



AccidentAdvanceSM ACCIDENT INSURANCE

Underwritten by Transamerica Life Insurance Company

PROPOSAL FOR EMPLOYEES OF TLC Nursing

56 W Twin Oaks Terrace, Ste. 1
South Burlington, VT 05403

PROPOSAL DATE:
November 10, 2015

PRESENTED BY:
COMBINED SERVICES LLC
TWO DELTA DRIVE
CONCORD, NH 03301



Administrative Office:
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Quoted rates are valid for 90 days, then they are subject to change without notice. This proposal describes coverage highlights only. This is not an offer. Limitations and exclusions apply. No contract will result until an application is submitted and approved by the insurance company and a policy or certificate is issued.

ABOUT AccidentAdvance® ACCIDENT INSURANCE

Accidents are a fact of life. How you deal with them can keep your workforce operating efficiently

A valued secretary gets into a car accident on a slick road on a rainy afternoon. One of the company's top-notch salesmen breaks his ankle sliding into second-base at a softball game. The proud executive's young daughter injures her wrist during a regional ballet competition.

Accidents and unexpected injuries are a fact of life. Even the healthiest and most safety-conscious employees find themselves on the wrong end of mishap. Accident insurance is a way for employees to help pay for medical bills and other out-of-pocket expenses that often arise after an unexpected injury. No employer can prevent accidents from happening, but it can provide access to meaningful and affordable accident-only insurance benefits so employees can offset the costs associated with the accident.

AccidentAdvance helps to pay what other plans may not cover

AccidentAdvance is not your ordinary accident insurance. It is a group voluntary 24 Hour accident-only insurance policy that can fill gaps not covered by comprehensive health insurance plans. AccidentAdvance offers optional riders to promote healthy behavior. For example, our automobile accidental death benefit pays more if the insured is wearing a seatbelt and has airbags in the car.

Highlights of AccidentAdvance:

Individual and family coverage available

Guaranteed Issue coverage

Offers a variety of enrollment methods including a simplified process for Guaranteed Issue amounts

Premiums collected through the convenience of payroll deduction

See Plan Design for more details.



This is a brief summary of AccidentAdvance® accident-only insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy Form Series CPACC100 and CCACC100. Form numbers may vary. Coverage 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 coverage, an employee must:

- be between the ages of 18 and 64.
- 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; and
- be continuously employed for the amount of time and working the minimum number of hours per week as you require to be eligible for benefits. These requirements will be defined on the Life and Health Group Application and Agreement.
- not be covered by any Title XIX program such as Medicaid.

Spouse Eligibility

To be eligible for coverage, a spouse must:

- be between the ages of 18 and 64;
- be a legally married spouse, common law spouse, domestic partner, or civil union partner if legally recognized in the governing jurisdiction or as otherwise agreed upon between you and us;
- not be disabled;
- not be covered by any Title XIX program such as Medicaid.

Child Eligibility

To be eligible for coverage, a child must be under the age of 26 and is:

- a natural child;
- a legally adopted child or child who has been placed for adoption;
- a stepchild or foster child;
- a grandchild living with the employee;
- a child for whom the employee has been appointed legal guardian;
- a child not living with the employee but whom they are legally required to provide support;
- not disabled;
- not covered by any Title XIX program such as Medicaid.

Once coverage is in force, newborn or newly-adopted children will automatically be covered from the date of birth, placement, or court order for a period of 31 days. In order for such coverage to continue, family coverage must be in force.

Minimum Participation

At least 2 insured employees are required to establish and maintain an employer group. Other group types may require higher participation.

Evidence of Insurability

Coverage is offered on a Guaranteed Issue basis. As long as the eligibility requirements listed above are met, coverage will be issued.

Other Considerations

Please be aware of the following:

- This proposal is based on employer groups with 500 eligible employees only and may not be available to other group types or sizes.
- Coverage and rates for employees residing in Maryland or New York may differ.

