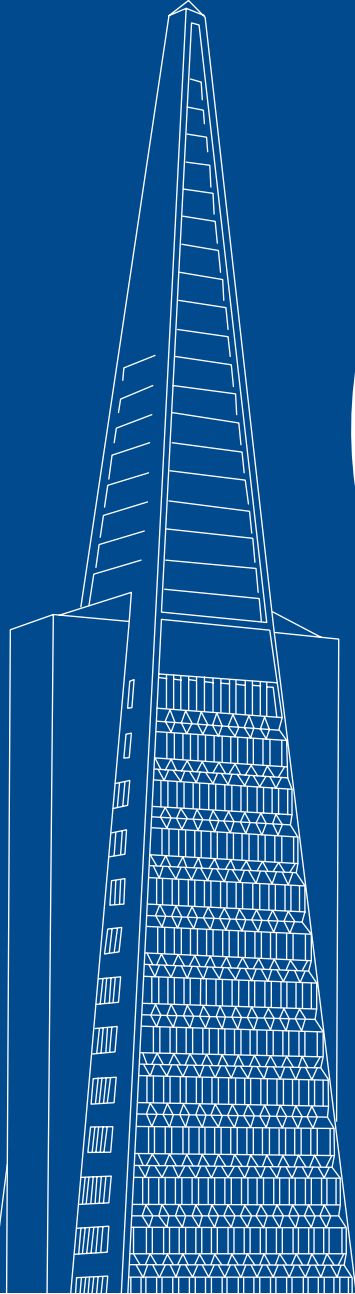


# AccidentSelect® I

An Accident-Only Insurance Policy

R I S E A B O V E .



AccidentSelect I – Consumer Brochure – CAS101C/A-0804  
Underwritten by: Transamerica Life Insurance Company

®

# AccidentSelect<sup>®</sup> I

## An Accident-Only Insurance Policy

Unintentional injury deaths in the U.S. were up 2% in 2002 from the previous year. A fatal injury occurs every 5 minutes and a disabling injury occurs every 1.5 seconds. Wage losses, medical expenses, property damage, employer costs, fire losses and other expenses related to fatal and nonfatal unintentional injuries cost Americans an estimated \$586.3 billion in 2002.<sup>1</sup>

AccidentSelect provides insureds with several benefits to assist with costs associated with certain accidents. More importantly, it helps provide insureds a peace of mind in the event of a covered accident.

*This brochure provides information about AccidentSelect I (Policy Form Series TPA0100 or CP500100 with Riders Form Series TRA0100 or CR500100, TRA0200 or CR500200, TRA0300 or CR500300, TRA0400 or CR500400, TRA0500 or CR500500, TRA0700 or CR500700, TRA0800 or CR500800, TRS0100 or CR500900, TRW0100 or CR501000, and TRIH0200 or CR501100), underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, IA. Form and number may vary and coverage may not be available in all jurisdictions.*

*<sup>1</sup> National Safety Council, Report on Injuries in America, 2003. Use of statistics does not imply endorsement.*

*\*Not all benefits are available in all states. Please refer to your policy for exact details.*



# Schedule of Benefits

## Accident Specific Sum Injuries Benefit (TRA0300 or CR500300)

Pays benefits for dislocations, burns, ruptured discs and torn knee cartilage, eye injuries, lacerations, internal injuries, fractures, blood and plasma. See rider for specific amounts payable, definitions, and limitations for each specific accident. (Benefits will not be paid for services rendered by a member of the immediate family of a covered person.) ..... **\$30-\$2,000**

The following is an example of the Policy Schedule benefits.

