



# YOUR TRANSAMERICA

# ENROLLMENT MATERIALS

**[transamericabenefits.com](https://transamericabenefits.com)**

Products underwritten by Transamerica Life Insurance Company,  
Cedar Rapids, IA or Transamerica Financial Life Insurance Company, Harrison, NY.

# BENEFITS FOR YOUR UNIQUE NEEDS

**TRANSELITE®  
UNIVERSAL LIFE INSURANCE**

**TransElite is universal life insurance, underwritten by Transamerica Life Insurance Company, that can help provide financial protection at a competitive cost.**

## HELP PROTECT THE PEOPLE WHO DEPEND ON YOU

Andrea chose universal life insurance because she didn't want to worry about what would happen to her 5-year-old, Samuel, in the event of her death. It helped her feel better about his well-being to know her life insurance death benefit would help him if the worst happened. Universal life insurance can help safeguard your family members' futures, with benefits that can assist with your final expenses and their dependent care, living expenses, or college tuition.

## HELP GIVE YOURSELF PEACE OF MIND

Andrea is doing her best to save for retirement. Her universal life insurance policy builds cash value<sup>1</sup> so she can borrow against it in the future and protect her savings if an unexpected expense arises. In her later years, her built-up cash value will continue to pay her cost of insurance, maintaining her policy even after she retires. Life insurance should fit you, and we don't limit you with a one-size-fits-all approach. Whether you're more interested in ensuring your ability to keep a death benefit from now until you're 100, just want to add to your term life policy, or want to build cash value for your heirs, our universal life insurance policy works for just the right segment of the population: you.

<sup>1</sup> Upon written request, employees may borrow up to the available loan value of their certificate. The interest rate on cash value securing loans is 8.0% (7.4% in advance) with a minimum loan amount of \$250. The loan value of the certificate is the cash value less the amounts of any existing loans, loan interest payable in advance to the next certificate anniversary, and three monthly deductions.

This is a brief summary of *TransElite*® Universal Life Insurance **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy form series CPGUL300 and CCGUL300. 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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## HOW IT WORKS

- No physicals or blood work
- Accumulates cash value
- Guaranteed 3% interest rate
- Loan and withdrawal options
- Convenient payroll deduction



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



**Customer Service:**  
888-763-7474



**TRANSAMERICA®**

# VOLUNTARY EMPLOYEE BENEFITS

**ProService Hawaii** is proud to offer you a comprehensive suite of Supplemental Insurance products underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.

These policies provide you access to best-in-class benefits that are tailored to your needs and most importantly, offered at competitively priced rates with the convenience of paying your premiums through payroll deductions.

## ADVANTAGES THROUGH PROSERVICE HAWAII

### SMART BENEFITS

Thoughtfully crafted plan designs include the insurance protection you and your family need. Nothing more, nothing less.

### COMPETITIVE RATES

Transamerica is making available with ProService Hawaii competitive rates for our Universal Life, Term Life and Accident Advance policies.

### EASY ENROLLMENT

No physicals or blood work required. Acceptance will be based on answer to questions on your application. Quick personal enrollment assistance provided by ProService partner, Markham Insurance Services.

### CONVENIENCE

Convenient premium payment via payroll deduction. ProService manages the policies, administration and paperwork.

**To enroll or make changes to your Transamerica Supplemental Insurance products, contact:**

**Oahu/Kauai**

Jesse Markham  
808.526.4442

[Jesse@markhaminsuranceservices.com](mailto:Jesse@markhaminsuranceservices.com)

**Maui/Hawaii**

Steven Markham  
808.935.8795

[Steven@markhaminsuranceservices.com](mailto:Steven@markhaminsuranceservices.com)

Markham Insurance Services is an independent insurance agency representing Transamerica Life Insurance Co.

## ENJOY OUR HASSLE-FREE APPLICATION AND CLAIMS PROCESS

Apply by answering a few simple questions. No physicals or blood work required.<sup>2</sup> Our easy-to-navigate website allows you to update your information, keep track of your policies, apply for loans, submit claims, and more from your PC or mobile device.

## USE YOUR BENEFITS WHEN YOU NEED THEM MOST

Fifteen years after Andrea signs up for universal life insurance, her son Samuel's car (older than her policy) breaks down in his junior year of college. She borrows against her policy's cash value to get him a reliable car, and they pay it back together by the time he graduates.

Life is unpredictable. Universal life insurance offers help that goes beyond traditional life insurance to meet challenging situations. If you need to borrow against the cash value, you can pay it back when times get better.

If you're diagnosed with a terminal illness, you can use a portion of the policy's death benefit to make a difficult time easier.<sup>3</sup> If you're laid off, monthly deductions are waived for up to six months so you maintain your policy.<sup>4</sup>

## TAKE OUR PORTABLE, FLEXIBLE POLICY WITH YOU

You have the option to keep your insurance when changing jobs and we can adjust premiums, death benefit, and cash value amounts to meet changing personal financial situations like getting married, having a child, buying a house, or seeing your child through graduation.

## ELIGIBILITY

You can insure your eligible spouse, children (as Andrea did), and grandchildren with their own policies or purchase protection for your children through a child level term life insurance rider. The chart below gives the ages at which you and family members may apply, but all universal life policies can be maintained up to age 100.

	AGE LIMITS	BENEFIT
SELF	Ages 16 through 80	\$10,000 – \$500,000 benefit, not to exceed 5x base salary
SPOUSE OR EQUIVALENT BY LAW	Ages 16 through 65	\$10,000 – \$100,000 benefit
CHILDREN/GRANDCHILDREN	Ages 0 through 25 years	\$25,000 benefit
CHILDREN UNDER OPTIONAL CHILD TERM RIDER	Ages 15 days through 25 years	\$10,000 or \$20,000 benefit

<sup>2</sup> Acceptance based on answers to questions on the application for insurance.

