

**IMPORTANT: This is a fixed indemnity policy,  
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

**Transamerica Life Insurance Company ("insurer")**

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

**Hospital Indemnity  
Enrollment Form**

<input type="checkbox"/> First Enrollment		<input type="checkbox"/> Add Dependents – Contract # _____		<input type="checkbox"/> Change Coverage – Contract # _____	
Group Name		Group Number		Location	
Enrollee (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #	Date of Birth	Date of Marriage
Spouse <sup>1</sup> (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #	Date of Birth	
Email Address		Do you agree to receive correspondence about your coverage electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone/ext.	Home Phone
Date of Hire	Avg hours worked per week		Occupation		Employee/Member ID
Home Address					
City			State		Zip Code
Child Name	Social Security #	Date of Birth	Child Name	Social Security #	Date of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Primary Beneficiary: (Last, First, M.I.)				Relationship:	
Contingent Beneficiary: (Last, First, M.I.)				Relationship:	
<i>Enrollee will be the beneficiary for any dependent coverage</i>					

<sup>1</sup> Spouse includes your legally married spouse, common law spouse, civil union partner if legally recognized in the governing jurisdiction. (Residents of VA: Civil Union partners are not recognized in VA)

Premium Mode: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____		
I am enrolling for: <input type="checkbox"/> Individual <input type="checkbox"/> Individual & Spouse <input type="checkbox"/> Individual & Children <input type="checkbox"/> Individual & Family		
Hospital Indemnity Coverage	Plan	Premium per Mode \$
<b>Eligibility Questions</b>		
1. Are you actively at work on a full time basis and able to perform the regular duties of your occupation? If No, you and your dependents are not eligible for coverage.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If applying for dependent coverage, is any proposed insured currently disabled? If Yes, list name(s) _____ who will be excluded from coverage, unless included by special endorsement		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is anyone proposed for coverage covered by any Title XIX program (e.g. Medicaid)? <b>(Do not answer if resident of AZ, KS, KY, NC, OR, SC, TN, or VA)</b> If Yes, list name(s) _____ who will be excluded from coverage.		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Enrollee's Statements and Agreements**

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

For residents of CA, MA, MN, or VT: Are all proposed insureds covered under one of the following: a major medical, hospital, or medical expense insurance plan; or an HMO contract, or any other plan that provides "minimum essential coverage" as defined in section 5000A of the Internal Revenue Code? ☐ Yes ☐ No If No, list name(s) \_\_\_\_\_ who will be excluded from coverage.

**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 this is a supplemental policy that is not intended to provide the minimum essential coverage required by the Affordable Care Act (ACA). Unless you have another plan (such as major medical coverage) that provides minimum essential coverage in accordance with the ACA, you may be subject to a federal tax penalty. Also, the benefits provided by this policy cannot be coordinated with the benefits provided by other coverage. Please review the benefits provided by this policy carefully to avoid a duplication of coverage.

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. I 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. I have read the Fraud Warning for my state shown on the back of this form.

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) \_\_\_\_\_

#### Agent's Statements and Agreements

I hereby certify that I have accurately recorded in this enrollment form all of the information supplied by the enrollee. The enrollee has read or had read to him/her the completed enrollment form.

Licensed Agent/Representative's Name \_\_\_\_\_ 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.