



YOUR TRANSAMERICA

ENROLLMENT MATERIALS

transamericabenefits.com

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

INSURANCE THAT HAS YOUR BACK

TRANS SELECT® 10 TERM LIFE INSURANCE

Do something today to get your family ready for tomorrow with *Trans Select 10* term life insurance, underwritten by Transamerica Life Insurance Company.

There is no way to know what will happen from one day to the next, but there is a way to help protect your family against the unexpected. *Trans Select 10* is our term life insurance product designed to meet life's changes — today and tomorrow.

EASY-TO-UNDERSTAND BENEFITS

We schedule *Trans Select 10* premiums to remain level for 10 years, and guarantee they will be level for the first five years. **Your premiums may start increasing annually starting in year six.** If you want, you can pay these premiums through the convenience of payroll deduction.

HOW MUCH LIFE INSURANCE DO YOU NEED?

It depends on your specific situation. You should consider the financial needs of your family so that they are able to continue paying for living expenses, such as housing and groceries, if you were to pass away early. This can help you create a stable future for the people you care about most.

HERE ARE SOME OTHER FACTORS TO CONSIDER:

- What are your current earnings and other income sources, such as 401(k), savings, and investments?
- How many people depend on you financially, including your immediate family, parents, and other dependents?
- Does your spouse work, and what is his or her earning capacity now and in the future?
- Do you have debt or any special financial needs, such as a mortgage or your children's future educational needs?

¹This benefit is not available in CT, MA, MD, NJ, PR, TN, or VA.

²This benefit is not available in MA.

This is a brief summary of *Trans Select*® 10, Term Life Insurance, **underwritten by Transamerica Life Insurance Company (TLIC)**, Cedar Rapids, IA. TLIC is not an authorized insurer in New York. Policy form series CPVTL200 and CCVTL200; Rider form series CRTIVT00, CRWPL200 and CRCHL200. 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.

HOW IT WORKS

- Waiver of premium benefit if laid off from work¹
- Offers spouse and dependent benefits
- Provides terminal illness benefit²
- Enables convenient payroll deduction
- Ability to continue insurance if you change employers or retire
- Renews after initial term without requiring medical history



Visit:

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

Maui/Hawaii

Steven Markham
808.935.8795

Steven@markhaminsuranceservices.com

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

Product Details

Included Riders	Plan Option 1
Accelerated Death Benefit for Critical Care Condition Rider Accelerates up to the lesser of \$100,000 or the following %	25%
Accelerated Death Benefit for Terminal Illness Rider Accelerates up to the lesser of \$100,000 or 50%	Included
Waiver of Premium due to Layoff Rider	Included

*Riders not available to all ages, see Plan Design Rate Chart for details.

Product Details

Trans Select® 10 Group Term Life Insurance

Plan Option 1 Semi-Monthly Non-Tobacco Rates

Includes: Terminal Illness Rider, Waiver of Premium for Layoff or Strike Rider, Critical Care Rider (25%) and Child Term Rider