<sup>3</sup> Accelerated Death Benefit for Terminal Condition Rider. This rider is not available in Louisiana, Massachusetts, Ohio, or Washington.

<sup>4</sup> This benefit is provided by the Waiver of Monthly Deductions for Layoff or Strike Rider. This rider is not available in Connecticut, Massachusetts, Puerto Rico, Tennessee, Vermont, or Washington.

Loans, withdrawals, and death benefit accelerations will reduce the policy value and the death benefit and may increase lapse risk. Policy loans are tax-free provided the policy remains in force. If the policy is surrendered or lapses, the amount of the policy loan will be considered a distribution from the policy and will be taxable to the extent that such loan plus other distributions at that time exceed the policy basis.



TRANSAMERICA®

## Product Details

Included Riders	Plan 1
Accelerated Death Benefit for Terminal Condition Rider Accelerates up to the lesser of \$100,000 or 75%	Included
Waiver of Monthly Deductions for Layoff or Strike Rider	Included
Optional Additional Riders	
Accelerated Death Benefit for Critical Condition Rider Accelerates up to the lesser of \$100,000 or the following %:	25%
Accelerated Death Benefit for Living Benefit Rider Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump sum payment	Included
Extension of Benefits Rider Accelerates 4% for monthly benefit or 5% of one-time lump sum payment/Paid-up Benefit of 25% of Face Amount	Included
Waiver of Monthly Deductions for Total Disability Rider	Included
Employee Optional Riders	
Child Term Insurance Rider Benefit of \$10,000 or \$20,000 for each child All children in the family will be insured for the same coverage amount.	Included

# TransElite HCV - Universal Life Insurance

With Riders: TI, WML, WMD, 25% CCR, LBR, EXT

Non-Tobacco

Death Benefit Option: A



Issue Age	\$50,000 Face Amount			\$75,000 Face Amount			\$100,000 Face Amount			Issue Age
	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	
16	11.43	0		17.14	542		22.85	1,710		16
17	11.77	0		17.65	979		23.53	2,273		17
18	12.10	42		18.14	1,437		24.19	2,845		18
19	12.47	283		18.72	1,816		24.95	3,270		19
20	13.01	508	18,218	19.52	2,065	27,351	26.02	3,597	36,436	20
21	13.62	867		20.44	2,582		27.25	4,224		21
22	14.02	1,187		21.03	2,945		28.04	4,727		22
23	14.56	1,400		21.84	3,244		29.12	5,077		23
24	15.22	1,673		22.83	3,590		30.45	5,528		24
25	15.77	2,021	17,612	23.65	4,035	26,375	31.54	6,111	35,225	25
26	16.41	2,180		24.61	4,258		32.82	6,357		26
27	17.08	2,371		25.62	4,517		34.16	6,644		27
28	17.75	2,717		26.62	4,984		35.50	7,261		28
29	18.65	2,903		27.98	5,235		37.30	7,551		29
30	19.41	3,100	16,856	29.12	5,490	25,303	38.82	7,865	33,712	30
31	20.30	3,267		30.45	5,683		40.61	8,130		31
32	21.20	3,545		31.81	6,085		42.41	8,610		32
33	22.14	3,806		33.21	6,421		44.28	9,036		33
34	23.06	3,977		34.58	6,639		46.12	9,329		34
35	23.95	4,200	16,017	35.92	6,947	24,026	47.90	9,694	32,053	35
36	25.31	4,338		37.97	7,124		50.62	9,898		36
37	26.74	4,382		40.11	7,154		53.49	9,938		37
38	28.22	4,576		42.33	7,415		56.44	10,254		38
39	29.74	4,686		44.60	7,534		59.47	10,391		39
40	31.58	4,669	14,573	47.37	7,497	21,863	63.16	10,321	29,153	40
41	33.33	4,668		50.00	7,469		66.67	10,270		41
42	35.07	4,755		52.61	7,576		70.14	10,385		42
43	37.00	4,751		55.50	7,537		74.00	10,320		43
44	38.86	4,719		58.30	7,471		77.73	10,216		44
45	40.78	4,682	12,648	61.16	7,375	18,963	81.55	10,072	25,287	45
46	43.58	4,782		65.37	7,501		87.15	10,221		46
47	46.43	4,872		69.64	7,616		92.87	10,370		47
48	49.52	4,869		74.28	7,589		99.04	10,312		48
49	52.52	4,924		78.79	7,659		105.05	10,382		49
50	55.80	4,870	11,003	83.69	7,544	16,500	111.59	10,223	21,999	50
51	59.11	4,808		88.67	7,437		118.23	10,069		51
52	62.54	4,724		93.81	7,288		125.08	9,854		52
53	66.38	4,533		99.57	6,984		132.76	9,436		53
54	69.98	4,407		104.98	6,779		139.97	9,148		54
55	73.61	4,142	8,463	110.42	6,363	12,696	147.22	8,580	16,926	55
56	77.55	3,735		116.32	5,731		155.09	7,728		56
57	83.12	2,850		124.68	4,388		166.24	5,928		57
58	88.87	2,092		133.29	3,233		177.73	4,377		58
59	94.81	1,362		142.21	2,124		189.62	2,888		59
60	101.55	631	3,018	152.33	1,016	4,529	203.10	1,398	6,037	60
61	108.50	162		162.76	297		217.01	431		61
62	116.26	0		174.40	0		232.53	0		62
63	124.52	0		186.78	0		249.04	0		63
64	133.27	0		199.90	0		266.54	0		64
65	140.34			210.50			280.67			65
66	151.29			226.95			302.59			66
67	161.95			242.92			323.90			67
68	174.30			261.44			348.59			68
69	186.39			279.58			372.77			69
70	200.30			300.45			400.61			70
71	201.41			302.12			402.83			71
72	217.20			325.81			434.41			72
73	233.55			350.32			467.10			73
74	250.49			375.73			500.97			74
75	270.68			406.02			541.36			75
76	225.67			338.51			451.35			76
77	239.55			359.34			479.11			77
78	254.36			381.53			508.71			78
79	269.92			404.87			539.83			79
80	286.39			429.59			572.79			80

