

YOUR  
GROUP  
**SHORT-TERM DISABILITY**  
PLAN

For Employees of  
**Rosemead School District**

# CONTENTS

OUTLINE OF COVERAGE .....	2
CERTIFICATION PAGE .....	3
SCHEDULE OF BENEFITS .....	4
EMPLOYEE'S INSURANCE .....	5
DISABILITY INCOME INSURANCE.....	7
CLAIM PROCEDURES .....	10
GENERAL PROVISIONS .....	11
DEFINITIONS.....	12

**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 OR CALL US AT:**

**ReliaStar Life Insurance Company  
P.O. Box 20  
Minneapolis, Minnesota 55440  
Telephone Number: (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](http://www.insurance.ca.gov/01-consumers/101-help)**

**If you are age 65 or older on the effective date of any coverage under the Group 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.**

B-19364 (10-20)

**RELIASTAR LIFE INSURANCE COMPANY**

**OUTLINE OF COVERAGE**

This outline is only a summary of certain provisions in Your certificate. You must consult the policy and certificate for contract provisions regarding coverage.

**Disability Income Protection Coverage**

**Section(s) of Certificate**

**BENEFITS .....** **Schedule of Benefits**  
**Disability Income Insurance**

**EXCEPTIONS, REDUCTIONS**  
**AND LIMITATIONS .....** **Schedule of Benefits**  
**Disability Income Insurance**

**ELIGIBILITY, TERMINATION**  
**AND CONTINUATION .....** **Employee's Insurance**

**PREMIUMS:** Information about Your premium contribution for coverage may be obtained from the Policyholder.

**RELIASTAR LIFE INSURANCE COMPANY**  
**Minneapolis, Minnesota 55440**

ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued the Group Policy listed below to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

ReliaStar Life also certifies that the person named below is insured under the Group Policy.\*

71707-0EVSTD  
Rosemead School District

\*If You are Actively at Work on the effective date. If You are not, Your insurance is effective on the date You return to Active Work.

The insurance included in this certificate applies to You only if You have elected and are insured for it.

The certificate summarizes and explains the parts of the Group Policy which apply to You. This certificate is not an insurance policy. In any case of differences or errors, the Group Policy rules.

This certificate replaces any other certificates ReliaStar Life may have given You under the Group Policy.



---

Registrar

## SCHEDULE OF BENEFITS

### Disability Income Insurance – Weekly Income Benefits

**Weekly Income Benefit Percentage** ..... 60%

**Maximum Weekly Income Benefit**..... \$1,000

**Minimum Weekly Income Benefit**..... \$15

The **Weekly Income Benefit** is calculated as follows:

Weekly Income Benefit                      (A divided by B) times C, minus Other Income Benefit Reductions.

A = Your Basic Weekly Earnings minus Recovery Work Earnings.

B = Your Basic Weekly Earnings.

C = Your **Gross Weekly Benefit**, defined as follows:

- Take the Benefit Percentage and multiply by Your Basic Weekly Earnings.
- Compare this result to the Maximum Weekly Income Benefit and take the lesser of the two amounts.

In no event will Your Weekly Income Benefit plus Other Income be greater than Your preDisability Basic Weekly Earnings.

#### **Elimination Period**

- Disability caused by Injury ..... 7 days
- Disability caused by Sickness..... 7 days

**Maximum Benefit Period** ..... 26 weeks

# EMPLOYEE'S INSURANCE

## Eligibility

You are eligible on the later of the following dates:

- The Group Policy's Effective Date, October 1, 2020.
- The first day of the month on or after the date You begin continuous service with the Policyholder.

You must meet the following conditions to become insured:

- Be eligible for the insurance.
- Be Actively at Work.
- Apply for the insurance, if You have to pay any part of the premium.

## Effective Date of Employee's Insurance

Your insurance starts on the latest of the following dates:

- The date You become eligible for insurance, if You apply for insurance on or before that date.
- The date You apply, if You apply for insurance within 31 days after the date You become eligible for insurance.
- The Group Policy anniversary date following the date You apply, if You apply for insurance more than 31 days after the date You become eligible for insurance.
- The date You return to Active Work, if You are not Actively at Work on the date insurance would otherwise start. **Exception:** Your insurance starts on a Nonworking Day if You were Actively at Work on Your last scheduled working day before the Nonworking Day.

