YOUR GROUP INSURANCE PLAN



6CC000

CONTENTS

CERTIFIC	A HON PAGE	1
SCHEDUI	LE OF BENEFITS Basic Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance Supplemental Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance Dependent Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance Proof of Good Health	2 2
MEMBER	'S INSURANCE	5
DEPENDE	ENT'S INSURANCE	6
LIFE INSU	JRANCEAccelerated Death BenefitAccidental Death & Dismemberment (AD&D) InsuranceDependent's Life InsuranceDependent's Accidental Death & Dismemberment (AD&D) Insurance	8 11 14
CONVERS	SION RIGHTS	18
CLAIM PF	ROCEDURES	20
GENERAL	PROVISIONS	21
DEFINITION	DNS	. 22

All references to "spouse" in the policy/certificate and any riders or endorsements include a partner to a civil union that is recognized by the State of Illinois. Any reference to "stepchild" includes a child of a partner to a civil union that is recognized by the State of Illinois. Any reference to "divorce" includes the dissolution of a civil union according to the requirements of the State of Illinois.

A civil union or same sex civil union or marriage entered into outside of Illinois, which is valid under the laws of the jurisdiction under which the relationship was legally entered into, will be treated as a civil union under Illinois Law.

NOTE: AT THIS TIME IT IS UNCLEAR WHETHER YOU WILL BE REQUIRED TO PAY TAX ON ACCELERATED DEATH BENEFIT PROCEEDS. YOU SHOULD CONSULT WITH YOUR PERSONAL TAX ADVISER TO ASSESS POSSIBLE TAX IMPLICATIONS.

NOTE: YOUR AMOUNT OF LIFE INSURANCE WILL BE REDUCED IF YOU RECEIVE AN ACCELERATED DEATH BENEFIT.

If you have a question about your policy, if you need assistance with a problem, or if you have a claim, you may contact ReliaStar Life at 1-800-955-7736.

California residents:

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.

Florida residents:

THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED BY THE LAW OF A STATE OTHER THAN FLORIDA.

Maryland residents:

The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

North Carolina residents:

The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than North Carolina and is governed by that state's laws.

North Dakota residents:

Please read this certificate carefully. If you are not satisfied with it for any reason and no benefits have been paid, you may return it within 20 days after receipt for a refund of any premium you paid.

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.

B-18418 (08/22)

C00TC

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.

Group Policy Number 70696-5GAT1

Policyholder
Midwest Coalition of Labor Trust

Pamela Chock

The Dependent's Insurance part of this certificate applies to you only if you are insured for it.

Your beneficiary is the last beneficiary you named, according to the records on file in ReliaStar Life's Home Office or on file with the Plan Administrator, if applicable. You may change your beneficiary any time, according to the terms of the Group Policy.

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

Please refer to your Certificate Rider for Basic Life and Accidental Death and Dismemberment (AD&D) Insurance information.

Supplemental Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance

Class Class 1 – Active Members	Amount of Life Insurance Choice of: \$10,000 up to \$300,000, chosen in \$10,000 increments*	Full Amount of AD&D Insurance If elected, equal to the amount of Supplemental Members Life Insurance*
Class 2 – Members working under the required number of hours who elected coverage in good standing, prior to age 70	Choice of: \$10,000 up to \$300,000, chosen in \$10,000 increments	If elected, equal to the amount of Supplemental Members Life Insurance

^{*}The first of the month on and after your 70th birthday, ReliaStar Life decreases the amount of your insurance. ReliaStar Life pays a percentage of the amount otherwise payable as follows:

- From your 70th birthday to age 75, ReliaStar Life pays 45%,
- From your 75th birthday to age 80, ReliaStar Life pays 30%.
- From your 80th birthday to age 85, ReliaStar Life pays 25%.
- From your 85th birthday to age 90, ReliaStar Life pays 20%.
- From your 90th birthday to age 95, ReliaStar Life pays 15%.
- From your 95th birthday and thereafter, ReliaStar Life pays 10%.

A decreased insurance amount that does not equal an increment of \$1,000 is rounded up to the nearest \$1,000.

For Class 2, insurance terminates on the last day of the month during which you attain age 70.

Accelerated Death Benefit

This benefit is equal to 75% of your amount of Basic and Supplemental Life Insurance in force, or \$210,000, whichever is less. This benefit is available to members only. Members must have at least \$10,000 in Life Insurance coverage in force to qualify for this benefit.

