed

Project Number: H009-5

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Not required

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Discretionary, Trust

Overall Rate Impact:

Filing Status Changed: 01/17/2012

State Status Changed: 01/17/2012

Deemer Date:

Created By: Cheryl Penner

Submitted By: Cheryl Penner

Corresponding Filing Tracking Number:

Filing Description:

RE: OUT-OF-STATE GROUP

Stonebridge Life Insurance Company

GR935- Accident Dependent Child Benefit Rider

GR982- COBRA Benefit Rider

GR983- Felonious Assault Benefit Rider

GR984- Accident Grief Counseling Benefit Rider

GR985 - Foreign Country Travel Care Benefit Rider

GR987 - Accident Only Monthly Income Continuity Benefit Rider

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GR988 – Will Preparation and Legal Information Benefit Rider

Attached for your review and approval are the referenced forms. These forms are new and do not replace any forms previously approved by your Department. These riders are intended to be a "me, too" submission of the riders filed and approved by your Department on November 30, 2011 under Stonebridge Life Insurance Company. The SERFF filing number for that submission is AEGB-12784286. The forms have been completed in "John Doe" fashion and variable information is printed in red and bracketed. An effective date coinciding with your date of approval is requested.

These riders will be used at-issue as well as an add-on and will be used with the Group Accidental Death Certificate GC560 approved by your Department on July 14, 2011, and other similar products as your Department approves them.

Please see the Explanation of Variables for the variable information on each Rider.

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

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

The referenced forms may be used in other media formats including translations into (Spanish, Chinese, Korean, Vietnamese, Polish, etc) and in such case, we certify the content will not change.

The group policy with which these riders will be offered is contemplated for issue to various discretionary groups that are situated in Missouri. The Company has reviewed the enclosed policy form(s) and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

Company and Contact

Filing Contact Information

Cheryl Penner,
2700 Plano Pkwy
Plano, TX 75075

Cheryl.Penner@transamerica.com
972-881-6409 [Phone]

Filing Company Information

Transamerica Life Insurance Company
4333 Edgewood Road, NE

CoCode: 86231
Group Code: 468

State of Domicile: Iowa
Company Type:

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 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: \$350.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 PER FORM AND THERE ARE 7 RIDERS
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$350.00	01/04/2012	55007410

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/17/2012	01/17/2012

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	Donna Lambert	01/05/2012	01/05/2012	Cheryl Penner	01/12/2012	01/13/2012

SERFF Tracking Number: AEGB-127924358 *State:* Arkansas
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Disposition

Disposition Date: 01/17/2012

Implementation Date: 02/17/2012

Status: Approved

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	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Actuarial Memoranda	Approved	No
Supporting Document	Explanation of Variables	Approved	Yes
Form	COBRA Benefit Rider	Approved	Yes
Form	Felonious Assault Benefit Rider	Approved	Yes
Form	Accident Grief Counseling Benefit Rider	Approved	Yes
Form (revised)	Foreign Country Travel Care Benefit Rider	Approved	Yes
Form	Accident Dependent Child Benefit Rider	Approved	Yes
Form	Accident Only Monthly Income Continuity Benefit Rider	Approved	Yes
Form	Will Preparation and Legal Information Benefit Rider	Approved	Yes
Form	Foreign Country Travel Care Benefit Rider	Replaced	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/05/2012
Submitted Date 01/05/2012
Respond By Date 02/06/2012

Dear Cheryl Penner,

This will acknowledge receipt of the captioned filing.

Objection 1

- COBRA Benefit Rider, GR982 (Form)
- Accident Dependent Child Benefit Rider, GR935 (Form)
- Foreign Country Travel Care Benefit Rider, GR985 (Form)

Comment: The Dependent Child definition excludes benefits for a child over the limiting age who is disabled. Please revise the definition to include disabled children over the age of 25. See 23-86-108(4), Bulletin 6-2010.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/12/2012
Submitted Date 01/13/2012

Dear Donna Lambert,

Comments:

Thank you for your comments regarding the dependent child definition in the specified riders.

