

ReliaStar Life Insurance Company
Minneapolis, Minnesota 55401

CERTIFICATE BOOKLET RIDER
Applicable to Alaska Residents

ALASKA LAW GOVERNS WITH RESPECT TO CERTIFICATES COVERING ALASKA
RESIDENTS UNDER GROUP POLICIES ISSUED IN A STATE OTHER THAN ALASKA.

**ReliaStar Life Insurance Company
Minneapolis, Minnesota 55401**

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ALASKA LAW GOVERNS WITH RESPECT TO CERTIFICATES COVERING ALASKA RESIDENTS UNDER GROUP POLICIES ISSUED IN A STATE OTHER THAN ALASKA.

Accelerated Death Benefit

If your certificate contains the Accelerated Death Benefit, the exclusion is changed to read as follows:

Accelerated Death Benefit Exclusions

ReliaStar Life does not pay benefits for a terminal condition if any required Accelerated Death Benefit premium or Life Insurance premium is due and unpaid.

All other Accelerated Death Benefit provisions contained in your certificate remain unchanged.

Conversion Rights

The Conversion Rights section is changed as follows:

I. The following provision is added:

If written notice of the conversion right is not received before the 31 day conversion period ends, the time period to exercise the conversion option will be extended. This additional time will be the lesser of:

- 15 days after written notice is received; or
- 60 days after the original conversion period ends.

All other Conversion Rights provisions contained in your certificate remain unchanged.

Consumer Notice for Arkansas Residents

The nearest servicing office is the Minneapolis, Minnesota office of Voya Employee Benefits, a division of ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York.

The mailing address is:

PO Box 20
Minneapolis, Minnesota 55440-0122
Telephone: (800) 537-5024

If you are not provided with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
(Corner of Third and Cross Street)
Little Rock, Arkansas 72201-1904

Telephone: (501) 371-2640
Toll Free in AR: (800) 852-5494

This consumer notice is for information only and does not become a part or condition of this certificate or policy. Please insert this notice in your certificate or policy.

**NOTICE OF PROTECTION PROVIDED BY
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION**

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association (“the Association”). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers’ care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone’s rights or obligations or the rights or obligations of the Association.

COVERAGE

• **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

• **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

• **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**
 - 80% of death benefits but not to exceed \$300,000
 - 80% of cash surrender or withdrawal values but not to exceed \$100,000
- **Annuities and Structured Settlement Annuities**
 - 80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

• **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of April 1, 2011, is \$470,125. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state.
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance
Guarantee Association
P.O. Box 16860,
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927-4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.

RELIASTAR LIFE INSURANCE COMPANY
20 Washington Avenue South
Minneapolis, Minnesota 55401

**NOTICE CONCERNING COVERAGE LIMITATIONS
AND EXCLUSIONS UNDER THE HAWAII LIFE AND
DISABILITY INSURANCE GUARANTY ASSOCIATION ACT**

Residents of Hawaii who purchase life insurance, annuities, or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Hawaii Life and Disability Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumer's care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Hawaii Life and Disability Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Hawaii. You should not rely on coverage by the Hawaii Life and Disability Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is *NOT* provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The Hawaii Life and Disability Insurance Guaranty Association

P.O. Box 4068

Honolulu, Hawaii 96812

Department of Commerce and Consumer Affairs

Insurance Division

P.O. Box 3614

Honolulu, Hawaii 96811

The state law that provides for this safety-net coverage is called the Hawaii Life and Disability Insurance Guaranty Association Act. Below is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

(please turn to back of page)

COVERAGE

Generally, individuals will be protected by the Hawaii Life and Disability Insurance Guaranty Association if they live in this state and hold a life or disability insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **not** protected by the Guaranty Association if –

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state); or
- the insurer was not a member insurer of the Guaranty Association. A nonprofit hospital or medical service organization (the "Blues"), an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy-holder is subject to future assessments, or an insurance exchange are examples of nonmember insurers.

