



Transamerica Life Insurance Company  
 Monumental Life Insurance Company  
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## TransConnect® Confirmation Sheet

Email to Your TEB Client Relationship Manager or FAX # 1-800-235-4790

Group Name: \_\_\_\_\_ Group #: \_\_\_\_\_ Renewal Effective Date: \_\_\_\_\_

- Renewing with Plan Changes
- Renewing as is
- Declining Coverage

Number of employees covered under underlying medical plan: \_\_\_\_\_

Employees Eligible for the TransConnect Benefit: \_\_\_\_\_

Please indicate underlying medical plan deductible for this group. Additional space has been provided for groups that have more than one medical plan. **If benefit is Voluntary, a list bill must still be submitted from the medical carrier showing who is covered under the plan and a schedule of medical benefits if there have been plan changes.**

1. Underlying Plan Deductible: \_\_\_\_\_ Underlying Plan OOP: \_\_\_\_\_ Coinsurance Rate: \_\_\_\_\_

2. Underlying Plan Deductible: \_\_\_\_\_ Underlying Plan OOP: \_\_\_\_\_ Coinsurance Rate: \_\_\_\_\_

3. Underlying Plan Deductible: \_\_\_\_\_ Underlying Plan OOP: \_\_\_\_\_ Coinsurance Rate: \_\_\_\_\_

Underlying Plan Waiting Period: \_\_\_\_\_ TransConnect Inpatient Benefit Requested: \_\_\_\_\_

Monthly Major Medical Premium Amount: \$ \_\_\_\_\_ Monthly TransConnect Premium Amount: \$ \_\_\_\_\_

As a reminder, **TransConnect** has a minimum participation requirement. For groups with 99 or fewer eligible employees, at least 50% of the total eligible employees must participate, minimum of 2 lives. For groups with 100 or more eligible employees, at least 25% of the total eligible employees must participate, minimum of 50 lives. Eligible employees, for participation purposes, include only those employees covered under one of the employer's underlying medical plans. In determining the percentage of participation, the total number of employees participating in all of the employer's underlying medical plans will be considered. If participation requirements for the **TransConnect** product are not met, the group will need to increase participation to the minimum requirements. If participation is not met by the renewal date then the **TransConnect** policy will terminate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

We must receive this form at least 2 weeks prior to the renewal date for changes to become effective at renewal.