Response 1

Comments: Dependent children are provided coverage in GR985; therefore, the Dependent Child definition has been revised to include coverage for disabled children over age 25 who remain disabled and dependent on the Insured for support and maintenance. The revised form has been added to the form schedule.

The citation 23-86-108(4) noted in your objection response requires continuation of coverage for disabled children who were covered prior to age 19. We ask that the GR982 and GR935 remain unchanged. These two riders do not provide coverage for dependent children. The Accidental Death Benefit is increased by a specified amount when the Insured dies if there are dependent children as defined in the Rider. If there are no Dependent Children as defined in the GR935, an alternate benefit is paid. If there is no COBRA benefit payable in the GR982, an alternate benefit is also paid.

Related Objection 1

Applies To:

- COBRA Benefit Rider, GR982 (Form)
- Foreign Country Travel Care Benefit Rider, GR985 (Form)
- Accident Dependent Child Benefit Rider, GR935 (Form)

Comment:

The Dependent Child definition excludes benefits for a child over the limiting age who is disabled. Please revise the definition to include disabled children over the age of 25. See 23-86-108(4), Bulletin 6-2010.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

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Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Foreign Country Travel Care Benefit Rider	GR985AR		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		40.000	GR985-AR -Travel care Benefit.pdf
Previous Version							
Foreign Country Travel Care Benefit Rider	GR985		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		40.000	GR985-Travel care Benefit.pdf

No Rate/Rule Schedule items changed.

I hope with the revision of GR985 and the clarification for GR935 and GR982, you will be in a position to approve this filing. If you would like to contact me regarding any part of this filing, I may be reached at 877-527-6444, extension 6409 or cheryl.penner@transamerica.com. Thank you for your continued review.

Sincerely,
Cheryl Penner

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Form Schedule

Lead Form Number: GR982

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 01/17/2012	GR982	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	COBRA Benefit Rider	Initial		44.600	GR982- COBRA Benefit.pdf
Approved 01/17/2012	GR983	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Felonious Assault Benefit Rider	Initial		48.800	GR983- Felonious Assault Benefit.pdf
Approved 01/17/2012	GR984	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Accident Grief Counseling Benefit Rider	Initial		49.000	GR984- Grief Counseling.p df
Approved 01/17/2012	GR985AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Foreign Country Travel Care Benefit Rider	Initial		40.000	GR985 AR - Travel care Benefit.pdf
Approved 01/17/2012	GR935	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Accident Dependent Child Benefit Rider	Initial		47.200	GR935 -Acc Dep Child.pdf

Transamerica Life Insurance Company

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

COBRA BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

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

CERTIFICATE NUMBER: 12345678
EFFECTIVE DATE OF COVERAGE: 09/01/2011
TERMINATION DATE/AGE: 80

A. COBRA BENEFIT – [THE LESSER OF]:

- [1. 1-5% OF THE ACCIDENTAL DEATH BENEFIT PER YEAR; [OR]]
- [2. \$1,000-\$10,000 PER YEAR]

MAXIMUM NUMBER OF YEARS: 3

B. ALTERNATE BENEFIT: - [THE LESSER OF:]

- [1. \$1,000-\$10,000 [OR]]
- [2. A ONE TIME PAYMENT OF 1-5% OF THE ACCIDENTAL DEATH BENEFIT]

Total Additional Premium: \$X.XX per month]

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

COBRA BENEFIT

Upon receipt of due proof of your death as a direct result of an Injury and you are survived by your lawful spouse and/or your Dependent Children, we will pay the COBRA benefit shown on the [Rider Benefit Schedule] to pay for continued group medical coverage under COBRA for your surviving lawful spouse and/or your Dependent Children. The benefit will be paid annually and will continue for up to three years following the date of your death as long as your surviving lawful spouse and/or your Dependent Children are participants in your group medical plan under COBRA.

The COBRA Benefit payable is subject to the following conditions:

1. a death benefit is payable under the terms of the Policy;
2. this Rider coverage must be in force on the date of the accident causing your Injury; and
3. prior to payment of the first and all subsequent annual COBRA Benefit payments, we must receive proof acceptable to us that the benefit will be used to continue medical coverage under COBRA for your surviving lawful spouse and/or your Dependent Children.

