

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
20 Washington Avenue South, Minneapolis, MN 55401

NOTICE TO CALIFORNIA POLICYHOLDERS/CERTIFICATEHOLDERS
KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

If you have a question about your policy, if you need assistance with a problem, or if you have questions about a claim, you may write to us at the above address or call 1-800-955-7736.

You will need to provide your policy number with any communication.

If you do not reach a satisfactory resolution after having discussions with us, or our agent or representative, or both, you may contact the following unit within the Department of Insurance that deals with consumer affairs:

**California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, California 90013**

**Outside Los Angeles: 1-800-927-HELP (1-800-927-4357)
Los Angeles: (213) 897-8921**

Web Site: www.insurance.ca.gov/01-consumers/101-help

**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 July 1, 2016, is \$546,741. 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. Changes to this amount will be posted on the Association’s website www.califega.org.

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
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.

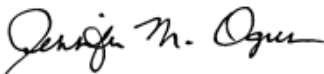
If You have an Accident Benefit Rider and the EXCLUSIONS provision on that rider contains an exclusion for alcoholism or drug abuse, then this exclusion does not apply.

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. 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: Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

ReliaStar Life Insurance Company

To get information or file a complaint with your insurance company:

Call: Customer Contact Center Manager at 1-800-955-7736

Toll-free: 1-888-238-4840 for Life Insurance and 1-877-236-7564 for Supplemental Benefits Insurance

Email: LifeClaims@voya.com

Mail: 20 Washington Avenue South, Minneapolis, MN 55401

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamacion o con su prima de seguro, llame primero a su compania de seguros. Si no puedo resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, pro su nombre en ingles) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, tambien debe presentar una queja a traves del proceso de quejas o de apelaciones de su compania de seguros. Si no lo hace, podria perder su derecho para apelar.

ReliaStar Life Insurance Company

Para obtener informacion o para presentar una queja ante su compania de seguros:

Llame a: Customer Contact Center Manager at 1-800-955-7736

Telefono gratuito: 1-888-238-4840 for Life Insurance and 1-877-236-7564 for Supplemental Benefits Insurance

Correo electronico: LifeClaims@voya.com

Direccion postal: 20 Washington Avenue South, Minneapolis, MN 55401

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacion ada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electronico: ConsumerProtection@tdi.texas.gov

Direccion postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

RELIASTAR LIFE INSURANCE COMPANY

Minneapolis, Minnesota 55440

WASHINGTON 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.

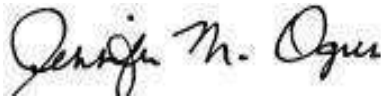
I. EXCLUSIONS

If the EXCLUSIONS section of Your Certificate and any riders has an exclusion for intoxication, then this exclusion does not apply.

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

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
1-877-236-7564**

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.