

# YOUR HOSPITAL CONFINEMENT INDEMNITY INSURANCE PLAN

For Employees of  
Rimini Street, Inc.

**GROUP HOSPITAL CONFINEMENT INDEMNITY INSURANCE  
CERTIFICATE OF COVERAGE**

**RELIASTAR LIFE INSURANCE COMPANY**

**20 Washington Avenue South, Minneapolis, Minnesota 55401**

Claims: 855-730-2902 Customer Service: 877-236-7564

**POLICYHOLDER:** Rimini Street, Inc.  
**GROUP POLICY NUMBER:** 69787-7CHI  
**POLICY EFFECTIVE DATE:** January 1, 2017  
**GOVERNING JURISDICTION:** California

**This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical insurance.**

It is not a substitute for essential health benefits or minimum essential coverage as defined by federal law.

**THIS IS LIMITED BENEFIT COVERAGE.**

**Benefits are paid for Hospital Confinements as defined in the Certificate.**

ReliaStar Life Insurance Company (We, Us, Our) certifies that We have issued the group Policy listed above to the Policyholder. The Policy is available for You to review if You contact the Policyholder for more information. **This is Your Certificate as long as You are eligible for coverage and You become insured. Please read it carefully and keep it in a safe place.** This Certificate replaces any other Certificates We may have given You under the Policy.

This Certificate summarizes and explains the parts of the Policy which apply to You. The Certificate is part of the group Policy but by itself is not a policy. Your coverage may be changed under the terms and conditions of the Policy. The Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

For purposes of effective dates and ending dates under the Policy, all days begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address.

The coverage under the Policy is conditionally renewable according to the terms and provisions of the Policy.

**Notice to buyer: This is a Hospital Confinement Indemnity Certificate. This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

**Limitations or exclusions may apply. Please read Your Certificate carefully.**


**RIGHT TO EXAMINE CERTIFICATE**

If You contribute to the cost of Your coverage, You may cancel Your coverage for any reason within 30 days after Your receipt of Your initial Certificate of coverage under the Policy, provided no benefits have been paid. Contact the Policyholder to cancel Your coverage and receive any premium refund.

Signed for ReliaStar Life Insurance Company at its home office in Minneapolis, Minnesota on the Policy effective date.



President



Secretary

# **RELIASTAR LIFE INSURANCE COMPANY**

P.O. Box 20, Minneapolis, Minnesota 55440

## **CONSUMER NOTICE**

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 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**

## TABLE OF CONTENTS

Section	page
Cover Page.....	1
Consumer Notice.....	2
Table of Contents .....	3
Outline of Coverage.....	4
Schedule of Benefits.....	5
Definitions .....	6
General Provisions .....	8
Hospital Confinement Indemnity Benefits .....	12
Exclusions and Limitations .....	13

**If you are age 65 or older on the effective date of any coverage under the Policy for which you are required to pay all or part of the premium, then you have 30 days from the date you receive your initial Certificate to cancel your coverage and have your full premium contribution refunded, by returning the Certificate to the Policyholder for cancellation without claim.**

Arizona Residents -

**Notice: This Certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this Certificate carefully.**

Florida Residents -

**The benefits of the Policy providing Your coverage are governed primarily by the law of a state other than Florida.**

Maryland Residents -

**Notice: This Certificate of insurance may not provide all benefits required for a policy issued and delivered in Maryland.**

West Virginia Residents -

**Please read this Certificate carefully. If You are not satisfied with it for any reason, You may return it within 10 days after receipt for a refund of any premium You paid.**

**OUTLINE OF HOSPITAL CONFINEMENT INDEMNITY  
INSURANCE COVERAGE**  
**Insurance coverage is provided by**  
**ReliaStar Life Insurance Company**

This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance. This outline is only a summary of certain provisions in your certificate. You must consult the policy, certificate and any riders for contract provisions regarding coverage.

	<u>Section(s) of Certificate</u>
ELIGIBILITY, EFFECTIVE	Eligibility, Effective and Termination Dates
TERMINATION, PORTABILITY	Termination and Portability
PREMIUM	Schedule of Benefits
BENEFITS	Schedule of Benefits Benefits Provision
EXCLUSIONS	Exclusions Limitations

## SCHEDULE OF BENEFITS

**EMPLOYER:** Rimini Street, Inc.

**GROUP POLICY NUMBER:** 69787-7CHI

**INSURED PERSON:**

You must write Your name in the space provided so that it becomes Your Certificate. The date You are eligible for coverage is described in the GENERAL PROVISIONS section.

