

## NOTICE OF PRIVACY PRACTICES

This Notice is provided to you by the Transamerica companies listed at the end of this Notice. It is important to us that you understand how we use and share your personal information. This Notice describes the data we collect and how we use, share, and protect it. The types of data we collect and share depend on the type of product or service you have with us. We also provide notices and terms on our websites and applications. Those notices and terms provide further detail regarding data use on our websites or applications. If your relationship with us ends, we will continue to use your data as set forth in this Notice.

**Data That We Collect:** We collect the following types of data from the following sources:

Data	Typical Data Sources
Contact information (e.g., name, phone number, email and physical addresses, etc.), date of birth, government ID (e.g., social security, passport and driver's license numbers), security credentials (e.g., password, voiceprint, etc.), employment, financial and health data and history, other general information (e.g., marital status, gender, etc.)	<ul style="list-style-type: none"> <li>• You directly, when you submit applications and forms and engage in communications with us</li> <li>• Our affiliates (companies under common ownership)</li> <li>• Employers, healthcare providers, other insurance companies and other authorized entities</li> </ul>
Data about your transactions with us and/or Third Parties. ("Third Parties" are unaffiliated third parties. This includes agents, the company the agent represents, other financial organizations, and service providers.) Such transactional data can include, but is not limited to, account balances, accrued benefits, coverages, premiums, payment and claims history, financial transactions, and medical or health data	<ul style="list-style-type: none"> <li>• Our affiliates</li> <li>• Third Parties</li> <li>• Transamerica's websites, digital platforms, and applications</li> <li>• Assistive technologies, mobile or wearable devices, or other similar technology</li> </ul>
Credit history, employment information and other information about your creditworthiness, and medical or health data	<ul style="list-style-type: none"> <li>• Consumer reporting agencies and other service providers we use such as Third Party data suppliers</li> <li>• Your employers, healthcare providers, insurance support organizations (including reports prepared from such organizations which may retain and disclose such information), credit bureaus, other insurance companies and other authorized entities</li> </ul>
Data about products and services you obtain or in which you might be interested	<ul style="list-style-type: none"> <li>• You, including through chat functionality</li> <li>• Third Parties with whom we have joint marketing arrangements</li> <li>• Other Third Parties as allowed</li> </ul>
Third-Party data, including data you provide to Third Parties when you have authorized the Third Party to share such data with other parties, such as data collected through Third Party applications, websites, or other digital interfaces, data you have authorized us to receive, or data you have authorized Third Parties to share with us	<ul style="list-style-type: none"> <li>• Third Party applications, websites, or other digital interfaces where you have agreed to share your data</li> <li>• Assistive technologies, mobile or wearable devices, or other similar technology</li> </ul>

**How We Use Your Data:** We use data to provide our services, communicate with you, and as allowed by law. This includes use authorized by you. For example, we may use your data to:

- Process claims and transactions,
- Research, develop, and market products and services,
- Prevent and prosecute fraud or criminal activities,
- Support online customer experiences, digital platforms, and/or applications in which you elect to participate.
- Maintain your accounts,
- Comply with applicable laws and for security purposes,
- Maintain, operate, and market our business, or

**Sharing Data:** We may share your data with Third Parties and affiliates as permitted or required by law, or when you authorize us to do so. For example, we may share your data with:

- Those who provide services to support our business, including processing claims, account maintenance, customer service, and marketing and sales,
- Credit bureaus,
- Insurance regulators, law enforcement, governmental authorities, and other Third Parties in response to legal process or as required by law,
- Health care professionals, including to verify coverage or to provide information relating to a medical condition,
- Governmental agencies so they can decide if you are eligible for public benefits,
- Other financial companies in connection with joint marketing efforts,
- Other insurance companies (including successor insurers), agents and insurance support organizations to coordinate your benefits or in connection with insurance transactions involving you,
- Group policyholders, for example, regarding claims experience or to support service audits,
- Certificate or policyholders regarding the status of an insurance transaction,
- Those who have an interest in your assets (such as creditors with a lien on your account),
- Your employer or plan sponsor as needed to support the administration of employee accounts (but only as permitted by law and only if you have established an account in connection with your employer),
- Your representatives and lawyers,
- Third Parties and affiliates to prevent and prosecute fraud or criminal activities,
- Third Parties and affiliates for actuarial or research studies, and
- Third Parties and affiliates in connection with the sale or merger of all or part of our business. You do not have the right to opt out of our sharing data with Third Parties for these legally permitted purposes.