Solve for Target Premium – A100

\* Guaranteed values are based on the minimum interest rate of 3.00% and maximum fees and charges. Non-Guaranteed values are based on a current illustrated interest rate of 5.25% and current fees and charges and are not guaranteed. Values are affected by the actual interest rates credited and cost of insurance rates charged. WML and WMD not included in Issue Ages 56+. CCR not included in Issue Ages 71+. TI, LBR, EXT, RES not included in Issue Ages 76+. The Child Term Rider may be added for additional premium of \$1.25 SemiMonthly24 per \$10,000.

A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract.

Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

1/15/2016

Issue State: HI Ver: 3.0.0.2147

# TransElite HCV - Universal Life Insurance

With Riders: TI, WML, WMD, 25% CCR, LBR, EXT

Tobacco

Death Benefit Option: A



Issue Age	\$50,000 Face Amount			\$75,000 Face Amount			\$100,000 Face Amount			Issue Age
	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	
16	15.57	0		23.35	0		31.13	0		16
17	16.04	0		24.06	0		32.07	0		17
18	16.47	0		24.70	0		32.94	0		18
19	17.05	0		25.57	0		34.10	0		19
20	17.76	0	20,643	26.65	0	30,991	35.53	0	41,339	20
21	18.56	0		27.85	0		37.13	0		21
22	19.12	0		28.67	0		38.23	0		22
23	19.89	0		29.83	0		39.77	0		23
24	20.72	0		31.08	0		41.44	0		24
25	21.44	0	19,927	32.16	0	29,870	42.88	0	39,816	25
26	22.38	0		33.57	0		44.76	0		26
27	23.44	0		35.15	0		46.87	0		27
28	24.64	0		36.95	0		49.27	0		28
29	25.82	0		38.73	0		51.64	480		29
30	27.12	0	18,949	40.68	255	28,416	54.24	962	37,898	30
31	28.44	0		42.66	753		56.87	1,569		31
32	29.72	372		44.58	1,390		59.44	2,393		32
33	31.10	690		46.65	1,803		62.20	2,947		33
34	32.60	944		48.91	2,176		65.20	3,384		34
35	33.90	1,271	17,817	50.84	2,606	26,715	67.79	3,961	35,634	35
36	35.72	1,442		53.58	2,840		71.44	4,230		36
37	37.72	1,586		56.58	3,021		75.45	4,450		37
38	39.78	1,807		59.66	3,300		79.56	4,816		38
39	41.90	1,970		62.85	3,522		83.80	5,079		39
40	44.27	1,998	15,906	66.41	3,539	23,867	88.54	5,069	31,821	40
41	46.59	2,133		69.88	3,696		93.17	5,262		41
42	48.97	2,237		73.45	3,825		97.95	5,427		42
43	51.46	2,305		77.19	3,898		102.92	5,496		43
44	54.13	2,316		81.20	3,889		108.27	5,462		44
45	56.41	2,431	13,743	84.62	4,036	20,620	112.83	5,642	27,497	45
46	59.99	2,631		89.98	4,303		119.98	5,982		46
47	63.66	2,854		95.49	4,614		127.32	6,377		47
48	67.59	2,932		101.39	4,708		135.19	6,485		48
49	71.44	3,087		107.17	4,917		142.89	6,744		49
50	75.56	3,114	12,006	113.34	4,934	18,013	151.12	6,751	24,014	50
51	79.81	3,144		119.71	4,951		159.61	6,761		51
52	84.15	3,128		126.22	4,908		168.30	6,691		52
53	89.02	2,991		133.54	4,685		178.05	6,376		53
54	93.74	2,948		140.60	4,592		187.47	6,238		54
55	98.60	2,753	9,116	147.90	4,284	13,674	197.20	5,816	18,232	55
56	102.43	2,547		153.65	3,957		204.87	5,368		56
57	108.88	1,704		163.33	2,677		217.77	3,646		57
58	115.43	1,060		173.15	1,691		230.86	2,321		58
59	122.26	488		183.39	815		244.52	1,144		59
60	129.76	0	3,407	194.64	0	5,111	259.52	12	6,814	60
61	137.76	0		206.63	0		275.51	0		61
62	146.36	0		219.55	0		292.73	0		62
63	155.21	0		232.81	0		310.42	0		63
64	164.23	0		246.35	0		328.47	0		64
65	174.42			261.64			348.85			65
66	187.39			281.08			374.78			66
67	199.84			299.76			399.68			67
68	214.38			321.57			428.75			68
69	228.62			342.93			457.24			69
70	244.96			367.44			489.92			70
71	240.25			360.37			480.50			71
72	258.79			388.18			517.58			72
73	277.84			416.76			555.68			73
74	297.48			446.22			594.96			74
75	321.24			481.85			642.48			75
76	261.68			392.52			523.36			76
77	276.94			415.40			553.87			77
78	293.03			439.54			586.06			78
79	309.96			464.95			619.92			79
80	327.81			491.72			655.62			80

