Benefits

For State Employees

David Dearie Insurance

Hi,

Thanks! Here is the application, payroll form and brochure for the insurance you requested. Complete the application and payroll form the best you can and send it to me. I'll check it and email you when I receive it.

You can send it to me either:

By mail: David Dearie, 3001 Jodie Place, Metairie, LA 70002

By fax: 504-717-4808 (faxes come directly to my email, so it is safe)

By email: Scan and send it to dearie@cox.net

Or call me, and I will come pick it up.

Thanks again,

David Dearie

504-616-3537 cell

504-717-4808 fax

	Transamerica Universal Life - Elite								
	Non-tobacco - Semi Monthly					Tobacco - Semi-Monthly			
Age	15,000	25,000	50,000	100,000	Age	15,000	25,000	50,000	100,000
18	n/a	n/a	10.79	21.57	18	n/a	n/a	14.34	28.69
19	n/a	n/a	11.13	22.27	19	n/a	n/a	14.86	29.72
20	n/a	n/a	11.59	23.17	20	n/a	n/a	15.43	30.86
21	n/a	n/a	12.16	24.33	21	n/a	n/a	16.16	32.33
22	n/a	n/a	12.52	25.04	22	n/a	n/a	16.65	33.31
23	n/a	n/a	12.99	25.97	23	n/a	n/a	17.28	34.56
24	n/a	n/a	13.61	27.22	24	n/a	9.02	18.05	36.09
25	n/a	n/a	14.07	28.15	25	n/a	9.33	18.65	37.30
26	n/a	n/a	14.61	29.22	26	n/a	9.67	19.34	38.67
27	n/a	n/a	15.16	30.33	27	n/a	10.13	20.25	40.51
28	n/a	n/a	15.72	31.43	28	n/a	10.60	21.20	42.40
29	n/a	n/a	16.51	33.02	29	n/a	11.12	22.25	44.50
30	n/a	n/a	17.16	34.32	30	n/a	11.65	23.30	46.59
31	n/a	8.97	17.95	35.89	31	n/a	12.24	24.48	48.96
32	n/a	9.37	18.74	37.48	32	n/a	12.76	25.52	51.03
33	n/a	9.79	19.58	39.15	33	n/a	13.38	26.77	53.53
34	n/a	10.19	20.38	40.76	34	n/a	14.01	28.02	56.05
35	n/a	10.60	21.20	42.40	35	8.76	14.59	29.19	58.37
36	n/a	11.13	22.25	44.51	36	9.16	15.27	30.54	61.08
37	n/a	11.77	23.54	47.08	37	9.69	16.15	32.31	64.62
38	n/a	12.36	24.72	49.44	38	10.17	16.96	33.91	67.82
39	n/a	13.04	26.09	52.17	39	10.74	17.90	35.80	71.60
40	n/a	13.82	27.64	55.28	40	11.32	18.86	37.72	75.45
41	8.77	14.63	29.25	58.50	41	11.95	19.91	39.82	79.64
42	9.21	15.36	30.71	61.43	42	12.54	20.89	41.79	83.57
43	9.75	16.25	32.51	65.02	43	13.22	22.03	44.06	88.13
44	10.24	17.07	34.13	68.26	44	13.90	23.17	46.33	92.67
45	10.77	17.96	35.92	71.83	45	14.53	24.21	48.42	96.85
46	11.51	19.18	38.36	76.72	46	15.44	25.73	51.45	102.91
47	12.27	20.44	40.89	81.77	47	16.38	27.29	54.59	109.17
48	13.10	21.83	43.65	87.31	48	17.41	29.01	58.03	116.05
49	13.91	23.18	46.37	92.74	49	18.41	30.70	61.40	122.80
50	14.81	24.68	49.36	98.73	50	19.53	32.55	65.10	130.19
51	15.74	26.23	52.46	104.91	51	20.68	34.47	68.94	137.87
52	16.70	27.83	55.66	111.32	52	21.88	36.47	72.93	145.87
53	17.80	29.67	59.34	118.67	53	23.25	38.75	77.51	155.01
54	18.84	31.40	62.79	125.58	54	24.60	40.99	81.99	163.97
55	19.90	33.17	66.33	132.66	55	26.00	43.34	86.68	173.36
	Rates below do not include Waiver of Monthly Deductions due to Layoff Rider								
56	21.41	35.69	71.37	142.74	56	27.68	46.13	92.27	184.55
57	22.98	38.29	76.59	153.17	57	29.43	49.06	98.11	196.23
58	24.59	40.98	81.97	163.94	58	31.22	52.04	104.07	208.14
59	26.26	43.77	87.55	175.10	59	33.09	55.15	110.31	220.62
60	28.18	46.96	93.93	187.86	60	35.16	58.61	117.21	234.42
61	30.16	50.26	100.52	201.04	61	37.38	62.30	124.60	249.20
62	32.38	53.96	107.92	215.84	62	39.78	66.31	132.61	265.23
63	34.74	57.91	115.81	231.62	63	42.26	70.43	140.86	281.73
64	37.26	62.10	124.20	248.40	64	44.78	74.64	149.28	298.55
65	39.27	65.45	130.90	261.81	65	47.66	79.44	158.88	317.75
66	42.43	70.71	141.43	282.86	66	51.32	85.54	171.07	342.15
67	45.50	75.83	151.66	303.33	67	54.84	91.40	182.80	365.60
68	49.08	81.80	163.59	327.19	68	58.98	98.30	196.59	393.18
69	52.59	87.64	175.29	350.57	69	63.03	105.04	210.09	420.18
70	56.63	94.40	188.79	377.58	70	67.71	112.85	225.70	451.40
	Child Universal Life: $25,000 Benefit per child or grandchild. Refer to child rate guide								
	Child Term Life Premium - $1.25 covers all children $10,000.00								
	Premiums Include WML, LBR, EXT								

