

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
A Stock Company

This Certificate explains the Group Master Policy for Cancer Only Insurance ("Policy") that is underwritten by Transamerica Life Insurance Company. Read it closely to become familiar with Your coverage.

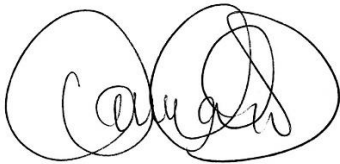
Terms important to understanding this Certificate are defined in the **Definitions** section or in separate Certificate Provisions and are capitalized in this Certificate.

Important Notice - Benefits are payable for loss due to Cancer while the Covered Person is insured under the Policy, subject to the provisions of this coverage. It does not provide benefits for any other sickness or condition.

The Policy under which this Certificate is issued may be amended or canceled, as stated in its provisions. Such an action may be taken without the consent of or notice to any Covered Person. Premiums are subject to periodic changes.

The benefits for Dependents described in this Certificate will be applicable to each of Your Dependents only if You are insured and You have applied for Dependent coverage. Such Application must be approved by Us, and the required premium paid for each Dependent.

This Certificate is signed for the Company at Our Home Office to take effect on the Certificate Effective Date.



General Counsel and Secretary



President

Certificate for Group Cancer Only Insurance

**BENEFITS LIMITED TO LOSS DUE TO CANCER ONLY
NO BENEFITS PROVIDED FOR ANY OTHER SICKNESS OR CONDITION
PRE-EXISTING CONDITIONS ARE NOT COVERED DURING THE FIRST 12 MONTHS
READ YOUR CERTIFICATE CAREFULLY
NONPARTICIPATING - NO ANNUAL DIVIDENDS**

Administrative Office:
PO Box 219
Cedar Rapids, IA 52406-0219
Customer Service: 1-888-763-7474

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SCHEDULE OF BENEFITS

INSURED: XXXXXXXXXX

AGE AT ISSUE: XX

CERTIFICATE NUMBER: XXXXXXXXX

EFFECTIVE DATE: XX/XX/XXXX

COVERAGE TYPE: [INDIVIDUAL, INSURED and DEPENDENT CHILDREN, or FAMILY]

TOTAL PREMIUM: \$XX.XX

PREMIUM MODE: [MONTHLY]

TYPE OF COVERAGE

NUMBER OF UNITS

	PLAN 1	PLAN 2
MODULE 1 - HOSPITAL BENEFITS	2 UNITS	3 UNITS
MODULE 2 - SURGERY BENEFITS	2 UNITS	3 UNITS
MODULE 3 - RADIATION AND CHEMOTHERAPY BENEFITS	2 UNITS	2 UNITS
MODULE 4 - WELLNESS AND MISCELLANEOUS BENEFITS	1 UNITS	2 UNITS
MODULE 5 - CANCER MAINTENANCE THERAPY BENEFITS	1 UNITS	2 UNITS
FIRST OCCURRENCE RIDER	3 UNITS	3 UNITS
INTENSIVE CARE RIDER		3 UNITS

DEFINITIONS

The defined terms below are subject to the provisions of the Policy and this Certificate:

Active Service - You are:

1. Performing in the usual manner all of the regular duties of Your occupation on a scheduled work day; and
2. These duties are performed at one of the places of business where You normally do such duties or at some location to which Your employer sends You.

You are said to be in Active Service on a day which is not a scheduled work day only if You would be able to perform in the usual manner all of the regular duties of Your occupation if it were a scheduled work day, and You were in Active Service on the last preceding regular work day.

Activities of Daily Living ("ADL") - Activities used in measuring levels of personal functioning capacity. Normally, these activities are performed without Direct Personal Assistance, allowing personal independence in everyday living.

The ADLs are:

1. Continence: Maintaining control of urination and bowel movements, including the ability to use ostomy supplies or other devices such as catheters;
2. Transferring: Moving between the bed and the chair, or the bed and a wheelchair;
3. Dressing: Putting on and taking off all necessary items of clothing and/or medically necessary braces and artificial limbs usually worn;
4. Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene;
5. Eating: Performing all major tasks of getting food into the body; and
6. Bathing: Ability to bathe by a sponge bath or in a tub or shower, including the task of getting into and out of the tub or shower.

Actual Charge(s) - The amount actually paid by or on behalf of the Covered Person and accepted by the provider as payment for the particular goods or services provided.

Ambulatory Surgical Center - A licensed free-standing surgical facility consisting of an operating room, facilities for the administration of general anesthesia, and a post-surgery recovery room. It must also require that the patient be admitted, treated, and released during a 24-hour period.

Amendment, Endorsement, or Rider - Any form issued by Us which adds, modifies, changes, or deletes any Policy or Certificate provisions or benefits.

Anesthesiologist or Anesthetist - A licensed practitioner, other than a member of Your Immediate Family, who specializes in anesthesiology.

Application - The form completed and signed to apply or enroll for this insurance coverage.

Calendar Year - The period from January 1 through December 31 of the same year.

Cancer - A disease evidenced by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes carcinoma, sarcoma, malignant melanoma, lymphoma, leukemia, Hodgkin's Disease or any malignant tumor. Cancer does not include other conditions which may be considered precancerous including, but not limited to, leukoplakia, hyperplasia, polycythemia vera, moles, lesions, or similar diseases.

Certificate - This document that describes Your Cancer Only insurance coverage.

Chemotherapist - A licensed healthcare practitioner that authorizes or administers chemotherapy treatment.

Child - A Child of Yours who is unmarried; under the age of 25; dependent upon You for more than 50% of his or her support and maintenance; who lives with You; and is:

1. A natural Child; or
2. A legally adopted Child or a Child who has been placed for adoption with You; or
3. A stepchild, grandchild, or foster Child; or
4. A Child for whom You have been appointed legal guardian; or
5. A Child not living with You, but for whom You are legally required to provide support.

If a Covered Dependent Child has reached age 25, but is incapable of self-support because of mental retardation or physical impairment, We will continue the Child's coverage under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of incapacity within 31 days after coverage would otherwise terminate;
3. We may require additional proof of such incapacity from time to time, but not more often than once a year after the Child attains age 25; and
4. Your coverage must remain in force.

Common Carrier - Commercial airline, inter-city bus line, or passenger train.

Continuous Loss - Those losses which result from the same or related causes for which benefits are payable under the Policy.

Covered Person - Any or all of the following: You, Your Spouse or Your Child(ren), who have been accepted by Us for coverage.

Date of Positive Diagnosis - It is the day on which:

1. Tissue specimen is taken, or the definitive diagnostic test is performed which confirms Positive Diagnosis when performed by a Pathologist; or
2. Positive Diagnosis is pronounced when a clinical diagnosis is made.

Dependent - Your Child or Spouse as defined in this Certificate. "Family" includes coverage for Child and Spouse.

Direct Personal Assistance - The Covered Person needs physical assistance from another party each and every time they need to perform ADLs. The Covered Person is not able to perform the entire ADL alone even with supports and/or mechanical aids that are normally available.

Effective Date or Certificate Effective Date - The date coverage is in effect is shown on the Schedule of Benefits. The Effective Date will start at 12:01 AM at the main place of business of the Policyholder.