Dependent Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance

Class	Amount of Life Insurance	Full Amount of AD&D Insurance
Spouse	Choice of: \$10,000 up to \$30,000,	If elected, equal to the amount of
Child (each)	chosen in \$10,000 increments	Supplemental Dependent Life Insurance
from birth but less than 26 years of age	Choice of: \$5,000 or \$10,000 or \$15,000	If elected, equal to the amount of Supplemental Dependent Life Insurance

The amount of insurance for a dependent can be no more than your Life Insurance amount.

The first of the month on or after your 70th birthday, ReliaStar Life decreases the amount of dependent's insurance on your spouse. ReliaStar Life pays a percentage of the amount otherwise payable as follows:

- From the 70th birthday to age 75, ReliaStar Life pays 45%.
- From the 75th birthday to age 80, ReliaStar Life pays 30%.

SCHEDULE OF BENEFITS

- From the 80th birthday to age 85, ReliaStar Life pays 25%.
- From the 85th birthday to age 90, ReliaStar Life pays 20%.
- From the 90th birthday to age 95, ReliaStar Life pays 15%.
- From the 95th birthday and thereafter, ReliaStar Life pays 10%.

A decreased insurance amount that does not equal an increment of \$1,000 is rounded up to the nearest \$1,000.

Proof of Good Health

Proof of good health is required for amounts in excess of the limits described below. Coverage is subject to the Group Policy's proof of good health requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Group Policy's proof of good health requirements that are in force on the effective date of the increase. For proof of good health, a completed Evidence of Insurability form must be submitted to ReliaStar Life for approval.

Member-Supplemental Life Insurance

• Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan...

Enrollment on the Group Policy Effective Date, for members who had supplemental coverage under the Policyholder's prior plan, when new coverage combined with existing supplemental coverage does not exceed...

- Enrollment on the Group Policy Effective Date, for members who had no supplemental coverage under the Policyholder's prior plan...
- Initial eligibility after the Group Policy Effective Date...
- Application at annual enrollment for an increase to existing supplemental coverage when new coverage combined with existing supplemental coverage does not exceed...
- All other applications for new coverage more than 31 days after the date you become eligible for insurance...
- All other applications for an increase to existing supplemental coverage...

Dependent Life Insurance-Spouse

- Enrollment on or after the Group Policy Effective Date...
- Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan...
- Enrollment on the Group Policy Effective Date, for members who had dependent spouse coverage under the Policyholder's prior plan, when new coverage combined with existing coverage does

Limit without Proof

Any amount exceeding the lesser of the most recent coverage from the Employer's prior Policy or the plan maximum

\$300,000.

\$300,000.

\$300,000.

\$300,000.

None. Proof of good health is required.

None. Proof of good health is required.

Limit without Proof

None. Proof of good health is required.

\$30,000

\$30,000

SCHEDULE OF BENEFITS

not avecad	
not exceed	
 Enrollment on the Group Policy Effective Date, for members who had no dependent spouse coverage under the Policyholder's prior plan 	\$30,000
 Initial eligibility after the Group Policy Effective Date 	\$30,000
 Application at annual enrollment for an increase to existing dependent spouse coverage by one plan increment, when new coverage combined with existing coverage does not exceed 	\$30,000
 All other applications for new dependent spouse coverage more than 31 days after the date you become eligible for dependent spouse coverage 	None. Proof of good health is required.
 All other applications for an increase to existing dependent spouse coverage 	None. Proof of good health is required.
 Dependent Life Insurance-Child(ren) Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan 	Limit without Proof \$15,000
Enrollment on the Group Policy Effective Date, for	¢15,000
members who had dependent child coverage under the Policyholder's prior plan, when new coverage combined with existing dependent child coverage does not exceed	\$15,000
members who had dependent child coverage under the Policyholder's prior plan, when new coverage combined with existing dependent child	\$15,000 \$15,000
 members who had dependent child coverage under the Policyholder's prior plan, when new coverage combined with existing dependent child coverage does not exceed Enrollment on the Group Policy Effective Date, for members who had no dependent child coverage 	
members who had dependent child coverage under the Policyholder's prior plan, when new coverage combined with existing dependent child coverage does not exceed • Enrollment on the Group Policy Effective Date, for members who had no dependent child coverage under the Policyholder's prior plan • Initial eligibility for dependent child coverage after	\$15,000
 members who had dependent child coverage under the Policyholder's prior plan, when new coverage combined with existing dependent child coverage does not exceed Enrollment on the Group Policy Effective Date, for members who had no dependent child coverage under the Policyholder's prior plan Initial eligibility for dependent child coverage after the Group Policy Effective Date Application at annual enrollment for new or an increase to existing dependent child coverage, when new coverage combined with existing 	\$15,000 \$15,000

MEMBER'S INSURANCE

Eligibility

You are eligible on the later of the following date:

• The first of the month following union initiation or if the initiation is after the 15th of the month, you are eligible on the first of the second month.

