

**WE ARE THE
TOMORROW
MAKERS.SM**



Critical Illness ProtectionTM
Introducing our new standalone CI product

AUGUST 2014


Critical Illness Protection™



A BROADER SPECTRUM OF COVERAGE

What we'll cover...

- 1 The new kid in town...Critical Illness Protection standalone product
- 2 Rider vs. Standalone
- 3 Critical Illness Protection overview
 - What is Critical Illness Protection?
 - What are the benefits (EDB, ROPD, etc.)
- 4 Coverage types available
 - Covered conditions
 - Expert Medical Opinion Service (EMOS) – Advance Med
- 5 Competitive comparisons
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**There's a new kid
in town...**



Why offer a standalone CI product?

- To provide consumers with more choice by introducing a competitive and fully comprehensive critical illness product
- To provide clients with a broader spectrum of coverage and offer protection to consumers, not just in case of death (as with life insurance), but also in case of critical illness
- To provide consumers who already have enough life insurance with a CI coverage option
- To allow clients to convert their CI rider to a standalone if they need coverage for a longer period of time than their life insurance term product coverage

How is the standalone different from the rider?

STANDALONE	↔	RIDER
Combined banding	↔	No combined banding
Maximum Benefit of \$2M	↔	Benefit amount cannot be greater than the life face
Competitive premium rates	↔	Discounted premium rates
In line with the market	↔	Aggressive underwriting
Convertible at issue	↔	Convertible after year 2

Critical Illness Protection overview

What is Critical Illness Protection?

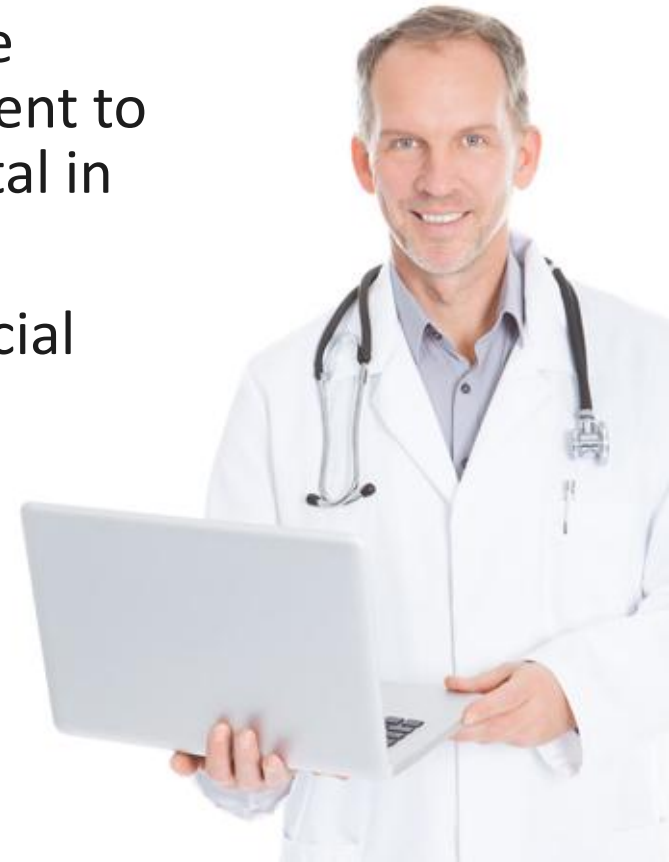
- CI insurance protects your clients in the event of an illness that is survived
- It provides a lump-sum, tax-free benefit to clients who are diagnosed with a covered condition and survive the 30-day survival period
- Clients can use the benefit payment however they choose with no restrictions or reduction to benefits



Critical Illness Protection overview

Why CI?

- Medical advances coupled with greater life expectancy make it more likely for your client to survive an illness that would have been fatal in the past
- Living with a critical illness can bring financial challenges that your clients may not have considered, e.g. lost income
- Living with a critical illness could generate living expenses that your client hadn't considered, e.g. a nanny for the kids



Two benefits and an ROPD

1. Critical Illness Benefit

- Gives your client a one-time lump sum benefit if the insured is diagnosed with a Critical Illness Covered Condition and survives the 30-day Survival Period
- On payment of the critical illness benefit the coverage terminates



Two benefits and an ROPD

2. Early Detection Benefit

- Gives your client a one-time lump sum payment if the insured is diagnosed with one of the Early Detection Covered Conditions and survives the 30-day survival period
- The payment of the early detection benefit will NOT reduce:
 - The Critical Illness Benefit
 - The policy premiums
 - The Return of Premium on Death Benefit (ROPD)



Return of Premium on Death Benefit (ROPD)

If your client dies, the ROPD Benefit will:

- Provide a one-time payment on the death of the insured, if the insured dies and a claim for the CI Benefit has not been paid or is payable
- Will return the sum of the paid premiums for the coverage, which includes ratings, and any Waiver of Premium Riders, and the policy fee, if applicable, upon death of the insured



Who gets what?

