



# HELP EASE THE FINANCIAL PAIN OF AN INJURY

**ACCIDENTSELECT®  
ACCIDENT INSURANCE**

***AccidentSelect®*, underwritten by Transamerica Life Insurance Company, can help if you suffer an accident at or away from work.**

Oliver loves basketball. When he's not watching the games on TV, he shoots hoops with his friends. One day after a slam dunk, he came down hard on his ankle, breaking it. Thankfully, he signed up for accident insurance at work.

Accident insurance pays benefits you can use for medical bills and other out-of-pocket expenses that often arise after an unexpected injury.

## **CASH TO SPEND ON WHAT YOU NEED**

Oliver's major medical insurance paid for much of his medical treatment, but he still had co-pays and a high deductible. And there are other costs: for one, he couldn't drive with a cast on his foot so he had to use a ridesharing service to get to work. Accident insurance provided the financial help he needed without dipping into family savings or using a credit card.

Benefits are paid directly to you, not to your doctor or hospital. You can use the cash for anything you need — such as paying bills, child care, transportation — to help you and your family while you are on the mend.

## **PRODUCT HIGHLIGHTS**

- Spouse and children coverage available
- Convenient payroll deduction
- Guarantee issue available
- Competitively priced premiums
- Portable, keep it if you change jobs or retire

This is a brief summary of *AccidentSelect®* Accident Insurance, **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy form series TPA0100. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details. Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at [tebcs.com](http://tebcs.com).

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**TRANSAMERICA®**

## FLEXIBILITY

The policy includes benefits for the initial accident, emergency treatment, and in-hospital stays. To help you get back on your feet, it also pays benefits for follow-up treatment, mobility appliances, physical therapy and prosthesis.

## HELP PROTECT YOURSELF AND YOUR FAMILY

*AccidentSelect* is available to individuals 18 through 64, your spouse (or equivalent as defined by governing state law) and eligible dependent children under age 25. Newborn children are covered under the terms of the policy from the moment of birth. Issue ages may vary by state.

## PREMIUMS STAY THE SAME

Premiums are payroll deducted and this policy can be renewed for your lifetime. While this policy is in force, no change will be made because of your age or physical condition.

## EASY CLAIMS PROCESS, QUICK PAYMENTS

Claims are easy to file online, by mail or by phone. Benefits are paid quickly to help you cover what you need so you can stay focused on recovery for your injury, not how you will pay for the cost.

## Questions?

 **Visit:** [transamerica.com](https://transamerica.com)

 **Call:** 888-763-7474



TRANSAMERICA®

## Product Details

Benefit Amounts Per Insured Person		
<p><b>Accidental Death Benefit</b> Death must result from and occur within 1 year of a covered accident.</p> <p>Only one of the following benefits will be paid per covered accident and will be reduced by any dismemberment benefits previously paid for the same accident.</p>	Common Carrier	Insured - \$35,000 Spouse - \$17,500 Child - \$3,500
	Motor Vehicle	Insured - \$25,000 Spouse - \$12,500 Child - \$2,500
	Other Accidents	Insured - \$15,000 Spouse - \$ 7,500 Child - \$ 1,500
<p><b>Accidental Dismemberment Benefits</b> Dismemberment must occur within 1 year of a covered accident.</p> <p>If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due.</p> <p>Only the largest benefit will be paid for any one covered accident.</p>	Loss of one or more fingers or one or more toes	Insured - \$750 Spouse - \$375 Child - \$75
	Loss of one eye, hand, foot, arm or leg	Insured - \$3,000 Spouse - \$1,500 Child - \$300
	Loss of both eyes, hands, feet, arms or legs	Insured - \$7,500 Spouse - \$3,750 Child - \$750
	Loss of both arms and legs	Insured - \$15,000 Spouse - \$ 7,500 Child - \$ 1,500
<p><i>Loss of finger or toe means complete severance at the hand or foot. Loss of foot means complete severance at or above the ankle joint. Loss of sight means the entire and irrevocable loss of sight. Loss of hand means the entire loss of at least four fingers.</i></p>		
<p><b>Accidental Emergency Treatment Benefit Rider (Form Series CR500100 or TRA0100)</b></p>		
For physician treatment and X-rays in a hospital emergency room within 1 year of the accident. Limited to one benefit per covered accident.		\$100
<p><b>Accident Hospital Income Benefit Rider (Form Series CR500200 or TRA0200)</b></p>		
<p><b>Daily Accident Hospital Income Benefit</b> For hospital confinement for treatment of injuries beginning within 1 year of the accident. Benefit is payable for up to 365 days per covered accident.</p>		\$100
<p><b>Daily Accident Intensive Care Unit Benefit</b> While the Daily Accident Hospital Income Benefit is being paid, an additional benefit is paid for each day of confinement in an Intensive Care Unit. Benefit is payable for up to 15 days per covered accident.</p>		\$300