The Guaranty Association also does **not** provide coverage for –

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employer's plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to pay out: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in cash surrender values, \$100,000 in disability insurance benefits, \$100,000 in present value of annuities, or \$300,000 in life insurance death benefits - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages.

RELIASTAR LIFE INSURANCE COMPANY

ENDORSEMENT

Applicable to Massachusetts Residents Covered under Accident-Only Policies

Massachusetts law requires the following disclosure to be provided to Massachusetts residents:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the insured's other health plans.

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota 55440

MAINE CERTIFICATE ENDORSEMENT
for Accidental Death and Dismemberment Insurance

Your certificate of coverage has been changed as follows. Please keep this endorsement with your certificate. This endorsement is subject to all other terms of the Group Policy.

I. EMPLOYEE'S INSURANCE

The following are added after the "Termination" provision:

COGNITIVE IMPAIRMENT OR FUNCTIONAL INCAPACITY

If your coverage ends due to a lapse or default on your part, your coverage may be reinstated on the basis that you suffered from a cognitive impairment or functional incapacity at the time of cancellation. You or someone authorized to act on your behalf must submit a request for reinstatement to ReliaStar Life within 90 days of cancellation along with medical proof, at your expense, that you suffered from a cognitive impairment or functional incapacity at the time of cancellation. Within 15 days of ReliaStar Life's request, all premiums due from the date of cancellation must also be received by ReliaStar Life in order to consider your request for reinstatement. If ReliaStar Life approves your request, your coverage will be reinstated at the same level as though the cancellation had not occurred.


THIRD PARTY NOTICE

You may designate an additional person to receive notice of any intent to cancel your Accidental Death and Dismemberment coverage. You may change this designation at any time. The form is available upon request from the Policyholder.

II. EFFECTIVE DATE

This endorsement is effective for you on or after the later of the following dates:

- The Group Policy effective date.
- The effective date of your insurance.



Secretary

ReliaStar Life Insurance Company

CERTIFICATE BOOKLET RIDER

Applicable to Missouri Residents

Suicide

If your group certificate contains any suicide limitation, the limitation will be for no more than one year from the date insurance starts.

Accidental Death and Dismemberment

If your group certificate contains any Accidental Death and Dismemberment benefits, the Accidental Death and Dismemberment Exclusions provisions are changed to read as follows:

Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or poisoning.

Exception:

- Unintentional or non-voluntary inhalation of gas or poisons.
- Pyogenic infections which result from an accidental bodily injury.
- Bacterial infections which result from the ingestion of contaminated substances.
- Infection from a cut or wound caused by an accident.

All other Accidental Death and Dismemberment exclusions contained in your certificate remain unchanged.

ReliaStar Life Insurance Company

CERTIFICATE BOOKLET RIDER

Applicable to Montana Residents

The **CLAIM PROCEDURES** section of your group life insurance certificate is revised to add the following provision:

Benefit Payments

Benefits under the Group Policy are paid when proof of loss is received.

For Life Insurance, benefits payable due to death will be paid within 60 days of the date ReliaStar Life receives proof of death. If payment is made after the first 30 days, ReliaStar Life will include interest from the 30th day until the date of payment. The interest rate will equal the **greater** of the following –

- The monthly average discount rate on 90-day AA asset-backed commercial paper in effect at the federal reserve bank in the ninth federal reserve district on the date proof of death is received.
 - ReliaStar Life's minimum interest rate payable on death claims on the date proof of death is received.
-

The **GENERAL PROVISIONS** section of your group life insurance certificate is revised to add the following provisions:

The Group Policy also has a 2 year contestable period starting from the Effective Date of the Group Policy. After the Group Policy has been in force for 2 years from the Effective Date, ReliaStar Life can not contest the validity of the Group Policy except for nonpayment of premium.