Evidence of Insurability - The correct and complete answers to the questions in Our Application and medical history, if necessary, which may be used by Us to base Our acceptance of any proposed Covered Person.

Extended Care Facility - An institution or that part of an institution licensed or accredited to provide nursing or rehabilitative care under the supervision of a Physician or a Registered Nurse which provides 24-hour skilled nursing service and maintains daily medical records on each patient. It does not include institutions or parts of institutions which are primarily for the care and treatment of the aged, drug addicts, or alcoholics.

Grace Period - The period of 31 days allowed for each premium payment after the first premium.

Group Master Policy or Policy - The complete contract of insurance, which includes the Policy as issued to the Policyholder, as well as any Certificates issued to Insureds, including any Amendments, Endorsements, Riders, and Applications.

Hospice Center - A facility which provides short periods of confinement for terminally ill patients. A Hospice Center must operate a program of hospice care which meets the standards set by the National Hospice Organization. It must also be directed by a Physician, supervised by a Nurse, and licensed or certified by the state in which it is located.

Hospice Team - A team of licensed professionals including a Physician and a Nurse. It may also include a social worker, clergyman, clinical psychologist, physical therapist, or counselor. It must exist primarily to administer a hospice care program meeting the standards of the National Hospice Organization in the patient's home with hospice care available 24 hours a day, 7 days a week.

Hospital - A licensed institution that has on its premises or in facilities available to the Hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians:

1. Laboratory, X-ray equipment and operating rooms where major surgical operations may be performed by licensed Physicians;
2. Permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
3. 24-hour-a-day nursing service by graduate registered nurses; and
4. A patient's written history and medical records.

The term "Hospital" does not include an institution or that part of an institution operated as:

1. A place for rehabilitation;
2. A place for rest, or for the aged;
3. A nursing or convalescent home;
4. A long term nursing unit or geriatrics ward; or
5. An extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Hospital Confinement, Confinement, or Confined - That period of time the Covered Person is admitted into a medical facility on an inpatient basis in excess of 23 hours. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an observation room, or a freestanding surgical facility or outpatient facility. Successive Confinements separated by 30 days or less will be considered as one Confinement.

Immediate Family Member - You, Your Spouse, Child, mother, father, brother, sister, or other close family member of the Covered Person.

Insured - The employee or member covered for this insurance and named in the Schedule of Benefits.

Oncologist - A licensed Physician (MD) with a specialty in the treatment of Cancer.

Outpatient - A Covered Person who receives medical tests, treatment, or services from a Hospital, Ambulatory Surgical Center, or a medical clinic and is not charged for room and board.

Pathologist - A licensed Physician who has been certified by the American Board of Pathology or the Osteopathic Board of Pathology to practice pathological anatomy.

Physical Therapist - Anyone, other than You or Your Immediate Family Member, who is licensed and certified as a Physical Therapist to treat physically disabled or handicapped persons with physical agents and methods such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electrical stimulation and light to assist in rehabilitation.

Physician - A licensed practitioner of the healing arts who:

1. Performs only those services permitted by his or her license; and
2. Is not an Immediate Family Member.

Policyholder - The entity named on the cover page of the Policy.

Positive Diagnosis/Positively Diagnosed - A diagnosis made by a Pathologist based on a microscopic examination of fixed tissue or preparations from the hemic system either during life or post mortem (i.e., a pathological diagnosis). The Pathologist's judgment for establishing the diagnosis will be based solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor or tissue specimen. We will accept a clinical diagnosis in lieu of a pathological diagnosis only when:

1. The pathological diagnosis cannot be made;
2. Medical evidence substantially documents the diagnosis; and
3. Definitive treatment is received for the Cancer; or
4. We pay benefits under Skin Cancer.

Pre-Existing Condition - A sickness or physical condition for which the Covered Person:

1. Had treatment; or
 2. Incurred expense; or
 3. Took medication; or
 4. Received a diagnosis or advice from a Physician,
- during the 12-month period immediately before the Effective Date of the Covered Person's coverage.

The term "Pre-Existing Condition" will also include a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment.

Private Duty Nurse - Anyone, other than You or Your Immediate Family Member, who is a Licensed Practical Nurse (L.P.N.), a Licensed Vocational Nurse (L.V.N.), or a graduate Registered Nurse (R. N.).

Radiologist or Radiation Therapist - A Physician certified by the American Board of Radiology to administer therapeutic radiation.

Schedule of Benefits or Schedule - The benefit schedule set forth in this Certificate.

Skin Cancer - Basal cell epithelioma or squamous cell carcinoma. It does not include malignant melanoma or mycosis fungoides. These are not considered Skin Cancers under this Certificate for the purpose of paying benefits under the Skin Cancer provision.

Speech Pathologist/Therapist - Anyone, other than You or Your Immediate Family Member, who is licensed to practice speech pathology.

Spouse - Your legally married Spouse named in the Application. If You are not legally married, "Spouse" may include Your common law spouse if named in the Application and if legally recognized in the state in which You reside.

Total Disability or Totally Disabled - Through age 64, Total Disability will mean the inability to perform all of the material and substantial duties of Your regular occupation. Total Disability will be considered to exist when You are under the regular care and attendance of a Physician for the necessary treatment of Cancer. After the first two years of Total Disability, You will continue to be considered Totally Disabled if You are unable to engage in any employment or occupation for which You are or You become qualified by reason of education, training, or experience.

On Your 65th birthday and thereafter, Total Disability will mean that Your Physician has certified that You are unable to perform two or more Activities of Daily Living without Direct Personal Assistance as a result of Your Cancer.

Twelve-Month (12-Month) Benefit Period - The initial 12-Month Benefit Period is the 12-month period beginning on the Date of Positive Diagnosis. Subsequent 12-Month Benefit Periods begin on the same month and day as the immediately preceding 12-Month Benefit Period; however, if the Covered Person incurs no covered loss during the 3 months after the end of any 12-Month Benefit Period, the next 12-Month Benefit Period will begin on the next date a covered loss is incurred. Twelve-Month Benefit Periods are determined separately for each Covered Person.

We, Us, or Our - The Insurer that underwrites this coverage: Transamerica Life Insurance Company.

You, Your, or Yours - The Insured.

ELIGIBILITY AND EFFECTIVE DATE

Effective Dates are shown on the Schedule of Benefits. Coverage will start on such date at 12:01 AM at the main place of business of the Policyholder. Effective Dates for all persons added to coverage after this Certificate is issued will be reflected by an endorsement to the Certificate.

Employee or Member Eligibility - To be eligible for insurance You must:

1. Meet eligibility requirements as selected on the Policyholder's Application;
2. Satisfactorily answer all eligibility and other questions on the Application and must provide Evidence of Insurability satisfactory to Us, if We ask for it; and
3. Be in Active Service.

Employee or Member Effective Date - Your insurance will take effect on the Effective Date of the Policy if:

1. You completed an Application on or before said Effective Date; and
2. You are in Active Service; and
3. Your first premium is paid and received by Us.

If You are not eligible for this coverage on the Policy Effective Date, Your coverage will take effect on the first day of the month which coincides with or next follows the date You first become eligible and are approved for coverage. Additionally, Your first premium must have been received by Us, and all provisions listed in the Employee or Member Eligibility provision above, must be met.