Child or Grandchild Policy **$25,000.00 Permanent**	
0-10	6.50
11	6.64
12	6.86
13	7.16
14	7.38
15	7.69
16	7.83
17	7.97
18	8.12
19	8.27
20	8.44
21	8.61
22	8.79
23	8.98
24	9.18
25	9.39

Children's Term Rider

$20,000.00

$2.50

Covers all your children under age 26

David or Robert Dearie

504-616-3537 dearie@cox.net

TRANSAMERICA® LIFE INSURANCE COMPANY

Transamerica Life Insurance Company *("Insurer")*
Home Office: Cedar Rapids, IA
Administrative Office: P.O. Box 8063
Little Rock, AR 72203-8063

TransElite Universal Life Application

☐ First Application ☐ Add Dependents – Contract # _____ ☐ Increase Coverage – Contract # _____

Group Name State of Louisiana Group Number Location

Applicant Information
required for all coverage

Name *(Last, First, M.I.)*	☐ Male ☐ Female	Social Security No.	Date of birth	Cell or home phone
Home address		City	State	Zip code
Email address	Do you agree to receive correspondence about your coverage electronically? ☐ Yes ☐ No		Tobacco user in the last year? ☐ No ☐ Yes *Answer if rates are tobacco distinct.*	
Date of hire	Weekly hours worked	Annual salary	Occupation	Applicant ID	Work phone/ext.

Protection against unintended lapse: I understand I have the right to designate at least one person other than myself to receive notice of lapse or termination of this coverage for nonpayment of premium. I understand notice will not be given until thirty days after premium is due and unpaid.
☐ I elect **NOT** to designate any person to receive such notice.

Secondary Addressee Name	Home Address	City	State	Zip code

Dependent Information
if applying for dependent coverage

Name *(Last, First, M.I.)*	Gender	Relationship to applicant	Date of birth	Social Security No.	Tobacco user in the last year? *Answer for Spouse or Civil Union/Domestic Partner**
	☐ M ☐ F				☐ No ☐ Yes
	☐ M ☐ F				
	☐ M ☐ F				
	☐ M ☐ F				
	☐ M ☐ F				

Beneficiary

Name *(Last, First, M.I.)*	Address	Relationship	Phone #	Social Security No.
Primary				
Contingent				

Applicant will be the beneficiary for any dependent coverage

Benefit Selections

Premium Mode: ☐ Weekly ☐ Bi-Weekly ☑ Semi-Monthly ☐ Monthly ☐ Other_____

Universal Life

☑ **TransElite Universal Life** Option: ☑ A (level) ☐ B (increasing)	Universal Life Face Amount	Automatic Increase Option Rider	Premium
☐ Applicant	$	☐ Yes ☑ No	$
☐ Spouse or Civil Union/Domestic Partner	$	☐ Yes ☑ No	$
☐ Children	$		$
*Attach Child Term Rider to ☐ Applicant ☐ Spouse or Civil Union/Domestic Partner			$

Term Rider* Face Amount	Premium
$	$
$	$
$	$
	$

Dependents can be covered under UL or Term Rider, but not both

Total Premium $

Life Insurance Owner (if different than Applicant)	Address	Relationship	Social Security No.