**ELIGIBLE CLASS(ES)**

All Employees in Active Employment with the Employer in the United States.

You must be an Employee of the Employer and in an eligible class.

Employees who are not citizens or legal residents of the United States are excluded from coverage.

Temporary and seasonal workers are excluded from coverage.

**MINIMUM HOURS REQUIREMENT**

20 hours per week

**ELIGIBILITY WAITING PERIOD**

For persons in an eligible class on or before the Policy effective date: None

For persons entering an eligible class after the Policy effective date: None

**WHO PAYS FOR THE COVERAGE**

You pay the cost of Your coverage.

**DAILY BENEFIT AMOUNT**

\$100

**HOSPITAL CONFINEMENT INDEMNITY BENEFITS**

**Hospital Confinement:** 1 times the daily benefit amount for up to 30 days

**Critical Care Unit (CCU) Confinement:** 2 times the daily benefit amount for up to 30 days

**Rehabilitation Facility Confinement:** 1/2 of the daily benefit amount for up to 30 days

## DEFINITIONS

**Accident** or **Accidental** means an unforeseen event that results in a bodily Injury.

**Active Employment** means You are working for the Employer for earnings that are paid regularly and You are performing the material and substantial duties of your regular occupation. You must be working at least the minimum number of hours as described under the MINIMUM HOURS REQUIREMENT shown in the SCHEDULE OF BENEFITS.

Your work site must be one of the following:

- The Employer's usual place of business;
- An alternative work site at the direction of the Employer, including Your home; or
- A location to which Your job requires You to travel.

Normal vacation is considered Active Employment.

Temporary and seasonal workers are excluded from coverage.

**Certificate** means the document that explains the parts of the Policy which apply to eligible Insured Persons. It may include riders, endorsements or amendments.

**Confined** or **Confinement** means that on the advice of a Doctor, Your assignment to a bed as a resident inpatient in a Hospital or Critical Care Unit (CCU) or Rehabilitation Facility. There must be a charge for room and board.

**Critical Care Unit** means a specifically designated part of a Hospital commonly referred to as an intensive care unit which meets all of the following requirements:

- It provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care.
- It is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement.
- It is permanently equipped with special lifesaving equipment for the care of the critically ill or injured.
- It is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis.
- It is assigned a Doctor on a full-time basis.

Critical Care Unit does not include a sub-acute intensive care unit that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward such as a step-down unit.

**Doctor** means a person other than You or any family member, who is licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical doctor. If so, then this definition includes persons recognized as qualified to treat the condition for which claim is made by the state in which treatment is received.

**Eligibility Waiting Period** means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that You must be in Active Employment in an eligible class before You are eligible for coverage under the Policy.

**Employee** means a person who is a citizen or legal resident of the United States in Active Employment with the Employer in the United States.

**Employer** means the Policyholder and includes any division, subsidiary or affiliated company named in the Policy.

**Hospital** means an institution that is run for the care and treatment of sick or injured persons as in-patients and which, on its premises or in facilities available to the Hospital on a pre-arranged basis, fully meets each of the following requirements:

- It is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located.
- It is under the supervision of a medical staff and has one or more Doctors available at all times.
- It provides 24 hours a day service by registered graduate nurses (RNs).
- It is not an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

**Injury** means a bodily Injury that is the direct result of an Accident and not related to any other cause. Injuries must be independent of Sickness, disease, bodily infirmity and other causes.

**Insured Person** means a person who is eligible for coverage under the Policy, becomes covered according to the terms of the Policy, and whose coverage remains in effect according to the terms of the Policy.

**Leave of Absence** means You are absent from Active Employment for a period of time under a leave granted in writing by the Employer that is in accordance with the Employer's formal leave policies. Your normal vacation time is not considered a Leave of Absence.

**Observation Unit** means a specified area within a Hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a Doctor, and that fully meets each of the following requirements:

- It is under the direct supervision of a Doctor or registered nurse.
- It is staffed by nurses assigned specifically to that unit.
- It provides care seven days per week, 24 hours per day.

**Policy** means the written group insurance contract between Us and the Policyholder.

**Policyholder** means the Employer to whom the Policy is issued and who sponsors the coverage for its Employees.

**Rehabilitation Facility** means a free-standing facility providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Doctor knowledgeable and experienced in rehabilitative medicine. A Rehabilitative Facility must meet all the following requirements:

- It is licensed and operated pursuant to law.
- It provides treatment and care for ill and injured persons on an inpatient basis.
- It provides 24 hours a day service by registered graduate nurses (RNs).
- It is not an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Rehabilitation Facility includes a unit of a Hospital with beds set up and staffed and specifically designated for rehabilitative medicine.