Who receives the proceeds?

Under the Critical Illness Benefit and Early Detection Benefit:

- The Beneficiary of the Critical Illness Benefit and Early Detection Benefit is the Insured, unless otherwise specified by the Owner
- If the Insured is a minor, the Beneficiary is the Owner, if living, or the Owner's estate, if not living, unless the Owner specifies otherwise



Beneficiary designations can only be made where provincial legislation allows – currently Manitoba, Alberta, British Columbia, and Quebec. In all other provinces, the beneficiary will be the owner or insured as described above.

Who gets what?

Who receives the proceeds?

Under the Return of Premium on Death Benefit:

- Any Return of Premium on Death Benefit payable will be paid to the designated Beneficiary, unless changed
- If no Beneficiary is designated, then the proceeds are payable to the Owner, if living, or the Owner's estate, if not living



Beneficiary designations can only be made where provincial legislation allows – currently Manitoba, Alberta, British Columbia, and Quebec. In all other provinces, the beneficiary will be the owner or insured as described above.

Coverage types available

Choose from:

- Three term coverage options
- Two levels of covered conditions

Plus...

- Bundling of multiple coverages to save money



Coverage types available

Coverage type	Term 10	Term 20	Term to 65
Level Premium to 65	x	x	✓
Renewable	✓	✓	x
Convertible	✓	✓	✓
Convertible to coverage anniversary nearest the life insured's age	60	60	60
Expiry age	75	75	65
4-Condition option	✓	✓	✓
25-Condition option (includes 5 childhood critical illness covered conditions)	✓	✓	✓
Renews at guaranteed, increased premiums every...	10 years	20 years	x
Early Detection Benefit on 4-Condition product	x	x	x
Early Detection Benefit on 25-Condition product	✓	✓	✓
Policy Fee	\$60		

Coverage types available

Save on the policy fee with multiple Life coverages

Additional coverages allowed on CI

CI T10 CI Additional Coverage

CI T20 CI Additional Coverage

CI T65 CI Additional Coverage

Same rates as the base standalone product



What's covered?

Choose from 4-covered conditions or 25-covered conditions

- Our 4-condition product offers a more cost-conscious option while still covering conditions that generate approximately 85% of claims
- Our more comprehensive 25-condition product has the added benefit of covering five childhood critical conditions until the child is age 24

Concerning cancer...

- In addition to the 30-day survival period, there is a 90-day moratorium period for a diagnosis of cancer and benign brain tumour
- For a diagnosis of cancer on day 91, the client must still survive the 30-day survival period before a benefit is paid

Covered conditions

4 Condition	25 Condition				
Cancer (life threatening)	Cancer (life threatening)	Loss of independent existence	Bacterial meningitis	Motor neuron disease	Deafness
Heart attack	Heart attack	Aortic surgery	Major organ transplant	Multiple sclerosis	Parkinson's disease
Stroke (Cerebrovascular accident)	Stroke (Cerebrovascular accident)	Loss of Limbs	Benign brain tumour	Coma	Severe burns
Coronary artery bypass surgery	Coronary artery bypass surgery	Aplastic anaemia	Major organ failure on waiting list	Occupational HIV infection	Heart valve replacement
	Alzheimer's disease	Loss of Speech	Blindness	Paralysis	Kidney failure
<p>The 25-condition plan also includes coverage for the following 5 childhood Critical Illness Covered Conditions up to the life insured's 24th birthday, at which time these conditions are no longer covered and will expire:</p>					
	Cerebral palsy	Congenital heart disease	Cystic fibrosis	Muscular dystrophy	Type 1 diabetes mellitus

Loss of independent existence is only available starting at age 18.

How much CI coverage can your client get?