Our affiliates include a broad range of companies who provide financial services. These include insurance companies and agencies, investment advisors, and broker/dealers, some of whom may not be included in the scope of this Notice. You may have additional privacy notices from these professionals. We do not share information about your creditworthiness among our affiliates. However, we may share information about our transactions and experiences with you among affiliates for their everyday business purposes. For example, we may share your data with our affiliates:

- So they can tell you about products and services they offer,
- So they can determine which of their products and services may be of interest to you,
- So they can provide various services to us to support our business, such as claims processing, applying for insurance, opening and maintaining your account, or marketing products and services to you,
- So they can audit themselves or their agents, or
- So you can communicate with us or Transamerica affiliated companies about your accounts.

**Your Choice to Limit Marketing by Transamerica Affiliates:** You may limit our affiliates' use of certain types of data to market their own products and services to you ("Opt Out"). To do this, choose one of the Opt Out methods set forth below. This data includes information about your transactions and experiences with us. For example, this may include information about your account history. Your choice to limit marketing offers from our affiliates will apply for at least 5 years from when you Opt Out. Once that period expires, we may send you a renewal Notice (where permitted by applicable law). That renewal Notice will allow you to continue to limit marketing offers from our affiliates for at least another 5 years. If you have already provided an Opt Out, you do not need to Opt Out again until you receive a renewal Notice. If you hold a policy or account jointly with someone else, your Opt Out elections will apply to everyone on the account. When you are no longer our customer, we will continue to share your data as described in this Notice (subject to your Opt Out, if applicable). However, you may contact us at any time to elect to Opt Out.

**To Opt Out:** To limit our sharing of data with affiliates for marketing by affiliates as described above, you may:

- Call us at **877-257-4690** and our menu will prompt you through your choice(s), or
- Visit us online at [www.transamerica.com/optout](http://www.transamerica.com/optout)

**Your Right of Access and Correction:** You may have a right of access and correction with respect to data we collect. To exercise these rights, please list the account or policy numbers with the data you are requesting to access. If you tell us of an error in the data, we will review it. If we agree, we will correct our records. If we don't agree, you may dispute our findings in writing and send your statement to us. We will include your statement whenever we provide your disputed information to anyone outside Transamerica. This is a summary of your rights. For a copy of our more detailed Notice of Insurance Information Practices as applicable to your product or service, please send a written request to 6400 C St. SW, Cedar Rapids, IA 52499-0001.

**Protecting Your Data:** We maintain appropriate controls to limit access to data to persons who need access to it. These persons access your data so that they can do their jobs or provide products and services to you. We train our workforce to properly handle data. In addition, we maintain other physical, technical, and administrative or procedural safeguards to protect your data.

**For Vermont Residents only:** We will not share data we collect about you with Third Parties, except as permitted by Vermont law or authorized by you. We may still share data about our transactions or experiences with you with our affiliates.

**For California Residents only:** If you are a California resident, you will receive a separate notice with additional choices.

We may revise this Notice. If we make material changes, we will notify you as required by law. This Notice is provided by the Transamerica companies below. Transamerica companies that are not covered by this notice may make available other applicable notices.

**Transamerica Capital, LLC**  
**Transamerica Financial Life Insurance Company**

**Transamerica Casualty Insurance Company**  
**Transamerica Life Insurance Company**

# How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). **This notice summarizes your protections.**

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

## For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

- **Accident, accident and health, or health insurance (including HMOs):**
  - Up to \$500,000 for health benefit plans, with some exceptions.
  - Up to \$300,000 for disability income benefits.
  - Up to \$300,000 for long-term care insurance benefits.
  - Up to \$200,000 for all other types of health insurance.
- **Life insurance:**
  - Up to \$100,000 in net cash surrender or withdrawal value.
  - Up to \$300,000 in death benefits.
- **Individual annuities:** Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.
- **Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.
- **Individual aggregate limit:** Up to \$300,000 per person, regardless of the number of policies or contracts. A limit of \$500,000 may apply for people with health benefit plans.
- **Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:	For questions about insurance, contact:
<b>Texas Life and Health Insurance Guaranty Association</b> 1717 West 6 <sup>th</sup> , Ste 230 Austin, TX 78703 1-800-982-6362 or <a href="http://www.txlifega.org">www.txlifega.org</a>	<b>Texas Department of Insurance</b> P.O. Box 12030 Austin, TX 78711-2030 1-800-252-3439 or <a href="http://www.tdi.texas.gov">www.tdi.texas.gov</a>