PRODUCT DETAILS

Plan 1
24 Hour

Module 1 Accident Emergency Treatment		5.00 Units		
Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.		\$125		
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$200		
Dislocation Benefit Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid at 25% of the joint's benefit amount. Multiple reduced dislocations are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Dislocated Joint	Reduction		
		Open	Closed	
	Hip	\$4,000	\$1,350	
	Knee or Shoulder	\$1,350	\$550	
	Collar Bone	\$2,150	\$400	
	Ankle or Foot (except toes)	\$1,350	\$400	
	Lower Jaw	\$1,350	\$700	
	Wrist or Elbow	\$1,100	\$550	
Toe or Finger	\$300	\$150		
Fractures Benefit For repair of a fracture sustained in an accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Fractured Bone	Reduction		
		Open	Closed	
		Coccyx	\$700	\$350
		Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$1,700	\$850
		Hip	\$5,000	\$1,700
		Leg	\$2,100	\$1,700
		Nose, Heel or Fingers	\$1,700	\$350
		Ribs	\$3,350	\$350
		Skull	\$2,700	\$1,000
		Toes	\$700	\$350
		Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$2,000	\$850
		Vertebrae, Pelvis	\$850	\$850
Vertebral Processes	\$3,350	\$500		

For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.

PRODUCT DETAILS

Module 2 Follow-Up Visits and Physical Therapy		4.00 Units
Accident Follow-Up Treatment Benefit Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		\$40
Physical Therapy Benefit For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		\$40
Module 3 Initial Accident Hospitalization		3.50 Units
Initial Accident Hospitalization Benefit Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$1,050
Ambulance Benefit For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$210
	Air Ambulance	\$1,050
Additional Riders		
Accidental Death and Dismemberment Rider (Form No. CRADD300)		4.00 Units
Accidental Death Benefit Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per covered person per accident and will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount.		
Common Carrier Accidental Death For death resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation		\$120,000
Automobile Accidental Death If the covered person was:		
wearing and properly utilizing a seat belt and was seated in a position protected by an air bag system that deployed during the accident, as evidenced by police report.		\$88,000
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.		\$80,000
not wearing a seat belt.		\$60,000
<i>Benefits are not payable if a covered person was driving without a valid drivers' license</i>		
Other Accidental Death Other than those described above.		\$40,000
Transportation of Remains Benefits For transporting remains to a mortuary near the covered person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.		\$1,600

PRODUCT DETAILS

Additional Benefits for Accidental Death

If an accidental death benefit is payable, the following benefits will be paid to the survivor. A reduced benefit will be paid to the beneficiary if no eligible survivor. Benefits do not require a spouse or child to be covered under this rider.

<p>Surviving Child Educational Benefit Payable for each eligible child ages 17 through 21, who is a full-time student at an accredited college, university, 2-year college, vocational or trade school within 365 days of the accidental death. Payable each year for up to 4 years while the child remains a full-time student.</p>	<p>\$3,200</p>	
<p>Licensed Day Care Center Benefit Child must be between newborn and 12 years old, attend a licensed day care, which is not an immediate family member, within 90 days from the accidental death date. Day care must be necessary for the survivor to work or obtain training for work.</p>	<p>\$1,200</p>	
<p>Career Enrichment Benefit Survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-year college, vocational, or trade school within 24 months of the accidental death. Training must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. This benefit will be paid for up to 4 years while the survivor remains a full-time student. Benefit not available for children.</p>	<p>\$3,200</p>	
<p>Accidental Dismemberment Benefits Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.</p>	<p>One eye, hand, foot, arm or leg</p>	<p>\$10,000</p>
	<p>Two eyes, hands or feet</p>	<p>\$20,000</p>
	<p>Speech <u>or</u> hearing in both ears</p>	<p>\$20,000</p>
	<p>Two arms or two legs</p>	<p>\$20,000</p>
	<p>Speech <u>and</u> hearing in both ears</p>	<p>\$40,000</p>
	<p>Both arms and both legs</p>	<p>\$40,000</p>
<p>Total dismemberment benefits per covered person per accident will not exceed:</p>		<p>\$40,000</p>

PRODUCT DETAILS

Expanded Benefits Rider (Form No. CREXPB00)		10.00 Units
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		
Burns Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.	Second-degree burns of body surface: At least 25%, but not more than 35%	\$600
	More than 35%	\$1,500
	Third-degree burns of body surface: 6 through 10 square centimeters	\$1,500
	10 through 25 square centimeters	\$4,000
	25 through 35 square centimeters	\$9,000
	more than 35 square centimeters	\$12,000
	Lacerations Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures
Single laceration less than 7.5 centimeters		\$80
Lacerations 7.6 to 20 centimeters		\$300
Lacerations over 20 centimeters		\$600
Eye Injury	With surgical repair	\$400
	Non-surgical removal of foreign body by physician	\$70
Emergency Dental Work	One or more broken teeth repaired with crowns	\$300
	One or more broken teeth resulting in extractions	\$80
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.		\$200
Coma Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.		\$15,000
Paralysis Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$15,000
	Paraplegia (paralysis of lower limbs)	\$7,500
Tendons, Ligaments and/or Rotator Cuffs Must be detached, torn, ruptured or severed and surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Arthroscopic surgery with: No repair	\$200
	One repair	\$500
	Two or more repairs	\$1,000
Ruptured Discs and/or Torn Knee Cartilage Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Shaved cartilage or arthroscopic surgery with: No repair	\$200
	One repair	\$500
	Two or more repairs	\$1,000