ALTERNATE BENEFIT

If no COBRA Benefit is payable under this Rider, we will provide a one time payment of the Alternate Benefit stated in the [Rider Benefit Schedule].

The Alternate Benefit payable is subject to the following conditions:

1. a death benefit is payable under the terms of the Policy; and
2. this Rider coverage must be in force on the date of the accident causing your Injury.

DEFINITIONS

COBRA means the Consolidated Omnibus Budget Reconciliation Act of 1985.

DEPENDENT CHILD/CHILDREN means 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).

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

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

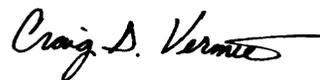
This Rider takes effect on the date entered hereon after receipt of the signed enrollment form, if required.

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

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



President



Secretary

Transamerica Life Insurance Company

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

FELONIOUS ASSAULT BENEFIT RIDER

[RIDER BENEFIT SCHEDULE]

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

CERTIFICATE NUMBER: 12345678
EFFECTIVE DATE OF COVERAGE: 09/01/2011

TERMINATION DATE/AGE: 80

[SPOUSE][FAMILY] COVERAGE: YES

	INSURED	SPOUSE	EACH CHILD
FELONIOUS ASSAULT BENEFIT:	[\$1,000-250,000	\$1,000-250,000	\$500-25,000]
	[10-100% OF THE ACCIDENTAL DEATH BENEFIT]		

Total Additional Premium: \$X.XX per month]

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

FELONIOUS ASSAULT BENEFIT

Upon receipt of due proof of a Covered Person's death as a direct result of an Injury caused by a Felonious Assault, we will pay an additional benefit shown on the [Rider Benefit Schedule].

The benefit payable is subject to the following conditions:

1. a death benefit is payable under the terms of the Policy;
2. this Rider must be in force on the date of the accident causing the Covered Person's Injury;
3. the accident causing the Injury is not a moving violation as defined in the applicable state motor vehicle laws; and
4. the accident causing the Injury is not an act of a Family Member.

FELONIOUS ASSAULT means the willful, unlawful use of force or violence upon [a Covered Person] that results in bodily harm and is classified as a felony or a misdemeanor.

FAMILY MEMBER means a [Covered Person's] spouse, parent, child, brother or sister, or any person living with the [Covered Person] on a permanent basis.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



President



Secretary

Transamerica Life Insurance Company

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

ACCIDENT GRIEF COUNSELING BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

INSURED: JOHN J. DOE
345 MAIN STREET
09/01/2011
ANYTOWN, USA 12345

CERTIFICATE NUMBER: 12345678
EFFECTIVE DATE OF COVERAGE:

TERMINATION DATE/AGE: 80

[SPOUSE][FAMILY] COVERAGE: YES

ACCIDENT GRIEF COUNSELING BENEFIT PER SESSION:

[\$25.00-100.00]

MAXIMUM NUMBER OF GRIEF COUNSELING SESSIONS FOR EACH SURVIVING COVERED PERSON:

[10-25]

ALTERNATE BENEFIT:

[\$25-\$2500]

Total Additional Premium: \$X.XX per month]

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

ACCIDENT GRIEF COUNSELING BENEFIT

Upon receipt of due proof of a Covered Person's death as a direct result of an Injury, we will pay the Grief Counseling Benefit shown on the [Rider Benefit Schedule] when any surviving Family Member attends grief counseling sessions up to the Maximum Number of Grief Counseling Sessions shown on the [Rider Benefit Schedule] for each Covered Person's death.

The Accident Grief Counseling Benefit payable is subject to the following conditions:

1. a death benefit must be payable under the terms of the Policy;
2. this Rider coverage must be in force on the date of the accident causing the Covered Person's Injury;
3. the sessions must take place during the 12 month period following a Covered Person's death;
4. the sessions must be conducted by a licensed psychiatrist, psychologist or social worker who is acting in his professional capacity as a counselor; and
5. proof of attendance must be submitted to us.

ALTERNATE BENEFIT

If there are no surviving Family Members, we will pay the Alternate Benefit shown on the [Rider Benefit Schedule] to your beneficiary.