**Sickness** means illness, infection, or disease. Sickness includes pregnancy, or infection that is not caused by an Accident.

**We, Us and Our** means ReliaStar Life Insurance Company.

**You and Your** means an Employee who is eligible for coverage under the Policy.



## GENERAL PROVISIONS

### ELIGIBILITY

If You are working for the Employer in an eligible class (shown on the SCHEDULE OF BENEFITS), the date You are eligible for coverage is the later of the following:

- The Policy effective date.
- The day after You complete Your Eligibility Waiting Period.

### EFFECTIVE DATE OF COVERAGE

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date You are eligible for coverage, if You apply for coverage on or before that date.
- The date You apply for coverage.
- The date You return to Active Employment, if You are not in Active Employment when Your coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, and paid time off for nonmedical-related absences.

### EFFECTIVE DATE OF CHANGES TO COVERAGE

Once Your coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The first day of the month following the date of the increased or additional coverage, if You are in Active Employment or if You are on a covered.
- The first day of the month following the date You return to Active Employment, if You are not in Active Employment due to Injury or Sickness.

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

### LEAVE OF ABSENCE

If You are on an Employer-approved Leave of Absence after coverage becomes effective under the Policy, and if premiums are paid, Your coverage may be continued beyond the date You are no longer in Active Employment, limited to the time periods described below.

If You are on a Leave of Absence as described under the Family and Medical Leave Act of 1993 ("FMLA") or applicable state family and medical leave law ("State FML"), and the Employer's Human Resource Policy provides for continuation of the type of coverage provided under the Policy during an FMLA or State FML Leave of Absence, Your coverage will be continued until the end of the later of:

- The leave period permitted by the federal Family and Medical Leave Act of 1993 and any amendments.
- The leave period permitted by applicable state law.

If You are on a Leave of Absence other than an FMLA or State FML Leave of Absence, and if premium is paid, Your coverage will be continued through the end of 12 weeks in which the Leave of Absence begins.

If You are on a Leave of Absence for active military service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law, Your coverage may be continued until the end of the later of:

- The length of time Your coverage may be continued under the Certificate for an FMLA or State FML Leave of Absence.
- The length of time Your coverage may be continued under the Certificate for a Leave of Absence other than an FMLA or State FML Leave of Absence.

If the Employer has approved more than one type of Leave of Absence for You during any one period that You are not in Active Employment, We will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the Policy.

If Your coverage is not continued during an FMLA or State FML Leave of Absence, and You return to Active Employment immediately following the end of the FMLA or State FML Leave of Absence, Your coverage will be reinstated effective the date You return to Active Employment.

If Your coverage is not continued during a Leave of Absence for active military service, and You return to Active Employment, Your coverage may be reinstated in accordance with USERRA and applicable state law.

In no event will Your coverage under the Policy be continued beyond the date Your coverage would otherwise end according to the terms of the TERMINATION OF COVERAGE provision.

## **TERMINATION OF COVERAGE**

Your coverage under the Policy ends on the earliest of the following dates:

- The date the Policy is canceled.
- The last day of the month during which You are no longer in an eligible class.
- The last day of the month during which Your eligible class is no longer covered.
- The last day of the month during which You voluntarily cancel Your coverage.
- The end of the period for which You paid premiums, if You stop making a required premium contribution, subject to the grace period.
- The end of the grace period after a premium due date, if premium is not paid.
- The last day of the month during which You are in Active Employment except as provided under a covered Leave of Absence.

Termination of Your coverage will be without prejudice to any claim originating prior to the effective date of such termination.

## **POLICY CANCELLATION**

We may cancel this Policy at any time by written notice delivered to the Policyholder, or mailed to the Policyholder's last address as shown on Our records, stating when, not less than 31 days thereafter, such cancellation shall be effective. The Policyholder may cancel this Policy at any time by written notice delivered or mailed to Us at Our home office, effective on receipt or on such later date as may be specified in the notice. In the event of such cancellation by either Us or by the Policyholder, We shall promptly return on a prorata basis the unearned premium paid, if any, and the Policyholder shall promptly pay on a prorata basis the earned premium which has not been paid. (In computing the prorata premium to be returned by Us or to be paid by the Policyholder, any discounts in premium or premium rate actually allowed to the Policyholder because of the longer periods for which premiums, at the time of the cancellation, had been paid or agreed to be paid shall be disregarded, and the prorata return or payment of premium will be computed upon the basis of Our regular and customary premium or premium rate for the coverage of this Policy.) Such cancellation shall be without prejudice to any claim originating prior to the effective date of such cancellation.

