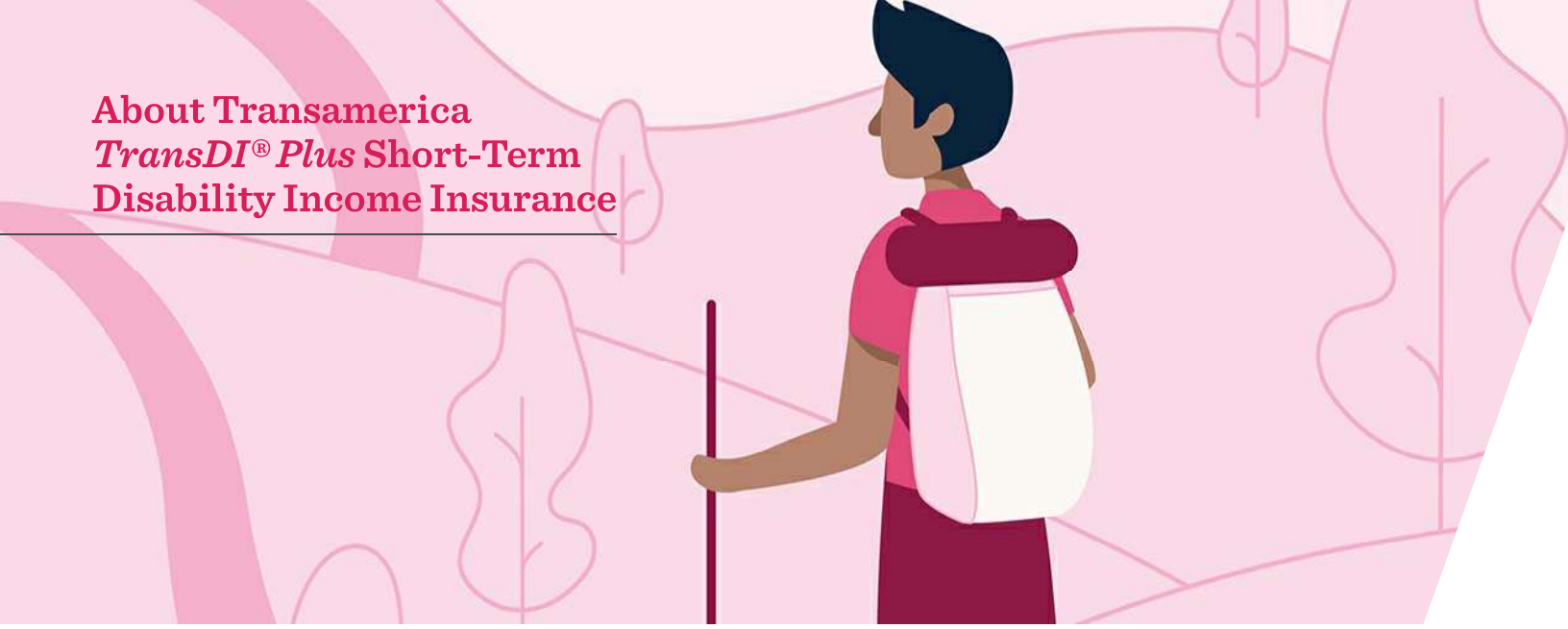
About Transamerica *TransDI® Plus* Short-Term Disability Income Insurance



ADDED PROTECTION AGAINST THE UNEXPECTED

Unfortunately, many Americans live paycheck to paycheck and worry about how they will manage if they are unable to work. Given this fragile reality, even a few months of absence from work due to a disability could have a significant impact on an employee's savings, and some may even need to dip into their retirement savings to cover monthly expenses.

By offering short-term disability income insurance, an employer can provide a significant amount of relief to employees who find themselves unable to work due to a disability. Employees will have added peace of mind knowing they won't have to worry about a total loss of income should the unexpected happen. On top of that, the partial salary provided by short-term disability income insurance will help employees focus more on recovery and less on their finances.