Grace Period

If a premium is not paid by its due date, ReliaStar Life allows 31 days from the due date in which to pay it. ReliaStar Life calls this the grace period. Full payment must be received by the 31st day. If ReliaStar Life receives payment during the grace period, coverage under the Group Policy stays in force. If ReliaStar Life receives written notice of termination during the grace period, premium payment is required for any period that coverage under the Group Policy was in force during the grace period.

Representations Not Warranties

A copy of the Policyholder's application, if any, is attached to the Group Policy. Unless fraudulent, all statements made by the Policyholder or by you are considered representations and not warranties. No statement can be used to void the Group Policy or be used in ReliaStar Life's defense if ReliaStar Life refuses to pay a claim, unless a copy of the statement is furnished to the Policyholder, you or your beneficiary, as applicable.

Misstatement of Age

If your (or your dependent's, if your certificate includes Dependent's Life Insurance) age is misstated, ReliaStar Life adjusts the premium according to the correct age. The amount of insurance provided is not affected.

Conformity with Montana Statutes

The provisions of this certificate conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which you reside on or after the effective date of your coverage under the Group Policy.

The **CONVERSION RIGHTS** section of your group life insurance certificate for you (and your insured dependents, if your certificate includes Dependent's Life Insurance) is revised as indicated below.

Under **Conditions for Conversion**, the condition related to change, cancellation or termination of the Group Policy is replaced by the following:

- The Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 3 years in a row.

The following provision is added:

If you or your insured dependent are not given written notice of this conversion right within 16 days after any part of this insurance stops, you or your insured dependent will have more time to apply and pay the first premium for the individual policy. This additional time period will end 15 days after you or your insured dependent are given written notice of this conversion right. In no event will the additional time period extend for more than 91 days after any part of your Life Insurance or Dependent's Life Insurance stops.

The provision entitled **Amount of Conversion Coverage** is replaced by the following:

Amount of Conversion Coverage

If your or your insured dependent's Life Insurance is changed or cancelled because the Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 3 years in a row, the amount of the individual policy is limited to the lesser of –

- \$10,000, or
- the amount of your or your insured dependent's Life Insurance which stops, minus the amount of other group insurance for which you or your insured dependent become eligible within 31 days of the date your or your insured dependent's insurance stops.

If your or your insured dependent's Life Insurance stops for any reason other than the above, the amount of your or your insured dependent's individual policy may be any amount up to the amount of your or your insured dependent's Life Insurance that stopped.

RELIASTAR LIFE INSURANCE COMPANY

CERTIFICATE BOOKLET RIDER

Applicable to North Carolina Residents

North Carolina law requires the following benefits be provided to North Carolina residents.

If dependents are covered under the plan, the following provisions are changed in your certificate:

The following applies to the **Effective Date of Dependent's Insurance** provision.

An adopted child is insured from the date of placement of the child in your custody if you apply within 31 days following the date of placement. A foster child is insured from the date of placement in the foster home if you apply within 31 days following the date of placement.

All other provisions of the Effective Date of Dependent's Insurance remain unchanged.

The following applies to the **Handicapped Dependent Child** provision.

Proof must be given within 31 days after the date the child reaches the maximum age for insurance. Before granting a continuation of this child's insurance, ReliaStar Life may require that a doctor examine the child. ReliaStar Life will specify the doctor and pay the fee for all exams ReliaStar Life requires. After the child reaches the maximum age, ReliaStar Life will not ask for proof, including doctors' exams, more often than once a year.

All other provisions of the Handicapped Dependent Child remain unchanged.

The following applies to the definition of **Child** provision.

Child

- your natural or adopted child, who is dependent on you for support and maintenance. The child need not be claimed as a dependent on your federal income tax return.
- a child for whom you have legal obligation for purposes of adoption.
- a child for whom you are required by court order to provide health coverage.
- a child who is primarily dependent on you for support and who is your stepchild, your foster child, or a child for whom you are a legal guardian. The child need not be claimed as a dependent on your federal income tax return.

