



Everyone deserves a better Tomorrow.

CriticalAssistance® Advance is critical illness insurance designed to be cost-effective as it provides valuable benefits.

Underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

A critical illness can impact your family at any time. It pays to be ready.

A recent study in Washington state found that compared to the general population, bankruptcy rates were nearly twice as high among cancer patients one year after diagnosis, and the median time to bankruptcy was two and a half years after diagnosis.¹ Critical Illness insurance can help you and your family prepare for the financial stress a critical illness can cause.

Understanding CriticalAssistance® Advance

CriticalAssistance Advance is designed to come to the rescue of those budget-conscious families by helping pay the costs associated with the initial occurrence after the effective date of a heart attack, stroke, cancer or other serious illness as defined in the policy. You choose your benefit amount. Benefits are also available for your spouse and eligible children. Their benefit amount will be 50% of the benefit you elect.

Critical Illness Lump Sum Benefit

Pays you a lump sum benefit equal to the amount you choose multiplied by the applicable percentage shown in the Schedule of Benefits upon the occurrence of a covered critical illness within each category. If the benefit payment is less than 100% of the selected benefit amount, the policy pays another lump sum benefit amount upon the diagnosis of a different type of critical illness within the same category up to the limit per category. There is a lifetime maximum of three times the benefit amount you choose.

Issue Ages

Employee and spouse from age 18 and up, eligible children from birth through age 25.

Payments can be used to cover related expenses, medical or otherwise, including:

Deductibles, co-pays, hospital bills and other medical expenses

Child care or house-sitting for the family pet

Credit card payments and other household bills

Travel to out-of-town hospital or treatment facility

Non-medical expenses like missed work and house-keeping



1 American Heart Association, Heart Disease and Stroke Statistics-2011 Update, <http://circ.ahajournals.org/content/123/4/e18.full.pdf>, accessed on Nov. 6, 2012. Use of statistic does not imply endorsement.

This is a brief summary of CriticalAssistance Advance, Critical Illness Insurance. Policy form series CPCIO400 and CCCIO400.

Forms and form numbers may vary and this coverage may not be available in all jurisdictions. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

BENEFIT PAYMENT EXAMPLE

Benefit Amount Selected: **\$30,000**

Effective date of coverage: **1/1/2012**

First Occurrence of	Date	Benefit Amount	Percentage Payable (per chart)	Benefit Payable	Less Amount Paid in Category	Payout
Coronary Bypass Surgery	1/15/2012	\$30,000	25%	\$7,500	0	\$7,500
Heart Attack	3/20/2012	\$30,000	100%	\$30,000	\$7,500	\$22,500
Alzheimer's Disease	4/15/2013	\$30,000	30%	\$9,000	0	\$9,000
Paralysis in all four limbs (Not due to stroke)	8/15/2013	\$30,000	100%	\$30,000	\$9,000	\$21,000
Invasive Cancer	2/15/2014	\$30,000	100%	\$30,000	0	\$30,000

Total Benefit Paid Under this Coverage: (3 x Selected Benefit Amount) \$90,000

Critical Illness Definitions

Heart Attack - Diagnosis must be supported by 3 or more of the following indicators: typical chest pain suggestive of heart attack; new EKG changes indicative of myocardial infarction; diagnostic increase of specific cardiac markers typical for heart attack; or, confirmatory imaging studies.

Stroke - Diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies. Stroke does not include cerebral symptoms due to Transient Ischemic Attack (TIA), Reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, or vascular disease affecting the eye, optic nerve or vestibular functions.

Heart Transplant - Being placed on the transplant list or undergoing surgery to receive a transplant of a human heart.

Coronary Bypass Surgery - Angiographic evidence to support the necessity for this surgery will be required. This benefit does not include balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

Angioplasty/Stent - Coronary angioplasty must be performed by a physician who is also a board-certified cardiologist. This benefit is confined to the heart; therefore, angioplasty/stenting of renal arteries or other peripheral arteries are excluded from this benefit.

Major Organ Transplant - Being placed on the federally recognized transplant list or undergoing surgery to receive a transplant of a human lung, liver, kidney or pancreas.

End Stage Renal Failure - Chronic irreversible failure of both kidneys requiring treatment by renal dialysis or kidney transplant. (Treatment by renal dialysis or kidney transplant is not required in NH.)

Paralysis - Quadriplegia, paraplegia, or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of diagnosis to determine if paralysis is permanent. A benefit will not be paid for paralysis that results from a stroke or psychiatric related causes.

Burns (Not covered in NH) - A full-thickness or third-degree burn covering at least 50% of the body surface.

Coma - Lasting for 30 consecutive days with no reaction to external stimuli, no reaction to internal needs and the use of life support systems. Diagnosis must indicate permanent neurological deficit is present.