The Alternate Benefit payable is subject to the following conditions:

1. a death benefit must be payable under the terms of the Policy; and
2. this Rider coverage must be in force on the date of the accident causing the Injury.

FAMILY MEMBER means [a Covered Person's] spouse, parent, child, brother or sister, or any person living with the [Covered Person] on a permanent basis.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



President



Secretary

Transamerica Life Insurance Company

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

FOREIGN COUNTRY TRAVEL CARE BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

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

CERTIFICATE NUMBER: 12345678
EFFECTIVE DATE OF COVERAGE: 09/01/2011

TERMINATION DATE/AGE: 80

[SPOUSE][FAMILY] COVERAGE: YES

FOREIGN COUNTRY TRAVEL CARE BENEFIT:

[\$250-\$5,000] FOR EACH
DEPENDENT CHILD, TRAVEL
COMPANION OR FAMILY
MEMBER

MAXIMUM BENEFIT PAYABLE FOR EACH
ACCIDENT:

[\$1,000-25,000]

ONLY ONE BENEFIT IS PAYABLE FOR EACH
ACCIDENT FOR EACH DEPENDENT CHILD,
TRAVEL COMPANION OR FAMILY MEMBER

Total Additional Premium: \$X.XX per month]

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

FOREIGN COUNTRY TRAVEL CARE BENEFIT

If [a Covered Person] is Confined in a Hospital as a Resident Patient as a result of an Injury while traveling outside the United States of America, we will pay the Foreign Country Travel Care Benefit shown in the [Rider Benefit Schedule] up to the Maximum Benefit Payable shown in the [Rider Benefit Schedule] to:

1. return the [Covered Person's] Dependent Children and one Travel Companion who is traveling with the [Covered Person] to their places of residence in the United States; [and][or]
2. pay for one Family Member's travel from the United States to visit the [Covered Person] if the [Covered Person] is Confined as a Resident Patient in the Hospital outside the United States for more than [7-14] days.

Only one benefit is payable for each accident for each Dependent Child, Travel Companion or Family Member.

The benefit payable is subject to the following conditions:

1. this Rider coverage must be in force on the date of the accident causing the [Covered Person's] Injury;
2. the [Covered Person's] primary residence is in the United States;
3. the Hospital Confinement is for the Necessary Treatment of an Injury;
4. the Hospital Confinement must occur within 90 days following the accident causing the Injury;
5. proof of the Hospital Confinement acceptable to us has been provided; and
6. proof of travel acceptable to us must be provided.

DEFINITIONS

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 a Covered Person who is confined in a Hospital as a registered bed patient and who is provided at least one day of room and board. A Covered Person 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 facility primarily as a place for rest, nursing, rehabilitation, convalescence or extended care.

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

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 [a Covered Person's] spouse, parent, child, brother or sister, or any person living with the [Covered Person].

TRAVEL COMPANION means a person whose name appears with [the Covered Person] on the same trip arrangement and accompanies [the Covered Person] during the trip.

DEPENDENT CHILD means, for the purposes of this Rider, each of your unmarried children including step-children, children born to you or legally adopted by you, 25 years of age or younger, unmarried and dependent upon you for support and maintenance. (An adopted child is a child who is in your custody pursuant to an interim court order of adoption or placement of adoption). Dependent Child also includes an unmarried child who is incapable of self-sustaining employment by reason of mental or physical handicap and became so incapacitated prior to age 25 and is dependent upon you for support and maintenance.

FAMILY MEMBER means [a Covered Person's] Dependent Child, spouse, son/daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, aunt, uncle, niece, nephew, guardian or domestic partner.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



President



Secretary

Transamerica Life Insurance Company

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

GROUP ACCIDENT DEPENDENT CHILD BENEFIT RIDER [RIDER BENEFIT SCHEDULE]

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

EFFECTIVE DATE OF COVERAGE: 09/01/2011

TERMINATION DATE/AGE: 65

ACCIDENT DEPENDENT CHILD BENEFIT: [\$1,000 - \$25,000]
PER DEPENDENT CHILD PER YEAR
FOR [2-10] YEARS

ALTERNATE BENEFIT: [\$1,000 - \$25,000]

OR

ACCIDENT DEPENDENT CHILD BENEFIT: [2% - 10%] OF ACCIDENTAL DEATH BENEFIT
PER DEPENDENT CHILD PER YEAR
FOR [2-10] YEARS

ALTERNATE BENEFIT: [2% - 10%]

Total Additional Premium: \$2.82 per month]

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

DEFINITIONS

For purposes of this Rider, the following Definitions apply.