TRANSDI PLUS

TransDI® Plus helps replace income lost from a short-term disability by providing a monthly percent of the base annual salary if an insured employee is unable to work due to total or partial disability. Benefit amounts are available in $100 increments, enabling insured employees the freedom to select the plan design that best meets their needs. Employers choose the elimination benefit periods. The employee chooses the monthly benefit amount.

HIGHLIGHTS:

- Fixed Monthly Income Benefit
- Waiver of Premium Provision
- Partial Disability Benefit Provision
- Guaranteed Issue available, subject to group size and participation
- Offers a variety of enrollment methods including a simplified process for guaranteed issue amounts
- Convenient payroll deduction

See Product Details for more information

This is a brief summary of *TransDI® Plus* short-term disability income insurance **underwritten by Transamerica Life Insurance Company (TLIC)**, Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. Policy Form Series CPDI0100 and CCDI0100. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Please refer to the policy, certificate, and riders for complete details.

Underwriting Offer and Eligibility

EMPLOYEE ELIGIBILITY

To be eligible for insurance, an employee must:

- Be on active service, performing in the usual manner all of the regular duties of his or her occupation at one of the places of business where he or she normally works or at some location directed by the employer
- Be continuously employed for the amount of time and working the minimum number of hours per week as the employee requires to be eligible for benefits. These requirements will be defined on the Life and Health Group Application and Agreement

MINIMUM PARTICIPATION

At least 2 insured employees are required to establish and maintain an employer group.

Other group types may require higher participation.

UNDERWRITING LIMITS FOR GROUPS WITH 8000 BENEFIT-ELIGIBLE EMPLOYEES

The maximum benefits for each underwriting type shown below are subject to the required percentage of an employee participation being met.

Guaranteed Issue and Conditional Guaranteed Issue Underwriting are only available the first time a person is eligible to apply. Insurance applied for at a later date is subject to Simplified Issue Underwriting.

UNDERWRITING GUIDELINES FOR PLAN OPTION 1

GUARANTEED ISSUE (GI) MINIMUM PARTICIPATION	GUARANTEED ISSUE (GI) MAXIMUM ISSUE	CONDITIONAL GUARANTEED ISSUE (CGI) MINIMUM PARTICIPATION	CONDITIONAL GUARANTEED ISSUE (CGI) MAXIMUM ISSUE	SIMPLIFIED ISSUE (SI) MINIMUM PARTICIPATION	SIMPLIFIED ISSUE (SI) MAXIMUM ISSUE
EMPLOYEE					
10% participation required	$3,000	100 issuable employee applications required	$3,500	5 issuable employee applications required	$5,000

UNDERWRITING GUIDELINES FOR PLAN OPTION 2

GUARANTEED ISSUE (GI) MINIMUM PARTICIPATION	GUARANTEED ISSUE (GI) MAXIMUM ISSUE	CONDITIONAL GUARANTEED ISSUE (CGI) MINIMUM PARTICIPATION	CONDITIONAL GUARANTEED ISSUE (CGI) MAXIMUM ISSUE	SIMPLIFIED ISSUE (SI) MINIMUM PARTICIPATION	SIMPLIFIED ISSUE (SI) MAXIMUM ISSUE
EMPLOYEE					
10% participation required	$3,000	100 issuable employee applications required	$3,500	5 issuable employee applications required	$5,000

OTHER CONSIDERATIONS

Please be aware of the following:

- This proposal is based on employer groups with 8,000 eligible employees only and may not be available to other group types or sizes.
- **Please note that at this time we are only able to offer insurance to New Mexico residents if there are one hundred (100) or fewer eligible employees residing in New Mexico. If there are more than one hundred (100) eligible employees residing in New Mexico currently, or at any time in the future, we are not able to offer insurance to those individuals. We will rely on each employer to alert Transamerica if there are more than one hundred (100) eligible employees residing in New Mexico currently, or at any time in the future.**

  We are also not able to offer insurance to any members of non-employer groups that are residing in New Mexico.
- Insurance benefits and rates for employees residing in Maryland or New York may differ.