## **PORTABILITY**

Portability means You have the option to continue Your coverage after it would otherwise terminate, if certain conditions are met.

To continue Your coverage, You must apply for portability and pay the first premium within 31 days of the date Your coverage would otherwise terminate due to any of the following:

- You retire or terminate employment with the Employer, if coverage remains in effect under the Policy for other Insured Persons.
- The Policyholder cancels coverage under the Policy for all Insured Persons, and does not replace it with a similar insurance plan.
- You are no longer eligible for coverage under the Policy.

Ported coverage is subject to all the terms of the Policy and this Certificate.

Premiums will be billed directly to You. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time You apply for portability. We may change the portability premium rates at any time upon 60 days written notice to You.

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which You paid premiums, if You stop making a required premium contribution, subject to the grace period.
- The date You die.
- The date the Policy cancelled and coverage for all Insured Persons under the Policy terminates, upon 60 days written notice of cancellation.

### **GRACE PERIOD**

A grace period of 45 days will be granted for the payment of premiums accruing after the first premium, during which grace period the Policy shall continue in force, but the Policyholder shall be liable to Us for the payment of the premium accruing for the period the Policy continues in force.

If You are on portability, You also have a grace period of 45 days for the payment of any premium due. During the grace period Your coverage will remain in force, but You shall be liable to Us for the payment of the premium accruing for the period Your coverage remains in force.

### **TIME LIMIT ON CERTAIN DEFENSES**

After three years from the date of issue of the Policy, no misstatement of the Policyholder, except a fraudulent misstatement, made in the application shall be used to void the Policy. After three years from Your effective date of coverage under the Policy, no misstatements, except fraudulent misstatements, made by You in Your application for coverage shall be used to deny a claim for loss incurred after the expiration of the three-year period.

### **CLERICAL ERROR**

Clerical error or omission by Us or by the Policyholder will not:

- Prevent You from receiving coverage, if You are entitled to coverage under the terms of the Policy.
- Cause coverage to begin or continue for You when the coverage would not otherwise be effective.

If the Policyholder gives Us information about You that is incorrect, We will do both of the following:

- Use the facts to decide whether You are eligible for coverage under the Policy and in what amounts.
- Make a fair adjustment of the premium.

### **MISSTATEMENT OF AGE**

If Your age has been misstated, all amounts payable to You under the Policy shall be such as the premium paid would have purchased at the correct age.

**NOTICE OF CLAIM**

Written notice of claim must be given to Us within 30 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of You to Us at P.O. Box 20, Minneapolis, MN 55440 or to Our authorized agent, with information sufficient to identify You, shall be deemed notice to Us.

**CLAIM FORMS**

Upon receipt of a notice of claim, We or the Employer will furnish to You such forms as are usually furnished by Us for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, You shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for providing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

**PROOFS OF LOSS**

Written proof of loss must be furnished to Us within 90 days after the date of such loss. Failure to submit such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of Your legal capacity, later than one year from the time proof is otherwise required.

**TIME OF PAYMENT OF CLAIMS**

Indemnities payable under the Policy will be paid to You as they accrue immediately upon receipt of due written proof of such loss.

**PHYSICAL EXAMINATION**

At Our expense, We shall have the right and opportunity to require You (Your person) to be examined as it relates to the Sickness or Injury that is the basis of the claim. We can require such examination when and as often as We may reasonably require during the pendency of a claim.

**LEGAL ACTIONS**

No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

**OTHER INSURANCE WITH US**

You may only have one Policy or Certificate, elected by You, that provides Hospital Confinement benefits through Us. If more than one Policy or Certificate is issued by Us, only one Policy or Certificate will remain in force and the premiums for the other(s) will be refunded.

**AGENCY**

For purposes of the Policy, the Policyholder acts on its own behalf or as Your agent. Under no circumstances will the Policyholder be deemed Our agent.

**CONFORMITY WITH STATE STATUTES**

Any provision of the Policy which, on the Policy effective date and each subsequent Policy anniversary date, conflicts with any law that applies in the jurisdiction where the Policy is issued, is automatically amended to conform to the minimum requirements of such law.

**CHANGES TO POLICY OR CERTIFICATE**

No agent, representative or employee of Ours or of any other entity may change or waive the terms of the Policy, or of any Certificate or rider issued under it, except in a writing signed by one of Our executive officers and endorsed or attached to the Policy.

If there is a conflict between the terms of this Certificate or any attached rider and the Policy, the Policy controls.