DEPENDENT CHILD means each of your unmarried children including step-children, children born to you or legally adopted by you, 25 years of age or younger, unmarried and dependent upon you for support and maintenance. (An adopted child is a child who is in your custody pursuant to an interim court order of adoption or placement of adoption).

ACCIDENT DEPENDENT CHILD BENEFIT

Upon receipt of due proof of your death due to an Injury, we will pay the Accident Dependent Child Benefit shown in the [Rider Benefit Schedule] provided:

1. A death benefit is payable under the terms of the Policy;
2. This Rider coverage is in force on the date of the accident which caused your Injury; and
3. [Your Dependent Child is covered under the Certificate to which this Rider is attached at the time of the accident which caused your Injury.]
4. [You have a Dependent Child on the date of the accident which caused your Injury.]

ALTERNATE BENEFIT

If no Accident Dependent Child Benefit is payable under this Rider, we will provide a one time payment of the Alternate Benefit stated on the [\[Rider Benefit Schedule\]](#).

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



President



Secretary

Transamerica Life Insurance Company

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

GROUP ACCIDENT ONLY MONTHLY INCOME CONTINUITY BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

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

CERTIFICATE NUMBER: 12345678

EFFECTIVE DATE OF COVERAGE: 09/01/2012

TERMINATION DATE/AGE: 65

ACCIDENT ONLY MONTHLY INCOME CONTINUITY BENEFIT	INSURED [\$100 - \$10,000] PER MONTH FOR [12-240] MONTHS	COVERED SPOUSE [\$50 - \$10,000] PER MONTH FOR [12-240] MONTHS
METHOD OF PAYMENT OF BENEFIT	GIFT CARD	
Total Additional Premium	\$2.82 per month]	

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

ACCIDENT ONLY MONTHLY INCOME CONTINUITY BENEFIT

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

[Upon receipt of due proof of the death of your covered spouse due to an Injury, we will pay the benefit shown on the Rider Benefit Schedule to you [in the form of a gift card] for the number of months shown on the [Rider Benefit Schedule].

The benefit payable is subject to the following conditions:

1. a death benefit must be payable under the terms of the Policy; and
2. this Rider must be in force on the date of the accident causing the Injury.

We reserve the right to pay the Accident Only Monthly Income Continuity Benefit in a lump sum and/or other form of payment.

The Beneficiary may elect to receive payment of the benefit in the form of a check and/or a lump sum.

If the Beneficiary dies prior to all monthly installments having been paid to such Beneficiary, the remaining unpaid monthly installments will be paid to the Beneficiary's estate in a lump sum.

The lump sum amount payable will be equal to the present value of all future unpaid Accident Only Monthly Income Continuity Benefit payments. The annual discount rate used to determine the present value will be determined by us, but will not exceed 11 percent.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

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

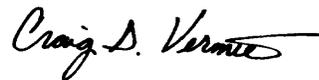
This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

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

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



President



Secretary

TRANSAMERICA LIFE INSURANCE COMPANY

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

WILL PREPARATION AND LEGAL INFORMATION BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

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

CERTIFICATE NUMBER: 12345678

EFFECTIVE DATE OF COVERAGE: 09/01/2012

TERMINATION DATE/AGE: 65

Total Additional Premium: \$5.00 per month]

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

WILL PREPARATION SERVICE AND LEGAL INFORMATION BENEFIT

We provide you [or your spouse] with access to a provider of will preparation services and legal information. The provider will permit you [or your spouse] to create one basic last will and testament. You [or your spouse] will also have telephonic or internet access to the provider's licensed attorneys who can provide: 1) legal information regarding personal legal matters, including estate planning; and 2) referrals to local attorneys. The provider will not charge you [or your spouse] for the basic last will and testament preparation service or for any legal information received from the provider.