**Note:** You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). These protections apply to insolvencies that occur on or after September 1, 2019. **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.

## **Have a complaint or need help?**

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

### **Transamerica Life Insurance Company**

To get information or file a complaint with your insurance company or HMO:

**Call: Department Title at insert phone number**

**Toll-free: insert phone number**

optional Online: insert company URL for example [www.transamerica.com](http://www.transamerica.com)

Email: insert email address

Mail: 6400 C Street SW

Cedar Rapids, IA 52499

### **The Texas Department of Insurance**

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

## **¿Tiene una queja o necesita ayuda?**

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

### **Transamerica Life Insurance Company**

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

**Llame a: Department Title al insert phone number**

**Teléfono gratuito: insert phone number**

optional En línea: insert company URL, for example [www.transamerica.com](http://www.transamerica.com)

Correo electrónico: insert email address

Dirección postal: 6400 C Street SW

Cedar Rapids, IA 52499

### **El Departamento de Seguros de Texas**

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Dirección postal: Consumer Protection, MC:CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499  
A Stock Company

<b>Policyholder:</b>	<b>WALLER INDEPENDENT SCHOOL DISTRICT</b>
<b>Address:</b>	<b>2214 WALLER STREET WALLER TX 77484</b>
<b>Policy Number:</b>	<b>CN00087488</b>
<b>Policy Effective Date:</b>	<b>SEPTEMBER 1, 2025</b>
<b>Policy Anniversary Date:</b>	<b>OCTOBER 1</b>
<b>Premium Rate Guarantee Date:</b>	<b>SEPTEMBER 1, 2026</b>
<b>Governing Jurisdiction:</b>	<b>TEXAS</b>

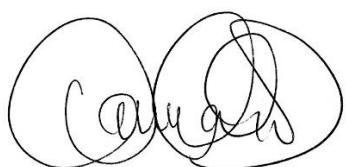
Transamerica Life Insurance Company ("the Company," "We," "Us," and "Our") agrees to pay the benefits described in this Group Master Policy ("Policy"), subject to all terms, conditions, and limitations, in consideration of:

1. The Policyholder Application, a copy of which is attached to and made a part of this Policy; and
2. The payment of the first premium.

By Our acceptance of the first premium paid by the Policyholder ("You," "Your," and "Yours") and by Your receipt of this Policy, You agree:

1. To be bound by the terms of this Policy; and
2. To pay all premiums to Us according to the terms of this Policy.

This Policy is subject to the laws of the governing jurisdiction in which it is issued. It is signed for the Company at Our Home Office to take effect on the Policy Effective Date.



General Counsel and Secretary



President

## Group Master Policy for 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 POLICY 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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## DEFINITIONS

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

**Active Service** - The Insured is:

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

The Insured is said to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day, and he or she were in Active Service on the last preceding regular work day.

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

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

**Certificate** – The document given to each Insured that describes the terms of the insurance made available to insured employees or members and their insured Spouses and/or insured Dependent Children, as defined in the Certificate, if applicable.

**Effective Date or Policy Effective Date** - The date coverage is in effect is shown on the cover page of this Policy. 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 the Application and medical history, if necessary, which may be used by Us to base Our acceptance of any proposed Covered Person.

**Group Master Policy or Policy** – The complete contract of insurance, which includes the Policy as issued to You, as well as any Certificates issued to each Insured, including any Amendments, Endorsements, Riders, and Applications.

**Insured** – The eligible employee or member as defined by the Policyholder, and who has been approved by Us for coverage, and whose name appears on the Certificate's Schedule of Benefits.