Issue Age	\$25,000 Face Amount	\$50,000 Face Amount	\$75,000 Face Amount	Issue Age	\$25,000 Face Amount	\$50,000 Face Amount	\$75,000 Face Amount
16	\$2.16	\$4.33	\$6.50	51	\$9.84	\$19.69	\$29.53
17	\$2.16	\$4.33	\$6.50	52	\$10.20	\$20.39	\$30.59
18	\$2.16	\$4.33	\$6.50	53	\$10.62	\$21.25	\$31.87
19	\$2.17	\$4.35	\$6.53	54	\$11.02	\$22.04	\$33.06
20	\$2.19	\$4.37	\$6.56	55	\$11.76	\$23.52	\$35.28
21	\$2.20	\$4.39	\$6.59	56	\$12.77	\$25.54	\$38.31
22	\$2.24	\$4.48	\$6.72	57	\$13.73	\$27.46	\$41.19
23	\$2.25	\$4.50	\$6.75	58	\$14.83	\$29.66	\$44.50
24	\$2.30	\$4.60	\$6.90	59	\$15.97	\$31.94	\$47.90
25	\$2.31	\$4.62	\$6.94	60	\$17.24	\$34.48	\$51.72
26	\$2.37	\$4.75	\$7.12	Amounts below this line do not include the Waiver Riders			
27	\$2.47	\$4.94	\$7.40	61	\$18.66	\$37.33	\$56.00
28	\$2.54	\$5.08	\$7.62	62	\$19.87	\$39.75	\$59.62
29	\$2.61	\$5.23	\$7.84	63	\$21.11	\$42.23	\$63.34
30	\$2.67	\$5.35	\$8.03	64	\$22.48	\$44.96	\$67.44
31	\$2.76	\$5.52	\$8.28	65	\$24.69	\$49.37	\$74.06
32	\$2.86	\$5.73	\$8.59	66	\$26.98	\$53.96	\$80.94
33	\$2.98	\$5.96	\$8.94	67	\$29.21	\$58.41	\$87.62
34	\$3.20	\$6.39	\$9.59	68	\$31.39	\$62.79	\$94.19
35	\$3.45	\$6.89	\$10.34	69	\$36.54	\$73.08	\$109.62
36	\$3.78	\$7.56	\$11.34	70	\$51.22	\$102.44	\$153.65
37	\$4.14	\$8.29	\$12.44	Amounts below this line do not include the CCR Rider			
38	\$4.31	\$8.62	\$12.94	71	\$55.94	\$111.87	\$167.81
39	\$4.65	\$9.31	\$13.97	72	\$63.31	\$126.62	\$189.94
40	\$4.96	\$9.91	\$14.87	73	\$72.81	\$145.62	\$218.44
41	\$5.32	\$10.64	\$15.97	74	\$82.99	\$165.98	\$248.97
42	\$5.80	\$11.60	\$17.40	75	\$94.21	\$188.41	\$282.62
43	\$6.12	\$12.25	\$18.37				
44	\$6.63	\$13.27	\$19.90				
45	\$7.00	\$14.00	\$21.00				
46	\$7.44	\$14.87	\$22.31				
47	\$7.89	\$15.79	\$23.69				
48	\$8.38	\$16.77	\$25.15				
49	\$8.90	\$17.81	\$26.72				
50	\$9.35	\$18.71	\$28.06				

Premiums are guaranteed level for 5 years, and then premiums may increase annually beginning in year 6.

Child Term Rider may be added for
\$0.63 Semi-Monthly per \$5,000

Issue State: Hawaii
Rate generation date: October 8, 2018

Product Details

Trans Select® 10 Group Term Life Insurance

Plan Option 1 Semi-Monthly Tobacco Rates

Includes: Terminal Illness Rider, Waiver of Premium for Layoff or Strike Rider, Critical Care Rider (25%) and Child Term Rider

Issue Age	\$25,000 Face Amount	\$50,000 Face Amount	\$75,000 Face Amount	Issue Age	\$25,000 Face Amount	\$50,000 Face Amount	\$75,000 Face Amount
16	\$3.17	\$6.35	\$9.53	51	\$18.56	\$37.12	\$55.69
17	\$3.17	\$6.35	\$9.53	52	\$19.64	\$39.29	\$58.94
18	\$3.17	\$6.35	\$9.53	53	\$20.92	\$41.85	\$62.78
19	\$3.20	\$6.39	\$9.59	54	\$22.55	\$45.10	\$67.65
20	\$3.22	\$6.44	\$9.65	55	\$24.50	\$49.00	\$73.50
21	\$3.24	\$6.48	\$9.72	56	\$25.87	\$51.75	\$77.62
22	\$3.29	\$6.58	\$9.87	57	\$28.44	\$56.87	\$85.31
23	\$3.31	\$6.62	\$9.94	58	\$31.09	\$62.19	\$93.28
24	\$3.36	\$6.73	\$10.09	59	\$33.45	\$66.89	\$100.34
25	\$3.39	\$6.79	\$10.19	60	\$36.46	\$72.91	\$109.37
26	\$3.45	\$6.89	\$10.34	Amounts below this line do not include the Waiver Riders			
27	\$3.67	\$7.35	\$11.03	61	\$38.66	\$77.33	\$116.00
28	\$3.77	\$7.54	\$11.31	62	\$41.12	\$82.25	\$123.37
29	\$3.98	\$7.96	\$11.94	63	\$44.49	\$88.98	\$133.47
30	\$4.14	\$8.29	\$12.44	64	\$48.27	\$96.54	\$144.81
31	\$4.29	\$8.58	\$12.87	65	\$52.92	\$105.85	\$158.78
32	\$4.46	\$8.91	\$13.37	66	\$58.42	\$116.85	\$175.28
33	\$4.69	\$9.37	\$14.06	67	\$64.06	\$128.12	\$192.19
34	\$4.99	\$9.98	\$14.97	68	\$68.69	\$137.37	\$206.06
35	\$5.37	\$10.75	\$16.12	69	\$73.92	\$147.85	\$221.78
36	\$5.97	\$11.94	\$17.90	70	\$84.64	\$169.29	\$253.94
37	\$6.54	\$13.08	\$19.62	Amounts below this line do not include the CCR Rider			
38	\$7.08	\$14.16	\$21.25	71	\$84.01	\$168.02	\$252.03
39	\$7.91	\$15.83	\$23.75	72	\$93.45	\$186.89	\$280.34
40	\$8.79	\$17.58	\$26.37	73	\$106.94	\$213.87	\$320.81
41	\$9.78	\$19.56	\$29.34	74	\$121.77	\$243.54	\$365.31
42	\$10.70	\$21.39	\$32.09	75	\$136.05	\$272.10	\$408.15
43	\$11.37	\$22.75	\$34.12				
44	\$12.15	\$24.31	\$36.47				
45	\$12.77	\$25.54	\$38.31				
46	\$13.46	\$26.91	\$40.37				
47	\$14.59	\$29.19	\$43.78				
48	\$15.58	\$31.16	\$46.75				
49	\$16.53	\$33.06	\$49.59				
50	\$17.47	\$34.94	\$52.40				