R-08269

RELIASTAR LIFE INSURANCE COMPANY

CERTIFICATE BOOKLET RIDER

Applicable to New Hampshire Residents

Grievance Procedure

You may appeal an adverse claim determination. You may also authorize a representative to act on your behalf.

The appeal must be made within 180 days of the date notice of the claim denial is received.

The appeal must be in writing and should include the following:

- Your name, Social Security Number, and the Policy number.
- The specific reasons for your appeal and/or disagreement with ReliaStar Life's decision.
- Any new or additional evidence or other documentation to support your appeal.

You have the right to submit written comments, documents, records and other information relating to the claim for benefits.

You will be advised of a decision in writing, setting out the reasons for the decision, with specific references to pertinent provisions of the Policy on which the decision is based. If the appeal is based in whole or part on a medical judgment, the title(s) and qualifying credentials of the person conducting the review will also be included. The written decision will be sent to you within 30 days after receipt of the written appeal, unless matters beyond the control of ReliaStar Life require an extension. If an extension is needed, you will be provided notice within 15 days after receipt of the written appeal. This notice will state the reason for the extension, any additional information needed, and the date by which a determination is expected to be made. If additional information is needed, you will have 45 days to provide it. A written decision will be sent to you within 30 days of the date the additional information is submitted.

For assistance in preparing an appeal, please call 1-800-627-0004.

For assistance at any time, you may contact the Insurance Commissioner's Office at:

New Hampshire Department of Insurance
21 South Fruit Street
Suite 14
Concord, New Hampshire 03301
1-800-852-3416

ReliaStar Life Insurance Company

Home Office - Minneapolis, Minnesota 55440

ENDORSEMENT

Applicable to Policyholders and Certificateholders

Your Policy/Certificate has been changed as follows. Please insert this endorsement in your Policy/Certificate.

All references to "spouse" in the policy/certificate and any riders or endorsements include a partner to a civil union that is recognized by the State of New Hampshire. Any reference to "stepchild" includes a child of a partner to a civil union that is recognized by the State of New Hampshire. Any reference to "divorce" includes the dissolution of a civil union according to the requirements of the State of New Hampshire.

A civil union or a marriage between a man and another man or a woman and another woman legally contracted outside of New Hampshire is recognized by the State of New Hampshire provided that the relationship does not violate the prohibitions of New Hampshire law regarding civil unions.



Megan Huddleston
Secretary
ReliaStar Life Insurance Company

RELIASTAR LIFE INSURANCE COMPANY

CERTIFICATE BOOKLET RIDER

Applicable to New Hampshire Residents

New Hampshire law requires the following benefit be provided to New Hampshire residents.

If dependents are covered, an eligible child is covered to age 26, regardless of student status. Any reference contained in the certificate to student dependent is not applicable.

All other provisions of the certificate remain unchanged.

R-08657

RELIASTAR LIFE INSURANCE COMPANY

CERTIFICATE BOOKLET RIDER

Applicable to New Hampshire Residents

New Hampshire law requires the following benefit be provided to New Hampshire residents.

The following provision is added to the DEPENDENT'S INSURANCE section of your certificate under Continuation of Insurance:

Divorce or Legal Separation

If you divorce or legally separate, your former spouse will remain eligible as your dependent spouse unless the final decree of divorce or legal separation expressly provides otherwise. Dependent's Insurance on your former spouse will stop on the **earliest** of the following dates:

- The date the Dependent's Insurance part of the Group Policy stops.
- The date the Group Policy terminates. If the Policyholder replaces the Group Policy with another plan of group insurance covering dependent spouses, your former spouse's eligibility may be continued under the replacing group policy.
- The date your insurance stops.
- The 3 year anniversary of the final decree of divorce or legal separation.
- The date your former spouse remarries.
- The date you remarry.
- The date of your death.
- An earlier date if provided by the final decree of divorce or legal separation.

All other provisions of the certificate remain unchanged.

RELIASTAR LIFE INSURANCE COMPANY

CERTIFICATE BOOKLET RIDER

Applicable to New Mexico Residents

New Mexico law requires the following benefits be provided to New Mexico residents.

