TRANSAMERICA® LIFE INSURANCE COMPANY

Transamerica Life Insurance Company *("insurer")*
Home Office: Cedar Rapids, IA
Administrative Office: P.O. Box 219
Cedar Rapids, IA 52406-0219

TransConnect® Employee Enrollment Form

❒ First Enrollment ❒ Add Dependents – Contract # _____ ❒ Increase Coverage – Contract #

Group Name	Group Number	Location

Employee (Last, First, M.I.)	☐ Male ☐ Female	Social Security #	Date of Birth	Date of Marriage***
Spouse** (Last, First, M.I.)	☐ Male ☐ Female	Social Security #	Date of Birth	

Date of Hire	Avg hours worked per week	Annual Salary	Occupation	Employee/Member ID

Home Address	Work Phone/ext.

City	State	Zip Code	Home Phone

Child Name	Date of Birth	Gender	Full time Student	Child Name	Date of Birth	Gender	Full time Student
_____	_____	☐M ☐F	☐Yes ☐No	_____	_____	☐M ☐F	☐Yes ☐No
_____	_____	☐M ☐F	☐Yes ☐No	_____	_____	☐M ☐F	☐Yes ☐No

Primary Beneficiary: (Last, First, M.I.)	Relationship:
Contingent Beneficiary: (Last, First, M.I.)	Relationship:

*Employee will be the beneficiary for any spouse** and/or child(ren) coverage*

Payroll Mode: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Other_____

I am enrolling for: ☐ Employee ☐ Employee Plus Spouse** ☐ Employee Plus Children ☐ Employee Plus Family

	Employer Paid Benefit Amount	Voluntary Benefit Amount[1]	Premium per pay period*
☐ TransConnect Basic Coverage	$	$	$

[1] Voluntary benefit will only be issued when the required participation is met.
*If increasing coverage, enter the **TOTAL** Benefit and/or Coverage Amount and Premium.

Total Premium	$

1. Do all proposed insureds participate in the employer's (or Another) major medical or comprehensive health insurance coverage*? If No, list name(s)_____, who will be excluded from coverage. ☐ Yes ☐ No
   *Note: All family members must participate in the same plan"
2. Is anyone proposed for coverage covered by any Title XIX program (e.g. Medicaid)? **Do not answer in AZ, CO, KS, NC, OR, SC, TN, VA** If Yes, list name(s)_____, who will be excluded from coverage. ☐ Yes ☐ No

Enrollee's Statements and Agreements

For coverage issued in HI, ID, ME, NH, OR, SD: Did you receive an Outline of Coverage describing the insurance you are enrolling for? ☐ Yes ☐ No

I have read or had read to me the completed enrollment form. **I represent** ***(Residents of MN and VA:* I certify*)*** that all statements and answers made on or attached to this enrollment form are true to the best of my knowledge and belief, and realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage under the policy/certificate to which this enrollment form is attached. **I have read** the Fraud Warning for my state shown on the back of this form.

For residents of NM: THIS POLICY/CERTIFICATE IS NOT CONSIDERED "MINIMUM ESSENTIAL COVERAGE" UNDER THE AFFORDABLE CARE ACT AND THEREFORE DOES NOT SATISFY THE INDIVIDUAL MANDATE THAT YOU HAVE HEALTH INSURANCE COVERAGE. IF YOU DO NOT HAVE OTHER HEALTH INSURANCE COVERAGE, YOU MAY BE SUBJECT TO A TAX PENALTY. PLEASE CONSULT YOUR TAX ADVISOR.

For residents of MD:
THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

For residents of HI:
This insurance coverage provided by this Policy/Certificate is not major medical insurance and is not a substitute for major medical insurance. This is not qualifying Health Coverage ("Minimum Essential Coverage") that satisfies the health coverage requirement of the Affordable Care Act.

I understand that I must be actively at work for the required number of hours specified in the group policy and/or my employer's application in order to maintain coverage. I currently participate in my employer's (or Another) major medical or comprehensive health insurance coverage, and understand that the TransConnect insurance coverage provides supplemental benefits to the major medical or comprehensive health insurance benefits.

**Spouse or equivalent, as defined by governing state law. ***Marriage or equivalent, as defined by governing state law.

I authorize the required payroll deductions associated with my elected coverage (and the coverage of my dependents, if any). I reserve the right to revoke this deduction at any time with written notification to the insurer and my employer. If this deduction is on a pre-tax basis, the revocation will be subject to IRC restrictions. Contact your employer for details.

I understand that completion of this enrollment form in no way implies that I will be accepted for insurance coverage. **I understand** that coverage will take effect only if this enrollment form is approved by the Insurer and the first month's premium has been received by the Insurer, provided that I meet any eligibility or coverage effective date requirements listed in the policy/certificate.

The policy/certificate provides limited benefits. Review your policy/certificate carefully.

Signed in (City/State)_____This_____Day of (Month/Year)_____.

Enrollee's Signature _____Spouse's Signature (if applicable) _____

Licensed Representative's Name _____Licensed Representative's Signature_____Agent # _____

Fraud Warning

Alabama – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas and Maryland – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California – The falsity of any statement in the application for any policy covered by this chapter shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

District of Columbia, Louisiana and Rhode Island – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida – I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas – 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 may be guilty of insurance fraud as determined by a court of law.

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

Massachusetts and Oregon – I understand that 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, any information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

New Jersey – I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. I represent that all statements made on or attached to this application are true and complete to the best of my knowledge and belief.

North Carolina – I understand that any person who knowingly and with intent to injure, defraud, or deceive 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, any information concerning any fact material thereto, is guilty of a crime (Class H felony), which may be subject to criminal and civil penalties.

Oklahoma – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Puerto Rico – Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Tennessee and Washington – It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia – I understand that any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Vermont – I understand that 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, any information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime subject to criminal and civil penalties.

For Maine, Pennsylvania and All other states – 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.