

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

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota 55440

MASSACHUSETTS CERTIFICATE ENDORSEMENT
for Group Disability Income Insurance

Your Certificate of Coverage has been changed as follows. Please keep this endorsement with **your** certificate. This endorsement is subject to all other terms of the policy/certificate.

I. GENERAL PROVISIONS

The following statements are added to the WHEN YOUR COVERAGE ENDS provision:

If **your** employment ends, **your** coverage will continue under the policy for a period of 31 days unless during that period **you** are otherwise entitled to similar benefits. Premium payment is required.

If **your** employment is terminated due to a plant closing or a partial closing (as defined in section 71A of Chapter 151A, Massachusetts Statutes), **your** coverage will continue under the policy for a period of 90 days unless during that period **you** are otherwise entitled to similar benefits. Premium payment is required.

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.



Megan Huddleston
Secretary

OKLAHOMA MANDATORY ENDORSEMENT

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

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

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

Oklahoma law requires the following statement:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

SOUTH DAKOTA CERTIFICATE ENDORSEMENT

for Group Disability Income Insurance

South Dakota law requires the following changes to the group certificate issued to South Dakota residents. Please keep this endorsement with your certificate. This endorsement is subject to all other terms of the Group Policy.

I. SCHEDULE OF BENEFITS

If the Maximum Benefit Period provision in your certificate is 1 year (52 weeks) or less, then your Benefit Waiting Period is no more than 90 days.

If the Maximum Benefit Period provision in your certificate is more than 1 year (52 weeks) but equal to or less than 2 years (104 weeks), then your Benefit Waiting Period is no more than 180 days.

II. DISABILITY INCOME INSURANCE

If any benefits or services include a statement that payment for these expenses is at the sole discretion of ReliaStar Life, then that statement does not apply.

If the certificate includes an Other Income provision, then any disability or retirement benefits your spouse or children receive or are eligible to receive will not be considered a source of Other Income.

If the certificate includes an Other Income provision, then under **Exceptions** any reference to a cost of living increase is replaced by the following:

- an increase to any other income benefit after the initial other income benefit becomes payable.

If the certificate includes an Other Income provision, and there is coverage for proprietors on an occupational basis, then the following is added under **Exceptions**:

- Workers' Compensation benefits, if you are an actively employed proprietor, partner, or executive corporate officer employee who has elected not to be covered by Workers' Compensation.

If under Exclusions the certificate has an exclusion for "sickness or accidental injury arising out of or in the course of work for pay, profit or gain" then this exclusion does not apply.

If the certificate has a Pre-Existing Condition Exclusion, and if the time period in that provision is more than 12 months, then the time period in that provision is changed to be 12 months.

III. CLAIM PROCEDURES

The "Submitting a Claim" and "Claim Forms" provisions are replaced by the following provisions:

Notice of 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 30 days after the loss for which claim is based has occurred. ReliaStar Life will not invalidate or reduce a claim if it was not reasonably possible to give notice within 30 days and notice is provided as soon as reasonably possible.

Claim Forms

ReliaStar Life or its authorized administrator will send claim forms to you. ReliaStar Life will send the forms within 15 days after ReliaStar Life receives notice of claim. If ReliaStar Life does not provide the claim forms within 15 days after notice of claim is received, you will be considered to have complied with the requirements for proof of loss if you submit written proof of loss as described below.

Proof of Loss

The completed claim forms must be returned to ReliaStar Life or its authorized administrator within 90 days after the benefit waiting period. Even if you do not receive claim forms, written proof of loss must be sent to ReliaStar Life within 90 days after the benefit waiting period. Failure to send proof of loss within the required 90 day time period will not invalidate or reduce any claim if it is shown not to have been reasonably possible to provide such proof and that proof of loss was provided as soon as was reasonably possible. Future written proof of your continued disability must be provided as reasonably required by ReliaStar Life.

Written proof of loss includes details of how the loss occurred. ReliaStar Life may require further documentation to verify proof of loss you submitted and to determine your eligibility to receive benefits and to compute the benefits due.

ReliaStar Life reserves the right to have you examined by doctors or specialists to determine the extent of your restrictions and limitations caused by sickness or injury. ReliaStar Life will pay for the cost of the exam. ReliaStar Life may also require that you meet in person with a ReliaStar Life representative.

IV. 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.

The definition of **Hospital** is replaced by the following:

Hospital – an institution licensed as a hospital in the state in which it is located, which meets the following conditions:

- Provides, for a fee from its patients, diagnostic, medical, surgical, psychiatric or rehabilitative services for the care and treatment of people who are injured or sick.
- Has a staff of one or more doctors available at all times.
- Has 24-hour-a-day services of R.N.'s or other nursing services reporting to the doctor in charge.
- Has inpatient facilities.

Hospital is not an institution that is mainly a rest home, extended care facility or home for the aged.

If the certificate includes a definition of **Hospital Confined**, then this definition is replaced by the following:

Hospital Confined – admitted to and confined in a hospital on an inpatient basis.

If the certificate includes a definition of **Pre-Existing Condition**, and if the time period in that definition is more than 12 months, then the time period in that definition is changed to be 12 months.

Texas Residents:

IMPORTANT NOTICE

To obtain information or make a complaint:

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

1-800-955-7736

You may also write to ReliaStar Life Insurance Company at:

20 Washington Avenue South
Minneapolis, MN 55401

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

1-800-252-3439

You may write the Texas Department Insurance

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

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

ATTACH THIS NOTICE TO YOUR POLICY:
This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

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

1-800-955-7736

Usted tambien puede escribir a ReliaStar Life Insurance Company al:

20 Washington Avenue South
Minneapolis, MN 55401

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

1-800-252-3439

Usted puede escribir al Departamento de Seguros deTexas

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

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

ADJUNTE ESTE AVISO A SU POLIZA:
Este aviso es solamente para propositos informativos y no se convierte en parte o en condicion del documento adjunto.

Wisconsin Complaint Notice

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

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

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

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

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

or by contacting:

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

NOTICE OF PROTECTION PROVIDED BY OKLAHOMA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Oklahoma Life and Health Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Oklahoma law, which determines who and what is covered and the amounts of coverage. The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Oklahoma law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in hospital, medical and surgical insurance benefits
 - \$300,000 in disability income insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$300,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except that with regard to hospital, medical and surgical insurance benefits, the maximum amount that will be paid is \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Oklahoma law.

To learn more about the above protections, please visit the Association’s website at www.oklifega.org, or contact:

Oklahoma Life & Health Insurance Guaranty Association
201 Robert S. Kerr, Suite 600
Oklahoma City, OK 73102
Phone: (405) 272-9221

Oklahoma Department of Insurance
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112
1-800-522-0071 or (405) 521-2828

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