If You are not in Active Service on what otherwise would be the Effective Date, Your coverage will be deferred until the first of the month following the date You are in Active Service.

Dependent Eligibility - If Dependent coverage is available, a Dependent will be eligible for such coverage on the later of the following dates:

1. The day You become eligible for coverage; or
2. The day he or she first meets the definition of Dependent.

You may elect Dependent coverage by:

1. Applying for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction.

You must complete an Application for enrollment of a Spouse or Child, and pay any required premium within 31 days of the date Your Spouse or Child meets these eligibility criteria. If such Application is not made within that 31-day period, Your Spouse or Child will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

Any eligible Dependent who does not become a Covered Person on Your Effective Date may be added to this Certificate subject to:

1. The completion of an Application;
2. Satisfaction of any Evidence of Insurability requirements; and
3. Payment of any additional premium, if required.

If You and Your Spouse are both eligible as an employee or member, the Children may be insured as Dependents of either You or Your Spouse, but not both.

Dependent Effective Date - The Effective Date of coverage for each eligible Dependent will be on the first day of the month that coincides with or next follows:

1. Our acceptance of the Application; and
2. Our receipt of the first premium.

However, if on such date Your coverage has not yet taken effect, the Effective Date for Dependent coverage will be the same as Your Effective Date.

Newborn Child Effective Date - A newborn Dependent Child will become insured for coverage automatically on the day he or she is born, as long as You have Family coverage in force on that date.

If You do not have Dependent coverage in force, the newborn Child's coverage will not continue past the 31-day period following birth, unless:

You have notified Us by the end of the 31-day period of the addition of such newborn Child; and
You have paid any applicable additional premium.

BENEFIT PROVISIONS

If a Covered Person has been Positively Diagnosed with Cancer, We will pay benefits according to the Benefit Provisions section of this Certificate, provided that the loss is incurred (e.g. treatment is received or the service is performed) while this Certificate is in force.

Benefits will begin on the Date of Positive Diagnosis, or as follows:

1. On the date the Covered Person is admitted to the Hospital, if Positive Diagnosis is made during the same Period of Hospital Confinement; but not more than 15 days prior to the Date of Positive Diagnosis; or
2. Not more than 30 days before the Date of Positive Diagnosis for benefits payable under Outpatient Surgery.

Benefit payments will be made directly to You, unless You assign benefits. Proof of Loss must be submitted to Us for each incurred expense.

Under no conditions will We pay any benefits for losses or medical expenses incurred prior to the Effective Date.

The following benefits are payable per Covered Person, and per unit, as shown below. The number of units selected by the Policyholder for each benefit is shown on the Schedule of Benefits.

Module 1 - Hospital Benefits

The following benefits are payable per Covered Person, per unit, per day, as described below.

Hospital Confinement

We will pay \$100 per unit, per day, for 90 days for Hospital Confinement for the treatment of Cancer. The maximum number of days We will pay this benefit during a continuous Confinement will not exceed 90 days. Beginning on the 91st day, Our payments for Hospital Confinement will be made under "Extended Benefits."

Extended Benefits

We will pay \$200, per unit, per day, for Hospital Confinement beyond 90 continuous days. This benefit will be paid in lieu of all other benefits under this Certificate, including any attached riders, except for Surgery and Anesthesia which will continue to be payable under their applicable benefit provisions.

Inpatient Drugs and Medicine

We will pay \$15, per unit, per day, per Confinement, for drugs and medicines given to the Covered Person while Hospital Confined.

Attending Physician Benefit

We will pay \$20, per unit, per day, when the attending Physician, other than a surgeon who performed surgery, visits the Covered Person while Hospital Confined.

A "visit" will mean a personal visit by the attending Physician. We will only pay for one visit in any one 24-hour period.

Private Duty Nursing

We will pay \$100, per unit, per day, while Hospital Confined for services by a Private Duty Nurse. Services by a Private Duty Nurse must be:

1. Authorized by the attending Physician; and
2. Provided by a Private Duty Nurse who is not acting as a regular staff member of the Hospital in which the Covered Person is Confined.

Ambulance

We will pay \$100, per unit, per continuous Confinement by a licensed professional ambulance service for:

1. Transportation to a Hospital to which the Covered Person is admitted; and
2. Transportation from a Hospital from which the Covered Person has been released to a different Hospital to which the Covered Person is admitted.

Extended Care Facility

We will pay \$100, per unit, per day, for each day a Covered Person is Confined in an Extended Care Facility. This benefit is limited to the number of days of the prior continuous Hospital Confinement. Confinement in an Extended Care Facility must be at the direction of the attending Physician and must begin within 14 days of the Hospital Confinement.

Government or Charity Hospital

We will pay \$100, per unit, per day, in lieu of all other benefits in this Certificate when the Covered Person is Hospital Confined in a government or charity Hospital.

Confinement must be in a Hospital owned or operated by the United States Government or a Hospital that does not charge the Covered Person for its services. Confinement must be primarily for the treatment of Cancer.

Hospice Care

We will pay \$100, per unit, per day, for a Confinement in a Hospice Center or for Hospice Care at home by a Hospice Team. This benefit is limited to a lifetime maximum of 100 days per Covered Person. Our payments will be based on the following conditions being met:

1. The Covered Person has been given a prognosis as being terminally ill with an estimated life expectancy of 6 months or less; and
2. We have received a written summary of such prognosis by the attending Physician.

We will not pay this benefit while the Covered Person is Hospital Confined.

Module 2 - Surgery Benefits

The following benefits are payable per Covered Person as described below.

Surgery

With the exception of Skin Cancer, We will pay the amount shown on the Surgical Schedule, not to exceed \$1,000 per unit while Hospital Confined. If two or more surgical procedures are performed through the same incision, We will only pay for the procedure having the highest benefit as determined by this provision. If two or more procedures are made in separate incisions, We will pay the highest benefit as the primary procedure and 50% for each of the lesser benefits.

For surgery performed for the treatment of Cancer that does not appear in the Surgical Schedule, We will pay the lesser of:

1. An amount, per unit, determined by multiplying the Work Relative Value Unit obtained from the Medicare Physician Fee Schedule in effect on the date of service by \$25; or
2. \$1,000 per unit.

Anesthesia

We will pay 25% of the surgery benefit for Anesthesia. It must be given by or under the direction of an Anesthesiologist or by an Anesthetist under the direction of a Physician.

Prosthesis

We will pay the Actual Charges, not to exceed \$500, per unit, for a prosthetic device and its implantation. The prosthesis must be authorized by the attending Physician and must require surgical implantation.

Hair Prosthesis

We will pay a one time benefit per Covered Person for the Actual Charges, not to exceed \$50, per unit, for a wig or hairpiece if the Covered Person experiences hair loss as a result of Cancer treatment.

Reconstructive Surgery

We will pay the amount shown, below, for reconstructive surgery, anesthesia, post-operative care, and any other related charges for the general forms of Cancer listed below.

General Form of Cancer	Per Unit
1. Breast Cancer-after simple or total mastectomy-each breast	\$120
2. Breast Cancer-after radical mastectomy each breast	\$170
3. Cancers of the male or female genitalia	\$170
4. Cancers of the head or neck, including oral cancers, but excluding Skin Cancer and malignant melanoma	\$250

Reconstructive surgery must be performed by a licensed plastic surgeon not more than two years following the initial surgery to remove the Cancer. If reconstructive surgery is performed on the same day as the implantation of a prosthetic device, We will pay only for the procedure having the higher benefit value. We will not pay benefits under this provision when they are paid under any other benefit.