**The terms "Civil Union" or "Domestic Partner" are not recognized in all states.*

Eligibility Questions

1. *Employer Groups:* Are you actively at work on a full-time basis and able to perform the duties of your occupation? *Member Groups:* Are you a member in good standing and able to perform the normal activities of someone of like age? If "no", you and your dependents are not eligible for coverage.	☐ No ☐ Yes
2. If applying for dependent coverage, is any proposed insured currently disabled? If "yes", list names _____, who are not eligible for coverage.	☐ No ☐ Yes

If you answer "no" to question #1, no coverage will be issued. Anyone named as being ineligible on question 2 will be automatically excluded from coverage.*
**Residents of MD and NH cannot be automatically excluded - You must sign an endorsement form acknowledging these exclusions before coverage can be issued.*

Evidence of Insurability Questions Part 1: Please answer the following questions to the best of your knowledge and belief.	
3. In the past six months, has any proposed insured been hospitalized (inpatient or outpatient) or missed more than five consecutive days of work due to any accident or sickness, except for normal pregnancy? If "yes", list names _____, who do not qualify for coverage.	☐ No ☐ Yes
4. In the past five years, has any proposed insured had an actual diagnosis or treatment by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ***(Residents of CA: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.)*** ***(Residents of FL:*** In the past five years, has any proposed insured been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection? If "yes", list names _____, who do not qualify for coverage.	☐ No ☐ Yes

Anyone named as not qualifying for coverage will have coverage reduced to the Guaranteed Issue amount, or, if Guaranteed Issue is not available, will be excluded from coverage.*
**Residents of MD cannot be automatically excluded – You must sign an endorsement form acknowledging these exclusions before coverage can be issued.*

Evidence of Insurability Questions Part 2: Please answer the following questions to the best of your knowledge and belief.	
5. Indicate Height and Weight: Applicant	/
Spouse or Civil Union/Domestic Partner	/
6. In the past five years, has any proposed insured been diagnosed or treated by a member of the medical profession for any heart (including heart attack), circulatory, vascular (including stroke), blood, brain, digestive, kidney, liver, lung, musculoskeletal, respiratory, rheumatoid, neurological, pancreas, reproductive, or other major organ disorders, cancer or malignancy in any form (except non-melanoma skin cancer), diabetes, Optic Neuritis, blood transfusion, chronic fatigue syndrome, fibromyalgia, high blood pressure requiring more than two medications to control, or been treated or counseled in the past two years for alcohol or drug abuse? ***(Residents of FL:*** *diagnosed or treated by a licensed physician)* ***(Residents of ME:*** *exclude HIV related diseases)* If "yes", list names _____, who do not qualify for coverage.	☐ No ☐ Yes

Anyone named as not qualifying for coverage will have coverage reduced to the Guaranteed Issue amount, or, if Guaranteed Issue is not available, will be excluded from coverage.*
**Residents of MD cannot be automatically excluded - You must sign an endorsement form acknowledging these exclusions before coverage can be issued.*

For further consideration for anyone who fails to qualify for coverage above, provide details of all "yes" answers to questions 2, 3, 4, & 6.
*(**Residents of FL:** Do NOT provide details regarding "yes" answers to question 4)*
Anyone found to be acceptable will be added to your coverage via an endorsement.

Question #	Name	Please list: Illness, Injury, Condition, Medication, Date of last Treatment, Date Condition Diagnosed, Duration, Result, Current Health Status, Prognosis, Name & Address of Doctor or Hospital. For High Blood Pressure, please indicate most recent blood pressure reading, name of any medications and dosage.