Product Details

Benefit Period:
12 Months
Accident Elimination Period – 7 Days
Sickness Elimination Period – 7 Days

Rates include the following optional rider: Accelerated Benefit for Terminal Illness Rider

PLAN OPTION 1 MONTHLY PREMIUM CLASS A RATES

MONTHLY BENEFIT*	AGE 18-49	AGE 50-59	AGE 60-69	AGE 70+	MONTHLY BENEFIT*	AGE 18-49	AGE 50-59	AGE 60-69	AGE 70+
$300	$9.12	$11.40	$17.04	$17.04	$2,700	$82.08	$102.60	$153.36	$153.36
$400	$12.16	$15.20	$22.72	$22.72	$2,800	$85.12	$106.40	$159.04	$159.04
$500	$15.20	$19.00	$28.40	$28.40	$2,900	$88.16	$110.20	$164.72	$164.72
$600	$18.24	$22.80	$34.08	$34.08	$3,000	$91.20	$114.00	$170.40	$170.40
$700	$21.28	$26.60	$39.76	$39.76	$3,100	$94.24	$117.80	$176.08	$176.08
$800	$24.32	$30.40	$45.44	$45.44	$3,200	$97.28	$121.60	$181.76	$181.76
$900	$27.36	$34.20	$51.12	$51.12	$3,300	$100.32	$125.40	$187.44	$187.44
$1,000	$30.40	$38.00	$56.80	$56.80	$3,400	$103.36	$129.20	$193.12	$193.12
$1,100	$33.44	$41.80	$62.48	$62.48	$3,500	$106.40	$133.00	$198.80	$198.80
$1,200	$36.48	$45.60	$68.16	$68.16	$3,600	$109.44	$136.80	$204.48	$204.48
$1,300	$39.52	$49.40	$73.84	$73.84	$3,700	$112.48	$140.60	$210.16	$210.16
$1,400	$42.56	$53.20	$79.52	$79.52	$3,800	$115.52	$144.40	$215.84	$215.84
$1,500	$45.60	$57.00	$85.20	$85.20	$3,900	$118.56	$148.20	$221.52	$221.52
$1,600	$48.64	$60.80	$90.88	$90.88	$4,000	$121.60	$152.00	$227.20	$227.20
$1,700	$51.68	$64.60	$96.56	$96.56	$4,100	$124.64	$155.80	$232.88	$232.88
$1,800	$54.72	$68.40	$102.24	$102.24	$4,200	$127.68	$159.60	$238.56	$238.56
$1,900	$57.76	$72.20	$107.92	$107.92	$4,300	$130.72	$163.40	$244.24	$244.24
$2,000	$60.80	$76.00	$113.60	$113.60	$4,400	$133.76	$167.20	$249.92	$249.92
$2,100	$63.84	$79.80	$119.28	$119.28	$4,500	$136.80	$171.00	$255.60	$255.60
$2,200	$66.88	$83.60	$124.96	$124.96	$4,600	$139.84	$174.80	$261.28	$261.28
$2,300	$69.92	$87.40	$130.64	$130.64	$4,700	$142.88	$178.60	$266.96	$266.96
$2,400	$72.96	$91.20	$136.32	$136.32	$4,800	$145.92	$182.40	$272.64	$272.64
$2,500	$76.00	$95.00	$142.00	$142.00	$4,900	$148.96	$186.20	$278.32	$278.32
$2,600	$79.04	$98.80	$147.68	$147.68	$5,000	$152.00	$190.00	$284.00	$284.00

*Cannot exceed 60% of monthly compensation

Issue State: Alabama
Rate generation date: May 13, 2024
SIC Code: 8211

Product Details

Benefit Period:
6 Months
Accident Elimination Period – 14 Days
Sickness Elimination Period – 14 Days

Rates include the following optional rider: Accelerated Benefit for Terminal Illness Rider