Second Surgical Opinion

We will pay \$100, per unit, for the opinion of a second surgeon payable when the prescribed treatment is surgery as determined by the first surgeon. The Covered Person may use this benefit at his or her discretion. None of the other benefits in this Certificate will be affected by this decision. This benefit is payable only after Positive Diagnosis has been made.

A second surgical opinion must be received before surgery is performed. This benefit is not payable for Skin Cancer. We will require a written copy of the initial surgical opinion in addition to the second surgical opinion.

Ambulatory Surgical Center

We will pay the surgical center charges, not to exceed \$150, per unit, per day, for surgery performed at an Ambulatory Surgical Center or at a Hospital when the Covered Person is an Outpatient.

Outpatient Surgery

With the exception of Skin Cancer, surgeries performed on an Outpatient basis are paid at 150% of the scheduled benefit. For Outpatient Surgery performed for the treatment of Cancer that does not appear in the Surgical Schedule, We will pay the lesser of:

1. An amount, per unit, determined by multiplying the Work Relative Value Unit obtained from the Medicare Fee Schedule in effect on the date of service by \$37.50; or
2. \$1,500 per unit.

Skin Cancer (see Surgical Schedule for Melanoma Only)

If Positively Diagnosed with Skin Cancer, We will pay \$75, per unit, per diagnosis for the initial removal of Skin Cancer by a Physician; and \$35, per unit, for each additional removal.

Surgical Schedule

Procedure and Benefit Amount Per Unit

EYE AND EAR

Biopsy of external ear	\$20
Biopsy of cornea	\$40
Iridectomy	\$250
Mastoidectomy	
1. Complete	\$310
2. Radical	\$340
Iridectomy with cyclectomy	\$350

HEAD, NECK & SPINE

Oropharynx biopsy, excisional	\$40
Thyroid biopsy needle	\$40
Laryngoscopy with biopsy	\$80
Pharyngectomy limited	\$470
Laryngectomy:	
1. Subtotal, with bilateral node Dissection	\$760
2. Total, with radical neck dissection	\$960

Procedure and Benefit Amount Per Unit

HEAD, NECK & SPINE (cont'd)

Adrenalectomy, partial or	
Complete thyroidectomy	\$450
1. Subtotal, with limited neck	
Dissection	\$550
2. Total, with radical neck dissection	\$710
Laminectomy for Intraspinal malignancy	\$560
Excision of Malignant Brain Tumor:	
1. All tumors except meningioma	\$920
2. Meningioma	\$1000
Hemispherectomy:	
1. Partial	\$780
2. Total	\$830

SKIN (MELANOMA ONLY) AND ORAL

Biopsy:	
1. Skin surface	\$20
2. Mouth or tongue	\$40

Procedure and Benefit Amount Per Unit**SKIN (MELANOMA ONLY) AND ORAL (cont'd)**

Excision of malignant lesion:

- | | |
|--------------------------------|------|
| 1. Skin surface | \$70 |
| 2. Lip or mouth with resection | \$80 |

Glossectomy:

- | | |
|---------------------------------|-------|
| 1. Less than one half of tongue | \$270 |
| 2. Complete or total | \$720 |
| 3. With radical neck dissection | \$940 |

THORAX

Breast biopsy:

- | | |
|---------------------------|------|
| 1. Needle | \$30 |
| 2. Incisional, unilateral | \$80 |

Lung biopsy, needle \$50

Thoracoscopy with biopsy \$150

Bronchoscopy with biopsy \$80

Lumpectomy, unilateral \$150

Mastectomy, simple:

- | | |
|---------------|-------|
| 1. Unilateral | \$390 |
| 2. Bilateral | \$590 |

Mastectomy, radical including:

Axillary lymph nodes, unilateral \$430

Mastectomy, modified radical

With axillary lymph nodes \$450

Partial mastectomy \$150

Partial mastectomy with axillary

Lymphadenectomy \$350

Lobectomy of Lung total or segmented \$640

Pneumonectomy \$680

ABDOMEN AND PELVIS

Liver biopsy \$50

Colonoscopy with biopsy \$110

Upper GI Endoscopy with biopsy \$70

Enterectomy: resection of small intestine with anastomosis \$520

Gastrectomy:

- | | |
|---------------------------------------|-------|
| 1. Partial | \$610 |
| 2. Total, with intestinal anastomosis | \$850 |

Hepatectomy, partial lobectomy \$970

Colectomy, partial with colostomy \$560

Colectomy, total abdominal, with ileostomy

or ileoproctostomy \$750

Esophagectomy \$1000

Pancreatectomy, Whipple Type \$1000

Esophagomyotomy:

- | | |
|-----------------------|-------|
| 1. Abdominal approach | \$550 |
| 2. Thoracic approach | \$570 |

UNIARY TRACT

Cystoscopy with biopsy \$70

Ureteral endoscopy with biopsy \$170

Renal biopsy needle \$70

Procedure and Benefit Amount Per Unit**UNIARY TRACT (cont'd)**

Cystectomy:

- | | |
|--------------------|-------|
| 1. Partial, simple | \$430 |
| 2. Complete | \$680 |

- | | |
|--|-------|
| 3. Complete, with uretero-cutaneous Transplant | \$880 |
|--|-------|

Urethrectomy, total with cystostomy \$340

Nephrectomy, radical with excision of regional lymph nodes \$590

Cystotomy with resection of bladder tumor \$340

TURB \$240

RECTUM

Proctosigmoidoscopy with biopsy \$30

Rectal biopsy, incisional \$100

Proctectomy, complete \$760

MALE GENITALIA

Biopsy of Penis, cutaneous \$50

Prostate biopsy

- | | |
|-------------------|-------|
| 1. Non-incisional | \$70 |
| 2. Incisional | \$120 |

Biopsy of Testis, incisional

- | | |
|---------------|-------|
| 1. Unilateral | \$90 |
| 2. Bilateral | \$130 |

Orchiectomy, simple:

- | | |
|---------------|-------|
| 1. Unilateral | \$130 |
| 2. Bilateral | \$200 |

Amputation of Penis

- | | |
|-------------|-------|
| 1. Partial | \$270 |
| 2. Complete | \$360 |

Prostatectomy, radical \$760

TURP \$140

FEMAL GENITALIA

Biopsy of Vulva \$30

Biopsy of Vaginal Mucosa \$30

Cervical biopsy \$60

Trachelectomy, partial, with dilation and

Curettage \$130

Vaginectomy \$390

Vaginectomy:

- | | |
|-------------|-------|
| 1. Partial | \$370 |
| 2. Complete | \$490 |

Oophorectomy \$200

Uterine Myomectomy, abdominal

Approach \$390

Vulvectomy, radical with excision of regional lymph nodes \$620

Hysterectomy:

- | | |
|----------------------|-------|
| 1. Total abdominal | \$430 |
| 2. Radical abdominal | \$770 |

Dilation and Curettage \$90

Procedure and Benefit Amount Per Unit**GENERAL AMPUTATIONS**

Finger, each	\$150
Toe, each	\$90
Foot, each	\$220
Arm, each	\$250
Lower leg, each	\$280
Thigh	\$330
Interpelviabdominal	\$610

Procedure and Benefit Amount Per Unit**MISCELLANEOUS**

Muscle biopsy, excisional:	
1. Superficial	\$40
2. Deep	\$60
Bone marrow aspiration with biopsy	\$30
Superficial lymph node biopsy needle	\$30
Sequestrectomy for osteomyelitis:	
1. Scapula or clavicle, with suction or irrigation	\$180
2. Humeral head to surgical neck, with suction irrigation	\$250
Laparotomy (exploratory procedure)	\$310
Splenectomy:	
1. Laparoscopic	\$420
2. Partial or total	\$490

Module 3 - Radiation and Chemotherapy Benefits

The following benefits are payable per Covered Person as described below.