Loss of Sight, Speech, or Hearing - Total and irreversible loss of sight in both eyes, total and permanent loss of speech, or total and irreversible loss of hearing in both ears that cannot be corrected by the use of a hearing aid or device. (Not covered in NH)

Miscellaneous Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/Meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease), or Tuberculosis.

Alzheimer's Disease - Requires the inability to independently perform 2 or more of the following activities: bathing, dressing, eating, toileting, transferring, or incontinence. Requires clinically established diagnosis. (Not covered in NH)

Invasive Cancer - Evidenced by a malignant tumor and the invasion of tissue. Invasive cancer does not include pre-malignant conditions or conditions with malignant potential, prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification), and any malignancy associated with the diagnosis of HIV.

Carcinoma In Situ - Cancer that is in the normal place, confined to the site without having invaded neighboring tissue.

Prostate Cancer with TNM Classification of T1- Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography.

Skin Cancer - Basal cell epithelioma or squamous cell carcinoma. Skin cancer does not include malignant melanoma or mycosis fungoides, which are not considered skin cancers.

PRODUCT DETAILS

Category 1	Percentage of Benefit	Plan 1
Heart Attack	100%	Included
Stroke	100%	Included
Heart Transplant Surgery	100%	Included
Coronary Bypass Surgery	25%	Included
Angioplasty/Stent	5%	Included

Category 2	Percentage of Benefit	Plan 1
Major Organ Transplant Surgery (excluding heart)	100%	Included
End-Stage Renal Failure	100%	Included
Burns (3rd degree or 50% coverage)	100%	Included
Coma	100%	Included
Loss of Sight, Speech, and/or Hearing	100%	Included
Miscellaneous Diseases	100%	Included
Paralysis Not due to Stroke - all 4 limbs	100%	Included
Paralysis Not due to Stroke - less than 4 limbs	50%	Included
Alzheimer's Disease	30%	Included

Category 3	Percentage of Benefit	Plan 1
Invasive Cancer	100%	Included
Bone Marrow Transplant	100%	Included
Carcinoma in situ	25%	Included
Prostate Cancer with TNM Classification of T1	25%	Included
Skin Cancer	5%	Included

Optional Riders	Plan 1
Recurrent Critical Illness Benefit Rider Benefit	75%
Wellness Benefit Rider Annual Benefit	\$50

Elected Benefit - Employee coverage is available up to \$20,000 in \$10,000 increments. Dependent coverage is available for 50% of the employee's Elected Benefit.

Lifetime Maximum Benefit - Total benefits are limited to 3 times the Elected Benefit.

PRODUCT DETAILS

Plan 1 Bi-Weekly Non-Tobacco Rates

Category 1: Heart Attack, Stroke, Heart Transplant, Coronary Bypass Surgery, Angioplasty/Stent

Category 2: Major Organ Transplant, End-Stage Renal Failure, Burns, Coma, Paralysis, Loss of Sight/Speech/Hearing, Alzheimer's Disease and Miscellaneous Diseases

Optional Riders:

Category 3: Cancer Benefit Rider

Wellness Benefit Rider (\$50) and Recurrent Critical Illness Benefit Rider (75%)

Employee		
Age	\$10000	\$20000
18-29	\$4.56	\$7.29
30-39	\$5.21	\$8.58
40-49	\$8.53	\$15.23
50-59	\$14.53	\$27.23
60-64	\$29.12	\$56.40
65+	\$34.29	\$66.73
1 Parent Family		
18-29	\$5.00	\$7.82
30-39	\$5.65	\$9.11
40-49	\$8.97	\$15.76
50-59	\$14.97	\$27.76
60-64	\$29.56	\$56.93
65+	\$34.73	\$67.26
2 Parent Family		
18-29	\$6.57	\$10.03
30-39	\$7.82	\$12.53
40-49	\$12.90	\$22.68
50-59	\$21.11	\$39.11
60-64	\$42.90	\$82.68
65+	\$47.65	\$92.19

The above rates reflect the addition of first occurrence coverage.

Issue State: Illinois

PRODUCT DETAILS

Plan 1 Bi-Weekly Tobacco Rates

Category 1: Heart Attack, Stroke, Heart Transplant, Coronary Bypass Surgery, Angioplasty/Stent

Category 2: Major Organ Transplant, End-Stage Renal Failure, Burns, Coma, Paralysis, Loss of Sight/Speech/Hearing, Alzheimer's Disease and Miscellaneous Diseases

Optional Riders:

Category 3: Cancer Benefit Rider

Wellness Benefit Rider (\$50) and Recurrent Critical Illness Benefit Rider (75%)

Employee		
Age	\$10000	\$20000
18-29	\$7.10	\$12.36
30-39	\$8.26	\$14.67
40-49	\$15.36	\$28.89
50-59	\$29.63	\$57.41
60-64	\$55.15	\$108.46
65+	\$61.10	\$120.36
1 Parent Family		
18-29	\$7.54	\$12.90
30-39	\$8.70	\$15.20
40-49	\$15.80	\$29.42
50-59	\$30.06	\$57.94
60-64	\$55.59	\$108.99
65+	\$61.54	\$120.90
2 Parent Family		
18-29	\$9.71	\$16.31
30-39	\$11.00	\$18.90
40-49	\$22.50	\$41.88
50-59	\$44.33	\$85.54
60-64	\$82.17	\$161.23
65+	\$90.71	\$178.31

The above rates reflect the addition of first occurrence coverage.