### A. Dislocation (Dislocations which are reduced under general anesthesia)

1. Hip	Open reduction	\$ 2,000	Closed reduction	\$ 665
2. Knee or Shoulder	Open reduction	\$ 665	Closed reduction	\$ 265
3. Collar bone	Open reduction	\$ 1,065	Closed reduction	\$ 200
4. Ankle or foot (excluding toes)	Open reduction	\$ 665	Closed reduction	\$ 200
5. Lower jaw	Open reduction	\$ 665	Closed reduction	\$ 330
6. Wrist or elbow	Open reduction	\$ 530	Closed reduction	\$ 265
7. Toe or finger	Open reduction	\$ 130	Closed reduction	\$ 65

### B. Tendons and Ligaments

Tendons and ligaments must be torn, ruptured, or severed and must be treated by a physician within 72 hours after the covered accident and repaired through surgery within six months after the covered accident.

Repair of one ..... **\$ 330**  
 Repair of all if more than one ..... **\$ 665**

*If a covered person receives a fracture and/or a dislocation and also tears, ruptures, or severs a tendon/ligament in a covered accident, the insurer will pay only one benefit. The insurer will pay the largest of this benefit, the Fractures Benefit or the Dislocation Benefit.*

### C. Burns

*(Treated by a physician within 72 hours after the accident)*

- Second-degree burns of at least 25%, but not more than 35% of body surface ..... **\$ 265**
- Second-degree burns of more than 35% of body surface..... **\$ 665**
- Third-degree burns covering 6 through 9 square inches of body surface ..... **\$ 530**
- Third-degree burns covering 10 through 25 square inches of body surface ..... **\$ 1,330**
- Third degree burns covering more than 25 square inches of body surface ..... **\$ 2,665**

### D. Ruptured Disc or Torn Knee Cartilage

Must be treated by a physician within 72 hours after the accident and repaired through surgery within one year after the covered accident.

Accident during first year of coverage ..... **\$ 130**  
 Thereafter ..... **\$ 400**

### E. Eye Injury

With surgical repair..... **\$ 130**

### Accident Follow-Up Treatment Benefit

*(Form No. TRA0700 or CR500700)*

Pays benefits for additional treatment of injuries sustained in a covered accident over and above emergency treatment administered within 72 hours following the accident. This benefit is payable for up to a maximum of three treatments per covered person per covered accident. Such treatment must begin within 30 days of the covered accident or discharge from the hospital or extended care facility, and be within the six-month period following the covered accident or discharge. Treatments must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. (Benefits will not be paid for services rendered by a member of the immediate family of a covered person.) ..... **\$ 25/visit**

# Schedule of Benefits *(continued)*

## Accident Emergency Treatment Benefit

*(Form No. TRA0100 or CR500100)*

Pays benefits for emergency treatment for a covered accident; we will pay the amount shown in the Policy Schedule for treatment received. This benefit is payable for treatment by a physician, x-rays, or treatment received in a hospital emergency room. Treatment must be received within 72 hours of such accident for benefits to be payable. This benefit is payable once per covered accident. (Benefits will not be paid for services rendered by a member of the immediate family of a covered person.)

Insured & Spouse .....	<b>\$ 100</b>
Children .....	<b>\$ 70</b>

## Initial Hospitalization for Injury Benefit

*(Form No. TRIH0200 or CR501100)*

When a covered person is hospital confined for 24 hours or more for a covered accidental bodily injury, the insurer will pay the benefit amount shown. This benefit is payable only once per hospital confinement and only once for each covered person per calendar year. .... **\$ 500**

## Accident Hospital Income Benefit

*(Form No. TRA0200 or CR500200)*

When a covered person is hospital confined, the insurer will pay the daily amount shown in the Policy Schedule for each day of such confinement. Such confinement must start within 30 days of the accident. The insurer will pay this benefit for up to 365 days per covered accident..... **\$ 100/day**

## Additional Intensive Care Unit Benefit

*(Form No. TRA0200 or CR500200)*

Pays an additional benefit equal to three times the Accidental Hospital Income Benefit for each day the covered person is confined in an Intensive Care Unit (ICU). This ICU benefit is payable for up to 15 days per covered accident. .... **\$ 300/day**

## Ambulance Benefit *(Form No. TRA0400 or CR500400)*

Pays benefits for ambulance transportation to a hospital or emergency center for injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the accident. Pays four times the Ambulance Benefit for transportation provided by an air ambulance. The hospital or emergency center must be within 100 miles of the site of the accident or residence of the covered person. A licensed professional ambulance company must provide the ambulance service. Benefit is limited to one trip per covered accident per covered person.