Radiation and Chemotherapy

Treatments - We will pay the Actual Charges, per 12-Month Benefit Period, for radiation or chemotherapy treatments authorized by a Radiologist, Chemotherapist, or Oncologist. The maximum benefit under this provision per Covered Person for any 12-Month Benefit Period will not exceed a total of \$5,000, per unit, regardless of the treatment or combination of treatments received in that period.

Under this provision, We will not pay related expenses for: prescribed medications for side effects, physical exams, checkups, laboratory or diagnostic tests, treatment consultations and planning, or any similar such expenses. Radiation or chemotherapy does not include laser or stereotactic surgery.

Associated Expenses - We will pay \$250, per unit, per 12-Month Benefit Period for the following radiation or chemotherapy-related expenses: treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests. We will only pay for this benefit when such charges have been submitted to Us and authorized by a Radiologist, Chemotherapist, or Oncologist. Transportation expenses are not included as associated expenses.

Blood, Plasma, Platelets, Bone Marrow Transplant, and Stem Cell Transplant

We will pay the Actual Charges, not to exceed a total of \$5,000, per unit, per 12-Month Benefit Period, for:

1. Blood, plasma, and blood components;
2. Bone Marrow Transplant; or
3. Stem Cell Transplant.

We will not pay for the cost of donated blood if the Covered Person does not incur a charge for that blood. The maximum benefit under this provision for any 12-Month Benefit Period will not exceed a total of \$5,000, per unit, regardless of the treatment or combination of treatments received in that period.

Associated Expenses - We will pay \$250, per unit, per 12-Month Benefit Period, for Blood, Plasma, Platelets-related expenses, administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests. We will only pay for expenses incurred for the items listed when such expenses have been submitted to Us and authorized by the Covered Person's Physician. Transportation and Lodging expenses are not included as associated expenses.

New or Experimental Treatment

We will pay the Actual Charges, not to exceed \$5,000, per 12-Month Benefit Period, beginning with the first day of benefit under this provision for experimental or investigational treatments of Cancer. This Certificate defines experimental or investigational treatment to be:

1. Drugs or chemical substances approved by the United States Food and Drug Administration for the experimental use on humans; and
2. Surgery or therapy endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies.

The following restrictions and limitations will apply to this benefit:

1. Experimental treatment must be received in a Hospital in the United States or in one of its territories; and
2. The attending Physician has authorized the treatment.

Module 4 - Wellness and Miscellaneous Benefits

The following benefits are payable per Covered Person, and per unit, except for the Non-Local Transportation, Family Member Lodging, the Outpatient Lodging, and the Waiver of Premium, which are payable as described below.

Wellness Benefit

We will pay \$50 per unit, per Calendar Year, for the following Cancer screening tests: mammograms, Pap smears, flexible sigmoidoscopy, prostate-specific antigen tests, chest x-rays, hemocult stool specimen, ultra sounds, CEA, CA125, biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screenings.

Services must be under the supervision of or recommended by a Physician, and a charge must be incurred.

Magnetic Resonance Imaging (MRI) Scans

In addition to the Wellness Benefit, We will pay \$50, per unit, per Calendar Year, for an MRI Scan for a Covered Person who is deemed by a Physician to be at a higher than normal risk of developing breast cancer. Services must be under the supervision and recommended by a Physician, and a charge must be incurred.

Non-Local Transportation

If the prescribed treatment for the Covered Person is not available locally, within a 50 mile radius of the Covered Person's residence, and a non-local Hospital Confinement within the United States is authorized by the attending Physician, We will pay transportation expenses for the Covered Person and for one adult member of Your Immediate Family to be with the Covered Person during such Confinement. Our payments for such transportation expenses will be as follows:

1. The Actual Charge for one round trip by Common Carrier; or
2. Forty cents (\$.40) per mile for one round trip by private vehicle. Mileage is to be measured by the most direct route from the individual's residence to the non-local Hospital. We will accept his or her mileage figures if reasonable. We will not pay for mileage less than 100 miles round trip, nor in excess of 750 miles, round trip.

We will only pay this benefit once per period of Hospital Confinement in a non-local Hospital.

Family Member Lodging

We will pay \$50, per unit, per day, with a maximum of 50 days per 12-Month Benefit Period, for Lodging expenses for one adult member of Your Immediate Family to be with the Covered Person when Confined in a non-local Hospital in the United States. The Lodging benefit may be for a motel, hotel or other accommodations acceptable to Us and will be based on the same number of days the Covered Person is Hospital Confined.

Outpatient Lodging

We will pay \$50, per unit, per day, with a maximum of 50 days per 12-Month Benefit Period, for Lodging expenses for the Covered Person receiving radiation or chemotherapy on an Outpatient basis, provided treatment is authorized by the attending Physician and cannot be obtained locally.

Physical or Speech Therapy

We will pay \$25 per unit per day for therapy sessions, limited to one session per day, for:

1. Physical therapy treatments given by a licensed Physical Therapist at: An Institute of Physical Medicine and Rehabilitation, a Hospital, or Your home; or
2. Speech therapy given by a licensed Speech Pathologist/Therapist.

Physical therapy or speech therapy must be given on an Outpatient basis only; unless, the primary purpose of Your Hospital Confinement is for treatment of Cancer other than with physical therapy or speech therapy.

At Home Nursing

We will pay \$50 per unit per day, limited to the number of days of prior Hospital Confinement, for private nursing care and attendance by a nurse at home. At home nursing services must be required and authorized by the Attending Physician and must begin within 14 days after Confinement as an inpatient in a Hospital.

Waiver of Premium

If the Insured has been Positively Diagnosed with Cancer and is Totally Disabled for a period of 60 consecutive days beginning on the Date of Total Disability due to such Cancer, We will waive each premium that becomes due after such 60 day period as long as the Insured is Totally Disabled.

During any period for which We have waived a premium, this Certificate will be subject to all of its other applicable provisions. Our waiver of premiums will end on any date premium would ordinarily be due when the Insured is not Totally Disabled. Upon the end of Total Disability, the Insured must resume payment of premiums.

This provision does not apply to Total Disability which begins on or after the Insured's 70th birthday.

Module 5 - Cancer Maintenance Therapy Benefits

The following benefits are payable per Covered Person as described below.