If dependents are covered, the definition of Dependent* is replaced by the following:

Dependent -

- your legal spouse.
- your unmarried child less than 25 years of age.

The term "dependent" does not include -

- a spouse or child living outside the United States.
- a spouse or child eligible for Employee's Insurance under the Group Policy.
- a spouse or child on active military duty.
- a parent of you or your spouse.

*If your plan covers domestic partners, the definition of dependent also includes domestic partners.

All other provisions of the certificate remain unchanged.

R-08243

OKLAHOMA MANDATORY ENDORSEMENT

This endorsement is part of the policy and/or certificate to which it is attached.

The full name and home office address of the company underwriting insurance coverage under the Group Policy is:

ReliaStar Life Insurance Company
20 Washington Avenue South
Minneapolis, Minnesota 55401

Oklahoma law requires the following statement:

WARNING: 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.



ReliaStar Life Insurance Company
20 Washington Avenue South
Minneapolis, Minnesota 55401

A member of the Voya™ family of companies

OREGON ACCELERATED BENEFIT SUMMARY

The Group Policy provides an accelerated benefit if the eligible insured is diagnosed with a terminal condition. This provides payment of a percentage of the death benefit otherwise payable, as noted in the certificate, while the insured is living. The accelerated benefit payment reduces the amount of Life Insurance payable at death.

“Terminal condition” means an injury or sickness which is expected to result in the insured’s death within a time period specified in the certificate, and from which there is no reasonable chance of recovery.

The cost of the accelerated benefit is incorporated into the cost of Life Insurance and is not a separately identifiable premium.

Following payment of accelerated benefits, future Life Insurance premiums for the insured’s coverage will be waived.

Please refer to the certificate for the provision(s) that relate to this Group Policy.

Receipt of accelerated benefits may be taxable and the insured should seek assistance from a personal tax advisor prior to submitting a claim.

Texas Residents:

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call ReliaStar Life Insurance Company toll-free telephone number for information or to make a complaint at:

1-800-955-7736

You may also write to ReliaStar Life Insurance Company at:

20 Washington Avenue South
Minneapolis, MN 55401

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department Insurance

P.O. Box 149104
Austin, TX 78714-9104
FAX: (512)490-1007
Web: <http://www.tdi.texas.gov>
Email: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:
Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de ReliaStar Life Insurance Company para informacion o para someter una queja al:

1-800-955-7736

Usted tambien puede escribir a ReliaStar Life Insurance Company al:

20 Washington Avenue South
Minneapolis, MN 55401

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros deTexas

P.O. Box 149104
Austin, TX 78714-9104
FAX: (512)490-1007
Web: <http://www.tdi.texas.gov>
Email: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:
Si tiene una disputa relacionada con su prima de seguro o con una reclamacion, usted debe comunicarse con el compania primero. Si la disputa no es resuelta, usted puede Comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU POLIZA:

Este aviso es solamente para propositos informativos y no se convierte en parte o en condicion del documento adjunto.

RELIASTAR LIFE INSURANCE COMPANY

Home Office: Minneapolis, Minnesota

Texas Accelerated Death Benefit Disclosure Notice:

The accelerated death benefit under this Group Policy is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the accelerated death benefit qualifies for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated benefits excludable from income under federal law.

Receipt of accelerated death benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

R-08121a

RELISTAR LIFE INSURANCE COMPANY

CERTIFICATE BOOKLET RIDER

Applicable to Texas Residents

Texas law mandates the following definitions apply to Texas residents.

If dependents are covered, the following definitions apply:

Child-

- your natural or adopted child.
- Your grandchild who, at the time you apply for coverage for your grandchild, is your dependent for federal income tax purposes.
- a child who is placed in your home for purposes of adoption, or for whom you have filed suit for adoption.
- your stepchild.
- a child who is primarily dependent on you for support and lives with you in a permanent parent-child relationship, and who is your foster child or a child for whom you are a legal guardian.
- a child for whom you are responsible for medical support under the terms of an order issued under the Texas Family Code or enforceable by a Texas court.

