

Consumer Notice for Arkansas Residents

The nearest servicing office is the Minneapolis, Minnesota office of ING Employee Benefits, a division of ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York.

The mailing address is:

PO Box 20
Minneapolis, Minnesota 55440-0122
Telephone: (800) 537-5024

If you are not provided with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
(Corner of Third and Cross Street)
Little Rock, Arkansas 72201-1904

Telephone: (501) 371-2640
Toll Free in AR: (800) 852-5494

This consumer notice is for information only and does not become a part or condition of this certificate or policy. Please insert this notice in your certificate or policy.

RELIASTAR LIFE INSURANCE COMPANY
P.O. Box 20, Minneapolis, Minnesota 55440

CALIFORNIA 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 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**

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota 55440

FLORIDA CERTIFICATE ENDORSEMENT
for Group Critical Illness Insurance

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

I. AGE REDUCTION

Benefits reduce 50% on Your 70th birthday or five years after the policy effective date whichever is later; however, premiums do not reduce as a result of this benefit change.

II. EFFECTIVE DATE

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

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


Secretary

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota 55440

MASSACHUSETTS CERTIFICATE ENDORSEMENT
for Group Critical Illness Insurance

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

I. GENERAL PROVISIONS

The following statements are added to the TERMINATION OF COVERAGE 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

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota 55440

MAINE CERTIFICATE ENDORSEMENT
for Group Specified Disease Insurance

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

I. DEFINITIONS

The following is added to the DEFINITIONS section:

Organic Brain Disease means a mental or nervous disorder with a demonstrable organic origin causing significant cognitive impairment, including but not limited to Pick's Disease, Parkinson's Disease, Huntington's Chorea, and Alzheimer's Disease and related dementias.

II. GENERAL PROVISIONS

The following are added after the TERMINATION OF COVERAGE provision:

If Your coverage ends due to a lapse or default on Your part, Your coverage may be reinstated upon payment of premiums and proof that You suffered from Organic Brain Disease at the time of termination. Request for reinstatement must be received within 90 days of termination and be made by You or someone authorized to act on Your behalf.

THIRD PARTY NOTICE

You may designate an additional person to receive notice of any intent to terminate coverage. You may change this designation at any time. The form is available upon request from the Policyholder.

III. EFFECTIVE DATE

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

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



Secretary

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota 55440

MONTANA CERTIFICATE ENDORSEMENT
for Group Critical Illness Insurance

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

I. NEWBORN CHILDREN

If You are covered, Your eligible newborn Child is automatically covered for the first 31 days after birth. The benefit amount is the same amount indicated on the Children's rider for all eligible Children.

No Benefit Waiting Period in the Certificate or any riders applies to Your eligible newborn Child.

II. EFFECTIVE DATE

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

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


Secretary

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota 55440

NEW HAMPSHIRE CERTIFICATE ENDORSEMENT
for Group Critical Illness Insurance

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

I. CLAIMS

If the PROOF OF CLAIM provision in Your Certificate (and any riders) indicates that there is a 1 year limit for providing proof of claim, then this statement does not apply to You.

II. EFFECTIVE DATE

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

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



Secretary

WISCONSIN NOTICE

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

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

**ReliaStar Life Insurance Company
Customer Service
Route 6999
20 Washington Avenue South, P.O. Box 20
Minneapolis, MN 55440-0020
1-800-955-7736**

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

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

**NOTICE OF PROTECTION PROVIDED BY
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION**

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association (“the Association”). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers’ care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone’s rights or obligations or the rights or obligations of the Association.

COVERAGE

• **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

• **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

• **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**
 - 80% of death benefits but not to exceed \$300,000
 - 80% of cash surrender or withdrawal values but not to exceed \$100,000
- **Annuities and Structured Settlement Annuities**
 - 80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

• **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of April 1, 2011, is \$470,125. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state.
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance
Guarantee Association
P.O. Box 16860,
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927-4357

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

Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 for disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical, and surgical insurance benefits.

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 31A, Chapter 28.

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

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org, or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City, UT 84111
(801)320-9955

Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.