Life Replacement

Residents of AL, AK, AZ, CO, HI, IA, LA, MD, ME, MS, MT, NC, NE, NH, NJ, NM, OH, OR, RI, SC, SD, TX, UT, VA, VT, WI, or WV:
Answer question L1. If "yes", complete a life replacement form for your state and return with this application.

Residents of AR: Answer questions L1 and L2. If "yes" to question L2, complete a life replacement form for your state and return with this application.

Residents of all other states: Answer question L2. If "yes", complete a life replacement form for your state and return with this application.

L1. Do you currently have any other existing life insurance policies or contracts? ☐ No ☐ Yes

L2. Is the insurance being applied for intended to replace or change any existing life insurance coverage? ☐ No ☐ Yes (provide details)

Which product(s)	Name of existing insurance company	Policy/certificate #

Universal Life and Whole Life Illustration Acknowledgement

I certify that a life insurance illustration showing non-guaranteed values was not used during the sale of the insurance coverage I am applying for on this application. I understand that if my application is approved, an illustration conforming to the policy/certificate as issued will be delivered to me no later than when I receive my policy/certificate. I understand that any non-guaranteed elements contained in any illustration are subject to change and could be either higher or lower and that they are not guaranteed. I will review the illustration, sign the acknowledgment, and will return a copy of the signed illustration to the Insurer.

Life Accelerated Death Benefit Disclosure Acknowledgement

If applying for an Accelerated Death Benefit Rider, did you receive the applicable Disclosure, if required in your state?
ADB for Chronic Condition Rider ☐ Yes ☐ No ADB for Critical Condition Rider ☐ Yes ☐ No ADB for Terminal Condition Rider ☐ Yes ☐ No

Applicant Statement and Agreement

I have read or had read to me the completed application. **I represent** ***(Residents of MN and VA: I certify)*** that all statements and answers made on or attached to this application are true to the best of my knowledge and belief. **I realize** that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage under the policy/certificate to which this application is attached.

AL, DC, LA, & RI: **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

CA: I understand that any false statement made with actual intent to deceive or which materially affects either the acceptance of the risk or the hazard assumed could bar the right to receive benefits under the policy to which this application is attached.

FL: **I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.**

KS: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.**

KY: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.**

MA, NC & OR: **I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.**

MD: **Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

NJ: **I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

OK: **Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

TN & WA: **It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

VA: **I understand that any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.**

VT: **I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime subject to criminal and civil penalties.**

***ME* and all other states**: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

I understand that completion of this application in no way implies that I will be accepted for insurance coverage. **I understand** that coverage will take effect only if this application is approved by the Insurer and the first month's premium has been received by the Insurer, provided that I meet any eligibility or coverage effective date requirements listed in the policy/certificate to which this application is attached.

Signed in (City/State) _____ Date: _____

Signatures _____ _____

Applicant Adult Dependents (where required)

Licensed Agent/Representative Statement and Agreement

I certify that I have accurately recorded on this application all of the information supplied by the applicant. The applicant has read or had read to him/her the completed application.

I certify that this insurance does not replace or change any existing life insurance coverage, except as noted under Life Replacement.

***(For applications written in North Carolina –** To the best of your knowledge, does any applicant currently have any other existing life insurance policies or contracts? ☐ No ☐ Yes If yes, be sure the applicant completes a life replacement form for your state and return with this application.*

***(For applications written in Utah – I certify** that I am not aware of any existing life insurance coverage, except as noted under Life Replacement.)*

I certify that a life insurance illustration **was not** used in connection with this application (but a company-provided rate sheet may have been used and no non-guaranteed values were shown to the applicant)

I certify that I have provided any applicable outline of coverage and life accelerated death benefit disclosure forms.

Name _____ Signature _____ Agent # _____ License # _____

Authorization to Release Information

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the Medical Information Bureau*, or other organization, institution or person, that has any records or knowledge of me or my health, to give to Insurer, or its reinsurers, any such information.