Solve for Target Premium – A100

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Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

1/15/2016

Issue State: HI Ver: 3.0.0.2147

# TransElite HCV - Universal Life Insurance

Form: CPGUL300

With Riders: TI, WML, WMD, 25% CCR, LBR, EXT

Non-Tobacco

Death Benefit Option: A



Issue Age	\$125,000 Face Amount			\$150,000 Face Amount			\$200,000 Face Amount			Issue Age
	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	
16	28.56	2,876		34.28	4,089		45.70	6,439		16
17	29.41	3,553		35.30	4,862		47.06	7,435		17
18	30.24	4,268		36.28	5,648		48.38	8,480		18
19	31.20	4,804		37.43	6,271		49.91	9,258		19
20	32.52	5,129	38,173	39.03	6,675	45,852	52.04	9,765	61,130	20
21	34.06	5,890		40.87	7,556		54.50	10,926		21
22	35.05	6,473		42.06	8,243		56.08	11,771		22
23	36.40	6,910		43.68	8,743		58.25	12,431		23
24	38.05	7,423		45.66	9,350		60.88	13,185		24
25	39.42	8,135	37,835	47.30	10,169	45,401	63.07	14,247	60,520	25
26	41.02	8,427		49.22	10,506		65.63	14,663		26
27	42.69	8,771		51.23	10,908		68.31	15,171		27
28	44.37	9,519		53.24	11,794		70.98	16,301		28
29	46.63	9,883		55.95	12,189		74.60	16,819		29
30	48.52	10,238	37,063	58.23	12,621	44,484	77.64	17,376	59,299	30
31	50.76	10,545		60.91	12,975		81.21	17,807		31
32	53.01	11,134		63.61	13,651		84.81	18,694		32
33	55.35	11,651		66.42	14,267		88.56	19,497		33
34	57.64	11,985		69.17	14,646		92.23	19,992		34
35	59.87	12,435	36,018	71.84	15,175	43,212	95.79	20,668	57,616	35
36	63.27	12,665		75.92	15,445		101.24	21,022		36
37	66.86	12,704		80.23	15,477		106.97	21,022		37
38	70.55	13,087		84.66	15,925		112.88	21,603		38
39	74.33	13,239		89.20	16,102		118.93	21,814		39
40	78.94	13,139	33,483	94.73	15,967	40,185	126.31	21,618	53,582	40
41	83.33	13,058		99.99	15,850		133.33	21,452		41
42	87.67	13,189		105.21	16,010		140.28	21,636		42
43	92.50	13,102		111.00	15,884		148.00	21,456		43
44	97.16	12,953		116.59	15,697		155.46	21,190		44
45	101.94	12,773	29,630	122.32	15,463	35,550	163.10	20,864	47,409	45
46	108.94	12,940		130.72	15,659		174.30	21,105		46
47	116.08	13,112		139.29	15,853		185.72	21,349		47
48	123.80	13,029		148.55	15,748		198.07	21,184		48
49	131.31	13,109		157.57	15,835		210.09	21,288		49
50	139.48	12,896	26,288	167.38	15,574	31,549	223.17	20,926	42,063	50
51	147.78	12,691		177.33	15,318		236.45	20,577		51
52	156.34	12,414		187.61	14,977		250.15	20,109		52
53	165.94	11,882		199.13	14,331		265.50	19,230		53
54	174.97	11,519		209.96	13,887		279.94	18,627		54
55	184.03	10,799	20,586	220.83	13,015	24,700	294.44	17,454	32,935	55
56	193.85	9,720		232.63	11,720		310.17	15,712		56
57	207.79	7,462		249.35	9,001		332.47	12,076		57
58	222.16	5,517		266.58	6,659		355.45	8,944		58
59	237.01	3,646		284.41	4,410		379.22	5,934		59
60	253.86	1,778	7,374	304.64	2,162	8,851	406.18	2,925	11,800	60
61	271.25	563		325.50	696		434.00	964		61
62	290.65	0		348.78	0		465.04	0		62
63	311.28	0		373.54	0		498.05	0		63
64	333.16	0		399.79	0		533.05	0		64
65	350.82			420.99			561.32			65
66	378.23			453.87			605.16			66
67	404.85			485.83			647.77			67
68	435.72			522.86			697.15			68
69	465.94			559.13			745.51			69
70	500.74			600.89			801.19			70
71	503.51			604.22			805.62			71
72	542.99			651.58			868.78			72
73	583.85			700.62			934.16			73
74	626.18			751.42			1,001.90			74
75	676.67			812.01			1,082.68			75
76	564.16			677.00			902.66			76
77	598.87			718.64			958.19			77
78	635.86			763.04			1,017.38			78
79	674.76			809.71			1,079.62			79
80	715.95			859.14			1,145.53			80

Solve for Target Premium - A100

\* Guaranteed values are based on the minimum interest rate of 3.00% and maximum fees and charges. Non-Guaranteed values are based on a current illustrated interest rate of 4.75% and current fees and charges and are not guaranteed. Values are affected by the actual interest rates credited and cost of insurance rates charged. Non-Guaranteed elements are subject to change by the company. Actual results may be more or less favorable than shown. WML and WMD not included in Issue Ages 56+. CCR not included in Issue Ages 71+. TI, LBR, EXT, RES not included in Issue Ages 76+. The Child Term Rider may be added for additional premium of \$1.25 SemiMonthly24 per \$10,000.

A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract.