## HOSPITAL CONFINEMENT INDEMNITY BENEFITS

We will pay a benefit (shown in the SCHEDULE OF BENEFITS) for an eligible Confinement while You are insured under the Policy. No benefit is payable if You are not covered under the Policy at the time services are received. Benefits are payable for each day you are Confined for a maximum of 30 days for each Confinement. Any combination of Confinement benefits payable will not exceed a total of 30 days during a period of Confinement(s). Re-Confinements that occur within 14 days after being discharged for the same or a related condition are considered to be part of the previous Confinement. A Confinement that begins more than 14 days after discharge for a previous Confinement is considered a new Confinement. Only one type of Confinement benefit is payable for each day of eligible Confinement.

**Hospital Confinement:** We will pay this benefit if You are Confined in a Hospital or an Observation Unit for at least 20 consecutive hours on an inpatient basis.

**Critical Care Unit (CCU) Confinement:** We will pay this benefit if You are Confined in a Critical Care Unit for at least 20 consecutive hours on an inpatient basis.

**Rehabilitation Facility Confinement:** We will pay this benefit if You are Confined in a Rehabilitation Facility for at least 20 consecutive hours on an inpatient basis.

## EXCLUSIONS AND LIMITATIONS

### EXCLUSIONS

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or being engaged in an illegal occupation.
- Being intoxicated or under the influence of any controlled substance unless administered on the advice of a Doctor.
- Suicide, attempted suicide or any intentionally self-inflicted condition, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Elective or cosmetic surgery that is performed to alter or reshape normal structures of the body in order to improve the Insured Person's appearance. This exclusion does not apply to reconstructive surgery that is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: (A) to improve function, or (B) to create a normal appearance, to the extent possible.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, or kitesurfing.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

**SPOUSE HOSPITAL CONFINEMENT INDEMNITY RIDER**  
**RELIASTAR LIFE INSURANCE COMPANY**  
**20 Washington Avenue South, Minneapolis, Minnesota 55401**

**POLICYHOLDER:** Rimini Street, Inc.

**GROUP POLICY NUMBER:** 69787-7CHI

**INSURED PERSON:**

**SPOUSE:**

You must write Your name in the space provided so that it becomes Your rider. The date You are eligible for coverage is described in the GENERAL PROVISIONS section of this rider.

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

**CONTENTS**

Schedule of Benefits.....	page 1
Definitions.....	page 2
General Provisions.....	page 2
Hospital Confinement Indemnity Benefits.....	page 3
Exclusions and Limitations.....	page 3

**SCHEDULE OF BENEFITS**

**WHO PAYS FOR THE COVERAGE**

You pay the cost of coverage under this Spouse Hospital Confinement Indemnity Rider.

**DAILY BENEFIT AMOUNT**

\$100

**HOSPITAL CONFINEMENT INDEMNITY BENEFITS**

<b>Hospital Confinement:</b>	1 times the daily benefit amount
<b>Critical Care Unit (CCU) Confinement:</b>	2 times the daily benefit amount
<b>Rehabilitation Facility Confinement:</b>	1/2 times the daily benefit amount

## DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to Your Spouse.

**Spouse** means Your lawful spouse. It includes Your domestic partner (including California Registered 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 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. Any reference to marriage includes establishment of a domestic partnership (including a California Registered Domestic Partnership) or civil union. Any reference to divorce includes termination of a domestic partnership (including a California Registered Domestic Partnership) or civil union. We may request a copy of Your marriage certificate or domestic partner/civil union registration/certification document [or the signed documentation from the Employer] in order to verify eligibility.

**You** and **Your** means an Employee who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to “You” and “Your” will include this former Spouse or widowed Spouse where applicable.

## GENERAL PROVISIONS

### ELIGIBILITY

If You are covered under the Policy, then Your Spouse under age 70 is eligible under this Spouse Hospital Confinement Indemnity Rider on the latest of the following:

- The Policy effective date.
- The date this Spouse Hospital Confinement Indemnity Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement Indemnity coverage effective date.
- The date of Your marriage.

If Your Spouse is covered under the Policy as an Employee, then Your Spouse is not eligible for coverage under this Spouse Hospital Confinement Indemnity Rider.

### EFFECTIVE DATE

Your Spouse will be covered at 12:01 a.m. standard time at the Policyholder’s address on the latest of the following:

- The date Your Spouse is eligible for coverage, if You apply for Spouse coverage on or before that date.
- The date You apply for Spouse coverage, if You apply within 31 days after the date You become eligible for Spouse coverage.
- The date You return to Active Employment, if You are not in Active Employment when Your Spouse’s coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, and paid time off for nonmedical-related absences.