The Will Preparation and Legal Information Benefit Rider must be in force on the date you or your spouse is provided will preparation services and legal information.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



President



Secretary

<i>SERFF Tracking Number:</i>	<i>AEGB-127924358</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>GR982</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>GR982</i>		
<i>Project Name/Number:</i>	<i>TLICAD - Phase 3 Riders Filing/H009-5</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	01/17/2012
Comments:		
Attachment: Readability Certification P3.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved	01/17/2012
Bypass Reason: NOT APPLICABLE		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memoranda	Approved	01/17/2012
Comments:		
Attachments: GR982 Actuarial Memo_COBRA_2.pdf GR983 Actuarial Memo_FelonAssault_2.pdf GR984 Actuarial Memo_Grief_2.pdf GR985 Actuarial Memo_TravelCare_2.pdf GR987 Actuarial Memo_MoIncCont_2.pdf GR935 Actuarial Memo2_DepChild_2.pdf		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variables	Approved	01/17/2012
Comments:		
Attachment: EOV Phase 3 riders.pdf		

TRANSAMERICA LIFE INSURANCE COMPANY

CERTIFICATE OF COMPLIANCE

TO: DEPARTMENT OF INSURANCE

RIDER	Description	Flesch Score
GR982	Accident COBRA Benefit Rider	44.6
GR983	Accident Felonious Assault Benefit Rider	48.0
GR984	Accident Grief Counseling Benefit Rider	49.0
GR985	Accident Travel Care Benefit Rider	40.0
GR935	Accident Dependent Child Benefit Rider	47.2
GR987	Accident Survivors Monthly Income Benefit Rider	54.0
GR988	Accident Will Preparation Benefit Rider	47.7

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

Cheryl Bock

January 4, 2012

Date

Assistant Vice President

GENERAL RIDER INFORMATION

General Rider Information

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

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

TERMINATION DATE/AGE: [65 – up][Mo, day, year]

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

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

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

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

Rider GR982 – COBRA Benefit Rider

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.

This benefit is the lesser of a dollar amount or a percentage of the death benefit paid in the Certificate to which it is attached.

- **Schedule Numeric Ranges:**
 - **COBRA Benefit**
 - **Insured** **\$1000 - \$10,000 or 1-5% of the accidental death benefit per year**
 - **Alternate Benefit**
 - This benefit is paid if no COBRA benefit is payable. The benefit is the lesser of a dollar amount or a percentage of the death benefit paid in the Certificate to which it is attached.
 -

Rider GR983 – Felonious Assault Benefit Rider

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- **Schedule Numeric Ranges:**
 - **Insured** **\$1000 - \$250,000**
 - **Covered Spouse** **\$1000 - \$250,000**
 - **Covered Child** **\$500 - \$25,000**Or
10-100% of the accidental death benefit

Rider GR984 – Accident Grief Counseling Benefit Rider

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- Schedule Numeric Ranges:
Group Accident Grief Counseling Benefit per session : \$25-\$100
Maximum number of sessions per covered person: 10-25

If there are no surviving Family Members, the Alternate Benefit will be paid: \$25-\$2500

Rider GR985 – Foreign Country Travel Care Benefit Rider

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured or covered persons, and the amount of coverage purchased.
- Ranges for the travel care benefit are \$250-\$5,000 for each person with a maximum of \$1,000-\$25,000 per accident. The ranges for the resident patient hospital stay is 7 to 14 days.

Rider GR935 – Group Accident Dependent Child Benefit Rider

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased. Ranges for the dependent child benefit are \$1,000 - \$25,000 per dependent child per year for 2-10 years. If there is no dependent child benefit payable, the alternate benefit is \$1,000-\$25,000.
- If the marketing plan is to provide percentages of the accidental death benefit, the dependent child benefit and alternate benefit ranges are 2%-10% of the AD benefit.
- Numbers 3 and 4 under the Accident Dependent Child Benefit provision will be used when dependent coverage is provided under the policy.