		Term 10	Term 20	Term to 65	
Benefit amount	Minimum	\$25,000	\$25,000	\$25,000	
	Maximum*	Adults	\$2,000,000	\$2,000,000	\$2,000,000
	Maximum*	Juveniles (0-16)	\$250,000	\$250,000	\$250,000
Risk classification	Standard non-smoker	15 days – age 65	15 days – age 55	15 days – age 55	
	Standard smoker	16-65	16-65	16-55	
	Preferred classes	Not offered			

*The inforce critical illness coverage from all sources, cannot exceed the plan maximum.

Talk to an expert

Do you have clients who:

- Need a second medical opinion?
- Want more information about their diagnosed condition?
- Want to better understand their treatment options?

Then they will appreciate...



Expert Medical Opinion Service* (EMOS)

Expert Medical Opinion Service (EMOS) is a benefit that is provided by Advance Medical to the insured at no additional cost to your client.

What do they provide?

- EMOS gives the insured the opportunity to have the world's leading medical experts:
 - Review his or her medical case, and
 - Provide the insured and their treating physician with a comprehensive medical report on the medical case that includes the diagnosis and recommendations from the expert
- There is no limit on the number of times this service can be accessed
- The service is available while the policy is in force and for a year after the critical illness benefit or ROPD are paid, subject to program availability

*Expert Medical Opinion Services is a non-contractual benefit and is subject to program availability. Services are provided solely by Advance Medical, Inc. Transamerica shall have no liability or responsibility for such services. Expert Medical Opinion and other trademarks shown are trademarks of Advance Medical, Inc. used under license.

Expert Medical Opinion Service* (EMOS)

Expert Medical Opinion Service (EMOS) is a benefit that is provided by Advance Medical to the insured at no additional cost to your client.

Who can access this service?

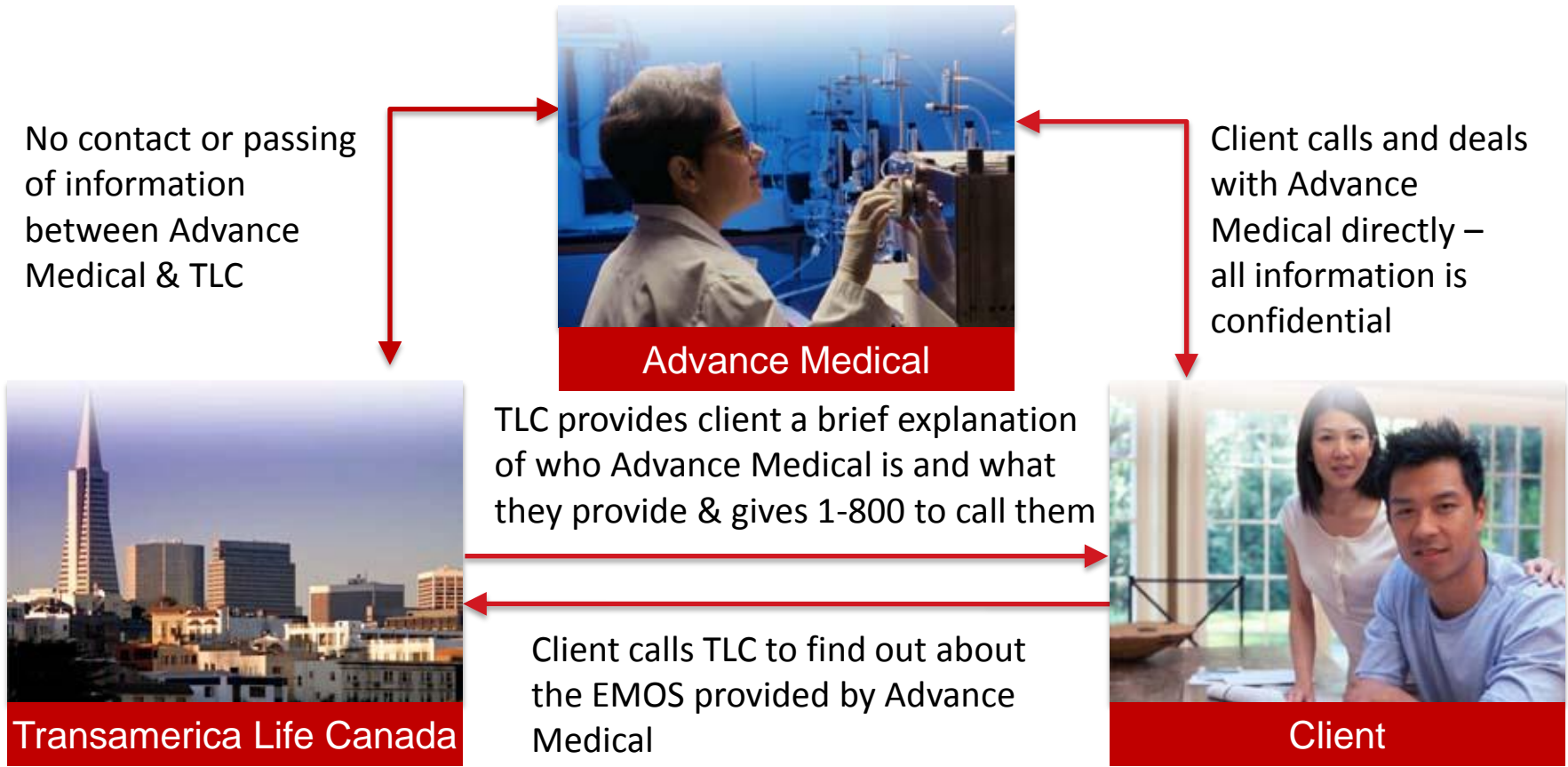
- The insured's spouse and dependant children can also access this service at no additional cost and with no need to travel
- The diagnosis of a critical illness covered condition is not necessary and this service can be accessed at any time for any medical condition