## Product Details

<b>Accident Specific Sum Injuries Benefit Rider (Form Series CR500300 or TRA0300)</b>			
<b>Dislocation Benefit</b> Payable for joint dislocation reduced under general anesthesia. Dislocation must be diagnosed within 72 hours of the covered accident. Dislocation reduced without general anesthesia paid 25% of the joint's benefit amount. Multiple reduced dislocations are paid 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	<b>Dislocated Joint</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Hip	\$2,000	\$666
	Collar Bone	\$1,066	\$200
	Knee or Shoulder	\$666	\$266
	Ankle or Foot (excl. toes)	\$666	\$200
	Lower Jaw	\$666	\$333
	Wrist or Elbow	\$533	\$266
Finger or Toe	\$133	\$66	
<b>Fractures Benefit</b> For repair of a fracture sustained in a covered accident. Fractures must be diagnosed by a physician within 14 days of the covered accident. A chip fracture is paid 10% of the fracture's benefit amount. Multiple repaired fractures are paid 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	<b>Fractured Bone</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Hip	\$2,000	\$666
	Leg	\$833	\$666
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$666	\$333
	Upper Jaw, Upper Arm or Face (except nose)	\$800	\$333
	Ribs	\$1,333	\$133
	Nose, Heel, or Fingers	\$666	\$133
	Coccyx or Toes	\$266	\$133
	Vertebral Processes	\$1,333	\$200
	Vertebrae (body of) or Pelvis	\$333	
	Skull (depressed)	\$1,066	
	Skull (simple)	\$400	

**For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.**

<b>Tendons and Ligaments Benefit</b> Must be torn, ruptured or severed and treated by a physician within 72 hours and surgically repaired within 6 months of the covered accident.	Repair of one	\$333
	Repair of multiple	\$666

**For both tendon/ligament injuries and dislocations or fractures, we will only pay one benefit. We will pay the largest of either this benefit or the applicable dislocation or fracture benefit.**

## Product Details

<b>Lacerations</b> Must be repaired within 72 hours of the accident	Single laceration less than 2 inches	\$33
	One or more lacerations with combined length of 2-6 inches	\$133
	One or more lacerations with combined length over 6 inches	\$266
<b>Ruptured Discs or Torn Knee Cartilage</b> Must be treated by a physician within 72 hours after a covered accident and surgically repaired by a physician within one (1) year of the accident.	Accident occurring during the first year of insurance	\$133
	Accident occurring after the first year of insurance	\$400
<b>Burns</b> Must be treated by a physician within 72 hours of the accident.	Second degree burns covering 25% to 35% of body surface	\$266
	Second degree burns covering over 35% of body surface	\$666
	Third degree burns covering 6 to 10 square inches of body surface	\$533
	Third degree burns covering 10 to 25 square inches of body surface	\$1,333
	Third degree burns covering more than 25 square inches of body surface	\$2,666
<b>Eye Injury</b> With surgical repair		\$133
<b>Internal Injuries</b> Resulting in open abdominal or thoracic surgery		\$1,333
<b>Blood and Plasma</b> Limited to one benefit per covered accident. Does not include immunoglobulins.		\$66
<b>Additional Benefits Rider (Form Series CR500400 or TRA0400)</b>		
<b>Ambulance Benefit</b> For transportation to the nearest hospital for treatment within 1 year of the covered accident by a licensed ambulance service. Limited to one trip per covered accident.		Ground - \$150 Air - \$600
<b>Family Lodging Benefit</b> Benefit is payable per day, maximum of 30 days per covered accident, for one motel/hotel room for a member of the immediate family to accompany the insured person for treatment of injuries prescribed by a physician. Hospital confinement and motel/hotel must be in a facility at least 100 miles from the insured person's residence.		\$100
<b>Transportation Benefit</b> For transportation to the hospital if special treatment and hospital confinement for injuries sustained in a covered accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or insured person's residence. This benefit is payable for up to three trips per calendar year.		\$300