Issue State: Illinois

LIMITATIONS AND EXCLUSIONS

We do not cover losses caused by, or as a result of, the following:

- Conditions other than those due to a covered Critical Illness.
- The covered person participating or attempting to participate in an illegal occupation.
- The covered person intentionally causing self-inflicted injury.
- The covered person committing or attempting to commit suicide, whether sane or insane.
- The covered person's involvement in any period of armed conflict.
- Surgeries performed outside the United States or its Territories.

Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

We may reduce or deny a claim or void coverage for loss incurred by a covered person during the first 2 years from the effective date of such coverage for any misstatements in the application which would have materially affected our acceptance of the risk or at any time for fraudulent misstatements in the application.

Heart Attack - Diagnosis must be supported by 3 or more of the following indicators: typical chest pain suggestive of heart attack; new EKG changes indicative of myocardial infarction; diagnostic increase of specific cardiac markers typical for heart attack; or, confirmatory imaging studies.

Stroke - Diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies. Stroke does not include cerebral symptoms due to Transient Ischemic Attack (TIA), Reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, or vascular disease affecting the eye, optic nerve or vestibular functions.

Heart Transplant Surgery - Being placed on the transplant list or undergoing surgery to receive a transplant of a human heart.

Coronary Bypass Surgery - Angiographic evidence to support the necessity for this surgery will be required. This benefit does not include balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

Angioplasty/Stent - Coronary angioplasty must be performed by a physician who is also a board-certified cardiologist. This benefit is confined to the heart; therefore, angioplasty/stenting of renal arteries or other peripheral arteries are excluded from this benefit.

Major Organ Transplant - Being placed on the transplant list or undergoing surgery to receive a transplant of a human heart, lung, liver, kidney or pancreas.

End Stage Renal Failure - Chronic irreversible failure of both kidneys that requires treatment by renal dialysis or kidney transplant.

Paralysis - Quadriplegia, paraplegia, or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of diagnosis to determine if paralysis is permanent. A benefit will not be paid for paralysis that results from a stroke or psychiatric related causes.

Burns - A full-thickness or third-degree burn covering at least 50% of the body surface.

Coma - Lasting for 30 consecutive days with no reaction to external stimuli, no reaction to internal needs and the use of life support systems. Diagnosis must indicate that permanent neurological deficit is present.

Loss of Sight, Speech, or Hearing - Total loss of sight in both eyes, total and permanent loss of speech, or total and irreversible loss of hearing in both ears that cannot be corrected by the use of a hearing aid or device.

Miscellaneous Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/Meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease), or Tuberculosis.

Alzheimer's Disease - Requires the inability to independently perform 2 or more of the following activities: bathing, dressing, eating, toileting, transferring, or incontinence.

LIMITATIONS AND EXCLUSIONS

Cancer Benefit Rider

We will only pay for loss as a direct result of cancer or bone marrow transplant. We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or as a result of cancer or its treatment.

Invasive Cancer - Evidenced by a malignant tumor and the invasion of tissue. Invasive cancer does not include pre-malignant conditions or conditions with malignant potential, prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification), and any malignancy associated with the diagnosis of HIV.

Carcinoma In Situ - Cancer that is in the normal place, confined to the site without having invaded neighboring tissue.

Prostate Cancer with TNM Classification of T1 - Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography.

Skin Cancer - Basal cell epithelioma or squamous cell carcinoma. Skin cancer does not include malignant melanoma or mycosis fungoides, which are not considered skin cancers.

Recurrent Critical Illness Benefit Rider

A recurrence of the same type of critical illness is not considered a Recurrent Critical Illness unless the diagnosis for the prior occurrence was at least 12 months from the most recent diagnosis and the person has been Treatment Free for at least 12 months. Treatment Free means the person is no longer receiving care from a physician, nor regular office visits, or being prescribed medication for a critical illness, other than routine checkups or maintenance medication for that critical illness.

Termination of Insurance

Employee coverage will terminate on the earliest of:

- The date of the employee's death;
- The date on which the employee ceases to be eligible for coverage;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel coverage.

Dependent coverage will terminate on the earliest of:

- The date the employee's coverage terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent coverage; or
- The date the employee sends us a written notice to cancel dependent coverage.

We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

Termination of the Group Master Policy

The policyholder may end the policy 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 group master policy will be terminated and coverage of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one critical illness policy or certificate with us. If a person already has critical illness insurance with us, such person is not eligible to apply for this coverage.