*Expert Medical Opinion Services is a non-contractual benefit and is subject to program availability. Services are provided solely by Advance Medical, Inc. Transamerica shall have no liability or responsibility for such services. Expert Medical Opinion and other trademarks shown are trademarks of Advance Medical, Inc. used under license.

Advance medical

A completely confidential service



But wait...there's more!

Let's talk about...

- Combined banding
- Riders



Premium bands

New for the CI standalone: combined banding!

Band structure*

1	\$25,000 - \$49,999
2	\$50,000 - \$99,999
3	\$100,000 - \$249,999
4	\$250,000 - \$2,000,000



*The maximum from all sources cannot exceed \$250,000 for Juveniles (ages 0-16).

Riders available at issue

Waiver of Premium

- 1 In the case of a disability before the age of 65, this rider maintains coverage at no cost to your client.

Payor Waiver of Premium

- 2 Should the person who is responsible for paying the premiums (also known as the “payor”) die or become totally disabled, Transamerica will continue to make premium payments (up to a defined maximum) to a child’s protection.



A large, stylized red graphic of a skyscraper with a pointed top and horizontal lines representing windows, positioned on the left side of the slide. The graphic is partially cut off by the left edge of the frame.

Underwriting and Administration

Added flexibility will make clients happy

These flexible features are offered CI Standalone and Rider!

Issue date flexibility	Backdating allowed	Redating allowed
<ul style="list-style-type: none">▪ The policy issue date can be set within +/-15 days of the underwriting approval date to allow clients flexibility in choosing their PAC date.	<ul style="list-style-type: none">▪ Backdating the policy date will be allowed up to 6 months to save age.▪ An amendment as to when the Survival and Moratorium Period begins will be required to be signed (acknowledging that policy becomes effective on the “effective date”)	<ul style="list-style-type: none">▪ The policy issue date can be changed to be the delivery date to avoid the requirement for back-premiums. This will be allowed for up to 45 days from the original issue date.

Critical Illness (Standalone)

Age (Nearest Birthday)	\$0 to \$99,999	\$100,000 to \$249,999	\$250,000 to \$500,000	\$500,001 to \$1,000,000	\$1,000,001 to \$2,000,000
0-17	A	A	A	A	A&D
18-40	A	A1	A2	B2	B3
41-45	A	A1	B2	B3	B3&FQ
46-50	A	B1	B2	B3	B3&FQ
51-55	B2	B2	B3	B3	B3&FQ
56-60	B2	B3	B3	B3	B3&D&FQ
61-65	B3	B3	B3	B3&D&FQ	B3&D&FQ

A – Non-Medical

B – Paramedical

D – Attending Physician's Statement

FQ – Financial Questionnaire (within the application)

1. Urine/HIV
2. Blood Profile & Urine/HIV
3. ECG, Blood Profile & Urine/HIV

The Critical Illness underwriting requirements are based on the total Critical Illness benefit applied for with Transamerica in the last 6 months.