You must meet the following conditions to become insured:

- Be eligible for the insurance.
- Be an union member paying dues.
- Apply for the insurance, if you have to pay any part of the premium.
- Give to ReliaStar Life proof of good health, which it approves, as required on the Schedule of Benefits, if proof is required.

Effective Date of Member's Insurance

Your insurance starts on the latest of the following dates:

- The date you become eligible.
- The date you apply for insurance, if you have to pay any part of the premium.
- The date ReliaStar Life approves your proof of good health, if proof is required.

Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your insurance, the increase will take effect on the first day of month on or after the date of increase, if you are actively paying union dues on that date.

If you elect to decrease your insurance, the decrease will take effect on the first day of the month on or after the date of the elected decrease.

Termination of Life Insurance

Your insurance stops on the earliest of the following dates:

- The date you stop being a member in good standing.
- 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.
- For Class 2, the last day of the month during which you attain age 70, if you are no longer working the required number of active hours.
- For Accelerated Death Benefit, the date your Life Insurance stops. The Accelerated Death Benefit stops at the beginning of the period in which you are eligible to convert your Life Insurance.
- For AD&D Insurance, the date your Life Insurance stops. AD&D Insurance stops at the beginning of the period in which you are eligible to convert your Life Insurance.

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

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.

DEPENDENT'S INSURANCE

Eligibility

You are eligible for Dependent's Insurance on the later of the following dates:

- The date you are eligible for Member's Supplemental Life Insurance.
- The date you first acquire a dependent as defined.

You must meet all of the following conditions to become insured for Dependent's Insurance:

- Be insured for Member's Supplemental Life Insurance.
- Apply for Dependent's Insurance, if you must pay any part of the premium. You must apply for all dependents you have within 31 days of the date you are initially eligible for Dependent's Insurance.
- Give ReliaStar Life proof of good health for your dependent, which it approves, as required on the Schedule of Benefits, if proof is required.
- Be a member in good standing.

If you and your spouse are insured as members under the Group Policy, either you or your spouse, but not both, can apply for Dependent's Insurance. If the spouse carrying the Dependent's Insurance stops being insured as an member, the other spouse may become insured for Dependent's Insurance by applying within 31 days.

Any person eligible for insurance as an member under the Group Policy is not considered an eligible dependent for Dependent's Insurance.

Effective Date of Dependent's Insurance

Your dependent's insurance starts on the latest of the following dates:

- The date you become eligible for Dependent's Insurance.
- The date your dependent is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, for any dependent, other than a newborn, who is confined at home or in such facility on the date your dependent's insurance starts.
- The date ReliaStar Life approves your dependent's proof of good health, if ReliaStar Life requires proof.
- The date you apply for Dependent's Insurance, if you have to pay any part of the premium.

If you acquire a new dependent and additional premium is required, you must apply within 31 days of acquiring the new dependent. If you acquire a new dependent while insured for Dependent's Insurance, and no additional premium is required, you should complete an enrollment form.

A newborn child will be covered from the date of eligibility. A foster or adopted child will be covered from the date of placement in the home.

Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your dependent's insurance, the increase will take effect on the latest of the following dates:

- The first day of the month on or after the date you are eligible to increase Dependent's Insurance.
- The first day of the month on or after the date your dependent is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, if your dependent is so confined on the date of the increase.
- The date ReliaStar Life approves your dependent's proof of good health, if proof is required.

A decrease in the amount of your dependent's insurance will take effect on the first day of the month on or after the date of the decrease.

Termination of Insurance

Your dependent's insurance stops on the earliest of the following dates:

- The date the Dependent's Insurance part of the Group Policy stops.
- The date the Group Policy terminates.
- The end of the period for which you made your last premium contribution for Dependent's Insurance if you do not make the next required contribution when due.
- The date your insurance stops.
- The date you retire.

DEPENDENT'S INSURANCE

- The date your dependent's insurance is converted under the Conversion Right.
- The date your insured dependent is no longer a dependent as defined.

ReliaStar Life stops providing a specific benefit under your dependent's insurance on the date that benefit is no longer provided under the Group Policy.