**Policyholder** – The entity named on the cover page of this Policy.

## ELIGIBILITY

### EMPLOYEE OR MEMBER AND DEPENDENT ELIGIBILITY REQUIREMENTS

**Employees or Members** - To be eligible, an employee or member must:

1. Meet eligibility requirements as selected on the Policyholder's Application;
2. Provide satisfactory Evidence of Insurability to Us, if required; and
3. Be in Active Service on the Effective Date of coverage.

An Application must be completed, and any required premium paid, within 31 days of the date enrollment is offered to the employee or member. If such Application is not made within that 31-day period, the employee or member will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

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

1. The day an employee or member becomes eligible for coverage; or
2. The day a Dependent first meets the definition of Dependent.

The Insured 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.

If such Application for Dependent coverage is not made within that 31-day period, the 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.

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

## PREMIUMS

**Premium Calculation And Due Dates** - The premium due will be the sum of the premiums applicable for all Insureds. You must pay the premiums to Us at Our Administrative Office.

The premiums are due and payable to Us in advance by You on each premium due date. The first premium due date is the Policy Effective Date.

**Premium Rate Guarantee** - These premium rates are guaranteed until the date shown on the Policy's cover page and is subject to the Change in Premium Rates provision.

**Grace Period** - A Grace Period of 31 days will be allowed for each premium payment after the first premium. Coverage will stay in force during this time. This Policy will terminate at the end of the Grace Period if the premium has not been paid. You must still pay all unpaid premiums. 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 cancellation is 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.

**Change in Premium Rates** - We have the right to change the premium rates on any premium due date after the end of the Premium Rate Guarantee. If the rates are changed, We will give You at least a 31-day advance written notice. If an increase takes place on a date 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.

## POLICY CHANGES

**Who May Change This Policy** - The terms of this Policy may be changed at any time by written agreement between You and Us. Only Our President, Vice President, Secretary, or an Assistant Secretary can authorize a change in this Policy. Such an authorization must be in writing and signed by an officer. The terms of this Policy can be changed only by endorsement or amendment signed by an officer of Transamerica Life Insurance Company. No agent has the right to change or waive any terms of this Policy. All changes are subject to the laws of the governing jurisdiction.

**When Policy Changes Are Effective** - Unless You and We agree otherwise in writing, the Effective Date of any change in benefits will be the first day of the calendar month that coincides with or next follows the date We send notice to You of the change in benefits and any corresponding change in premiums.

## POLICYHOLDER PROVISIONS

**Termination** - This Policy will end on the earliest of the following events:

1. If You submit a 60-day advance written request to Us to terminate this Policy, this Policy will terminate on the date specified in that request;
2. If We give a 60-day advance written notice to You that We intend to terminate this Policy, this Policy will terminate on the date specified in that notice;
3. If any premium payable by You is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period;
4. If You fail to comply with any terms of this Policy or the Application, or otherwise fail to fulfill any obligations or duties under or pertaining to this insurance, or fail to comply with or cooperate with Us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this Policy will terminate on the 32<sup>nd</sup> day after We have given You written notice of Our intent to terminate; or
5. If the number of Insureds during any 12-month period does not meet the Minimum Participation Requirement shown in Your Application, this Policy may terminate at Our discretion on the 32<sup>nd</sup> day after We have given You written notice of Our intent to terminate.

Termination of an Insured's coverage that was effective prior to the date Your coverage terminated will be governed by the Termination of Insurance provision of the Certificate. You are required to notify Us of any such termination.

**Duties** - Your duties will include, but are not limited to, the following:

1. As required, give Us any and all information We determine to be necessary for the enrollment of Your employees or members (and their Spouses and/or Dependent Children, if such coverage is available and has been elected and approved by Us), and for the determination of their eligibility.
2. Receive and forward to Us, the Applications of Your employees or members.
3. Maintain records pertaining to the insurance of Your employees or members as We may reasonably require while this Policy is in force and for two years after this Policy terminates, and allow Us the opportunity to examine these records at any reasonable time during normal business hours.
4. Pay premiums to Us.
5. In the event that any of this insurance is to be stopped:
  - a. You are required to notify the insured employees or members by either giving them a written notice or mailing a notice to their last known address as shown in Your records; and
  - b. You are required to provide the insured employees or members with a notice of their right to opt for the Portability Option, as described in the Certificate.