9/12/2022

Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

Issue State: HI Ver: 5.1.2022.221



# TransElite HCV - Universal Life Insurance

Form: CPGUL300

With Riders: TI, WML, WMD, 25% CCR, LBR, EXT

Tobacco

Death Benefit Option: A



Issue Age	\$125,000 Face Amount			\$150,000 Face Amount			\$200,000 Face Amount			Issue Age
	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	SemiMonthly24 Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	
16	38.91	0		46.70	0		62.26	0		16
17	40.09	0		48.11	0		64.14	0		17
18	41.17	0		49.41	0		65.88	0		18
19	42.62	0		51.15	0		68.19	0		19
20	44.41	0	41,846	53.29	0	50,184	71.05	0	66,904	20
21	46.41	0		55.69	0		74.25	0		21
22	47.79	0		57.35	0		76.46	0		22
23	49.71	0		59.65	0		79.54	0		23
24	51.79	0		62.15	0		82.87	0		24
25	53.60	0	41,674	64.32	0	49,999	85.76	0	66,664	25
26	55.94	0		67.13	0		89.51	0		26
27	58.58	0		70.30	0		93.74	504		27
28	61.58	379		73.90	849		98.54	1,829		28
29	64.55	1,053		77.45	1,635		103.27	2,811		29
30	67.79	1,622	40,808	81.35	2,329	48,986	108.47	3,706	65,314	30
31	71.09	2,395		85.31	3,229		113.74	4,881		31
32	74.30	3,394		89.16	4,405		118.88	6,433		32
33	77.75	4,060		93.30	5,187		124.40	7,445		33
34	81.51	4,609		97.81	5,832		130.41	8,272		34
35	84.73	5,281	39,464	101.68	6,622	47,354	135.58	9,313	63,160	35
36	89.29	5,600		107.15	7,002		142.87	9,782		36
37	94.30	5,867		113.16	7,295		150.88	10,153		37
38	99.44	6,309		119.33	7,814		159.10	10,816		38
39	104.75	6,631		125.70	8,178		167.60	11,287		39
40	110.67	6,589	36,191	132.80	8,119	43,431	177.07	11,186	57,908	40
41	116.46	6,820		139.75	8,391		186.34	11,525		41
42	122.43	7,015		146.91	8,602		195.88	11,778		42
43	128.64	7,079		154.37	8,672		205.82	11,849		43
44	135.33	7,027		162.39	8,592		216.52	11,734		44
45	141.03	7,235	31,989	169.24	8,840	38,396	225.66	12,043	51,192	45
46	149.97	7,647		179.96	9,319		239.95	12,667		46
47	159.14	8,127		190.96	9,876		254.62	13,399		47
48	168.98	8,252		202.77	10,019		270.36	13,563		48
49	178.60	8,561		214.32	10,385		285.76	14,037		49
50	188.90	8,562	28,603	226.67	10,376	34,319	302.24	14,018	45,771	50
51	199.51	8,559		239.41	10,367		319.20	13,974		51
52	210.36	8,460		252.44	10,243		336.58	13,797		52
53	222.55	8,058		267.06	9,746		356.08	13,124		53
54	234.33	7,880		281.20	9,527		374.93	12,818		54
55	246.49	7,341	22,143	295.79	8,873	26,574	394.39	11,933	35,433	55
56	256.07	6,771		307.29	8,182		409.71	10,996		56
57	272.20	4,611		326.63	5,579		435.51	7,518		57
58	288.56	2,946		346.28	3,578		461.70	4,837		58
59	305.64	1,469		366.77	1,797		489.03	2,452		59
60	324.39	46	8,328	389.26	82	9,993	519.02	156	13,325	60
61	344.37	0		413.25	0		551.00	0		61
62	365.89	0		439.07	0		585.43	0		62
63	388.00	0		465.60	0		620.81	0		63
64	410.56	0		492.68	0		656.90	0		64
65	436.05			523.26			697.68			65
66	468.45			562.14			749.53			66
67	499.58			599.49			799.32			67
68	535.91			643.10			857.47			68
69	571.53			685.83			914.44			69
70	612.37			734.84			979.79			70
71	600.60			720.71			960.96			71
72	646.94			776.34			1,035.11			72
73	694.57			833.48			1,111.32			73
74	743.67			892.41			1,189.87			74
75	803.06			963.68			1,284.90			75
76	654.16			785.00			1,046.67			76
77	692.31			830.77			1,107.69			77
78	732.54			879.05			1,172.07			78
79	774.88			929.85			1,239.81			79
80	819.50			983.40			1,311.20			80

Solve for Target Premium - A100

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- HCV** **TransElite HCV – Universal Life Insurance:** HCV policies have flexible premiums and can be funded with minimum premiums, but are typically used to build up cash surrender values. Cash value growth depends on the current interest crediting rate and cost of insurance charges. HCV policies have a minimum guaranteed interest rate and a maximum guaranteed cost of insurance. The premium is expected to provide coverage to age 100, plus a cash value equal to the face amount at age 100. The premium is expected to sustain the policy - however, skipped or reduced premium payments, changes in the non-guaranteed interest rate or charges, or acquiring a policy loan, a partial surrender or a face amount increase could require additional payments.
- TI** **Accelerated Death Benefit for Terminal Illness Rider (Form CRLTI100):** Lets the insured "tap into" life insurance in the event of a future terminal illness diagnosis and still provides a benefit for the beneficiary.
- WML** **Waiver of Monthly Deductions Due to Layoff or Strike Rider (Form CRLWL100):** Protects life insurance from lapsing for up to six months if the insured (employee only) is involuntarily laid off.
- WMD** **Waiver of Monthly Deduction Rider (Form CRLWM1HI):** Waives the Total Monthly Deductions for coverage when the owner, and only the owner, becomes totally disabled. Total disability must begin after age 16 and prior to age 60.
- CCR** **Accelerated Death Benefit for Critical Care Condition Rider (Form CRLCC100):** Allows the insured to receive an early payout of the life insurance death benefit when diagnosed with a specified critical care condition of cancer, stroke, heart attack, renal failure, or undergoing a major organ transplant. When the insured is diagnosed for the first time and certified by a physician as having one of the specified critical care conditions, the owner can receive an early payment of 25% of the face amount or \$100,000, whichever is less.
- LBR** **Accelerated Death Benefit for Chronic Condition Rider (Form CRLLT1HI):** The Living Benefit Rider accelerates a portion of the coverage amount if a covered person is diagnosed with a covered chronic illness in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.
- EXT** **Extension of Benefits for Chronic Condition (Form CRLEX100):** If included with policy, after 100% of the coverage amount has been accelerated under the accelerated death benefit for chronic condition rider and the covered employee or spouse continues to be eligible for benefits, we will begin increasing the ADB-CC coverage amount by 4% so that the monthly accelerations can continue. We will also issue a paid-up certificate for 25% of the coverage amount to be paid to the beneficiary upon the covered person's death. This rider will terminate when the cumulative increases total 100% of the coverage amount in effect when the ADB-CC accelerations began, or earlier if the covered person is no longer eligible for benefits.