## Continuity of Coverage

If You are not Actively at Work on the date insurance would otherwise start, ReliaStar Life will waive the Actively at Work requirement if both of the following are true:

- You are eligible for insurance except for meeting the Actively at Work requirement on the Group Policy's Effective Date.
- You were covered under the Policyholder's prior group disability income plan on the day before the Group Policy's Effective Date.

Your insurance is subject to payment of premium. Before You return to Active Work, any benefit will be limited to the amount that would have been paid under the prior plan. ReliaStar Life reduces the amount it pays by any amount for which the prior plan is liable. Your insurance will stop on the date benefits would have ended under the prior plan had it remained in force.

If You were Actively at Work and insured under the Group Policy on its Effective Date, and You were covered under the Policyholder's prior group disability income plan on the day before that date, then ReliaStar Life applies the Pre-existing Condition provision to your benefits as follows:

1. If You fully satisfy the Group Policy's Pre-existing Condition provision, then benefits are payable according to the terms of the Group Policy.
2. If You become Disabled due to a Pre-existing Condition before You have satisfied the Group Policy's Pre-existing Condition provision, ReliaStar Life will look at whether You would have satisfied the prior plan's pre-existing condition provision.
  - If the prior plan did not have a pre-existing condition provision, ReliaStar Life will credit the time You were covered under the prior plan toward the Group Policy's Pre-existing Condition provision.
  - If You fully satisfied the prior plan's pre-existing condition provision and would have been eligible for benefits under the prior plan, then ReliaStar Life will pay the lesser of the amount payable under the Group Policy or the amount that would have been payable under the prior plan. Benefits will stop on the earlier of the date benefits end under the Group Policy or would have ended under the prior plan.
  - If You did not fully satisfy the prior plan's pre-existing condition provision and would not have been eligible for benefits under the prior plan, then ReliaStar Life will credit any time You satisfied under the prior plan's pre-existing condition provision toward meeting the Group Policy's Pre-existing Condition provision.

## EMPLOYEE'S INSURANCE

On the Group Policy's Effective Date, if the maximum benefit is greater under the Group Policy than under the Policyholder's prior plan, then the Group Policy's Pre-existing Condition provision will apply to any increased benefit amount.

Please refer to the Exclusions in the Disability Income section of the certificate for more information on Pre-existing Conditions.

### **Effective Date of Change in Amount of Insurance**

Once Your insurance begins, any increase to Your insurance will take effect on the latest of the following:

- The date Your salary increases if You are Actively at Work.
- The date You return to Active Work, if You are not Actively at Work on the date Your insurance would otherwise increase. **Exception:** Your insurance increases on a Nonworking Day if You were Actively at Work on Your last scheduled working day before the Nonworking Day.

### **Termination of Insurance**

Your insurance stops on the earliest of the following dates:

- The date You are no longer Actively at Work for the Policyholder.
- The date You are no longer eligible for insurance under the Group Policy.
- The date the Group Policy stops.
- The end of the period for which You paid premiums, if You do not make the next required premium contribution when due.

ReliaStar Life stops providing a specific benefit to You on the date that benefit is no longer provided under the Group Policy.

Termination of the Group Policy will not affect any claim for a Disability which begins before the date of termination.

### **Family and Medical Leave Act of 1993**

Certain employers are subject to the FMLA. If You have a leave from Active Work certified by your employer, then for purposes of eligibility and termination of coverage You will be considered to be Actively at Work. Your coverage will remain in force so long as You continue to meet the requirements as set forth in the FMLA.

# DISABILITY INCOME INSURANCE

## Weekly Income Benefits

### Qualifying for Benefits

ReliaStar Life pays benefits if You become Disabled and qualify to receive benefits. The benefit payable is based on the Schedule of Benefits in effect on the date You became Disabled.

To qualify for benefits, all of the following conditions must be met:

You must –

- be insured on the date You become Disabled and the condition causing your Disability is not excluded from coverage.
- be insured on the date the Elimination Period begins.
- send notice of the Disability as described in the Claim Procedures section.