Family and Medical Leave Act of 1993

If your coverage remains in force due to a certified leave under the FMLA, then your dependents' coverage will also remain in force so long as you continue to meet the requirements as set forth in the FMLA.

Handicapped Dependent Child

If your insured dependent child is physically handicapped or mentally retarded and reaches the maximum age for Dependent's Insurance, you may continue this child's insurance as long as all required premiums are paid. You must give ReliaStar Life proof that:

- The child is handicapped and not self-supporting.
- The child became handicapped before reaching the maximum age for Dependent's Insurance.
- The child is dependent on you for support.

Proof must be given within 31 days after the date the child reaches the maximum age for insurance. Before granting a continuation of this child's insurance, ReliaStar Life may require that a doctor examine the child. ReliaStar Life will specify the doctor and pay the fee for all exams ReliaStar Life requires. During the 2 years after the child reaches the maximum age, ReliaStar Life may ask for regular proof of the child's continued handicap. After the 2 year period, ReliaStar Life will not ask for proof, including doctor's exams, more often than once a year.

This handicapped child's continuation stops on the **earliest** of the following dates:

- The date the child becomes covered under any other group plan.
- The date the child is no longer handicapped.
- The date you do not give ReliaStar Life proof of the child's handicap when requested.
- The end of the period for which you paid premiums for this continuation, if you do not make the next required premium contribution when due.
- The date your Dependent's Insurance would otherwise stop under the Group Policy.

The Conversion Right will be available to your insured dependent child when all continuation is exhausted.

Employee's Life Insurance

ReliaStar Life pays a death benefit to your beneficiary if written proof is received that you have died while this insurance is in force. The death benefit is the amount of Life Insurance for your class shown on the Schedule of Benefits in effect on the date of your death.

ReliaStar Life pays the death benefit for all causes of death. However, for Supplemental Life Insurance, if you commit suicide, while sane or insane, within 2 years of the date your insurance starts, ReliaStar Life will refund the amount of premiums paid for your Supplemental Life Insurance under the Group Policy instead of paying a death benefit.

Beneficiary

The beneficiary is named to receive the proceeds to be paid at your death. You may name more than one beneficiary. The Policyholder cannot be the beneficiary.

You may name, add or change beneficiaries by written request as described below. You may also choose to name a beneficiary that you cannot change without his or her consent. This is an irrevocable beneficiary.

You may name, add or change beneficiaries by written request if all of the following conditions are met:

- Your coverage is in force.
- ReliaStar Life has written consent of all irrevocable beneficiaries.
- You have not assigned the ownership of your insurance. The rights of an assignee are described in the Assignment section.

All requests are subject to the approval of ReliaStar Life. A change will take effect as of the date it is signed but will not affect any payment ReliaStar Life makes or action it takes before receiving your notice.

Payment of Proceeds

ReliaStar Life pays proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise, in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date ReliaStar Life receives proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, ReliaStar Life pays the proceeds in the following order:

- 1. Your spouse.
- 2. Your natural and adopted children, in equal shares.
- 3. Your grandchildren, in equal shares.
- 4. Your parents, in equal shares.
- 5. Your siblings, in equal shares.
- 6 Your estate

The person must be living on the tenth day after your death.

Settlement Options

Settlement options are alternative ways of paying the proceeds under the Group Policy. Proceeds is the amount of each benefit ReliaStar Life pays when you die or when you receive a lump sum amount under the Accelerated Death Benefit. To find out more about settlement options, please contact the Policyholder.

Accelerated Death Benefit

ReliaStar Life pays this benefit if it has been determined that you have a terminal condition. Accelerated Death Benefit proceeds is the amount ReliaStar Life pays to you or your legal representative while you are living when it has been determined that you have a terminal condition. The Accelerated Death Benefit proceeds are paid in one lump sum and are paid only once. This lump sum payout is the only Settlement Option available to you prior to your death.

The Accelerated Death Benefit is the amount of the Accelerated Death Benefit shown on the Schedule of Benefits in effect on the date you apply for Accelerated Death Benefit proceeds. You will not be able to

increase your contributory Life Insurance benefit after the time you apply for the Accelerated Death Benefit, unless you are determined to be ineligible to receive Accelerated Death Benefit proceeds.