**Minimum Participation Requirement** – You must maintain the participation levels described in the Policyholder Application. If participation falls below the minimum participation limit, We have the right to cancel this Policy.

## GENERAL PROVISIONS

**Certificates** - A Certificate will be issued for delivery to each Insured. The Certificate will describe:

1. The benefits under this Policy;
2. To whom benefits will be paid;
3. The limitations and terms of this Policy; and
4. All other essential features of the Policy.

If more than one Certificate is issued to an Insured under this Policy, only the last one issued will be in effect.

**Conformity With State Laws** - A provision of the Policy and any 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: this Policy; Policyholder Application; the Certificates; any attached Amendments, Endorsements, Riders; and Insureds' Applications.

**Legal Action** - No legal action may be brought to recover under the Policy and any 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.

**New Insureds** - The group originally insured may be modified from time to time to add eligible new persons in accordance with the terms of the Policy.

**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 Policy has been in force 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.

The validity of this Policy cannot be contested after two years from its date of issue, except for nonpayment of premiums.

### **CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY**

The remainder of this Policy consists of the provisions that appear in the Certificate, including any Amendments, Endorsements, or Riders, that describe the insurance made available to the employees or members (and their Spouses and/or Dependent Children, if applicable) under this Policy.

**Transamerica Life Insurance Company**

Home Office: Cedar Rapids, IA  
Administrative Office: P.O. Box 219  
Cedar Rapids, IA 52406-0219

**Life and Health  
Group Application  
and Agreement**

Name of Group: Waller ISD	Tax ID Number: 74-6002539	SIC Code: 8211	Website Address: www.wallerisd.net
Street Address: 2214 Waller Street	City: Waller	State: TX	Zip Code: 77484
Contact Name: Becky Jimenez	Email Address: bjimenez@wallerisd.net	Phone #: 936-931-3685	Fax #:
Nature of Group: Elementary And Secondary Schools	# of Employees: 1,392	# Eligible for Coverage: 1,392	# of Years in Existence: 138

You hereby authorize Transamerica Life Insurance Company, our authorized agents or our enrollers (collectively referred to as we, us, or our) to offer each of your eligible employees/members the opportunity to purchase insurance coverage as described in this form. This authorization is based upon the following agreements:

1. We customarily conduct an annual enrollment program for your eligible employees/members. You will provide us with census data if needed for us to determine proper enrollment eligibility.
2. The initial enrollment shall take place from  to . You will provide us direct access to your employees/members to obtain applications through group meetings and individual interviews in a suitable location on your property during normal business hours, or through other means mutually agreed upon between you and us. Participation in your group must meet our minimum participation requirements. We reserve the right to withdraw from the enrollment and cancel any applications already obtained if these conditions are not satisfied.
3. Unless otherwise agreed upon by you and us, you will collect premiums from your participating employees/members. You will forward the premiums to us within 15 days after you receive the monthly bill. You will maintain records of all premiums collected from your employees/members while this agreement remains in force and for two years after it terminates. During this period, you will make these records available for inspection and audit by us during normal business hours. If premium contributions collected by you, your employees, or your vendors are misappropriated, you will reimburse us for our entire loss, including attorney fees and expenses incurred in collection, to the extent permitted by the laws of your state.
4. Do benefit selections vary by class?  No  Yes (define classes below)

Definition of Class 1:	All Eligible Employees		
Definition of Class 2:			
Definition of Class 3:			
Definition of Class 4:			

## 5. Eligibility for insurance:

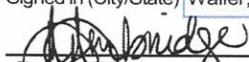
- a. Employer Groups - eligible employees are defined as those who work at least  hours per week for you, and have been so employed for at least  days.
- b. Member Groups - eligible members are defined as members of an eligible class of members, who are in good standing in accordance with your by-laws.