### Elimination Period

The Elimination Period is the length of time You must be continuously Disabled before You qualify to receive any benefits. **Exception:** You may return to work for up to 10 days during the Elimination Period without having to begin a new Elimination Period. The days You work and are not Disabled do not count toward meeting the Elimination Period.

The Elimination Period begins on the date of Disability according to the written proof of loss.

The Elimination Period is shown on the Schedule of Benefits.

### Benefit Payments

Weekly Income Benefits are paid at the end of each week for the period for which You qualified. If You are Disabled for part of a week the benefit payable is based on 1/7 of Your Weekly Income Benefit for each day You are Disabled.

The Weekly Income Benefits are determined as shown on the Schedule of Benefits. Benefits continue while You are Disabled up to the Maximum Benefit Period shown on the Schedule of Benefits. You must complete the Elimination Period before any benefits are payable.

### Other Income Benefit Reductions

Other Income is subtracted from the benefit You would otherwise receive, as shown on the Schedule of Benefits.

Except for Other Income retirement benefits, Other Income includes only income which is payable for the same Period of Disability for which You are claiming benefits under the Group Policy.

Other Income includes only the following retirement benefits:

- Early retirement benefits You are receiving that are voluntarily selected.
- Retirement benefits that are unreduced by age for which You are eligible on the later of the following:
  - the date you reach age 62.
  - normal retirement age.

ReliaStar Life considers retirement benefits received before age 62, or if later, before normal retirement age, to be voluntarily elected until You provide written proof that You did not elect to receive benefits voluntarily.

Disability payments under a retirement plan will be those benefits which are paid due to disability and do not reduce the retirement benefit that would have been paid if the disability had not occurred. If disability benefits reduce the retirement benefit under the plan, they will be considered a retirement benefit.

You are obligated to apply for all Other Income benefits that You may be entitled to receive. If You have not applied for those benefits or You have not pursued them with reasonable diligence, and if ReliaStar Life has a reasonable, good faith belief that You are entitled to Other Income benefits and a means of

## DISABILITY INCOME INSURANCE

reasonably estimating the Other Income amount, then ReliaStar Life will estimate the amount of certain Other Income You would be entitled to receive and reduce Your benefit by that amount. See the definition of Other Income for the types of benefits that may be estimated. When ReliaStar Life receives written proof that Other Income benefits were denied or contested, ReliaStar Life will pay benefits You are qualified to receive. However, if the denial of Other Income benefits is not final, You must pursue them with reasonable diligence.

ReliaStar Life will not reduce benefits by a cost of living increase to any Other Income benefit after the initial Other Income benefit becomes payable.

### **Minimum Weekly Income Benefit**

If You receive Other Income, it will be subtracted from the benefit You would otherwise receive. However, after You qualify for Weekly Income Benefits, ReliaStar Life will pay You at least the minimum Weekly Income Benefit shown on the Schedule of Benefits.

### **Lump Sum Payments**

Other Income You receive as a lump sum will be prorated into weekly amounts. The prorated amount will be subtracted from the benefit You would otherwise receive, until the total amount subtracted equals the lump sum payment. ReliaStar Life will determine the prorated amount using the first of the following methods that applies:

- Divide the Other Income lump sum into weekly amounts based on the amount of Other Income You were receiving from the same source prior to receiving the lump sum payment.
- Divide the Other Income lump sum into weekly amounts based on the weekly amount You could have received in lieu of the lump sum payment.
- Divide the Other Income lump sum into weekly amounts over the remaining Maximum Benefit Period.

### **Overpayment**

If ReliaStar Life pays You a larger benefit than You should have received, ReliaStar Life may recover any overpayments it made. ReliaStar Life will provide You with a written accounting of the basis for overpayment.

ReliaStar Life will recover from You the full amount of the overpayment through one or more of the following means:

- Require You to return the overpayment in one lump sum.
- Stop payment of benefits until the full overpayment is repaid.

Any Minimum Weekly Income Benefit otherwise payable will not be paid until the overpayment is recovered.