Notes about underwriting requirements

- If a client is applying for both Life Insurance and Critical Illness, the higher of the underwriting requirements will always apply.
- Do not duplicate requirements, instead order the higher of the requirements.
- PSA (Prostate Specific Antigen) will automatically be part of the blood test for all males age 51 and up, where a blood test is required.
- The above table also applies to residents who have been in Canada less than 12 months.
- Requirements are valid for 12 months.
- Transamerica reserves the right to request any requirement deemed necessary by the Underwriting Department regardless of age and amount requirements or product.

Approved Service Providers:

Hooper Holmes
www.hooperholmes.ca

MedAxio
www.MedAxio.com

Quality Underwriting Services*
www.qus.ca

Watermark Insurance Services*
www.watermarkinsurance.com

Keyfacts Canada*
www.keyfacts.net

Green Grass Group**
www.greengrassgroup.com

* Preferred Provider for APS.

** Green Grass Group provides Inspection Reports and MVRs only.

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Illustrations in Lifeview

Liferview illustration software

Something familiar...

- The CI standalone interface will function like the familiar Term Life interface



And something new...

- Product comparisons will be available for CI T10 versus CI T20 versus CI T65 and for CI 4 condition versus CI 25 condition



Liferview home page

LifeView
With
LifeScripterSM

WE ARE THE
TOMORROW MAKERS.SM

Introducing Transamerica's Critical Illness Protection Rider

Life Products

Critical Illness

Investment Products

TRANSAMERICA
TRANSFORM TOMORROWSM

Liferview product screen

Now you can tab by client

LifeView 11.0 Demo Version

File Illustration Preferences Calculators Products Web Links Help

Critical Illness Protection

Universal Life
TERMSelect
Critical Illness Prot...
Critical Illness Prot...
Critical Illness Prot...
Marketing Materials

Coverage | Product Comparison |

Owner Name: [FirstName] [LastName] Edit...

Province: Ontario Payment Mode: Annual

Total Premium: 2,702.00

Add Delete...

John Smith | Mary Smith

Name(First Initial Last): John Smith Gender: Male

DOB(mm/dd/yyyy): / / Age: 45

UW Class: Non-Smoker Rated: No

WP

Product Type	Benefit	Change
Critical Illness Term 10 Protection 25 conditions	100,000	No
Critical Illness Term 20 Protection 25 conditions	50,000	No
Critical Illness Term to age 65 Protection 25 conditions	100,000	No
Critical Illness Term 10 Protection 25 conditions	0	

StandardDefault

Each client gets their own tab!

View all coverages per client here

Lifeline report pages

Critical Illness
protection

Critical Illness
protection



Customized Illustration Prepared for:

[FirstName] [LastName]

Prepared by:

TA
[Agency Name]

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2. Critical Illness Pre-Screening Checklist
3. Plan Details
4. Proposal Details
5. Policy Details
6. Underwriting Requirements
7. The Advantages of Selecting Transamerica

Liferview report pages

Critical Illness
protection **Renewable and Convertible**

Prepared for:
[First Name][LastName]
[Illustration Date]
Prepared by: [Advisor Name]
Page 1 of 10

Section 2 - Proposal Details

Coverage	Name	Sex	Underwriting Class	Age	To Year	Additional Remarks
1. Single Life <i>Plan Details</i> Critical Illness Term 10 Protection 25 conditions	Client1 <i>Benefit</i> \$250,000	M	Non-Smoker <i>Annualized premium</i> \$782.50	35	40	
2. Single Life <i>Plan Details</i> Critical Illness Term 20 Protection 25 conditions	Client1 <i>Benefit</i> \$250,000	M	Non-Smoker <i>Annualized premium</i> \$1,202.50	35	40	
3. Single Life <i>Plan Details</i> Critical Illness Term to age 65 Protection 25 conditions	Client1 <i>Benefit</i> \$100,000	M	Non-Smoker <i>Annualized premium</i> \$755.04	35	30	
4. Single Life <i>Plan Details</i> Critical Illness Term 10 Protection 25 conditions	Client2 <i>Benefit</i> \$250,000	F	Non-Smoker <i>Annualized premium</i> \$782.50	30	45	
5. Single Life <i>Plan Details</i> Critical Illness Term 20 Protection 25 conditions	Client2 <i>Benefit</i> \$250,000	F	Non-Smoker <i>Annualized premium</i> \$1,202.50	30	45	
6. Single Life <i>Plan Details</i> Critical Illness Term to age 65 Protection 25 conditions	Client2 <i>Benefit</i> \$100,000	F	Non-Smoker <i>Annualized premium</i> \$755.04	30	35	