***Residents of MN**: This authorization excludes the release of information about HIV (AIDS Virus) tests which were administered (1) to a criminal offender or crime victim as a result of a crime that was reported to the police; (2) to a patient who received the services of emergency medical personnel at a hospital or medical care facility; (3) to emergency medical personnel who were tested as a result of performing emergency medical services. Emergency medical personnel includes individuals employed to provide pre-hospital emergency services; licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel or other individuals who serve as volunteers of an ambulance service who provide emergency medical services; crime lab personnel, correctional guards (including security guards at the Minnesota security hospital) who experience a significant exposure to an inmate who is transported to a facility for emergency medical care; and other persons who render emergency care or assistance at the scene of an emergency or while an injured person is being transported to receive medical care and who would qualify for immunity under the good Samaritan Law.*

I hereby authorize Transamerica Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to the Medical Information Bureau*. **I understand** the information obtained by use of this Authorization will be used by Insurer to determine eligibility for insurance. Any information obtained will not be released by Insurer to any person or organization except to reinsuring companies, the Medical Information Bureau*, or other persons or organizations performing business or legal services in connection with my application, claim, or as may be otherwise lawfully required or as I authorize. **I know** that I, or any person authorized by me, may request to receive a copy of this Authorization. **I agree** that a photographic copy of this Authorization shall be as valid as the original. **I agree** that this Authorization shall be valid for 24 months from the date shown below. ***(Residents of MN: I agree** that this Authorization shall be valid as long as any proposed insured is continually insured with Transamerica Life Insurance Company.)* I understand that I may revoke this authorization at any time by sending written notice to Transamerica Life Insurance Company.

Signed in (City/State) _____ Date: _____ Signatures _____ _____

Applicant Adult Dependents

*Information regarding your insurability will be treated as confidential. The Insurer, or its reinsurers, may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired). Insurer, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

TRANSAMERICA®
LIFE INSURANCE COMPANY

Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office P.O. Box 869094
Plano, TX 75086-9817

Beneficiary Information Form

Please complete the form below and send it to us in the enclosed business reply envelope. The information in the form is being requested to assist in identifying and paying claims benefits to the proper beneficiaries, should it become necessary, per your instructions.

PRIMARY INSURED

1. Last Name			First Name		M.I.
2. Address			Apt#	City	
State	Zip Code	3. Home Phone ( )	4. Date of Birth	5. Social Security Number	

SPOUSE (If applying)

1. Last Name			First Name		M.I.
2. Address			Apt#	City	
State	Zip Code	3. Home Phone ( )	4. Date of Birth	5. Social Security Number	

PRIMARY BENEFICIARY

Name/Address	DOB	Percent	Relationship	Phone #	SSN / Tax ID#
Total		**100%**			

CONTINGENT BENEFICIARY

Total		**100%**			

SPOUSE'S BENEFICIARY (complete only if spouse coverage was requested)

Name/Address	DOB	Percent	Relationship	Phone #	SSN / Tax ID#
Total		**100%**			

SPOUSE'S CONTINGENT BENEFICIARY (complete only if spouse coverage was requested)

Total		**100%**			

X I understand that the company has requested the information on this form be provided to assist in identifying and paying benefits to the proper beneficiaries. After review, I have elected not to provide any information that I did not supply on this form.

X

Owner/Primary Insured Signature _____ Date _____

Spouse's Signature (if applying) _____ Date _____

SED-4 (R 07/25)

Transamerica Life Insurance Company

State of Louisiana Employee Payroll Deduction Authorization

Employee Name	Soc. Sec. No.	Employee No. (for agency use)

Agency No.	Department/Agency/Section Name

I hereby authorize my employer to deduct a total of $_____, monthly rate, from my salary until further notice and remit same to **Transamerica Life Insurance__.** A TOTAL Semi-Monthly Deduction in the amount of $ _____ represents one half of the total monthly premium required for the coverage(s) detailed below.

NOTE: After proper notification from this vendor, across the board rate changes will automatically be deducted in accordance with State Procedures, unless I submit a written request to this vendor AND my agency's Payroll Office to cancel my policy. The Office of State Uniform Payroll and the employing agency are **not** representatives nor agents of the employee or the vendor. It is the responsibility of the **employee** to notify each vendor he/she has a payroll deduction with of address and/or name changes. It is solely the responsibility between **the employee and the vendor** to ensure that the amount of any payroll deduction is correct and is properly credited to the appropriate policy. Cancellation of a policy must be submitted by the employee in a written request to **both** the vendor **and** his/her agency's payroll office. An employee signed SED-4 stopping the deduction may be required before the deduction can be stopped in the LaGov HCM payroll system. Statewide vendor deductions are not deducted from the employee's wages if the employee is on Leave Without Pay ("LWOP"), not due any wages, or if the employee's wages are not enough to cover the deduction amount. In the event of any of these instances, **it is the employee's responsibility** to pay the premium directly to the vendor. Payments made outside of the payroll system are not pre-taxed. By signing this form, both the employee **and** the vendor representative acknowledge that the statements in this section have been read, are understood and are agreed upon.