Ground Ambulance .....	<b>\$ 150</b>
Air Ambulance.....	<b>\$ 600</b>

## Appliances Benefit *(Form No. TRA0500 or CR500500)*

Pays if a physician advises a covered person to use a medical appliance as an aid in personal mobility as a result of injuries sustained in a covered accident. Benefits include and are payable for: crutches, leg braces, wheelchairs, and walkers. This benefit is not payable for prosthetic devices. Benefit is payable once per covered accident per covered person. .... **\$ 100**

## Physical Therapy Benefit *(Form No. TRA0500 or CR500500)*

Pays if a physician advises a covered person to seek treatment from a physical therapist. Physical therapy must be for injuries sustained in a covered accident and must start within 30 days of such accident or discharge from the hospital. Pays for one treatment per day for up to six treatments per covered accident. The six treatments must take place within six months after the accident. .... **\$ 50/day**

**Prosthesis Benefit (Form No. TRA0500 or CR500500)**

Pays if a covered person requires use of a prosthetic device as a result of a covered accident. This benefit is payable once per covered accident per covered person. Benefit is not payable for hearing aids or any dental aids (including false teeth)

.....\$ 500

**Transportation Benefit (Form No. TRA0400 or CR500400)**

Pays benefits for transportation to a hospital for special treatment and confinement for injuries sustained in a covered accident. This benefit is payable for the trip to the hospital. The local attending physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the site of the accident or residence of the covered person. This benefit is payable for up to three trips per calendar year per covered person.....\$ 300

.....\$ 300

**Family Lodging Benefit (Form No. TRA0400 or CR500400)**

Pays benefits for one motel or hotel room for a member (or members) of the immediate family to accompany the covered person for hospital confinement for the treatment of injuries sustained in a covered accident. This benefit is payable only during the same period of time the injured covered person is confined to the hospital. Benefit is not payable for the trip to the hospital. The hospital and the motel or hotel must be more than 100 miles from the residence of the covered person. The local attending physician must prescribe the treatment. This benefit is payable for up to 30 days per covered accident.

.....\$ 100/day

**Wellness Benefit (Form No. TRW0100 or CR501000)**

After 12 months of paid premium for this benefit, the insurer will pay for an insured or any one covered family member to undergo routine examinations or other preventive testing. Benefits include and are payable for: annual physical exams; mammograms, pap smears, immunizations, flexible sigmoidoscopy, Prostatic Specific Antigen, and blood screenings. This benefit will become available following each anniversary of this Rider's effective date, and is payable only once each 12-month period. Family members include an insured employee's spouse and dependent children. Services must be under the supervision of, or recommended by a physician, and a charge must be incurred.....\$ 60

.....\$ 60

**Accidental Death Benefit (Form No. TPA0100 or CP500100)\***

Death must occur as a result of a covered accident and must occur within 90 days of a covered accident.

**Insured**

Common-Carrier Accidents	\$ 35,000
Motorized-Vehicle or Pedestrian Accidents	25,000
Other Accidents	15,000

**Spouse**

Common-Carrier Accidents	\$ 17,500
Motorized-Vehicle or Pedestrian Accidents	12,500
Other Accidents	7,500

**Child**

Common-Carrier Accidents	\$ 3,500
Motorized-Vehicle or Pedestrian Accidents	2,500
Other Accidents	1,500

*\*Only the highest single benefit will be paid and only paid once for any covered accident.*

**Accidental Dismemberment Benefit**

*(Form No. TPA0100 or CP500100)*

Pays a percentage of the Accidental Death Benefit selected.