We will pay Actual Charges, not to exceed a total of \$1,000, per unit, per 12-Month Benefit Period, for:

1. Cancer Suppressive Therapy - drugs used to keep Cancer in check or after acute chemotherapy treatment.
2. Hematological Drugs - drugs aimed to boost cell lines such as white blood cell counts, red blood cell counts, and platelets.
3. Anti-Nausea Drugs - drugs used to reduce the symptoms brought about as a result of chemotherapy or radiation.
4. Motility Agents - drugs used to improve motility or treat side effects caused by chemotherapy or radiation.

We will not pay benefits under this provision when they are paid under any other benefit.

The maximum benefit under this provision for any Twelve-Month Benefit Period will not exceed a total of \$1,000 per unit, regardless of the treatment or combination of treatments received in that period.

EXCLUSIONS AND LIMITATIONS

This Certificate provides benefits only for Cancer as defined herein, which is Positively Diagnosed while this Certificate is in force. It does not provide benefits for any other illness or disease.

1. We may reduce or deny a claim or void the Certificate for loss incurred by a Covered Person:
 - a. During the first 2 years from the Effective Date of such coverage for any misstatements in the Application which would have materially affected our acceptance of the risk; or
 - b. At any time for fraudulent misstatements in the Application.
2. We will only pay for loss as a direct result of Cancer. Proof of Positive Diagnosis must be submitted to Us for each new claim. We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of, Cancer.
3. If a covered Hospital Confinement is due to more than one covered disease or condition, benefits will be payable as though the Confinement or expense were due to one disease or condition. If a Hospital Confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the Hospital Confinement or expense due to the covered disease or condition.
4. Under no condition will We pay any benefits for losses or medical expenses incurred prior to the Effective Date.

Pre-Existing Condition Limitation - No benefits are provided during the first 12 months for any Cancer that has been diagnosed, treated, or for which the Covered Person has incurred expense or has taken medication within 12 months prior to the Effective Date of such person's coverage.

PREMIUMS

All premiums are payable on or before the date they are due.

We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, We will give at least a 31-day advance written notice to the Policyholder, or to You if the Portability Option is in effect. If an increase takes place on other than a premium due date, a pro rata premium for the increase will be due on the next premium due date. The pro rata premium will be for the period from the date of the increase to the next premium due date. If such premium is not paid when due, the coverage will automatically be terminated as of the date the pro rata premium was due. Any partial payment of premium will be refunded.

If the premiums increase because a change in benefits increases Our liability, premium rates may be changed on the date that Our liability is increased, without regard to any premium rate guarantee.

TERMINATION OF INSURANCE

Subject to the Portability Option, Your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which You cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to Us;
3. The last day of the payroll deduction period during which You terminate employment;
4. The date the Policy terminates; or
5. The date You send Us a written notice that You want to cancel coverage.

The insurance on a Dependent will cease on the earliest of:

1. The date Your coverage terminates;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Dependent no longer meets the definition of Dependent;
4. The date the Policy is modified so as to exclude Dependent coverage; or
5. The date You send Us a written notice that You want to cancel Your Dependent's coverage.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

Extension of Benefits - Whenever termination of coverage under this section occurs due to termination of Your employment or membership, such termination will be without prejudice to:

1. Any Hospital Confinement which began while coverage was in force; or
2. Any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

1. 30 days; or
2. The date on which the Covered Person is no longer hospitalized or receiving treatment.

PORTABILITY OPTION

If You lose eligibility for this insurance for any reason other than nonpayment of premiums, You will have the option to continue this Certificate (including any Riders, if applicable) by paying the premiums directly to Us at Our Administrative Office within 31 days after this insurance terminates. We will bill You for these premiums after You notify Us to continue this coverage. If You stop paying the premiums under this option, this coverage will continue, subject to the terms of the Grace Period.

CLAIMS PROVISIONS

Claim Forms - Claim forms should be used for filing Proof of Loss. We will send such form to the claimant within 15 days of receipt of notice of claim. If We fail to supply the proper claim forms within 15 days, You can give proof in writing, setting forth the nature and extent of the loss within the time stated in the Proof of Loss Provision.

Claims Procedure - Due Proof of Loss must be submitted to Us at Our Administrative Office. You or a personal representative may obtain a claim form by calling Our toll-free telephone number listed on the Cover Page.

Notice of Claim - Written notice of claim must be given to Us at Our Administrative Office, or to Our agent. Such notice should be made within 30 days after any loss covered by the Policy. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

Payment of Claim Benefits - Benefits may be assigned to the provider(s) of such benefits. Otherwise, all benefits payable under the Policy will be paid to You. Accrued benefits that are not paid at Your death will be paid to Your Spouse, or if there is no Spouse, then to Your estate. We may pay up to \$1,000.00 of such benefit to one of Your relatives at Our discretion. Such payment fully discharges Us to the extent of the payment.

Physical Examinations and Autopsy - We have the right to have a Covered Person examined by a Physician of Our choice as often as reasonably necessary while a claim is pending. We will pay for such examination. In case of death, We may request an autopsy where it is not forbidden by law.

Proof of Loss - Satisfactory written Proof of Loss must be given to Us at Our Administrative Office. In case of a claim for loss for which a periodic payment is provided contingent upon continuing loss, such satisfactory written Proof of Loss must be sent within 90 days after the termination of the period for which We are liable. For any other loss, proof must be sent within 90 days after the date of such loss.

Failure to furnish such proof within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof and that it was furnished as soon as it was reasonably possible. In any event, the proof required must be given no later than one year from the time of loss, unless the claimant was legally incapacitated.

Time of Payment of Claims - Benefits for a covered loss will be paid after We receive satisfactory written Proof of Loss.

GENERAL PROVISIONS

Changes to this Certificate - Only Our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Certificate and then only in writing. No agent or Policyholder has authority to change the Policy or this Certificate or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

Conformity with State Laws - A provision of the Policy and/or Certificate that conflicts with a law of the governing jurisdiction is hereby changed to meet the minimum standards of that law.

Entire Contract - The Entire Contract consists of the Policy, this Certificate, any attached Amendments, Endorsements, or Riders, the Policyholder's Application, and Your Application.

Grace Period - A Grace Period of 31 days will be allowed for each premium payment after the first premium is paid. Coverage will stay in force during this time. The coverage under the Policy and/or Certificate will terminate at the end of the Grace Period if the premium has not been paid. You must still pay all unpaid premium. This includes the premium due for the Grace Period.

If coverage is canceled on a premium due date and the premium has been paid through that date, the Grace Period will not apply. If coverage is canceled during the Grace Period, You will be liable for any unpaid premium including the pro rata premium for that part of the Grace Period during which coverage was in force. Benefits may be reduced by the amount of any due, but unpaid premiums.

Legal Action - No legal action may be brought to recover under the Policy and/or Certificate:

1. Within 60 days after written Proof of Loss has been furnished as required; or
2. More than three years from the time written Proof of Loss is required to be furnished.

Misstatement of Age - If the Covered Person's age has been misstated, the Covered Person's true age will be used to adjust the premium or adjust the benefits paid.

No Dividends Payable - This Certificate does not participate in the profits or surplus earnings of Our Company.

Other Insurance With Us - If You have more than one Cancer policy or certificate with Us, only the one chosen by You will remain in effect. We will refund all premiums paid for any other such coverage.