## Product Details

<b>Physical Therapy and Prosthesis Benefit Rider (Form Series CR500500 or TRA0500)</b>	
<p><b>Appliances Benefit</b> For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers, necessitated by a covered accident. This benefit is payable once per covered accident. This benefit is not payable for prosthetic devices.</p>	\$100
<p><b>Prosthetic Devices</b> For a prosthetic device as the result of a covered accident. This benefit is not payable for hearing aids or dental aids (including false teeth). This benefit is payable once per covered accident.</p>	\$500
<p><b>Physical Therapy Benefit</b> For treatments by a licensed physical therapist under a physician's advice that begin within 1 year of a covered accident or discharge from the hospital. Limited to one treatment per day for up to six treatments per covered accident.</p>	\$50
<b>Accident Follow-Up Treatment Benefit Rider (Form Series CR500700 or TRA0700)</b>	
<p>Maximum of three follow-up visits per covered accident. Original treatment must have been within 1 year of the accident. Treatment must be provided by a physician in their office or in a hospital on outpatient basis; begin within 30 days of, and be completed within six months following the later of: the accident; discharge from the hospital; or discharge from an extended care facility.</p>	\$25
<b>Initial Hospitalization for Injury Benefit Rider (Form Series CR501100 or TRIH0200)</b>	
<p>Payable once for the first hospital confinement due to a covered accident lasting at least 24 hours. Limited to one benefit per calendar year.</p>	\$500
<b>Wellness Benefit Rider (Form Series CR501000 or TRW0100)</b>	
<p>Payable for one examination or test per 12-month period. Covered tests include: annual physical, mammogram, pap smear, immunization, flexible sigmoidoscopy, Prostatic Specific Antigen (PSA) or blood screening. This benefit is not payable until 12 months of premium have been paid. Benefit is limited to one insured person per 12-month period.</p>	\$60

## Product Details

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### Plan Design 1: Monthly Rates

Coverage	Employee	Employee+Child(ren)	Employee+Spouse	Family
Plan Option I with Wellness Rider	\$12.06	\$17.85	\$17.37	\$23.16

Issue State: Washington  
Rate generation date: June 5, 2020

## Limitations and Exclusions

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We will not pay benefits for a covered accident that is caused by or occurs as a result of an insured person:

- Voluntarily taking, administering, absorbing, or inhaling poison, gas or fumes.
- Having a drug addiction or alcoholism.
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip.
- War, or any act of war, whether declared or undeclared.
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not. (A felony is as defined by the law of the jurisdiction in which the activity occurred.)
- Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane.
- Incurring a loss while on active duty status in the armed forces. (If the insured notifies us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of the exception.)

Benefits are not payable for services rendered by an immediate family member.

**Hospital** does not include an institution or that part of an institution operated primarily as a 1) convalescent, rest or skilled nursing care facility or hospice care center; or 2) facility primarily affording custodial, rehabilitative or educational care; or 3) facility for the aged, drug addicts or alcoholics.

### All Disability Benefit Riders

- Benefits will only be paid for one disability at a time, even if it is caused by more than one covered accident or sickness.
- Turning age 70 will not stop benefits otherwise payable.
- Benefits are not payable while incarcerated in any type of penal institution.

Total disability exists when under the regular care and attendance of a physician for necessary treatment of a covered accident or sickness and not actually engaged in any substantially gainful occupation.

Total disability must begin while rider is in force and ends when released by a physician to return to work.

Total disability is:

- **Full-Time Employee through age 69:** the inability to engage in or perform all of the material and substantial occupational duties.
- **Non Full-Time Employee through age 69:** the inability to perform two or more ADLs (contenance, dressing, eating, toileting and transferring) without direct personal assistance, as certified by a physician, each time the activity is performed.
- **Age 70 and Above:** hospital confined.

### Sickness Disability Rider

Benefits are not payable for childbirth or charges related to normal pregnancy occurring within the first 10 months of insurance. Benefits are paid for complications of pregnancy to the same extent as any other sickness.

No benefits are provided during the first 12 months for any sickness not disclosed on the application or excluded from insurance by name or specific description for which medical advice, consultation, or treatment was recommended or received from a physician or for which symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care, or treatment within 12 months prior to the effective date of such person's insurance.

### Termination of Insurance

Insurance ends on the earliest of the following dates:

- The date the employee sends us written notice to cancel insurance;
- The date an insured dies; or
- At the end of the grace period, if premiums are not paid.

Termination of the policy will have no effect on payment of benefits for a claim which begins before the policy is terminated.

### Continuation and Renewability

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premium directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance. This policy is guaranteed renewable for life provided premiums continue to be paid.

### Termination of Group Agreement

The employer may end the agreement on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The agreement will be terminated and insurance of all remaining insureds may be continued on a direct bill basis.



## Limitations and Exclusions

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### Other Insurance with Us

An individual can only have one accident policy or certificate with us. An individual can only have one disability income policy, certificate, or rider with us. If a person already has accident insurance with us, such person is not eligible to apply for this insurance. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.