## **TERMINATION**

This Spouse Hospital Confinement Indemnity Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Spouse Hospital Confinement Indemnity Rider is terminated for all Insured Persons under the Policy.
- The last day of the month during which you voluntarily cancel this Spouse Hospital Confinement Indemnity Rider.
- The last day of the month during which Your Spouse is no longer an eligible Spouse as defined by this rider. See the PORTABILITY FOLLOWING DEATH OR DIVORCE provision below.
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.

## **PORTABILITY**

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Spouse Hospital Confinement Indemnity Rider can also be continued during portability.

## **PORTABILITY FOLLOWING DEATH OR DIVORCE**

If You die or divorce, Your Spouse can apply to continue Spouse coverage if certain conditions are met. Your Spouse must have been insured under Your Spouse Hospital Confinement Indemnity Rider on the date of Your death or divorce, and Your Spouse must apply for portability and pay the first premium within 31 days of the date of Your death or divorce.

If Your Spouse is approved by Us for portability, Your Spouse will become the owner of the Spouse coverage that was previously provided under Your Spouse Hospital Confinement Indemnity Rider. Ported coverage is subject to all the terms of the Policy and Certificate.

Premiums will be billed directly to Your Spouse. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time Your Spouse applies for portability. We may change the portability premium rates at any time upon 60 days written notice to Your Spouse.

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which Your Spouse paid premiums, if Your Spouse stops making a required premium contribution, subject to the grace period.
- The date Your Spouse dies.
- The date the Policy terminates and coverage for all Insured Persons under the Policy terminates, upon 60 days written notice of termination.

## **PHYSICAL EXAMINATION**

At Our expense, We shall have the right and opportunity to require Your Spouse to be examined as it relates to the Injury that is the basis of the claim. We can require such examination when and as often as We may reasonably require during the pendency of a claim.

## **HOSPITAL CONFINEMENT INDEMNITY BENEFITS**

The benefits for Your Spouse are the same as Your benefits as shown in the HOSPITAL CONFINEMENT INDEMNITY BENEFITS section of the Certificate, based on Your Spouse's eligible Confinement.

## **EXCLUSIONS AND LIMITATIONS**

### **EXCLUSIONS**

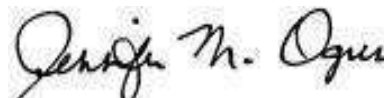
Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or being engaged in an illegal occupation.
- Being intoxicated or under the influence of any controlled substance unless administered on the advice of a Doctor.
- Suicide, attempted suicide or any intentionally self-inflicted condition, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Elective or cosmetic surgery that is performed to alter or reshape normal structures of the body in order to improve the Insured Person's appearance. This exclusion does not apply to reconstructive surgery that is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: (A) to improve function, or (B) to create a normal appearance, to the extent possible.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, or kitesurfing.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

Executed at Our Home Office:  
20 Washington Avenue South  
Minneapolis, MN 55401



President



Secretary

# CHILDREN'S HOSPITAL CONFINEMENT INDEMNITY RIDER

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

**POLICYHOLDER:** Rimini Street, Inc.

**GROUP POLICY NUMBER:** 69787-7CHI

## **INSURED PERSON:**

You must write Your name in the space provided so that it becomes Your rider. The date You are eligible for coverage is described in the GENERAL PROVISIONS section of this rider.

This rider is made a part of the Hospital Confinement Indemnity Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

## **CONTENTS**

Schedule of Benefits.....	page 1
Definitions.....	page 2
General Provisions.....	page 2
Hospital Confinement Indemnity Benefits.....	page 4
Exclusions and Limitations.....	page 4

## **SCHEDULE OF BENEFITS**

### **WHO PAYS FOR THE COVERAGE**

You pay the cost of coverage under this Children's Hospital Confinement Indemnity Rider.

### **DAILY BENEFIT AMOUNT**

\$100

### **HOSPITAL CONFINEMENT INDEMNITY BENEFITS**

<b>Hospital Confinement:</b>	1 times the daily benefit amount
<b>Critical Care Unit (CCU) Confinement:</b>	2 times the daily benefit amount
<b>Rehabilitation Facility Confinement:</b>	1/2 times the daily benefit amount

## DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to Your Children.

**Child or Children** means Your unmarried child from birth to 26 years of age who is a biological, adopted or foster son or daughter, a stepson or stepdaughter, a legal ward or a person for whom You have legal responsibility to take on the functions and responsibilities of a parent.

This definition includes a Child of Your domestic partner (including children of Your California registered 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 this 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 Us that the handicap is continuing.