Time Limit on Certain Defenses

Misstatements in the Application - We will not use any statement, except fraudulent statements, to void or reduce benefits after this Certificate has been in force during Your lifetime for two years from the Effective Date of coverage. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amounts would be subject to a new two year contestable period for the increased amount only.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to You.

Pre-Existing Conditions - No claim for loss incurred or disability that starts after 12 months from the Effective Date will be reduced or denied because a physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of coverage.

When Notice is to be Given by Us - Any notice to You will be sent to Your last known address.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "We," "Us," or "Our")

AMENDMENT

This Amendment is attached to and made a part of the Contract, as defined below.

DEFINITIONS

The following definitions are added:

Contract - The Policy for Cancer Only Insurance and any Certificate, if applicable, to which this Amendment is attached.

Chemotherapy - Drugs and cytotoxic chemical substances which are used as curative or therapeutic treatment to destroy, reduce, or control malignant cancer cells. The United States Food and Drug Administration must approve such drugs or therapies specifically for use as anti-cancer treatment or therapy.

Radiation Therapy - The use of ionizing radiation as curative or therapeutic treatment to destroy, reduce or control malignant cancer cells. The United States Food and Drug Administration must approve such drugs or therapies specifically for use as anti-cancer treatment or therapy.

BENEFIT PROVISIONS

The following benefit provisions have been revised as follows:

Module 1 - Hospital Benefits

Hospital Confinement - First sentence - Delete reference to "90 days" for Hospital Confinement. This sentence now reads:

We will pay \$100 per unit, per day, for Hospital Confinement for the treatment of Cancer.

Module 3 - Radiation and Chemotherapy Benefits

New or Experimental Treatment - First sentence - Add the words "per unit" after \$5,000. This sentence now reads:

We will pay the Actual Charges, not to exceed \$5,000, per unit, per 12-Month Benefit Period, beginning with the first day of benefit under this provision for experimental or investigational treatments of Cancer.

Module 4 - Wellness and Miscellaneous Benefits

The first paragraph has been revised to delete reference to each benefit as being "per unit" or "not per unit" as follows:

The following benefits are payable per Covered Person:

This Amendment does not waive, alter, or extend any condition or provision of the Contract, except to the extent shown above. It is subject to all the terms and limitations of the Contract. This Amendment takes effect and expires concurrently with the Contract to which it is attached and is signed for the Company at Our Home Office.



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "We," "Us," or "Our")

TEXAS AMENDMENT

This Amendment is attached to and made a part of the Contract, as defined below, for residents of the State of Texas.

DEFINITIONS

The following definition is added to this Amendment:

Contract - The Policy for Group Cancer Only Insurance and any Certificate, if applicable, to which this Amendment is attached.

The definition of **Child** is amended as follows:

1. By removing the phrase "dependent upon You for more than 50% of his or her support and maintenance" and replacing it with "dependent upon You for his or her support."; and
2. By adding that a Dependent Child includes a stepchild or a child under a medical support order issued under Chapter 154 Family Code or enforceable by a court in this State.

The definition of **Positive Diagnosis/Positively Diagnosed** is amended by removing the following sentence:

The Pathologist's judgment for establishing the diagnosis will be based solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor or tissue specimen.

PREMIUMS

The second paragraph of the **Premiums** section of the Contract is amended to provide that a notice of a premium increase will be given at least 60 days, not 31 days, before the increase.

GENERAL PROVISIONS

The following provision is added to the **General Provisions** section of the Contract:

Payment Under The Texas Medical Assistance Act - If You are a resident of Texas, the benefits under this Contract will not be reduced or denied because such benefits are covered by The Medical Assistance Act of 1967, as amended. Benefits will be paid to the Texas Department of Human Resources for the actual cost of medical expenses it pays through medical assistance for a person, child, or children insured by this Contract, if the Covered Person would otherwise be entitled to payment of benefits for such medical expenses. Benefits so paid will, in no event, exceed benefits otherwise payable under this Contract. Any benefits payable for expenses not paid by such Department will be paid as provided in this Contract.

This Amendment does not waive, alter, or extend any condition or provision of the Contract, except to the extent shown above. It is subject to all the terms and limitations of the Contract. This Amendment takes effect and expires concurrently with the Contract to which it is attached and is signed for the Company at Our Home Office.



General Counsel and Secretary



President



Company which issued the Policy or Certificate (referred to as "Contract" herein)
to which this form is attached:

Transamerica Life Insurance Company - Home Office: Cedar Rapids, Iowa

Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219

ENDORSEMENT

This Endorsement is made part of the Contract to which it is attached, and is subject to all its provisions which are not in conflict with the provisions of this Endorsement. The Effective Date of this endorsement is the same as the Effective Date of the Contract to which it is attached or January 1, 2011, whichever is later.

Beginning on January 1, 2011, the definition of Child is hereby amended as follows:

- The limiting age for a Child is now increased to cover Children through age 25.
- Any restriction that requires a Child be unmarried is now removed.
- Any restriction that requires a Child be a full-time student is now removed.
- Any restriction that requires a Child be living with you is now removed, with the exception of grandchildren (where available).
- Any restriction that requires a Child be financially dependent on you is now removed, with the exception of grandchildren (where available).

In all other respects the provisions and conditions of the Contract remain the same.

Signed for the Company at our Home Office on its Effective Date by:

A handwritten signature in black ink, appearing to read "C. J. [unclear]", enclosed within a large, loopy oval.

General Counsel and Secretary

Accepted by: _____

Title: _____
(e.g. Insured, Owner, Guardian, or Officer Position if signing for a Group Policyholder)

Date: _____

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499

Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219

(Hereinafter called "the Company," "We," "Us," or "Our")

FIRST OCCURRENCE RIDER

This Rider is attached to and made part of the Contract, as defined below, as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Contract will prevail.

While this Rider is in force, We will pay benefits described in "What We Will Pay" section of this Rider when the Covered Person is Initially Positively Diagnosed with Cancer, other than Skin Cancer, subject to all of its provisions, conditions, exceptions, and limitations.

DEFINITIONS

In addition to the definitions contained in the Contract, the following definitions apply to this Rider.

Contract - The Policy for Group Cancer Only Insurance or any Certificate, if applicable, to which this Rider is attached.

Effective Date - The Effective Date of the Contract or the date shown for this Rider if added to the Contract at a later date.

Initial Positive Diagnosis/Initially Positively Diagnosed - A firsttime ever Positive Diagnosis made by a Pathologist based on a microscopic examination of fixed tissue or preparations from the hemic system either during life or post mortem (i.e., a pathological diagnosis). The Pathologist's judgment for establishing the diagnosis will be based solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor or tissue specimen. We will accept a clinical diagnosis in lieu of a pathological diagnosis only when:

1. The pathological diagnosis cannot be made;
2. Medical evidence substantially documents the diagnosis; and
3. Definitive treatment is received for the Cancer.

WHAT WE WILL PAY

When a Covered Person has been Initially Positively Diagnosed with Cancer (excluding Skin Cancer), and while this Rider is in force, We will pay a one time benefit of \$1,000 per unit. The number of units selected by the Policyholder for each benefit is shown on the Schedule of Benefits. This benefit is payable only once per lifetime per Covered Person and is in addition to any other benefits payable under the Contract.