Dependent-

- your legal spouse.
 - your unmarried child less than 25 years of age.
- The term "dependent" does not include-
- a spouse or child living outside the United States.
 - a spouse or child eligible for Employee's Insurance under the Group Policy.
 - a spouse or child on active military duty.
 - a parent of you or your spouse.

R-08204a

Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 for disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical, and surgical insurance benefits.

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 31A, Chapter 28.

Insurance companies and agents are prohibited under Utah law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org, or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City, UT 84111
(801)320-9955

Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

**BENEFICIARY DESIGNATION MAY NOT APPLY IN THE EVENT OF
ANNULMENT OR DIVORCE**

Under Virginia law (Virginia Code Section 20-111.1), a revocable beneficiary designation in a policy owned by one spouse that names the other spouse as beneficiary becomes void upon the entry of a decree of annulment or divorce, and the death benefit prevented from passing to a former spouse will be paid as if the former spouse had predeceased the decedent. In the event of annulment or divorce proceedings, and if it is the intent of the parties that the beneficiary designation of the former spouse is to continue, you are advised to make certain that one of the following courses of action is taken prior to the entry of a decree of annulment or divorce:

- Change the beneficiary designation to make it irrevocable.
- Change the ownership of the policy or contract.
- Execute a separate written agreement stating the intention of both parties that the beneficiary designation is to remain in effect beyond the date of entry of the decree of annulment or divorce.
- Make certain that the decree of annulment or divorce contains a provision stating that the beneficiary designation is not to be revoked pursuant to Section 20.111.1.

RELIASTAR LIFE INSURANCE COMPANY

CERTIFICATE BOOKLET RIDER

Applicable to Washington Residents

Washington law requires the following benefits be provided to Washington residents.

I. If your certificate contains an Accidental Death & Dismemberment benefit and/or an Accidental Death & Dismemberment benefit for dependents, the following provision applies:

Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit if you or your insured dependent lose your or your insured dependent's life, limb or sight due to an accident. All of the following conditions must be met:

- . You or your insured dependent are covered for AD&D Insurance on the date of the accident.
- . Loss occurs within 365 days of the date of the accident.
- . The cause of the loss is not excluded.

All other provisions of the Accidental Death & Dismemberment benefit remain unchanged.

II. If your certificate contains an Accelerated Death benefit, the following applies:

1. NOTE: IF YOU RECEIVE PAYMENT OF ACCELERATED BENEFITS, YOU MAY LOSE YOUR RIGHT TO RECEIVE CERTAIN PUBLIC FUNDS, SUCH AS MEDICARE, MEDICAID, SOCIAL SECURITY, SUPPLEMENTAL SECURITY, SUPPLEMENTAL SECURITY INCOME (SSI), AND POSSIBLY OTHERS. ALSO, RECEIVING ACCELERATED BENEFITS MAY HAVE TAX CONSEQUENCES FOR YOU. RELIASTAR LIFE CANNOT GIVE YOU ADVICE ABOUT THIS. YOU MAY WISH TO OBTAIN ADVICE FROM A TAX PROFESSIONAL OR AN ATTORNEY BEFORE YOU DECIDE TO RECEIVE ACCELERATED BENEFITS.

2. ReliaStar Life pays this benefit if it has been determined that you have a terminal condition. Accelerated Death Benefit proceeds is the amount ReliaStar Life pays to you or your legal representative while you are living when it has been determined that you have a terminal condition. The Accelerated Death Benefit proceeds are paid in one lump sum and are paid only once. This lump sum payout is the only Settlement Option available to you prior to your death.

The Accelerated Death Benefit is the amount of the Accelerated Death Benefit shown on the Schedule of Benefits in effect on the date you apply for Accelerated Death Benefit proceeds. You will not be able to increase your contributory Life Insurance benefit after the time you apply for the Accelerated Death Benefit, unless you are determined to be ineligible to receive Accelerated Death Benefit proceeds.