Premiums are guaranteed level for 5 years, and then premiums may increase annually beginning in year 6.

Child Term Rider may be added for \$0.63 Semi-Monthly per \$5,000

Issue State: Hawaii
Rate generation date: October 8, 2018

Trans SelectSM 10 group term life insurance

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

LIFE HEALTH

Plan Option 1 Semi-Monthly Non-Tobacco Rates

Includes: Terminal Illness Rider, Waiver of Premium for Layoff or Strike Rider, Critical Care Rider (25%) and Child Term Rider

Issue Age	\$100,000 Face Amount	\$150,000 Face Amount	\$200,000 Face Amount	Issue Age	\$100,000 Face Amount	\$150,000 Face Amount	\$200,000 Face Amount
16	\$8.66	\$13.00	\$17.33	51	\$39.37	\$59.06	\$78.75
17	\$8.66	\$13.00	\$17.33	52	\$40.79	\$61.19	\$81.58
18	\$8.66	\$13.00	\$17.33	53	\$42.50	\$63.75	\$85.00
19	\$8.71	\$13.06	\$17.41	54	\$44.08	\$66.12	\$88.16
20	\$8.75	\$13.12	\$17.50	55	\$47.04	\$70.56	\$94.08
21	\$8.79	\$13.19	\$17.58	56	\$51.08	\$76.62	\$102.16
22	\$8.96	\$13.44	\$17.91	57	\$54.91	\$82.37	\$109.83
23	\$9.00	\$13.50	\$18.00	58	\$59.33	\$89.00	\$118.66
24	\$9.21	\$13.81	\$18.41	59	\$63.87	\$95.81	\$127.75
25	\$9.25	\$13.87	\$18.50	60	\$68.96	\$103.44	\$137.91
26	\$9.50	\$14.25	\$19.00	Amounts below this line do not include the Waiver Riders			
27	\$9.87	\$14.81	\$19.75	61	\$74.66	\$112.00	\$149.33
28	\$10.16	\$15.25	\$20.33	62	\$79.50	\$119.25	\$159.00
29	\$10.46	\$15.69	\$20.91	63	\$84.46	\$126.69	\$168.91
30	\$10.71	\$16.06	\$21.41	64	\$89.91	\$134.87	\$179.83
31	\$11.04	\$16.56	\$22.08	65	\$98.75	\$148.12	\$197.50
32	\$11.46	\$17.19	\$22.91	66	\$107.91	\$161.87	\$215.83
33	\$11.91	\$17.87	\$23.83	67	\$116.83	\$175.25	\$233.66
34	\$12.79	\$19.19	\$25.58	68	\$125.58	\$188.37	\$251.16
35	\$13.79	\$20.69	\$27.58	69	\$146.16	\$219.25	\$292.33
36	\$15.12	\$22.69	\$30.25	70	\$204.87	\$307.31	\$409.75
37	\$16.58	\$24.87	\$33.16	Amounts below this line do not include the CCR Rider			
38	\$17.25	\$25.87	\$34.50	71	\$223.75	\$335.62	\$447.50
39	\$18.62	\$27.94	\$37.25	72	\$253.25	\$379.87	\$506.50
40	\$19.83	\$29.75	\$39.66	73	\$291.25	\$436.87	\$582.50
41	\$21.29	\$31.94	\$42.58	74	\$331.96	\$497.94	\$663.91
42	\$23.21	\$34.81	\$46.41	75	\$376.83	\$565.25	\$753.66
43	\$24.50	\$36.75	\$49.00				
44	\$26.54	\$39.81	\$53.08				
45	\$28.00	\$42.00	\$56.00				
46	\$29.75	\$44.62	\$59.50				
47	\$31.58	\$47.37	\$63.16				
48	\$33.54	\$50.31	\$67.08				
49	\$35.62	\$53.44	\$71.25				
50	\$37.41	\$56.12	\$74.83				