DEDUCTION DETAIL (Product Names & Codes, 125 Eligible, Premium Amts.) MENU ELECTIONS

PRODUCT NAME	PLAN PART CD	YES	NO	125 ELIG	MO PREM.	PAYROLL CODE	INELIGIBLE & NON-PART Semi-Mo.	ELIGIBLE PART Semi-Mo.
Heart	16		N	Y	$	**NC**	$	
Heart	16	P		Y	$	**PC**		$
				SUBTOTALS		**Non-Part. - Part.**	$	$
Universal Life	32		N	N	$	**NR**	$	
Accident	27		N	N	$	**NT**	$	
Heart-C/V - **N/S**	82		N	N	$	**NP**	$	

	Total Mo. Prem.	$	
PP Begin Date	Total Semi-Mo. **Ineligible**	$	
	Total Semi-Mo. **Non-Part.**	$	
Date Authorized	Total Semi-Mo. **Part.**	$	
By: _____ Employee Signature	**TOTAL SEMI-MONTHLY**	$	

(THIS FORM SUPERSEDES AND REPLACES ALL OTHER AUTHORITY FOR DEDUCTIONS FOR THIS VENDOR)

Presentation an deduction authorization processed by:

_____
Transamerica Life Insurance Representative Phone Date

_____
Company Address

Original: HR Payroll Yellow: Home Office Pink: Customer

TRANSAMERICA®

Underwritten by Transamerica Life Insurance Company
Customer Service: 1-888-763-7474 or www.tebcs.com

Help protect the people who depend on you.

Andrea chose universal life insurance because she didn't want to worry what would happen to her five-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.

Give yourself peace of mind.

Only six of ten Americans surveyed said they have life insurance, and half said they needed more.[1] Eight in ten consumers who have had a positive experience with life insurance said it played a critical role after a loved one's death.[2]

Get the benefits that fit your needs.

Andrea is doing her best to save for retirement. Her universal life insurance policy builds cash value[3] 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.

Product Highlights

- No Physicals or Blood work
- Accumulates Cash Value
- Guaranteed 3% Interest Rate
- Withdrawal and Loan Options
- Convenient Payroll Deduction

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.

1 Facts About Life 2013, LIMRA
2 2012 LIMRA International Survey, LIMRA
3 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.
4 Acceptance based on answers to questions on the application for insurance.

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Enjoy our hassle-free application and claims process.

Apply by answering a few simple questions. No physicals or blood work required![4] 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.

15 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 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 laid off, monthly deductions are waived for up to six months so you maintain your policy.

Take our portable, flexible policy with you.

When Andrea is offered a job with more travel and better salary at another company, she switches from payroll deduction to self-pay to keep her Transamerica policy. When Samuel gets a great job after college, she adjusts her premiums because she only needs to cover her own final expenses now that he can take care of himself. She lets him transfer the child term rider that had provided his life insurance while in college to his own universal life policy in his own name.

We let you keep your insurance when changing jobs and adjust premiums, death benefit and cash value amounts to meet changing personal financial situations like getting married, having a child, buying a house, seeing your child through graduation or retiring.

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 for policies, but all universal life policies can be maintained up to age 100.

Self	ages 16 – 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

Trust only the best with your family's financial protection.

Not all insurance companies are the same, and not all policies offer the same benefits. Choose a company with a reliable history of helping families like yours for over 100 years.

This is all included!

TransElite℠
universal life insurance

TransElite℠ Universal Life Insurance is ***underwritten by Transamerica Life Insurance Company,*** *Cedar Rapids, Iowa.*

Accelerated Death Benefit for Chronic Condition Rider (Living Benefit Rider) with Extension of Benefits Rider and Paid-Up Insurance Benefit

Your life insurance helps when you need it most

Life insurance is meant to help protect your family's finances in the case of your death, but this rider allows you to use that money to help out when you need it while still living. It pays a benefit now if you have severe memory or reasoning problems or if you can't perform at least two activities of daily living for yourself, such as dressing, bathing, eating, toileting, continence or moving from one activity to another.