**Spouse** means Your lawful spouse. It includes Your domestic partner (including California registered 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 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. Any reference to marriage includes establishment of a domestic partnership or civil union.

## GENERAL PROVISIONS

### ELIGIBILITY

If You are covered under the Policy, then Your Children are eligible under this Children's Hospital Confinement Indemnity Rider on the latest of the following:

- The Policy effective date.
- The date this Children's Hospital Confinement Indemnity Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement Indemnity coverage effective date.
- The date you acquire a Child by marriage, birth or adoption.

If You have coverage under this Children's Hospital Confinement Indemnity Rider and You acquire a new eligible Child due to birth, marriage or adoption, then the newly eligible Child will be covered automatically from the date of the event.

If Your Child is covered under the Policy as an Employee, then Your Child is not eligible for coverage under this Children's Hospital Confinement Indemnity Rider.

If both You and Your Spouse are covered under the Policy as an Employee, then only one, but not both, may cover the same Children under his/her Children's Hospital Confinement Indemnity Rider. If the parent who is covering the Children stops being insured as an Employee then the other parent may apply for Children's coverage under this rider.

## **EFFECTIVE DATE**

Your Children will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Children are eligible for coverage, if You apply for Children's coverage on or before that date.
- The date You apply for Children's coverage.
- The date You return to Active Employment, if You are not in Active Employment when Your Children's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, and paid time off for nonmedical-related absences.

## **TERMINATION**

Coverage for each Child ends on the earliest of the following:

- The date this Children's Hospital Confinement Indemnity Rider terminates.
- The last day of the month during which the Child reaches age 26, unless he/she is handicapped as defined under the definition of Child. Coverage of a handicapped Child ends when there is no longer evidence satisfactory to Us that the handicap is continuing.

This Children's Hospital Confinement Indemnity Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Children's Hospital Confinement Indemnity Rider is terminated for all Insured Persons under the Policy.
- The last day of the month during which you voluntarily cancel this Children's Hospital Confinement Indemnity Rider.
- The last day of the month during which You no longer have any eligible Children covered under this rider. See the PORTABILITY FOLLOWING DEATH provision below.
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.

## **PORTABILITY**

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Children's Hospital Confinement Indemnity Rider can also be continued during portability.

## **PORTABILITY FOLLOWING DEATH**

If You die and Your Spouse is approved by Us for portability under the Spouse Hospital Confinement Indemnity Rider, then this Children's Hospital Confinement Indemnity Rider can be continued under Your Spouse's coverage. Following portability of this rider, Children may be covered only if they would have been eligible for coverage under the eligibility rules in force prior to the death of the Employee.

Premiums will be billed directly to Your Spouse. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time Your Spouse applies for portability. We may change the portability premium rates at any time upon 60 days written notice to Your Spouse.

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which Your Spouse paid premiums, if Your Spouse stops making a required premium contribution, subject to the grace period.
- The date Your Spouse dies.
- The date there are no longer any eligible Children covered under this Children's Hospital Confinement Indemnity Rider.
- The date the Policy terminates and coverage for all Insured Persons under the Policy terminates, upon 60 days written notice of termination.

## **PHYSICAL EXAMINATION**

At Our expense, We shall have the right and opportunity to require Your Child to be examined as it relates to the Sickness or Injury that is the basis of the claim. We can require such examination when and as often as We may reasonably require during the pendency of a claim.

## HOSPITAL CONFINEMENT INDEMNITY BENEFITS

The benefits for Your Children are the same as Your benefits as shown in the HOSPITAL CONFINEMENT INDEMNITY BENEFITS section of the Certificate, based on Your Child's eligible Confinement. Benefits are payable for each covered Child.

## EXCLUSIONS AND LIMITATIONS

### EXCLUSIONS


Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or being engaged in an illegal occupation.
- Being intoxicated or under the influence of any controlled substance unless administered on the advice of a Doctor.
- Suicide, attempted suicide or any intentionally self-inflicted condition, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion. Active duty does not include national guard/reserve service or ready reserve unless called up to active service.
- Elective or cosmetic surgery that is performed to alter or reshape normal structures of the body in order to improve the Insured Person's appearance. This exclusion does not apply to reconstructive surgery that is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: (A) to improve function, or (B) to create a normal appearance, to the extent possible.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, or kitesurfing.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

Executed at Our Home Office:  
20 Washington Avenue South  
Minneapolis, MN 55401



President



Secretary

# INITIAL CONFINEMENT BENEFIT RIDER

## RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South, Minneapolis, Minnesota 55401

**POLICYHOLDER:** Rimini Street, Inc.

**GROUP POLICY NUMBER:** 69787-7CHI

### INSURED PERSON:

You must write Your name in the space provided so that it becomes Your rider. The date You are eligible for coverage is described in the GENERAL PROVISIONS section of this rider.