## Summary of Benefits

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**Accelerated Death Benefit for Terminal Condition Rider** (Rider Form Series CRLTI100) - Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a terminal condition which, in the best medical judgment, will result in death within 12 months.

When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.

**Accelerated Death Benefit for Critical Condition Rider** (Rider Form Series CRLCC100) - Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a covered critical care condition (cancer, heart attack, stroke, renal failure or major organ transplant surgery) after the 30-day waiting period.

When exercised, an administrative fee of \$250 will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.

**Accelerated Death Benefit for Living Benefit Rider** (Rider Form Series CRLLT300) - Accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a condition, expected to be permanent, which would require institutional confinement.

**Extension of Benefits Rider** (Rider Form Series CRLEX100) - If included with policy, after 100% of the life insurance death benefit has been accelerated under the Accelerated Death Benefit for Living Benefit Rider and the insured employee or spouse continues to be eligible for benefits, we will begin increasing the ADB-LB coverage amount by 4% so that the monthly accelerations can continue. We will also issue a paid-up certificate for 25% of the coverage amount to be paid to the beneficiary upon the insured person's death. This rider will terminate when the cumulative increases total 100% of the coverage amount in effect when the ADB-LB accelerations began, or earlier if the insured person is no longer eligible for benefits.

**Waiver of Monthly Deductions for Layoff or Strike Rider** (Rider Form Series CRLWL100) - Waives the monthly deductions for up to six months per year if the employee is involuntarily laid off. Benefits are limited to three layoffs per year and are based on the employee's layoff only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to the insured employee's layoff. Rider is available through age 55 and terminates on the employee's 60th birthday or when the insurance is assigned to another party, whichever is earlier.

**Waiver of Monthly Deductions for Total Disability Rider** (Rider Form Series CRLWM100) - Waives the monthly deductions while an employee is totally disabled. Once the six month waiting period is satisfied, monthly deductions will be waived retroactively to the commencement of total disability and continue as long as the employee remains totally disabled, subject to certain conditions. The disability must begin after age 16 and prior to age 60. Benefits are based on the employee's total disability only. Total disability of an insured spouse or child does not qualify for this waiver. Rider is available through age 55 and terminates on the employee's 70th birthday.

**Child Term Insurance Rider** (Rider Form Series CRLCH100) - Allows an insured employee or spouse (but not both) to insure all eligible children, age 15 days through age 18, for the selected amount of term insurance. Insurance on each child terminates on that child's 19th birthday or when the parent's insurance ends, whichever is earlier. Upon the termination the child has 31 days in which to convert to an individual contract for up to 5 times the amount of insurance under this rider or \$50,000. All children in the family will be insured for the same insurance amount.

## Limitations and Exclusions

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If an insured employee withdraws the cash value, tax consequences and/or surrender charges may apply.

Fluctuations in interest rates or policy charges may require the payment of additional premiums.

Individuals currently on disability or on premium waiver are not eligible for insurance.

During the first two years, the death benefit for suicide is limited to the return of premiums paid, less any loans, partial surrender amounts, and accelerated benefits paid, if any.

### Accelerated Death Benefit for Critical Condition Rider

**Cancer** requires histological evidence of malignancy and does not cover skin cancer other than malignant melanomas, all tumors that are histologically described as pre-malignant or are only showing early malignant change, cancer in-situ, and papillary cancer of the bladder.

**Heart Attack** must be based on new EKG changes consistent with injury, elevation of cardiac enzymes, and confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

**Major Organ Transplant Surgery** is limited to heart, lung, liver or bone marrow transplants.

**Renal Failure** is limited to end stage renal failure resulting in chronic and irreversible failure of both kidneys to function requiring renal dialysis.

**Stroke** requires evidence of permanent neurological damage and does not cover Transient Ischemic Attacks (TIAs) or attacks of Vertebrobasilar Ischemia.

### Accelerated Death Benefit for Living Benefit Rider

We will not pay rider benefits for care that is received or loss incurred as a result:

- an intentionally self-inflicted injury or attempted suicide.
- war or any act of war, declared or undecleared, or service in the armed forces of any country.
- the insured's alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a physician in the course of treatment for an injury or sickness.
- the insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the insured's involvement in an illegal activity.