Premiums

	Annual	Semi-Annual	Quarterly	Quarterly PAD	Monthly PAD
	\$	\$	\$	\$	\$

* Chosen premium amount

A \$60 annual policy fee is included

Province of Issue: Ontario

Liferview prescreening checklist

Go through the checklist with clients prior to submitting a CI application

Section 2 - Critical Illness Pre-Screening Checklist

This document has been created to assist you in a thorough evaluation of the proposed insured prior to submitting an application that includes critical illness insurance. Remember, this checklist is for critical illness insurance only. Your client may be automatically declined for critical illness, but that does not mean that he or she will be declined for life insurance. Critical illness insurance is subject to a more rigorous underwriting process than life insurance.

Automatic decline for critical illness coverage:

Below is a partial list of conditions that will result in being automatically declined for critical illness coverage. Please do not submit an application for critical illness if the proposed insured has, or has ever been diagnosed with, any of the following conditions. Please note that there may be other conditions that could also result in your client being declined.

Note: If the client is currently under a medical investigation, please wait until it has been completed before submitting an application.

PROPOSED INSURED	
Adult	Juvenile
<ul style="list-style-type: none"> • AIDS, AIDS-related disease or positive HIV • Treatment for alcohol or drug abuse in the last three years • Alzheimer's Disease • Aplastic anemia • Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease) • Benign brain tumour • Cancer (Some exceptions for skin cancer other than melanoma or certain early-stage cancers may apply. Please consult with the Underwriting Department for more information.) • Cystic fibrosis • Diabetes treated with insulin • Heart disease such as heart attack, angina, coronary bypass surgery, angioplasty or valve replacement surgery • Huntington's Chorea • Kidney failure • Motor neuron disease • Multiple sclerosis • Organ transplant • Parkinson's Disease • Permanent paralysis • Stroke or transient ischemic attack • Systemic lupus erythematosus 	<ul style="list-style-type: none"> • AIDS, AIDS-related disease or positive HIV • Aplastic anemia • Autism • Benign brain tumour • Cancer • Cerebral palsy • Cystic fibrosis • Congenital heart disease • Diabetes • Down's Syndrome • Kidney failure • Motor neuron disease • Multiple sclerosis • Muscular dystrophy • Organ transplant • Permanent paralysis • Stroke <p>Critical illness insurance will not be offered to juveniles with any immediate family history of one of these illnesses:</p> <ul style="list-style-type: none"> • Familial polyposis of the colon • Huntington's Chorea • Polycystic kidney disease

If any member of the proposed insured's immediate family (i.e., siblings and parents) has had one of the above conditions, the policy may be rated, or in some cases, declined.

We understand that critical illness insurance plays an important part of an overall financial solutions package. And we also know that it can be frustrating to go through the application process only to have it come back with a rating, or be declined altogether. That's why Transamerica has created a detailed Underwriting Guide to help you better understand the underwriting process and the potential for an application to come back with a rating, or to be declined altogether. This guide to underwriting will assist you in generating new business, and help you place rated business.



Premium comparison tables

CI T10 Standalone TLC rank

		Enhanced CI Standalone with ROP									
		20	25	30	35	40	45	50	55	60	65
MNS w/ROPD	25,000	4	4	4	4	5	4	8	5	5	4
	50,000	5	5	3	1	1	1	4	4	4	3
	100,000	3	4	2	1	1	1	5	4	4	3
	250,000	5	5	4	2	1	1	2	3	3	4
	500,000	5	5	5	2	2	2	3	4	4	4
	1,000,000	6	6	5	2	2	2	4	5	5	4
FNS w/ROPD	25,000	8	8	7	8	6	4	4	5	4	3
	50,000	5	6	4	2	4	1	3	4	4	3
	100,000	5	4	1	1	1	1	1	4	4	3
	250,000	5	5	3	2	3	2	2	2	4	4
	500,000	5	5	4	3	3	3	3	3	4	5
	1,000,000	6	5	4	3	3	3	3	4	5	5

Based on rates available in LifeGuide for July 2014.