### **Waiver of Premium**

ReliaStar Life waives Your premium during any period for which benefits are payable. If ReliaStar Life waives Your premium it is the Policyholder's responsibility to refund to You any contribution You may make after qualifying for benefits.

### **Termination of Benefits**

ReliaStar Life stops paying benefits on the earliest of the following:

- The date You are no longer disabled.
- The end of the Maximum Benefit Period for any one Period of Disability. The Maximum Benefit Period is shown on the Schedule of Benefits.
- The date You no longer qualify for benefits under all the conditions listed.
- The date of Your death.
- The date You unreasonably fail to provide written proof of continued Disability to ReliaStar Life.
- The date You cease to be under Regular and Appropriate Care of a Doctor, or unreasonably refuse to undergo an examination or testing by a Doctor of ReliaStar Life's choosing.

## **DISABILITY INCOME INSURANCE**

If the Group Policy or the Disability Income Insurance part of the Group Policy terminates after You qualify to receive benefits, ReliaStar Life continues Your benefit payments. Benefits are paid as long as You continue to qualify according to the terms of the Group Policy in effect on the date You qualified.

### **Recurrent Disability**

If You are receiving Weekly Income Benefits, a Recurrent Disability is a Disability due to the same cause which occurs after You have returned to full-time work for the Policyholder for less than 10 working days. ReliaStar Life pays benefits for a Recurrent Disability which is a continuation of a previous Disability.

A Recurrent Disability has –

- no additional Elimination Period.
- the same Maximum Benefit Period as the previous Disability.

Benefits payable under this Recurrent Disability provision will stop if benefits are payable to You under any other group disability policy or plan.

### **Exclusions**

ReliaStar Life will not pay benefits if Your Disability results from any of the following:

- Sickness or Injury which occurs in any armed conflict, whether declared as war or not, involving any country or government.
- Sickness or Injury which occurs while You are on military service for any country or government.
- Intentionally self-inflicted Injury or Sickness.
- Injury which occurs when You commit or attempt to commit a felony.
- Sickness or Injury due to cosmetic or reconstructive surgery, except for surgery necessary to correct a deformity caused by Sickness or Injury.
- Injury or Sickness covered under a Workers' Compensation law for which You have received benefits.

ReliaStar Life will not pay benefits for the portion of any Period of Disability that You are confined in a penal or correctional institution as a result of conviction for a criminal or other public offense.

ReliaStar Life will not pay an additional benefit for Disability caused by both Sickness and Injury or by more than one Sickness or Injury.

### **Pre-Existing Condition Exclusion**

ReliaStar Life will not pay Weekly Income Benefits if Your Disability is due to a Pre-existing Condition, and You became Disabled during the first 12 months Your insurance is in effect.

# CLAIM PROCEDURES

## Submitting a Claim

You or someone on Your behalf must send ReliaStar Life written notice of the loss on which the claim will be based. The notice must –

- include information to identify You, such as Your name, address and Group Policy number.
- be sent to ReliaStar Life or to its authorized administrator.
- be sent within 20 days after the loss for which claim is based has occurred or as soon as reasonably possible.

## Claim Forms

ReliaStar Life or its authorized administrator will send claim forms to You or to the Policyholder to forward. ReliaStar Life will send the forms within 15 days after ReliaStar Life receives notice of claim.

For periodic benefits payable under the Group Policy for continuing loss, the completed claim forms must be returned to ReliaStar Life within 90 days after the end of the period for which ReliaStar Life is liable for payment of benefits. For any other type of benefits payable under the Group Policy, the completed claim forms must be returned to ReliaStar Life within 90 days of the loss. Even if You do not receive claim forms, written proof of loss must be sent to ReliaStar Life within the time period specified above or as soon as reasonably possible, but in no event, except in the absence of Your legal capacity, will ReliaStar Life accept proof of loss submitted more than one year from the date proof of loss is otherwise required.

Written proof of loss includes details covering the occurrence, the character and the extent of the loss for which claim is made.

## Benefit Payments

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

Benefits are paid to You. Any Weekly Income Benefit remaining unpaid at the time of Your death will be paid to Your survivors or Your estate in the following order:

1. Your Spouse or Domestic Partner.
2. Your children.
3. Your estate.

## Time of Payment of Claims

Subject to due proof of loss, all accrued benefits payable under the Group Policy will be paid at the end of each week during the period for which ReliaStar Life is liable. Any balance remaining unpaid at the end of such period will be paid upon receipt of written proof of loss.