Choose a monthly or lump sum accelerated benefit.

If a physician certifies you as chronically ill according to the rider definitions, you can choose to accelerate your death benefit (receive part of it while still living) in one of two ways. **If you choose a monthly accelerated benefit,** you will be paid 4% of your life insurance death benefit each month until 100% of your benefit has been used--up to 25 months. **If you choose a lump-sum accelerated benefit,** you will be paid a one-time amount of 20% of your death benefit.

Timing and death benefit reduction

There is a 30-day waiting period after the effective date of this policy before this benefit can be used in case of sickness but no waiting period in case of accident causing a need for chronic care. As you use this benefit, the money paid out is deducted from your life insurance death benefit, surrender charges and cash value. If you have an outstanding loan, your loan payments will be deducted from the 4% benefit amount each month.

Your extension of benefits rider extends the benefit period

If you still need care after the 25 months covered by the Accelerated Death Benefit for Chronic Condition Rider, the Extension of Benefits Rider will continue to pay you the monthly benefit of 4% of your death benefit for up to an additional 25 months for a total potential benefit of 50 months.

Receive a paid-up life insurance benefit when benefits are extended

With this rider, if you still require chronic condition care after 25 months, you automatically receive a fully paid death benefit of 25% of your death benefit amount, to be paid to your chosen beneficiary.

Waived premium payments and combined benefit provisions

While you receive chronic condition benefits under this rider, you don't have to make monthly premium payments. If you qualify for other accelerated death benefits due to critical illness or terminal illness, the combined benefits you receive will pay no more than 100% of your life insurance death benefit amount.

How this money is taxed

When you receive early life insurance benefits, you may be liable for taxes on all or part of the money, although they are meant to be excluded from your gross income for federal tax purposes. This money could also impact your eligibility for public assistance programs. Talk with a qualified tax advisor and appropriate social services agencies to better understand how an early payout could affect you and your family.

This rider may not cover all the costs associated with chronic condition care incurred during the period during which you receive benefits.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

TRANSAMERICA®
Employee Benefits

This is a brief summary of the Accelerated Death Benefit for Chronic Condition Rider with Extension of Benefits Rider and Paid-Up Insurance offered with TransElite℠ Universal Life Insurance. Rider form series CRLLT100 and CRLEX100. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the rider for complete details.

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Product Details

Included Riders	Plan 1
Waiver of Monthly Deductions for Layoff or Strike Rider	Included
Optional Additional Riders	
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
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

Summary of Benefits

Accelerated Death Benefit for Living Benefit Rider (Rider Form Series CRLLT100) - Accelerates a portion of the life insurance benefit if the insured person is diagnosed with a covered chronic illness and 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.

We will not pay an accelerated death benefit on any other riders attached to the contract.

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.

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 25, 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. 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

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 within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

We will not pay rider benefits if the insured meets the requirements of the eligibility for benefits provision as a result of:

- Any sickness condition that begins before or during the waiting period.
- An intentionally self-inflicted injury or attempted suicide.
- War or any act of war, declared or undeclared, 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.

We will not pay an accelerated death benefit on any other riders attached to the contract.

Contestability

This rider will be contestable on the same basis as the contract, during the lifetime of the insured, for two years from the rider effective date.

Suicide

If the insured dies by suicide, while sane or insane, within two years from the rider effective date, any premiums refunded under the suicide exclusion provision of the contract will be reduced by the amount of accelerated death benefits paid, if any, under this rider.

Termination of Benefits Rider

This rider will terminate on the earliest of the following dates or events:

- The date the contract terminates;
- The date the contract lapses, subject to the grace period;
- The date the owner requests termination;
- The date the insured dies;
- The date on which cumulative monthly accelerated death benefit payments equal 100% of the death benefit amount, subject to any rights under an optional extension of benefits rider;
- The date on which we pay a one-time lump sum accelerated death benefit payment in lieu of any monthly accelerated death benefit;
- The date a nonforfeiture option under the contract, if any, becomes effective.

Limitations and Exclusions

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.

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.

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 portability 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.

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 on or after the last insured child has reached age 26; 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.