CI T20 Standalone TLC rank

		Enhanced CI Standalone with ROP							
		20	25	30	35	40	45	50	55
MNS w/ROPD	25,000	2	2	4	5	5	5	5	2
	50,000	2	3	3	3	5	4	5	2
	100,000	2	3	3	3	2	4	4	2
	250,000	2	1	2	2	2	4	3	1
	500,000	2	1	2	2	2	5	4	2
	1,000,000	2	1	2	3	2	5	4	2
FNS w/ROPD	25,000	2	2	4	5	4	5	5	2
	50,000	2	3	3	1	3	2	2	2
	100,000	3	3	4	3	3	2	2	2
	250,000	3	3	1	1	1	1	2	2
	500,000	3	3	1	1	1	1	2	2
	1,000,000	3	3	1	1	1	1	2	2

Based on rates available in LifeGuide for July 2014.

CI T65 Standalone TLC rank

		Enhanced CI Standalone with ROP							
		20	25	30	35	40	45	50	55
MNS w/ROPD	25,000	4	4	4	3	3	3	2	2
	50,000	3	3	3	2	2	2	2	1
	100,000	2	2	2	2	2	2	1	1
	250,000	2	1	1	1	2	2	1	1
	500,000	3	3	3	2	2	2	1	1
	1,000,000	3	3	3	2	2	2	1	1
FNS w/ROPD	25,000	4	4	4	3	3	3	2	2
	50,000	3	3	2	2	2	2	1	1
	100,000	2	2	2	2	2	2	1	1
	250,000	2	3	1	1	2	2	1	1
	500,000	3	3	2	2	2	2	1	1
	1,000,000	3	3	2	2	2	2	1	1

Based on rates available in LifeGuide for July 2014.

Definitions...they are a changin...



But not yet.

Summary of CLHIA recommended definition changes

Condition	Change
Cancer	More clarity added. Further no payments would be made to less severe cancers, such as thyroid and prostate
Alzheimer's Disease	Not simply on diagnosis but also requires dementia to be present
Loss of Independent Existence	Cognitive impairment removed from ability to qualify
Parkinson's Disease	Expanded definition to include related illness but requires more deterioration to qualify (i.e. 1 yr. moratorium)
Heart Valve Surgery, Aortic Surgery, CABG	New definition would exclude angioplasty, intra-arterial, and trans-catheter procedures or non-surgical procedures

The impact of the new definition would be to tighten qualification thereby reducing or delaying incidence of claims

Being asked about changes?

If clients inquire about changes to the CI definitions, you can tell them...

- The CLHIA has recommended definition changes
- These changes are being adopted by different carriers at different times
- For continuity and clarity when converting from our CI rider to a standalone, we are currently using the existing definitions
- New definitions will be adopted by TLC for future versions of our CI products

Definition changes

Let's look at some of the changes...

- The definition of **Alzheimer's Disease** has been expanded and is now **Dementia, including Alzheimer's Disease**. This will now provide coverage for forms of dementia that were previously not covered under the prior wording. The working group agreed other life-altering dementias should be included in the CIBD
- The **Aortic Surgery, Heart Valve Replacement** or Repair and Coronary Artery Bypass Surgery definitions have been updated to reflect the most common present day treatment modalities that better define what does or does not constitute a Critical illness. Today many common heart surgeries are no longer deemed to be "critical" procedures.
- With the help from leading neurologist specializing in movement disorders **including Parkinson's Disease (PD)**, the definition has been enhanced to include Specified Atypical Parkinsonian Disorders. These are very rare Parkinson's like conditions that are in fact worse than PD, but they were not covered under the previous definition. Specified impacts on Activities of Daily Living were removed from the PD definition

The recent industry experience study revealed there was some anti-selection happening with this condition. Therefore, the group added an exclusion period to the benchmark definition to capture the presence of illness, or symptoms of illnesses, that exhibit themselves in the first year of coverage. This is a necessary change based on industry experience and taking into consideration an expert medical opinion that was obtained by the working group.

CLHIA Reference doc. Oct 2013

Definition changes cont'd

The **Cancer** definition has been clarified to detail the types of cancer that are deemed to be CI's and those that are not. A specific change to the definition is the exclusion of **some types** of minor thyroid cancers and prostate cancers. With medical advancements in the areas of detection and treatment, evidence supports these types of cancers are highly treatable and are not deemed life threatening medically. More **advanced types** of these cancers are covered in the definition

The full rationale for the CIBD review can be found in the reference document – summary of 2013 Amendments from CLHIA



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Thank You!