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

## CONTENTS

Schedule of Benefits.....	page 1
Definitions.....	page 2
General Provisions.....	page 2
Benefits.....	page 3
Exclusions and Limitations.....	page 3
Claims.....	page 3

## SCHEDULE OF BENEFITS

### WHO PAYS FOR THE COVERAGE

The cost of coverage under this Initial Confinement Benefit Rider is automatically included in the cost of Your coverage.

### DAILY BENEFIT AMOUNT

Same as under Your Hospital Confinement Indemnity Certificate and Spouse Hospital Confinement Indemnity Rider and Children's Hospital Confinement Indemnity Rider.

### INITIAL CONFINEMENT BENEFIT

10 times the daily benefit amount that was payable under the Certificate or Spouse Hospital Confinement Indemnity Rider or Children's Hospital Confinement Indemnity Rider for the same Confinement.

## DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate and riders regarding medical conditions and eligibility apply to each Covered Person.

**Covered Person** means:

- You, if You are covered for Hospital Confinement Indemnity insurance under the Policy.
- Your Spouse who is covered under Your Spouse Hospital Confinement Indemnity Rider.
- Your Children who are covered under Your Children's Hospital Confinement Indemnity Rider.

**You** and **Your** means an Employee who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.

## GENERAL PROVISIONS

### ELIGIBILITY

If You are working for the Employer in an eligible class (shown in the Certificate's SCHEDULE OF BENEFITS), You are eligible for this Initial Confinement Benefit Rider on the latest of the following dates:

- The Policy effective date.
- The date this Initial Confinement Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement Indemnity coverage effective date.

### EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

### TERMINATION

This Initial Confinement Benefit Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Initial Confinement Benefit Rider is terminated for all Insured Persons under the Policy.
- For Your Spouse's coverage, the date the Spouse Hospital Confinement Indemnity Rider terminates.
- For each Child's coverage, the date Your Child's coverage under the Children's Hospital Confinement Indemnity Rider terminates.

### PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Initial Confinement Benefit Rider will also be continued during portability.

### PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Hospital Confinement Indemnity Rider, then this Initial Confinement Benefit Rider can also be continued under Your Spouse's coverage.



## **BENEFITS**

We will pay an INITIAL CONFINEMENT BENEFIT (shown on the SCHEDULE OF BENEFITS) to You if a Covered Person is Confined on an inpatient basis for at least 20 consecutive hours in one of the following facilities:

- A Hospital or Hospital Observation Unit.
- A Critical Care Unit.
- A Rehabilitation Facility.

Only one initial Confinement benefit is payable for each Confinement. The Confinement must occur while the Covered Person is insured under the Policy.

If the Covered Person is discharged from one of these listed facilities and then re-Confined in one of the listed facilities within 14 days due to the same or a related condition, the re-Confinement will be considered part of the previous Confinement and no additional initial Confinement benefit will be available.

We will pay You a maximum of 4 initial Confinement benefits per calendar year for all Covered Persons, but no more than 2 initial Confinement benefits per calendar year for each Covered Person.

## **EXCLUSIONS AND LIMITATIONS**

### **EXCLUSIONS**

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or being engaged in an illegal occupation.
- Being intoxicated or under the influence of any controlled substance unless administered on the advice of a Doctor.
- Suicide, attempted suicide or any intentionally self-inflicted condition, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Elective or cosmetic surgery that is performed to alter or reshape normal structures of the body in order to improve the Insured Person's appearance. This exclusion does not apply to reconstructive surgery that is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: (A) to improve function, or (B) to create a normal appearance, to the extent possible.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, or kitesurfing.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

## **CLAIMS**

Additional general claims provisions are described in the CLAIMS section of the Certificate.

### **FILING A CLAIM**

The claim form(s) may require completion by You and the Employer and the Covered Person's attending Doctor. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

**PHYSICAL EXAMINATION**

At Our expense, We shall have the right and opportunity to require You (Your person) to be examined as it relates to the Sickness or Injury that is the basis of the claim. We can require such examination when and as often as We may reasonably require during the pendency of a claim.

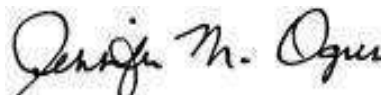
**BENEFIT PAYMENTS**

Benefits under this Initial Confinement Benefit Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:  
20 Washington Avenue South  
Minneapolis, MN 55401



President



Secretary