

## **RELIASTAR LIFE INSURANCE COMPANY**

### **HOSPITAL INDEMNITY AND OTHER FIXED INDEMNITY POLICIES**

This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical insurance coverage”).

In addition, the policy does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

RELIASTAR LIFE INSURANCE COMPANY  
Minneapolis, Minnesota 55440

**MAINE CERTIFICATE ENDORSEMENT**  
for Group Hospital Confinement Indemnity Insurance

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

**I. GENERAL PROVISIONS**

The following are added after the TERMINATION OF COVERAGE provision:

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 Us 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 Our request, all premiums due from the date of cancellation must also be received by Us in order to consider Your request for reinstatement. If We approve Your request, Your coverage will be reinstated at the same level as though the cancellation had not occurred.

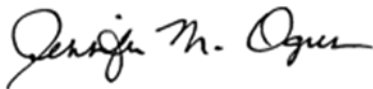
**THIRD PARTY NOTICE**

You may designate an additional person to receive notice of any intent to terminate 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 Policy effective date.
- The effective date of Your insurance.



Jennifer M. Ogren  
Secretary

RELIASTAR LIFE INSURANCE COMPANY  
Minneapolis, Minnesota 55440

**SOUTH DAKOTA CERTIFICATE ENDORSEMENT**

for Group Hospital Confinement Indemnity Insurance

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

**I. DEFINITIONS**

The definition of **Doctor** is changed to add the following statement:

Doctor includes a family member if the family member is the only Doctor in Your area provided the Doctor is acting within the scope of his/her practice.

If Your Certificate includes a definition of **Pre-Existing Condition**, and that definition has a time period of more than 6 months, then this time period is changed to be 6 months.

**II. GENERAL PROVISIONS**

If Your Certificate includes a PORTABILITY provision and that provision states that We may change the portability premium rates at any time with less than 45 days written notice, then this time period is changed to be 45 days.

The same time period change applies to any PORTABILITY FOLLOWING DEATH OR DIVORCE provision if You have a Spouse Hospital Confinement Indemnity Rider, and to any PORTABILITY FOLLOWING DEATH provision if You have a Children's Hospital Confinement Indemnity Rider.

**III. HOSPITAL CONFINEMENT INDEMNITY BENEFITS**

There is no requirement for you to be Confined for a specific number of hours in order to receive a benefit. We will pay a benefit for any eligible Confinement.

This change also applies to the Initial Confinement Benefit Rider, if included.

**IV. EXCLUSIONS AND LIMITATIONS**

If Your Certificate contains an exclusion for operating a motorized vehicle while intoxicated, then this exclusion does not apply.

If Your Certificate contains an exclusion for alcoholism or drug abuse, then this exclusion does not apply.

If Your Certificate contains a work-related exclusion, then the exclusion is changed to the following:

- Work for pay, profit or gain for which benefits are paid under workers' compensation or similar law.

The changes above also apply to the following riders, if included: Spouse Hospital Confinement Indemnity Rider, Children's Hospital Confinement Indemnity Rider, Initial Confinement Benefit Rider, and Diagnostic Test Benefit Rider.

If Your Certificate contains a PRE-EXISTING CONDITION LIMITATION provision, then the last sentence of this provision is changed to the following:

Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible condition.

The change above also applies to the Initial Confinement Benefit Rider, if included.

## V. CRITICAL ILLNESS RIDER

If You have a Critical Illness Rider, and that rider includes a definition of **Pre-Existing Condition** with a time period of more than 6 months, then this time period is changed to be 6 months.

If You have a Critical Illness Rider, and if under CRITICAL ILLNESS BENEFITS any of the benefits are conditioned by requiring "first" diagnosis, then that provision is changed by removing the requirement that the diagnosis be the "first."

If You have a Critical Illness Rider, and the EXCLUSIONS provision on that rider contains a work-related exclusion, then the exclusion is changed to the following:

- Work for pay, profit or gain for which benefits are paid under workers' compensation or similar law.

If You have a Critical Illness Rider and that rider contains a PRE-EXISTING CONDITION LIMITATION provision, then the last sentence of this provision is changed to the following:

Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible condition.

## VI. ACCIDENT BENEFIT RIDER

If You have an Accident Benefit Rider and the EXCLUSIONS provision on that rider contains an exclusion for operating a motorized vehicle while intoxicated, then this exclusion does not apply.

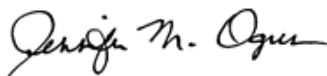
If You have an Accident Benefit Rider and the EXCLUSIONS provision on that rider contains an exclusion for alcoholism or drug abuse, then this exclusion does not apply.

If You have an Accident Benefit Rider and the EXCLUSIONS provision on that rider contains a work-related exclusion, then this exclusion does not apply.

## VII. EFFECTIVE DATE

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

- The Policy effective date.
- The effective date of Your insurance.



Jennifer M. Ogren  
Secretary

RELIASTAR LIFE INSURANCE COMPANY

Minneapolis, Minnesota 55440

**TEXAS CERTIFICATE ENDORSEMENT**

for Group Hospital Confinement Indemnity Insurance

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

**I. DEFINITIONS**

If Your Certificate (including any Children's Hospital Confinement Indemnity Rider) includes a definition of **Child** or **Children**, that definition is changed to the following:

**Child** or **Children** means Your natural or adopted child or stepchild from birth to 26 years of age. This includes Your unmarried grandchild who is Your dependent for federal income tax purposes on the date the grandchild is first eligible under the Children's Hospital Confinement Indemnity Rider, and a child for whom You must provide medical support under a court order.

This definition includes a Child of Your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction of the Policy. It also includes a Child of Your domestic partner as defined by the Employer if You have completed and signed an affidavit of domestic partnership on a form acceptable to the Employer.

This definition includes Your Child age 26 or older who remains dependent on You for support and maintenance because that Child is incapable of working due to physical or mental handicap. Under the Children's Hospital Confinement Indemnity Rider, written proof of the Child's incapacity must be furnished to Us at our home office within 31 days prior to the Child reaching the limiting age while insured under the Children's Hospital Confinement Indemnity Rider. We may require, at reasonable intervals, but not more than once a year after the two year period following attainment of the limiting age, evidence satisfactory to Us that the handicap is continuing.

**II.EFFECTIVE DATE**

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

- The Policy effective date.
- The effective date of Your insurance.



Secretary

**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.

## 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](http://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.

## WISCONSIN 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  
Route 6999  
20 Washington Avenue South, 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 contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance  
Complaints Department  
P. O. Box 7873  
Madison, WI 53707-7873  
1-800-236-8517 (statewide)  
608-266-3585 (Madison)