Benefit payment will be made directly to You, unless You assign benefits. Proof of the Initial Positive Diagnosis of Cancer must be submitted to Us.

WHAT WE WILL NOT PAY

Benefits are not payable:

1. For expenses incurred prior to the Effective Date of this Rider;
2. During the first 12 months for any Cancer diagnosed within 12 months prior to the Effective Date of such person's coverage;
3. For any other illness or disease other than internal Cancer; and
4. For Skin Cancer or any Cancer excluded from coverage by name or specific description.

We may reduce or deny a claim or void this Rider for loss incurred by a Covered Person:

1. During the first 2 years from the Effective Date of such coverage for any misstatements in the Application which would have materially affected Our acceptance of the risk; or
2. At any time for fraudulent misstatements in the Application.

WHEN THIS RIDER STARTS

This Rider becomes effective on the same date as the Contract Date unless We inform the Insured in writing of a different date.

WHEN THIS RIDER ENDS

This Rider will terminate for any one of the following reasons which occurs first:

1. The Contract terminates;
2. Failure to pay the renewal premium before the end of the Grace Period; or
3. Our receipt of the Policyholder's written request to terminate this Rider.

Termination due to Item 3 will be on the next renewal date, after Our receipt of the written notice, or any later specified date, if the mode of premium payment is monthly. Otherwise, it will be on the date of our receipt of such written notice, or any later date as indicated by the Policyholder. Any premium paid in advance of the termination date due to Item 3 will be refunded to the Insured.

Signed for the Company at Our Home Office to take effect on the Rider Effective Date.

A handwritten signature in cursive script, appearing to read "C. J. [unclear]", enclosed within a circular stamp or seal.

General Counsel and Secretary

A handwritten signature in cursive script, appearing to read "R. [unclear]", with a long horizontal flourish extending to the right.

President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "We," "Us," or "Our")

INTENSIVE CARE RIDER

This Rider is attached to and made part of the Contract, as defined below, as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Contract will prevail.

While this Rider is in force, We will pay benefits described in "What We Will Pay" section of this Rider for loss from sickness or injury resulting from the Covered Person's Confinement in an Intensive Care Unit or a Step Down Unit on or after the Effective Date, subject to all of its provisions, conditions, exceptions, and limitations.

DEFINITIONS

In addition to the definitions contained in the Contract, the following definitions apply to this Rider.

Contract - The Policy for Group Cancer Only Insurance or any Certificate, if applicable, to which this Rider is attached.

Effective Date - The Effective Date of the Contract or the date shown for this Rider if added to the Contract at a later date.

Intensive Care Unit ("ICU") - A specially designated area of a Hospital that provides the highest level of medical care restricted to those patients who are critically ill or critically injured. It must be separate and apart from the surgical recovery room and other rooms, wards, or beds normally used for patient Confinement. It must also:

1. Be provided with constant and continuous nursing care by nurses assigned on a full-time basis exclusive to such unit; and
2. Be under the full-time direction or supervision of either a Physician or a standing committee of the Hospital's medical staff; and
3. Contain special life-saving equipment.

ICU includes intensive cardiac and coronary care units, neonatal ICUs, and burn ICUs, if such units meet the conditions in this definition. ICU does not include any of the following lesser treatment units: private or semi-private rooms, private monitored/telemetry rooms, observation units, surgical recovery units, or other lesser treatment units.

Period of Intensive Care Confinement - A period of Hospital Confinement when the Covered Person is Confined to the ICU or a Step Down Unit and charged the Intensive Care or Step Down Unit rate for each day of such Confinement. If 30 days or less separates two Periods of Intensive Care Confinement, the second Period of Intensive Care Confinement will be considered a continuation of the first.

Step Down Unit - A specially designed area of the Hospital that provides medical care restricted to those patients who are critically ill or critically injured, providing a level of care just under that of an Intensive Care Unit. Step Down Unit includes: progressive care units; subacute intensive care units; and intermediate care units. This does not include lesser treatment units, such as: private or semi-private rooms; private monitored/telemetry rooms; observation units; or surgical recovery units.

WHAT WE WILL PAY

The following benefits are payable per unit as shown below. The number of units selected by the Policyholder for each benefit is shown on the Schedule of Benefits.

Daily Indemnity - We will pay \$100, per unit, for each day the Covered Person is Confined in an ICU. We will pay 50% of this Daily Indemnity Benefit for treatment in a Step Down Unit when the Covered Person is Confined on an inpatient basis. During any one Period of Intensive Care Confinement, Our payments will not exceed 45 days for sickness or injury.

Ambulance - We will pay the Actual Charges for transportation by a licensed ambulance service, not to exceed \$200 per unit, per Period of Intensive Care Confinement, to a Hospital for admission to an ICU or a Step Down Unit for a covered Confinement.

Ambulance transportation in excess of 100 miles from the point of origin must be to the nearest Hospital which contains an ICU and provides necessary medical care. We will not pay this benefit when it is paid under the Contract.

Benefit payments will be made directly to You, unless You assign benefits. Proof of Loss must be submitted to Us for each incurred expense.

WHAT WE WILL NOT PAY

1. We will not pay any benefits for loss resulting from:
 - a. Specifically excluded diseases or conditions in the Contract or in this Rider; or
 - b. An attempted suicide while sane or insane or an intentionally self-inflicted injury; or
 - c. Any act of war either declared or undeclared; or
 - d. Alcoholism or drug addiction; or
 - e. Mental or nervous disorders; or
 - f. An overdose of drugs, narcotics, hallucinogens, unless administered on the advice of a Physician; or
 - g. Intoxication, or being under the influence of any intoxicant or narcotic, unless administered on the advice of a Physician; or
 - h. Injury received while engaging in an illegal occupation or activity.
2. We may reduce or deny a claim or void this Rider for loss incurred by a Covered Person:
 - a. During the first 2 years from the Effective Date of such coverage for any misstatements in the Application which would have materially affected our acceptance of the risk; or
 - b. At any time for fraudulent misstatements in the Application.
3. We will pay only one daily indemnity benefit per day.
4. With respect to the benefits offered by this Rider, the "Time Limit on Certain Defenses" provision in the Contract will apply from the Effective Date of this Rider.

Under no conditions will We pay any benefits for losses or medical expenses incurred prior to the Effective Date.

WHEN THIS RIDER STARTS

This Rider becomes effective on the same date as the Contract Date unless We inform the Insured in writing of a different date.

WHEN THIS RIDER ENDS

This Rider will terminate for any one of the following reasons which occurs first:

1. The Contract terminates; or
2. Failure to pay the renewal premium before the end of the grace period; or
3. Our receipt of the Policyholder's written request to terminate this Rider.

Termination due to Item 3 will be on the next renewal date, after Our receipt of the written notice, or any later specified date, if the mode of premium payment is monthly. Otherwise, it will be on the date of our receipt of such written notice, or any later date as indicated by the Policyholder. Any premium paid in advance of the termination date due to Item 3 will be refunded to the Insured.

Signed for the Company at Our Home Office to take effect on the Rider Effective Date.



General Counsel and Secretary



President

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed plan documents or policy certificate package for more information on any such arrangements.

For up to date information regarding our compensation practices, please consult our website at: www.transamericaemployeebenefits.com.