Rider GR987 – Group Accident Only Monthly Income Continuity Benefit Rider

RIDER BENEFIT SCHEDULE: Personal data on the Benefit Schedule is variable as it pertains to the Insured and/or spouse and the amount of coverage purchased.

- Schedule Numeric Ranges:
Insured – \$100-10,000
Covered Spouse – \$50-100,000

Method of payment may be a gift card, debit card or other form of payment elected by the policyholder.

The second paragraph under the Accident Only Monthly Income Continuity Benefit provision will be included when benefits are provided for the spouse.

Rider GR988 – Will Preparation and Legal Information Benefit Rider

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- The variable “or your spouse” in the benefit provision will be included when the benefit is provided for the spouse as well as the insured.

SERFF Tracking Number: AEGB-127924358 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number:
 Company Tracking Number: GR982
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
 Dismemberment Dismemberment
 Product Name: GR982
 Project Name/Number: TLICAD - Phase 3 Riders Filing/H009-5

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)
12/23/2011	Form	Foreign Country Travel Care Benefit Rider	01/12/2012	GR985-Travel care Benefit.pdf (Superseded)

Transamerica Life Insurance Company

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

FOREIGN COUNTRY TRAVEL CARE BENEFIT RIDER

[RIDER BENEFIT SCHEDULE

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

CERTIFICATE NUMBER: 12345678
EFFECTIVE DATE OF COVERAGE: 09/01/2011

TERMINATION DATE/AGE: 80

[SPOUSE][FAMILY] COVERAGE: YES

FOREIGN COUNTRY TRAVEL CARE BENEFIT:

[\$250-\$5,000] FOR EACH
DEPENDENT CHILD, TRAVEL
COMPANION OR FAMILY
MEMBER

MAXIMUM BENEFIT PAYABLE FOR EACH
ACCIDENT:

[\$1,000-25,000]

ONLY ONE BENEFIT IS PAYABLE FOR EACH
ACCIDENT FOR EACH DEPENDENT CHILD,
TRAVEL COMPANION OR FAMILY MEMBER

Total Additional Premium: \$X.XX per month]

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

FOREIGN COUNTRY TRAVEL CARE BENEFIT

If [a Covered Person] is Confined in a Hospital as a Resident Patient as a result of an Injury while traveling outside the United States of America, we will pay the Foreign Country Travel Care Benefit shown in the [Rider Benefit Schedule] up to the Maximum Benefit Payable shown in the [Rider Benefit Schedule] to:

1. return the [Covered Person's] Dependent Children and one Travel Companion who is traveling with the [Covered Person] to their places of residence in the United States; [and][or]
2. pay for one Family Member's travel from the United States to visit the [Covered Person] if the [Covered Person] is Confined as a Resident Patient in the Hospital outside the United States for more than [7-14] days.

Only one benefit is payable for each accident for each Dependent Child, Travel Companion or Family Member.

The benefit payable is subject to the following conditions:

1. this Rider coverage must be in force on the date of the accident causing the [Covered Person's] Injury;
2. the [Covered Person's] primary residence is in the United States;
3. the Hospital Confinement is for the Necessary Treatment of an Injury;
4. the Hospital Confinement must occur within 90 days following the accident causing the Injury;
5. proof of the Hospital Confinement acceptable to us has been provided; and
6. proof of travel acceptable to us must be provided.

DEFINITIONS

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 a Covered Person who is confined in a Hospital as a registered bed patient and who is provided at least one day of room and board. A Covered Person 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 facility primarily as a place for rest, nursing, rehabilitation, convalescence or extended care.

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

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 [a Covered Person's] spouse, parent, child, brother or sister, or any person living with the [Covered Person].

TRAVEL COMPANION means a person whose name appears with [the Covered Person] on the same trip arrangement and accompanies [the Covered Person] during the trip.

DEPENDENT CHILD means each of your unmarried children including step-children, children born to you or legally adopted by you, 25 years of age or younger, unmarried and dependent upon you for support and maintenance. (An adopted child is a child who is in your custody pursuant to an interim court order of adoption or placement of adoption).

FAMILY MEMBER means [a Covered Person's] Dependent Child, spouse, son/daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, aunt, uncle, niece, nephew, guardian or domestic partner.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



President



Secretary