6. Is dependent coverage being offered?  Yes  No
7. Is coverage being offered through a Section 125 plan?  Yes  No  
If "yes", which product(s):  
 Universal Life 10  CancerSelect Plus  
Plan Start Date:  Plan Anniversary Date:
8. Is coverage being offered replacing existing coverage?  Yes  No  
If "yes", which product(s):  
 Universal Life 10  CancerSelect Plus

Class 1	Class 2	Class 3	Class 4
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1			

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

I understand and agree that this application will be made part of each group master policy issued as a result of this application. The Group listed above will be named as the Policyholder for each group master policy. I agree that no insurance will be effective until approved by us at our administrative office.

Signed in (City/State) This  Day of (Month/Year) 
  
Signature of Officer

Email Address

Print Name and Title of Officer

  
Signature of Licensed Agent/Producer

Email Address

Agent/Producer Number

License Number

Print Name of Licensed Agent/Producer

## Billing Information

Billing Name (if other than group name): <input type="text" value="FBMC - Client Administration Team"/>			
Billing Address: <input type="text" value="3101 Sessions Road"/>	City: <input type="text" value="Tallahassee"/>	State: <input type="text" value="FL"/>	Zip Code: <input type="text" value="32303-1878"/>
Billing Contact Name: <input type="text" value="Daria Cornelius"/>	Email Address: <input type="text" value="dcormelius@fbmc.com"/>	Phone #: <input type="text" value="850-425-6200"/>	Fax #: <input type="text"/>
Billing Address is: <input type="checkbox"/> Group Policyholder <input type="checkbox"/> Third Party Administrator <input checked="" type="checkbox"/> Premium Collection Agency (Requires a Premium Collection Agreement)			
Pay periods per year: <input type="text" value="24"/>	Payments will be remitted: <input type="checkbox"/> After each deduction <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="text"/>		
Payroll deductions per year: <input type="text" value="24"/>	Premium amount on bill should reflect: <input type="checkbox"/> Levelized amount over 12 months <input checked="" type="checkbox"/> Actual amount of deductions		
First payroll deduction date: <input type="text" value="9/5/25"/>	Preferred billing sequence: <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Social Security Number <input type="checkbox"/> Employee ID		
First bill due date: <input type="text" value="10/01/2025"/>	Preferred Billing Method: <input type="checkbox"/> Paper <input type="checkbox"/> Website <input checked="" type="checkbox"/> Self-Bill	Multiple Billing Locations: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (attach listing)	

## Insurance Selections

*(Product and Rider availability subject to state approval)*

**Participation Requirement:** Each group master policy requires a minimum of 2 covered lives or the state minimum, whichever is greater in order to be issued and remain in force. Any group master that falls below this requirement may be terminated, subject to the notice requirements in the master policy. Special underwriting offers may require higher participation in order to continue receiving the special underwriting offer for new insureds.

**Master Contract Delivery:**  Electronic Delivery or  Paper (US Mail) Delivery

Group Universal Life Insurance - UL10	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list amount or %: <input type="text"/>	Requested Effective Date: <input type="text" value="10/01/2025"/>															
<b>Coverage:</b> Not available in NY, VA, GU, PR, VT, VI <b>Age Band Rates :</b> No																	
<b>High Face Amount</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center;">Plan 1</th> <th style="width: 33%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Accelerated Death Benefit for Qualified Terminal Condition Rider</td> <td style="padding: 5px; text-align: center;">Included</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Waiver of Monthly Deductions for Layoff</td> <td style="padding: 5px; text-align: center;">Included</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Accelerated Death Benefit for Chronic Condition Rider</td> <td style="padding: 5px; text-align: center;">Included</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Child Level Term Insurance Rider</td> <td style="padding: 5px; text-align: center;">Included</td> <td style="padding: 5px;"></td> </tr> </tbody> </table>				Plan 1		Accelerated Death Benefit for Qualified Terminal Condition Rider	Included		Waiver of Monthly Deductions for Layoff	Included		Accelerated Death Benefit for Chronic Condition Rider	Included		Child Level Term Insurance Rider	Included	
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<input checked="" type="checkbox"/> <b>Group Cancer Insurance – CancerSelect Plus</b> Product not available in MN. Available as an individual policy in CT, FL, ID, MD, MT, NJ, PR, UT, WA Available to large groups (51+) only in MA.	<b>Group Contribution?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list amount or %: <input type="text"/>	Requested Effective Date: <input type="text" value="09/01/2025"/>																														
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