PLAN OPTION 2 MONTHLY PREMIUM CLASS A RATES

MONTHLY BENEFIT*	AGE 18-49	AGE 50-59	AGE 60-69	AGE 70+	MONTHLY BENEFIT*	AGE 18-49	AGE 50-59	AGE 60-69	AGE 70+
$300	$6.36	$8.04	$12.00	$12.00	$2,700	$57.24	$72.36	$108.00	$108.00
$400	$8.48	$10.72	$16.00	$16.00	$2,800	$59.36	$75.04	$112.00	$112.00
$500	$10.60	$13.40	$20.00	$20.00	$2,900	$61.48	$77.72	$116.00	$116.00
$600	$12.72	$16.08	$24.00	$24.00	$3,000	$63.60	$80.40	$120.00	$120.00
$700	$14.84	$18.76	$28.00	$28.00	$3,100	$65.72	$83.08	$124.00	$124.00
$800	$16.96	$21.44	$32.00	$32.00	$3,200	$67.84	$85.76	$128.00	$128.00
$900	$19.08	$24.12	$36.00	$36.00	$3,300	$69.96	$88.44	$132.00	$132.00
$1,000	$21.20	$26.80	$40.00	$40.00	$3,400	$72.08	$91.12	$136.00	$136.00
$1,100	$23.32	$29.48	$44.00	$44.00	$3,500	$74.20	$93.80	$140.00	$140.00
$1,200	$25.44	$32.16	$48.00	$48.00	$3,600	$76.32	$96.48	$144.00	$144.00
$1,300	$27.56	$34.84	$52.00	$52.00	$3,700	$78.44	$99.16	$148.00	$148.00
$1,400	$29.68	$37.52	$56.00	$56.00	$3,800	$80.56	$101.84	$152.00	$152.00
$1,500	$31.80	$40.20	$60.00	$60.00	$3,900	$82.68	$104.52	$156.00	$156.00
$1,600	$33.92	$42.88	$64.00	$64.00	$4,000	$84.80	$107.20	$160.00	$160.00
$1,700	$36.04	$45.56	$68.00	$68.00	$4,100	$86.92	$109.88	$164.00	$164.00
$1,800	$38.16	$48.24	$72.00	$72.00	$4,200	$89.04	$112.56	$168.00	$168.00
$1,900	$40.28	$50.92	$76.00	$76.00	$4,300	$91.16	$115.24	$172.00	$172.00
$2,000	$42.40	$53.60	$80.00	$80.00	$4,400	$93.28	$117.92	$176.00	$176.00
$2,100	$44.52	$56.28	$84.00	$84.00	$4,500	$95.40	$120.60	$180.00	$180.00
$2,200	$46.64	$58.96	$88.00	$88.00	$4,600	$97.52	$123.28	$184.00	$184.00
$2,300	$48.76	$61.64	$92.00	$92.00	$4,700	$99.64	$125.96	$188.00	$188.00
$2,400	$50.88	$64.32	$96.00	$96.00	$4,800	$101.76	$128.64	$192.00	$192.00
$2,500	$53.00	$67.00	$100.00	$100.00	$4,900	$103.88	$131.32	$196.00	$196.00
$2,600	$55.12	$69.68	$104.00	$104.00	$5,000	$106.00	$134.00	$200.00	$200.00

*Cannot exceed 60% of monthly compensation

Issue State: Alabama
Rate generation date: May 13, 2024
SIC Code: 8211

Definitions

MONTHLY DISABILITY BENEFIT

Pays the selected benefit amount each month that an insured is totally disabled, not to exceed the monthly benefit percent shown on the Product Details page. Benefits do not begin until the applicable Elimination Period has been satisfied. Periods of disability lasting less than one month will be paid at 1/30th of the monthly benefit for each day of total disability. Benefits will stop once total disability ends or the end of the Benefit Period, whichever occurs first.

WAIVER OF PREMIUM PROVISION

Premiums will be waived once an insured employee has been totally disabled for 90 days or met the elimination period, whichever is later. Premiums must continue to be paid until the waiver begins.

PARTIAL DISABILITY BENEFIT

Pays 50% of the Monthly Disability Benefit for up to 6 months when an insured employee returns to work on a limited basis following a total disability, assuming the partial disability is due to the same reason as the total disability.

ACCELERATED BENEFIT FOR TERMINAL ILLNESS RIDER (RIDER FORM SERIES CRDITI00)

Advances up to 12 months of Monthly Disability Benefits if the insured is diagnosed by a physician, for the first time on or after the effective date, as having a terminal illness.