

CriticalAssistance Select[®] for Florida

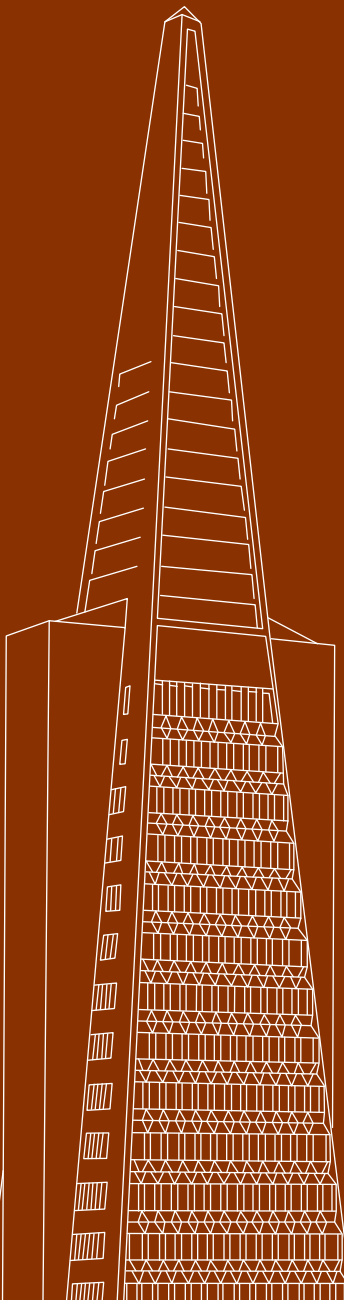
A Limited-Benefit Critical Illness Insurance Policy
for Cancer, Heart Attack, Stroke,
End-Stage Renal Failure and
Major Organ Transplant Surgery

Plan A

The Power of the Pyramid[®]



CriticalAssistance Select for Florida Plan A – Consumer Brochure – CCI01C-A(FL)-0808
Underwritten by: **Transamerica Life Insurance Company**



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CriticalAssistance Select[®] for Florida Plan A

A Limited-Benefit Critical Illness Insurance Policy for Cancer, Heart Attack, Stroke, End-Stage Renal Failure and Major Organ Transplant Surgery

Policy Overview and Benefits

Critical Illness Benefit

CriticalAssistance Select for Florida offers benefits to help with the costs associated with critical illness when you or your insured loved ones are initially diagnosed after the waiting period with the following conditions: cancer, heart attack, stroke and end-stage renal failure. It even provides benefits for major organ transplant surgery! This benefit is payable one time for each covered person.

Condition	% of Critical Illness Benefit Amount
Cancer, Heart Attack, Stroke, End-stage Renal Failure or Major Organ Transplant Surgery	100%
Carcinoma In Situ* or Skin Cancer*	5%

* Payment for these benefits is one-time only, but will be paid in addition to any other benefit in this policy.

Subsequent Critical Illness Benefit

This benefit is payable if the covered person is first diagnosed as having a subsequent and separate covered critical illness more than 60 days after the diagnosis of the first covered critical illness.

For example: If you are first diagnosed with a heart attack, and then you are diagnosed for the first time with a stroke more than 60 days later, you will receive the benefit amount you selected for each illness. This benefit is payable one time for each covered person.



Critical Illness Screening Benefit

This benefit pays \$50 each year for each covered person for the following medical tests and procedures performed at the direction of a licensed physician:

chest X-Ray	colonoscopy	EKG	Pap smear
flexible sigmoidoscopy	Hemoccult stool specimen	carcinoembryonic antigen test (CEA, test for colon cancer)	prostate-specific antigen test (PSA)
thallium scan	MUGA scan	mammography, ³	neuroimaging studies
blood tests to confirm elevated cardiac enzymes	CA125 (test for ovarian cancer)	stress echocardiograms	thermography

Additional Coverage Information

Benefit Elections — If you meet eligibility requirements, you can purchase coverage in \$5,000 increments up to \$100,000 for you and each eligible family member. Benefits are payable after a 30-day waiting period.

Issue Age — Employees and their spouses from ages 18 through 65 are eligible for coverage. Your dependent children from birth through age 18 (extended through age 23, if a full-time student) are also eligible. If your employer chooses to offer a 50% benefit reduction at age 65, the maximum issue age is 63.

Renewability — This policy is guaranteed renewable for as long as you live. The premium for your policy may be changed only after you have been notified in advance and only if it is changed for all of the policies in your class.

Conversion — If this is a two-parent family policy, the policyholder's spouse shall become the policyholder effective upon the policyholder's death. We will convert this policy to a one-parent family or individual policy, whichever applies, without evidence of insurability.

If you and your spouse dissolve your marriage by a valid decree of dissolution of marriage and your spouse was provided coverage under a two-parent family policy, then your former spouse can apply for and receive a policy providing coverage not greater than the terminated coverage. The policy will be issued to your former spouse without evidence of insurability.

To obtain the policy, your former spouse must make application to us within 60 days following the entry of the decree of dissolution of marriage. If such dissolution of marriage occurs, the policyholder of this policy at that time, shall retain that status. Any covered dependent may be provided coverage under either policy, but not both.

A covered person whose dependency terminates and who desires to continue coverage as a policyholder under a separate policy may do so by notifying us in writing of the request. The dependent will have the right to continue coverage as a policyholder under a separate, equivalent policy without a requirement for evidence of insurability and without interruption of coverage. We must receive written notification of the request prior to 31 days after the anniversary of the policy effective date following the date the person is no longer considered a dependent.

Important Policy Information

No benefits are payable for conditions other than the critical illnesses defined in the policy.

Limitations and Exclusions

The policy does not cover losses caused by or as a result of the following:

- ▶ Pre-existing conditions during the first 24 months the policy is in force except routine follow-up care for breast cancer.
- ▶ Conditions other than those due to covered critical illness, cancer in situ or skin cancer.
- ▶ A covered person being diagnosed with a covered critical illness during the waiting period.
- ▶ The covered person participating or attempting to participate in an illegal activity.
- ▶ The covered person intentionally causing self-inflicted injury.
- ▶ The covered person committing or attempting to commit suicide, whether sane or insane.
- ▶ The covered person's involvement in any period of armed conflict.
- ▶ Surgeries performed outside the United States or its territories.

Pre-Existing Condition — Means a sickness, disease or physical condition not disclosed on the application form or excluded from coverage by name or specific description for which medical advice, consultation or treatment was recommended or received from a physician, or for which symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment within 12 months prior to the effective date of such person's coverage.

Time Limit on Certain Defenses — After two years from the Insured's effective date of coverage, no statements in the application, except fraudulent misstatements, can be used to avoid the coverage or deny a claim for loss incurred or that starts after such two-year period.

Termination — Your insurance coverage will end on the earliest of these dates:

- ▶ The premium due date as of which you fail to pay the premium. (You have 31 days after the due date to pay the premium.)
- ▶ The next premium due date after we receive written notice from you to cancel your policy.

Termination of the policy will have no affect on payment of benefits for a claim which begins before the policy is terminated.

We may end the coverage if You make a fraudulent claim. Refer to your policy for complete termination details.

This Brochure is not complete with out an enclosed rate table.

CriticalAssistance Select® for Florida Plan A is underwritten by:

Transamerica Life Insurance Company

Home Office: Cedar Rapids, Iowa

Administrative Office:

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INSURANCE MARKETPLACE
STANDARDS ASSOCIATION