Both arms and both legs	100%
Two arms or two legs	50%
Two eyes, hands, or feet	50%
One eye, hand, foot, arm, or leg	20%
One or more fingers and/or one or more toes	5%



# Optional Disability Benefits

Although only 15% of workers have disability coverage, virtually all home-owners have insurance on their homes. The odds of your home being destroyed are only 1 in 1,200<sup>1</sup>. Yet your odds of suffering a disability before age 65, one that lasts 90 days or more, is an incredible 1 in 81. So if you think it won't happen to you, maybe — just maybe — it might.

**One or both of the following optional benefits may be added to the AccidentSelect policy.**

## Off-the-Job Accident Disability Benefit

*(Form No. TRA0800 or CR500800)*

This Rider only applies to the insured employee (not a spouse or child), as shown in the Policy Schedule. A \$1,000 monthly benefit is available.

1. **Full-Time Employee through Age 69:** If an insured is totally disabled within 90 days of a covered off-the-job accident, pays the benefit selected beginning with the very first day of disability; will pay benefits for up to 12 months.
2. **Not Employed Full-Time through Age 69:** If an insured is unable to perform two or more Activities of Daily Living (ADLs), as certified by a physician, and direct personal assistance is required to perform such ADLs, within 90 days of a covered accident, benefits are payable for up to 12 months.
3. **Age 70 and Above:** If, as a result of a covered off-the-job accident, a covered person is hospital-confined, the insurer will pay one-thirtieth of the benefit shown in the Policy Schedule times three for each day of confinement. Benefits are payable for up to 12 months.

Benefits will only be paid for one disability at a time, even if the disability is caused by more than one accidental injury. Benefits are not payable for both 1 and 2 above for the same day. Turning age 70 will not stop benefits otherwise payable. Benefits are not payable for services rendered by a member of an insured's immediate family, or during incarceration in any

type of penal institution. The insurer reserves the right to meet with the covered person during the pendency of a claim or use an independent consultant and physician's statement to determine whether he or she is totally disabled, or if he or she is unable to perform two or more ADLs and requires personal direct assistance. If there is another disability benefit in force, only one such benefit will be payable. The insurer will not pay for two different disabilities at the same time. (In Texas and Iowa, benefits for two different disabilities will be paid if the definition of total disability is met.)

## Sickness Disability Benefit

*(Form No. TRS0100 or CR500900)*

This rider only applies to the insured employee (not to a spouse or child) as shown in the Policy Schedule. A \$1,000 monthly benefit is available.

1. **Full-Time Employee through Age 69:** If an insured is totally disabled due to sickness, the insurer will pay the benefit selected beginning with the 15th day of disability. Benefits are payable for up to 12 months.
2. **Not Employed Full-Time through Age 69:** If an insured is unable to perform two or more Activities of Daily Living (ADLs), as certified by a physician, and direct personal assistance is required to perform such ADLs due to sickness, the insurer will pay the benefit selected beginning with the 15th day of the inability to perform two or more ADLs. Benefits are payable for up to 12 months.
3. **Age 70 and Above:** If an insured is confined to a hospital due to a sickness, the insurer will pay one-thirtieth of the benefit shown in the Policy Schedule times three for each day the insured is confined. Benefits are payable for up to 12 months.



<sup>1</sup> <http://www.ricedelman.com/planning/healthcare/disability.asp>. July 2003.  
Use of statistic does not imply endorsement.