To receive the Accelerated Death Benefit, **all** of the following conditions must be met. You must:

- request this benefit in writing while you are living. If you are unable to request this benefit yourself, your legal representative may request it for you.
- be insured as an employee for Life Insurance benefits.
- have Life Insurance benefits of at least \$10,000 as shown on the Schedule of Benefits.

2. (Cont.)
 - provide to ReliaStar Life a doctor's statement which gives the diagnosis of your medical condition; and states that because of the nature and severity of such condition, your life expectancy is no more than 24 months. ReliaStar Life may require that you be examined by a doctor of its choosing. If ReliaStar Life requires this, ReliaStar Life pays for the exam. If the second doctor's opinion is in conflict with the first opinion, and cannot be resolved, you have the right to mediation or binding arbitration conducted by a disinterested third party who has no ongoing relationship with either you or ReliaStar Life.
 - provide to ReliaStar Life written consent from any irrevocable beneficiary, assignee, and, in community property states, from your spouse.
3. Accelerated Death Benefit Exclusions
ReliaStar Life does not pay benefits for a terminal condition if the required Accelerated Death Benefit premium or Life Insurance premium is due and unpaid.
4. Definitions
Terminal Condition – an injury or sickness which is expected to result in your death within 24 months and from which there is no reasonable chance of recovery. ReliaStar Life, or a qualified party chosen by ReliaStar Life, will make this determination.

All other provisions of the Accelerated Death Benefit remain unchanged.

- III. **Labor Dispute. If you stop active work because of a labor dispute, you may continue your Life Insurance up to the end of the 6 month period following the date you stop active work. Premiums must be paid.**
- IV. **If your certificate includes a suicide exclusion for the life insurance coverage, it is not applicable to your life insurance coverage.**
- V. **Any reference in your certificate to spouse includes a state-registered domestic partner.**

RELIASTAR LIFE INSURANCE COMPANY

CERTIFICATE BOOKLET RIDER

Applicable to Washington Residents

Washington law requires the following benefits be provided to Washington residents.

Any reference in your certificate to spouse includes a state-registered domestic partner.

If the Accidental Death & Dismemberment (AD&D) Insurance provision provides for a time period of less than 365 for the loss to occur, the language is revised as follows:

- **The loss occurs within 365 days of the date of the accident.**

All other provisions of the Accidental Death and Dismemberment Insurance remain unchanged.

If your certificate includes the Total and Permanent Disability Benefit and the benefit provides for a time period of less than 365 for the disability to begin, the language is revised as follows:

- **The disability must begin within 365 days of the accident.**

All other provisions of the Total and Permanent Disability Benefit remain unchanged.

If your certificate includes the Child Care Benefit and the benefit requires the dependent child be enrolled in a licensed day care center within a time period of less than 365 from the date of death, the language is revised as follows:

Child Care Benefit

ReliaStar Life pays a **Child Care** benefit in addition to the AD&D benefit if you die due to a covered accident, and your dependent child under age 13 is enrolled in a licensed day care center within 365 days of your death.

All other provisions of the Child Care Benefit remain unchanged.

If the Accidental Death and Dismemberment Exclusions or Dependent Accidental Death and Dismemberment Exclusions provisions contain any exclusions for loss directly or indirectly caused by intoxication or use of a narcotic, those exclusions do not apply.

If dependents are covered, an eligible child is covered to age 26, regardless of student status. Any reference contained in the certificate to student dependent is not applicable.

Wisconsin Complaint Notice

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? – If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

**ReliaStar Life Insurance Company
Customer Service
P.O. Box 20
Minneapolis, MN 55440-0020
1-800-955-7736**

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can file a complaint electronically with the **OFFICE OF THE COMMISSIONER OF INSURANCE**

at its website at <http://oci.wi.gov/>,

or by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103.