### Extension of Benefits Rider

The rider will terminate on the earliest of:

- the date the contract ends;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the date the policy owner dies;
- the date the entire death benefit has been paid under the Accelerated Death Benefit for Living Benefit Rider, or when the policy no longer satisfies the Eligibility for Benefits provision;
- the date the cumulative death benefit increases under this rider total 100% of the death benefit in force on the date the first monthly accelerated death benefit was paid under the Accelerated Death Benefit for Living Benefit Rider;
- the date the nonforfeiture option, if any, becomes effective; or
- the date a one-time lump sum payment under the Accelerated Death Benefit for Living Benefit Rider is paid.

### Accelerated Death Benefit for Terminal Condition Rider

We will not pay for any conditions diagnosed prior to the effective date of the rider.

## Limitations and Exclusions

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### Waiver of Monthly Deductions for Total Disability Rider

We will not waive deductions if the employee's total disability results from:

- attempted suicide or intentionally self-inflicting injury, while sane or insane;
- commission of or attempting to commit a felony or engaging in illegal occupation;
- voluntary participation in a riot or insurrections;
- voluntary use of alcohol or any drug, whether legal or illegal, unless administered in accordance with a physician's advice and written instruction;
- voluntarily taking, absorbing or inhaling a poison, gas or fumes;
- an accident that occurs while the employee was driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs;
- travel in or descent 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 an act of war, whether declared or undeclared;
- service in the military or any auxiliary unit attached thereto.

Benefit payments on this rider will terminate of the earliest of:

- the date the policy owner's total disability ends.
- the date the policy owner's death.
- the date the policy owner refuses to provide proof of their continuing disability is asked.
- the date the policy owner refuses to be examined by a physician of our choice if asked to do so.
- the anniversary date that coincides with or next follows the policy owner's 70th birthday.
- the date this rider or the contract ends.

The rider will terminate of the earliest of:

- the date the contract ends.
- the date the contract lapses, subject to the grace period.
- the date the policy owner requests termination.
- the date the policy owner dies.
- the anniversary date that coincides with or next follows the policy owner's 60th birthday.
- the date the policy owner assigns the contract to another individual.
- the date a nonforfeiture option under the contract, if any, becomes effective.

### Waiver of Monthly Deductions for Layoff or Strike Rider

We will waive deductions for:

- up to three layoffs or strikes in one 12-month period;
- for up to six months in any one 12-month period.

A 12-month period will be measured from the date the first month deduction is waived.

If the continuation of coverage/conversion option provision of the contract is exercised, if any, the policy owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the layoff or strike.

The policy owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the layoff or strike.

This rider is not available for self-employed individuals.

The rider will terminate on the earliest of:

- the date the contract ends;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the date the policy owner dies;
- the anniversary date on or after the insured reaches age 60;
- the date the policy owners assigns the contract to another individual; or
- the date a nonforfeiture option, if any, becomes effective.

## Limitations and Exclusions

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### Child Term Insurance Rider

- the date the contract ends;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the anniversary date on or after the insured child is no longer eligible as a dependent child;
- the anniversary date after the last insured child has reached the limiting age; or
- the date a nonforfeiture option, if any, becomes effective.

### Termination of Insurance

Insurance, including all riders, ends on the earliest of the following dates:

- the monthly contract date following the receipt of written request for surrender.
- the maturity date.
- the date of death.
- the date the contract ends, lapses or becomes fully paid-up life insurance, subject to the grace period.
- the date a nonforfeiture option becomes effective.

### Continuation of Coverage/Conversion Option

If an employee is no longer eligible as described in the eligibility requirements or if the group master policy terminates, insurance can be converted to an individual policy by submitting an application and the first month's premium to us within 31 days after termination. The amount of insurance on the individual policy will be the same amount of insurance that ceases under this certificate. We will bill the employee directly once we receive notification to continue insurance.

### 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 the insurance of all remaining insureds will end, subject to the Continuation of Coverage/Conversion 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 the Accelerated Death Benefit for Critical Condition Rider.

# BRIGHTER TOMORROWS

## START TODAY

### A STEP-BY-STEP GUIDE TO SUBMITTING A CLAIM

You put protection in place for a reason, and it's important for you to know how to access your benefits. Transamerica is there for you every step of the way. With several ways to file, you can choose the one that works best for you. Customers can download forms at [transamerica.com/employee-benefits/your-employee-benefits](https://transamerica.com/employee-benefits/your-employee-benefits) and submit a claim either online, by email, phone, mail, or fax.



#### Online\*

1. Log in at [transamerica.com/employee-benefits/your-employee-benefits](https://transamerica.com/employee-benefits/your-employee-benefits). If you're not registered, click "**CREATE ACCOUNT**" and use your contract (certificate or policy) number and personal information, including Social Security number, to register.
2. Click on the policy you're using to file a claim.
3. Once inside the policy's contract details, click on claims, then on the specific type of claim you want to file.
4. Complete all requested information. If your claim requires a specific form, it will be provided here.
5. Print a copy of your claim submission for your records.



#### Email

1. Email claim documents to: [tebclaimsscanning@transamerica.com](mailto:tebclaimsscanning@transamerica.com).
2. Include the insured's name and policy/certificate number.
3. You will receive an email acknowledgment of receipt.



#### Phone

1. Contact the Transamerica Claims Customer Service Department at **888-763-7474**.
2. Be ready to provide all claim information.



#### Fax

- Fax claim documents to **866-586-6528**.
- Include the insured's name and policy/certificate number.
- All documents should be clear and readable.




#### Mail

- Mail completed claim documents to:  
**Transamerica - Claims, PO BOX 219 Cedar Rapids, IA 52406-0219**
- Include the insured's name and policy/certificate number.