Premiums are guaranteed level for 5 years, and then premiums may increase annually beginning in year 6.

Child Term Rider may be added for \$0.63 Semi-Monthly per \$5,000

This custom plan design is incomplete without a state-specific proposal which describes the benefits, exclusions, and limitations of policy form CPVTL200.

Issue State: Hawaii
Rate generation date: September 12, 2022

Trans SelectSM 10 group term life insurance

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

LIFE HEALTH

Plan Option 1 Semi-Monthly Tobacco Rates

Includes: Terminal Illness Rider, Waiver of Premium for Layoff or Strike Rider, Critical Care Rider (25%) and Child Term Rider

Issue Age	\$100,000 Face Amount	\$150,000 Face Amount	\$200,000 Face Amount	Issue Age	\$100,000 Face Amount	\$150,000 Face Amount	\$200,000 Face Amount
16	\$12.71	\$19.06	\$25.41	51	\$74.25	\$111.37	\$148.50
17	\$12.71	\$19.06	\$25.41	52	\$78.58	\$117.87	\$157.16
18	\$12.71	\$19.06	\$25.41	53	\$83.71	\$125.56	\$167.41
19	\$12.79	\$19.19	\$25.58	54	\$90.21	\$135.31	\$180.41
20	\$12.87	\$19.31	\$25.75	55	\$98.00	\$147.00	\$196.00
21	\$12.96	\$19.44	\$25.91	56	\$103.50	\$155.25	\$207.00
22	\$13.16	\$19.75	\$26.33	57	\$113.75	\$170.62	\$227.50
23	\$13.25	\$19.87	\$26.50	58	\$124.37	\$186.56	\$248.75
24	\$13.46	\$20.19	\$26.91	59	\$133.79	\$200.69	\$267.58
25	\$13.58	\$20.37	\$27.16	60	\$145.83	\$218.75	\$291.66
26	\$13.79	\$20.69	\$27.58	Amounts below this line do not include the Waiver Riders			
27	\$14.71	\$22.06	\$29.41	61	\$154.66	\$232.00	\$309.33
28	\$15.08	\$22.62	\$30.16	62	\$164.50	\$246.75	\$329.00
29	\$15.91	\$23.87	\$31.83	63	\$177.96	\$266.94	\$355.91
30	\$16.58	\$24.87	\$33.16	64	\$193.08	\$289.62	\$386.16
31	\$17.16	\$25.75	\$34.33	65	\$211.71	\$317.56	\$423.41
32	\$17.83	\$26.75	\$35.66	66	\$233.71	\$350.56	\$467.41
33	\$18.75	\$28.12	\$37.50	67	\$256.25	\$384.37	\$512.50
34	\$19.96	\$29.94	\$39.91	68	\$274.75	\$412.12	\$549.50
35	\$21.50	\$32.25	\$43.00	69	\$295.71	\$443.56	\$591.41
36	\$23.87	\$35.81	\$47.75	70	\$338.58	\$507.87	\$677.16
37	\$26.16	\$39.25	\$52.33	Amounts below this line do not include the CCR Rider			
38	\$28.33	\$42.50	\$56.66	71	\$336.04	\$504.06	\$672.08
39	\$31.66	\$47.50	\$63.33	72	\$373.79	\$560.69	\$747.58
40	\$35.16	\$52.75	\$70.33	73	\$427.75	\$641.62	\$855.50
41	\$39.12	\$58.69	\$78.25	74	\$487.08	\$730.62	\$974.16
42	\$42.79	\$64.19	\$85.58	75	\$544.21	\$816.31	\$1,088.41
43	\$45.50	\$68.25	\$91.00				
44	\$48.62	\$72.94	\$97.25				
45	\$51.08	\$76.62	\$102.16				
46	\$53.83	\$80.75	\$107.66				
47	\$58.37	\$87.56	\$116.75				
48	\$62.33	\$93.50	\$124.66				
49	\$66.12	\$99.19	\$132.25				
50	\$69.87	\$104.81	\$139.75				

Premiums are guaranteed level for 5 years, and then premiums may increase annually beginning in year 6.

