TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

DISCLOSURE STATEMENT

As an integral part of the application for excess loss coverage, Transamerica Premier Life Insurance Company (the Company) and Strategic Underwriting Solutions, LLC require that the Employer provide information concerning the following on all known individuals no earlier than 30 days prior to the requested effective date:

Individuals with paid or pending claims exceeding the lesser of $25,000 or 50% of the requested specific deductible amount, during the last 12 months.
Individuals currently confined to a hospital or other health care facility, or currently approved for a future hospital or other health care facility admission.
Employees not actively at work on a full time basis as defined in the Employer's Plan, or dependents who are confined to a hospital, institution, or home or otherwise unable to perform the duties of a like person of the same age and sex in good health, as of the date of this statement.
Any other Individuals who have been diagnosed or treated for any of the following conditions: cancer, heart disorder, kidney disorder, stroke, AIDS, ARC, chronic lung disease, nervous system disease, or other serious disease, been hospitalized or had surgery in the past 12 months.
Any Individual who has received an organ or tissue transplant or anticipates any organ or tissue transplants.

Please attach the following information for each individual disclosed:

- NAME
- DATE OF BIRTH
- GENDER
- Status: EMPLOYEE, DEPENDENT, RETIREE, COBRA BEN.
- DIAGNOSIS
- PROGNOSIS
- TRANSPLANT CANDIDATE
- DATE OF DISABILITY
- DATE EXPECTED RTW
- COBRA EFFECTIVE/END DATES
- PAID CLAIMS
- ADDITIONAL KNOWN CLAIMS

The Employer named below hereby represents that the attached information accurately discloses all individuals known to the Employer and its administrator, utilization review vendor, and large case management service organization that fall under the categories listed above. If the Employer fails to disclose any individual known to fall into one of the above categories, then the Company will have no liability under the excess loss policy in respect of any claims under the Plan relating to the individual as to whom inadequate disclosure was made. The Employer represents that its administrator, utilization review vendor and large claim management service organization participated in the collection of the attached information.

The Company and Strategic Underwriting Solutions, LLC shall use the information requested herein solely for the purpose of evaluating the acceptability of this risk and shall not disclose any nonpublic personal information collected except in evaluating the acceptability of this risk.

EMPLOYER: _____

Date of Disclosure: _____

Authorized Representative: _____

Title: _____

Signature: _____

ADMINISTRATOR: _____

Date of Disclosure: _____

Authorized Representative: _____

Signature: _____