\*preferred method — online filing ensures accurate claim submission and lets you track your claim status at [transamerica.com/employee-benefits/your-employee-benefits](https://transamerica.com/employee-benefits/your-employee-benefits)

#### Questions About Claims?

 [tebcustresp@transamerica.com](mailto:tebcustresp@transamerica.com)

 **888-763-7474**

Mon-Thu: 7 a.m. to 6 p.m. CT  
Fri: 7 a.m. to 5 p.m. CT



TRANSAMERICA®

## Do you have what you need to file a claim?

Having all your documents together helps make submitting a claim a smoother process. Look below to see the documentation needed for each type of claim. Please include the insured's name and Social Security number on all claims.



<b>Wellness</b> <span style="float: right;">● ● ● ● ●</span>	<b>Disability</b> <span style="float: right;">● ● ● ● ●</span>
<ul style="list-style-type: none"> <li>• Date wellness services were provided</li> <li>• Care provider's contact information</li> <li>• List of services provided</li> </ul>	<ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Police report (if applicable)</li> <li>• Discharge summary from hospital (if ER involved)</li> <li>• Employer's first report of injury (if an on-the-job accident)</li> </ul>
<b>Critical Illness</b> <span style="float: right;">● ● ● ● ●</span>	<b>Cancer</b> <span style="float: right;">● ● ● ● ●</span>
<ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Positive pathology report from doctor for initial claim (when filing claim for cancer)</li> <li>• Discharge summary (if hospitalized)</li> </ul>	<ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Positive pathology report from doctor for initial claim</li> <li>• Itemized statements from care providers showing procedure codes, descriptions, treatment, and charges</li> <li>• Blood, chemotherapy, and radiation treatment statements</li> <li>• Explanation of Benefits from your major medical insurance company or summary notices from Medicare or Medicaid</li> </ul>
<b>Supplemental Medical Expense (TransConnect®)</b> <span style="float: right;">● ● ● ● ●</span>	<b>Notification of Death</b> <span style="float: right;">● ● ● ● ●</span>
<p>If benefits are to be paid to provider, the provider should file the claim to receive benefits. If benefits are to be paid to you, we will need:</p> <ul style="list-style-type: none"> <li>• Completed claim form or itemized statements from care providers showing diagnosis and procedure codes</li> <li>• Primary healthcare plan provider's Explanation of Benefits, including the deductible, co-pay, and/or co-insurance amount(s)</li> </ul>	<p>Death Claim:</p> <ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Original certified death certificate</li> </ul> <p>Accelerated Death Benefits for Critical Care Claim:</p> <ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Pathology report (if involving cancer)</li> </ul> <p>Terminal Illness Claim:</p> <ul style="list-style-type: none"> <li>• Completed claim form</li> </ul> <p>Waiver of Premium Claim (for disability or layoff):</p> <ul style="list-style-type: none"> <li>• Completed claim form</li> </ul>
<b>Accident</b> <span style="float: right;">● ● ● ● ●</span>	
<ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Proof of accident treatment with diagnosis (such as hospital discharge summary or statement)</li> <li>• Police report (if applicable)</li> <li>• Proof of follow-up treatment with diagnosis</li> </ul>	
<b>Hospital Indemnity Insurance Policy</b> <span style="float: right;">● ● ● ● ●</span>	
<ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Itemized statements</li> <li>• Police report (if applicable)</li> </ul>	

Products underwritten by **Transamerica Life Insurance Company, Cedar Rapids, IA, or Transamerica Financial Life Insurance Company, Harrison, NY.**

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**TRANSAMERICA®**



<b>GROUP NAME: PRO SERVICE HAWAII</b>						
<b>APPLICANT NAME:</b>				<b>SOCIAL SECURITY #:</b>		
	DEDUCTION FREQUENCY (See Below)*	MONTHLY PREMIUM AMOUNTS				
		APPLICANT	SPOUSE**	DEPENDENT CHILD	DEPENDENT CHILD	PRODUCT TOTAL
AccidentAdvance®						
Accident AnswerSelect®						
AccidentSelect®						
CancerSelect®Plus						
CriticalAssistance^ Plus						
CriticalAssistance Select®						
SightSelect®						
TAC\$-Advantage®/VTL						
TransAccident®						
TransChoice® Plus						
TransConnect®						
TransDI® Plus						
TransElite®						
TransSelect®						
Trans\$ureSM						
TransULSM Plus						

**'DEDUCTION FREQUENCY OPTIONS**

- WEEKLY (W)-(52 Checks)**
- BI-WEEKLY (BW)-(26 Checks)SEMI-**
- MONTHLY (SM)-(24 Checks)**
- MONTHLY (M)-(12 Checks)**

**OTHER** \_\_\_\_\_

**TOTAL MONTHLY PREMIUMS**

**TOTAL PAYROLL DEDUCTION**

**DATE DEDUCTIONS TO BEGIN**

01 / 01 / 2023

**Is this an existing policy with a change?**

No  Yes **If yes, Policy #:** \_\_\_\_\_ **Current Deduction Amount: \$** \_\_\_\_\_

Upon acceptances by the Insurer(s) of coverage(s) applied for I hereby authorize my Employer to deduct from my earnings the amount indicated above and to remit such deductions each month to the Administrative Office of the Insurer(s) indicated below toward the payment of premiums on a policy or policies issued on my life, or on my eligible dependents. This authorization begins on the date shown above. It shall continue thereafter until the earlier of (a) termination of my employment, (b) written notice from me canceling this authorization, or (c) termination of Payroll Deduction Plan.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFER REFUSAL**

I do not wish to participate and understand that future application for such insurance may require evidence of insurability.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

A completed copy of this must be provided to the Home Office, Group and Applicant.



(888) 763-7474  
[www.transamericaemployeebenefits.com](http://www.transamericaemployeebenefits.com)