# Optional Disability Benefits *(continued)*

Benefits will only be paid for one disability at a time, even if the disability is caused by more than one sickness. Benefits are not payable for the Off-the-Job Accident Disability Rider and the Sickness Disability Rider for the same day. Turning age 70 will not stop benefits otherwise payable. Benefits are not payable for services rendered by a member of the insured's immediate family, or during incarceration in any type of penal institution, or childbirth, or charges related to normal

pregnancy occurring within the first 10 months of the rider effective date. (Complications of pregnancy will be covered to the same extent as a sickness.) The insurer reserves the right to meet with the insured during the pendency of a claim or use an independent consultant and physician's statement to determine whether the insured is totally disabled, and unable to perform two or more ADLs, or requires direct personal assistance. *(In Texas and Iowa, benefits will be paid if the definition of total disability is met. Not available in MD or SC.)*

## Important Information

### Renewability

You are guaranteed the right to renew this policy for your lifetime by the payment of premiums in effect at the beginning of each term. You can never be singled out for a rate increase. Rates can be changed only if the rate is changed for all policies of this class. While this policy is in force, no change will be made because of your age or physical condition.

### Effective Date

The effective date of the policy and riders will be the date shown on the Policy Schedule or endorsement, not the date the application is signed.

### Issue Ages

AccidentSelect is available to individuals 18 through 64. Coverage is available for dependent children under age 19, if living with the insured (through age 24 if the child is a full-time student). This may vary by state.

### Family Coverage

Spouse and dependent children coverage is available. Family Coverage includes the insured, his or her spouse, and for dependent children under age 19, if living with the insured (24 if the child is a full-time student). This may vary by state. Newborn children are automatically covered under the terms of the policy from the moment of birth. Single-Parent Coverage includes the insured and all of his or her dependent children who are unmarried and under 25. *(Family coverage is not available in HI.)*

### Pre-Existing Conditions

Disability or hospitalization caused by a pre-existing condition will not be covered unless it begins more than 12 months after the effective date of coverage. A pre-existing condition is a sickness, disease, or physical condition not disclosed on the application or excluded from coverage by name or specific description; it is one for which medical advice, consultation, or treatment was recommended or received, or symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care, or treatment within the 12-month period before the effective date.

### Time Limit on Certain Defenses

- (1) **Misstatements in the Application:** After two years from the issue date only fraudulent misstatements in the application may be used to void the policy or deny any claim for loss incurred or disability that starts after the two-year period.
- (2) **Pre-Existing Conditions:** Benefits for a loss that occurs more than two years after the date the policy is issued will not be reduced or denied because the condition causing the loss existed before the effective date, unless the condition is specifically excluded from coverage.

### Fraudulent Misstatement

If a fraudulent misstatement is made in the application for this policy, the insurer may reduce or deny any claim or void the policy at any time.

# Additional Limitations and Exclusions

The insurer will not pay benefits for a covered accident that is caused by, or occurs as a result of:

- a) Driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation, or profit. *(Does not apply in Iowa.)*
- b) Mountaineering, parachuting, or hang gliding. *(Does not apply in Iowa.)*
- c) Poison, gas, or fumes voluntarily taken, administered, absorbed, or inhaled;
- d) Alcoholism or drug addiction.
- e) Participating in any sport or activity for wage, compensation, or profit; or racing any type vehicle in an organized event. *(Does not apply in Iowa.)*
- f) 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 chartered airline) on a regularly scheduled passenger trip.
- g) War, or any act of war, whether declared or undeclared.
- h) Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions), or committing an illegal act while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred).
- i) Participating in, or an attempt to participate in, an illegal activity that is defined as a felony, whether charged or not. (A felony is defined by the law of the jurisdiction in which the activity takes place.) *(Does not apply in Iowa.)*
- j) Intentionally self-inflicted bodily injury or attempting suicide, while sane or insane *(while sane in Missouri.)*
- k) Any loss incurred while on active duty status in the armed forces. (If the insurer is notified of such active duty, a refund will be provided for any premiums paid for any period for which no coverage is provided as a result of the exception.)

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

## AccidentSelect® I is underwritten by:

### Transamerica Life Insurance Company

Home Office: Cedar Rapids, IA

### Administrative Office:

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