## GENERAL PROVISIONS

### **Free Choice of Doctor**

You have the right to choose any Doctor.

### **Assignment**

You may not transfer to anyone else –

- ownership of any certificate issued under the Group Policy.
- Disability Income Insurance under the Group Policy.

### **Legal Action**

Legal action may not be taken to receive benefits until 60 days after the date proof of loss is submitted according to the requirements of the Group Policy. Legal action must be taken within 3 years after the date proof of loss must be submitted.

If the Policyholder's state requires longer time limits, ReliaStar Life will comply with the state's time limits.

### **Exam**

When reasonably necessary, ReliaStar Life may have You examined while You are claiming benefits. The exam will be conducted by one or more Doctors of ReliaStar Life's choice and at ReliaStar Life's expense.

This right will only be exercised as often as ReliaStar Life reasonably believes necessary to properly evaluate Your claim and Your potential for rehabilitation.

### **Incontestability**

Any statement You make to obtain insurance is a representation and not a warranty. No misrepresentation by You will be used to reduce or deny a claim or to deny the validity of Your insurance unless all of the following are true:

- Your insurance under the Group Policy has been in effect for less than two continuous years during Your lifetime.
- Your insurance would not have been approved if the truth had been known.
- Your misrepresentation is contained in a written instrument signed by You.
- You or Your beneficiary, if applicable, have been given a copy of the written instrument containing Your misrepresentation.

After Your insurance under the Group Policy has been in effect for two continuous years during Your lifetime, ReliaStar Life will not use a misrepresentation by You to reduce or deny a claim or to deny the validity of Your insurance unless it was a fraudulent misrepresentation made with an actual intent to deceive.

## DEFINITIONS

**Active Work, Actively at Work** – the Employee is physically present at his or her employer-authorized worksite in order to work the scheduled hours and do the normal duties of his or her job on that day.

**Basic Weekly Earnings** – the basic salary or wage You received on the last day You worked for the Policyholder, before becoming Disabled. It does not include bonuses, commission or overtime pay.

**Disability, Disabled** – Partial or Total Disability as defined below.

**Partial Disability, Partially Disabled** – Weekly Income Benefits – You are working in Your Usual Occupation and are not Totally Disabled, but as a result of Your Sickness or Injury, You are unable to earn 80% or more of Your Indexed Basic Weekly Earnings.

**Doctor** – a person 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, the term Doctor includes persons recognized as qualified to treat the Sickness or Injury for which claim is made by the state in which treatment is received.

The term Doctor does not include You, an Employee of the Policyholder, anyone related to You by blood or marriage, or anyone living in Your household.

**Domestic Partner** – another adult with whom You have a Declaration of Domestic Partnership registered with the California Secretary of State. A copy of the certified registration may be required as proof.

**Elimination Period** – the length of time You must be continuously Disabled before You qualify to receive any benefits.

**Employee** – an active employee residing in the United States who is employed by the Policyholder and is regularly scheduled to work on at least a 30-hour-per-week basis. Such employees of companies and affiliates controlled by the Policyholder are included. Temporary and seasonal employees are excluded.

**Group Policy** – the written group insurance contract between ReliaStar Life and the Policyholder.

**Injury** – physical damage to the body.

**Nonworking Day** – a day on which the Employee is not regularly scheduled to work, including time off for the following:

- Vacations.
- Personal holidays.
- Weekends and holidays.
- Approved nonmedical leave of absence.
- Paid Time Off for nonmedical-related absences.

Nonworking Day does not include time off for any of the following:

- Medical leave of absence. Time off for a medical leave of absence will be considered a scheduled working day.
- Temporary layoff.
- The Policyholder suspending its operations, in part or total.
- Strike.