Child Term Rider may be added for \$0.63 Semi-Monthly per \$5,000

This custom plan design is incomplete without a state-specific proposal which describes the benefits, exclusions, and limitations of policy form CPVTL200.

Issue State: Hawaii
Rate generation date: September 12, 2022

Summary of Benefits

Accelerated Death Benefit for Critical Care Condition Rider (Rider Form Series CRCCVT00) - If included in the plan design, accelerates a portion of the life insurance death benefit if an insured person is first diagnosed with a covered critical care condition (cancer, heart attack, major organ transplant surgery, renal failure, or stroke), after the 30-day waiting period.

When exercised, an administrative fee of \$250 will be deducted from the benefit payment. The accelerated amount will be deducted from the life insurance death benefit and this rider will terminate.

Accelerated Death Benefit for Terminal Illness Rider (Rider Form Series CRTIVT00) - If included in the plan design, accelerates a portion of the life insurance death benefit if an insured person is first diagnosed with a terminal illness 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 life insurance benefit payment. The accelerated amount will be deducted from the death benefit and this rider will terminate.

Child Term Insurance Rider (Rider Form Series CRCHL200) - If included in the plan design, allows an insured employee or spouse (but not both) to insure all eligible children for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier.

Waiver of Premium Due to Layoff or Strike Rider (Rider Form Series CRWPL200) - If included in the plan design, waives the premium for up to six months per 12-month period if the employee is involuntary laid off or on a covered strike. Benefits are limited to three layoffs/strikes per 12-month period and are based on the employee's layoff/strike only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to layoff/strike. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.

Limitations and Exclusions

We will not pay benefits if an insured person dies by suicide, while sane or insane, within the first two years of insurance. If this occurs, we will refund the premiums paid minus any benefits that have been paid under any accelerated benefit rider.

Accelerated Death Benefit for Critical Care Condition Rider

We will not pay for conditions diagnosed prior to the effective date of the 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 Terminal Illness Rider

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

Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date the employee sends us a written notice to cancel insurance;
- The certificate anniversary date following the employee's 100th birthday;
- The date the employee dies;
- The date the certificate lapses;
- The date the group master policy terminates.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance;
- The date the employee sends us a written notice to cancel dependent insurance.

Portability Option

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

Conversion Option

An insured person can convert his or her insurance to permanent life insurance on a policy form that we then issue, without any optional riders, in an amount not to exceed the amount of insurance terminating under the policy. The premium will be based on the insured person's age and class of risk at the time of conversion. We must receive a completed conversion application and any required premium within 31 days of termination. If the insured person dies within the 31-day conversion period, benefits will be paid as if insurance had continued, regardless of whether conversion was applied for.

Limitations and Exclusions

Termination of the Group Master Policy

The group master policy will end on the earliest of the following events:

- The date you submit a 60-day advance written request to us to terminate, the group master policy will terminate on the date specified in that request;
- If we give a 60-day advance written notice to you that we intend to terminate, the group master policy will terminate on the date specified in that notice;
- If any premium payable by you is not paid within its grace period, the group master policy will terminate on the day after the end of the grace period;
- If you fail to comply with any terms of the group master policy or the policyholder application, or otherwise fail to fulfill any obligations or duties under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, the group master policy will terminate on the 32nd day after we have given you written notice of our intent to terminate; or
- If the number of insureds during any 12-month period does not meet the minimum participation requirement shown in this proposal, the group master policy may terminate at our discretion on the 32nd day after we have given you written notice of our intent to terminate.

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 and submit a claim either online, by email, phone, mail, or fax.



Online*

1. Log in at 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.
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

Questions About Claims?

 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.



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

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

TCS e-Serve International Limited (TeLL) is a third-party administrator for Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TeLL and Transamerica are not affiliated in any way.

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GROUP NAME: PRO SERVICE HAWAII						
APPLICANT NAME:				SOCIAL SECURITY #:		
	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