PRODUCT DETAILS

<p>Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.</p>	<p>\$1,500</p>	
<p>Appliance For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.</p>	<p>\$200</p>	
<p>Prosthetic Devices For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.</p>	<p>One prosthetic device</p>	<p>\$750</p>
	<p>Two or more prosthetic devices</p>	<p>\$1,500</p>
<p>Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.</p>	<p>\$400</p>	
<p>Transportation Benefit is payable for up to 2 round trips to the hospital per accident per covered person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or covered person's residence.</p>	<p>\$600</p>	
<p>Family Lodging Benefit Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the covered person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the covered person's residence and confinement must begin within 30 days of the accident. Benefits are not payable for services rendered by an immediate family member.</p>	<p>\$150</p>	

PRODUCT DETAILS

Rates					Ver 3.0.VT.0.00
Coverage	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan I 24 Hour	Weekly	\$3.77	\$4.85	\$5.88	\$7.20

GENERAL ADMINISTRATIVE ISSUES

How to Apply - Organization

Your organization can apply for this insurance by providing us with your completed Life and Health Group Application and Agreement together with a copy of this proposal. Before approving, we may request additional information about your group. Upon approval, we will notify you when insurance becomes effective.

Group Master Policy Effective Date

Subject to our receipt and review of all necessary information, the group master policy takes effect on the date requested on the Life and Health Group Application and Agreement. There is no policy backdating.

How to Apply - Employees

An applicant should elect insurance that best meets his or her needs and those of his or her family. All questions on the application should be completed accurately. All applications are subject to our review and approval.

Individual Insurance Effective Date

Insurance is effective on the effective date requested on the Life and Health Group Application and Agreement or first day of the month following the date an individual's application is approved by us, whichever is later. The employee must be on active service and any dependents cannot be disabled for insurance to become effective.

Beneficiary

Employees designate their own beneficiaries. In community property states (AZ, CA, ID, LA, NM, NV, TX, WA, and WI), when someone other than the spouse is designated as the beneficiary, the spouse's consent is required. The employee will automatically be the beneficiary of any dependent insurance.

Current Disability and/or Premium Waiver

We do not provide insurance to an individual currently disabled on a premium waiver. In this case, it is assumed that the previous carrier, if any, should continue to provide the individual's insurance coverage.

Premium Payment

Premiums are paid conveniently through payroll deduction. You'll receive a bill each month.

Grace Period

A grace period of 31 days will be allowed for each premium payment after the first premium. Insurance will stay in force during this time. The coverage under the 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.



LIMITATIONS AND EXCLUSIONS

We will not pay benefits for losses caused by or as a result of a covered person:

- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in a riot or insurrection;
- Participating in a felony or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception.

Termination of Insurance

Insurance on the employee will end on the earliest of:

- the date of his or her death;
- the date he or she ceases to be eligible for insurance;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she terminates employment;
- the date the group master policy terminates;
- the date he or she sends us a written notice to cancel insurance.

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

- the date of the employee's death;
- the date the employee's insurance terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the certificate is modified so as to exclude dependent insurance;
- the date the employee sends us a written notice to cancel insurance on a dependent.

Extension of Benefits

Whenever termination of insurance under this section occurs due to termination of employment, such termination will be without prejudice to:

- any hospital confinement which began while insurance was in force; or
- any covered treatment or service for which benefits would be provided and which began while insurance 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:

- 90 days; or
- the date on which the covered person is no longer totally disabled.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end.

Other Insurance with Us

An individual can only have one accident policy or certificate with us. An individual can only have one disability income policy, certificate, or rider with us. If a person already has accident insurance with us, such person is not eligible to apply for this coverage. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.

DISCLOSURES

GROUP BENEFITS DISCLOSURE POLICY

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

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.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.