**Other Income** – income and benefits that are deducted from the benefit You would otherwise receive under the Group Policy. Other Income includes any of the following:

**• Amounts paid to you as:**

- Primary and dependent spouse and children disability benefits under the Social Security Act, Canada Pension Plan, Quebec Pension Plan, Railroad Retirement Act, or any similar plan or act.
- Amounts received under any other occupational disease law or similar act (e.g. Longshore and Harbor Workers' Compensation Act).
- Disability benefits under the Jones Act.
- Disability benefits under any state compulsory/statutory benefit law (e.g. state disability income benefits).

## DEFINITIONS

- Disability benefits under any government retirement system (e.g. CalPERS).
- Disability benefits under Your employer's retirement plan (e.g. private employer retirement plans).
- Third party liability payments by judgment, settlement or otherwise (less attorneys' fees).
- Retirement benefits under the Social Security Act, Canada Pension Plan, Quebec Pension Plan, Railroad Retirement Act, or any similar plan or act.
- Retirement benefits under Your employer's retirement plan (e.g. private employer retirement plans).
- **Exception:** Retirement benefits attributable to Employee contributions, and amounts rolled over or transferred to any eligible retirement plan as defined by the Internal Revenue Code.
- Amounts received by compromise or settlement of any claim for permitted offsets (less attorneys' fees).
- Sick pay.
- Salary continuation.
- Personal time off.
- Annual leave pay.
- **Estimated amounts, as described in the Disability Income Insurance section, that You are entitled to receive as:**
  - Primary and dependent spouse and children disability benefits under the Social Security Act, Canada Pension Plan, Quebec Pension Plan, Railroad Retirement Act, or any similar plan or act.
  - Disability benefits under the Jones Act.
  - Disability benefits under any state compulsory/statutory benefit law (e.g. state disability income benefits).

**Period of Disability** – a new Period of Disability begins if the new Disability results from a cause or causes unrelated to that of any previous Disability, separated by Active Work with the Policyholder. All Periods of Disability which have the same cause are considered one Period of Disability. **Exception:** A new Period of Disability begins when You become Disabled due to the same cause after You have been Actively at Work on a full-time basis with the Policyholder continuously for at least 10 working days.

**Policyholder** – Rosemead School District.

### **Pre-existing Condition –**

- A diagnosed condition for which You received medical treatment, care or services or took prescribed medication in the 3 months immediately prior to the effective date of Your insurance under the Group Policy, OR
- You suffered from a physical or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in Your application,
  - for which You received a Doctor's advice or treatment within 3 months before the effective date of Your insurance under the Group Policy, or
  - which caused symptoms within 3 months before the effective date of Your insurance under the Group Policy, for which a prudent person would usually seek medical advice or treatment, AND
- The Disability caused or substantially contributed to by the condition begins in the first 12 months after the effective date of Your insurance under the Group Policy.

**Recovery Work Earnings** – the amount of income You receive while working for the Policyholder or for any other employer for whom You become employed after your Disability begins that, when added to the benefit payable, exceeds 100% of Your Basic Weekly Earnings.

**Recurrent Disability** – Disability due to the same cause which occurs after You have returned to full-time work for the Policyholder. Refer to the Disability Income Insurance section for more information on Recurrent Disability.

## DEFINITIONS

**Regular and Appropriate Care –**

- You personally visit a Doctor as often as is medically required, according to generally accepted medical standards and consistent with the severity of Your medical condition, to effectively manage and treat Your Sickness or Injury.
- You are receiving a Doctor's care which conforms with generally accepted medical standards for treating Your Sickness or Injury and is consistent with the severity of Your medical condition.

**ReliaStar Life** – ReliaStar Life Insurance Company, at its Home Office in Minneapolis, Minnesota.

**Sickness** – any physical illness, or complication of pregnancy. Under this Group Policy, Sickness also includes normal pregnancy.

**Spouse** –the lawful husband or wife of an Employee.

**Substantial and Material Acts** – acts that are normally required for the performance of Your Usual Occupation and cannot be reasonably omitted or modified.

**Usual Occupation** – any employment, business, trade or profession that involves the Substantial and Material Acts of the occupation You were regularly performing for the Policyholder immediately prior to Disability. Usual Occupation is not necessarily limited to the specific job You performed for the Policyholder.

**You, Your** – an Employee insured for Employee's Insurance under the Group Policy.