To receive the Accelerated Death Benefit, all of the following conditions must be met. You must:

- request this benefit in writing while you are living. If you are unable to request this benefit yourself, your legal representative may request it for you.
- be insured as an employee for Life Insurance benefits.
- have Life Insurance benefits of at least \$10,000 as shown on the Schedule of Benefits.
- provide to ReliaStar Life a doctor's statement which gives the diagnosis of your medical condition; and states that because of the nature and severity of such condition, your life expectancy is no more than 24 months. ReliaStar Life may require that you be examined by a doctor of its choosing. If ReliaStar Life requires this, ReliaStar Life pays for the exam.
- provide to ReliaStar Life written consent from any irrevocable beneficiary, assignee, and, in community property states, from your spouse.

Benefit Payment

ReliaStar Life pays the Accelerated Death Benefit proceeds to you unless both of the following are true:

- It is shown, to the satisfaction of ReliaStar Life, that you are physically and mentally incapable of receiving and cashing the lump sum payment.
- A representative appointed by the courts to act on your behalf does not make a claim for the payment.

If ReliaStar Life does not pay you because the two above conditions apply, payments instead will be made to one of the following:

- · A person who takes care of you.
- An institution that takes care of you.
- Any other person ReliaStar Life considers entitled to receive the payments as your trustee.

Accelerated Death Benefit Exclusions

ReliaStar Life does not pay benefits for a terminal condition if either of the following apply:

- the required Accelerated Death Benefit premium or Life Insurance premium is due and unpaid.
- the terminal condition is directly caused by attempted suicide or intentionally self-inflicted injury, whether sane or insane.

Effects on Coverage

When ReliaStar Life pays out this benefit, your coverage is affected in the following ways:

- Your total available Life Insurance benefit equals your amount of Basic and Supplemental Life Insurance shown on the Schedule of Benefits at the time you apply for the Accelerated Death Benefit.
- Your Life Insurance benefit is reduced by the Accelerated Death Benefit proceeds paid out under this provision.
- Your Life Insurance benefit amount which you may convert is reduced by the Accelerated Death Benefit proceeds paid out under this provision.
- You will not be able to increase your Life Insurance benefit after ReliaStar Life approves you to receive the Accelerated Death Benefit.
- Your premium is based upon the Life Insurance benefit amount in force prior to any proceeds paid under this Accelerated Death Benefit provision. Such premium must be paid, unless waived, to keep the Life Insurance coverage in force.
- Your remaining Life Insurance benefit is subject to future age reductions, if any, as shown on the Schedule of Benefits.
- You will not be able to reinstate your coverage to its full amount in the event of a recovery from a terminal condition.
- Your dependents' Life Insurance coverage will be unaffected by Accelerated Death Benefit proceeds paid to you, provided all required premiums are paid.
- Your receipt of Accelerated Death Benefit proceeds does not affect your Accidental Death and Dismemberment Insurance. Thus, if you should die in an accident after receiving Accelerated Death Benefit Proceeds, your Accidental Death and Dismemberment Insurance will be based on your Life Insurance in force prior to the Accelerated Death Benefit payout, provided your premium is not being waived.

Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit if you suffer a covered loss due to a covered accident. All of the following conditions must be met:

- You are covered for AD&D Insurance on the date of the accident.
- Loss occurs within 365 days of the date of the accident.
- The cause of the loss is not excluded.

ReliaStar Life pays the benefit shown below if you suffer any of the losses listed. The Full Amount is shown on the Schedule of Benefits. ReliaStar Life pays only one Full Amount while the Group Policy is in effect. If you have a loss for which ReliaStar Life paid 1/2 of the Full Amount, ReliaStar Life pays no more than 1/2 of the Full Amount for the next loss.

The honofit is:

rui.	The benefit is.
Loss of life	Full Amount
Loss of both hands, both feet or sight of both eyes	Full Amount
Loss of one hand and one foot	Full Amount
Loss of speech and hearing in both ears	Full Amount
Loss of one hand or one foot and sight of one eye	Full Amount
Loss of one hand or one foot or sight of one eye	1/2 Full Amount
Loss of speech	1/4 Full Amount
Loss of hearing in both ears	1/4 Full Amount
Loss of thumb and index finger of same hand	1/4 Full Amount
Quadriplegia	Full Amount
Paraplegia	1/2 Full Amount
Hemiplegia	1/2 Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Quadriplegia means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by competent medical authority to be permanent, complete and irreversible.

ReliaStar Life does not pay a benefit for loss of use of the hand or foot or thumb and index finger.

Death benefits are paid to your beneficiary. All other benefits are paid to you.

Exposure and Disappearance Benefit

ReliaStar Life pays an **Exposure** benefit if:

- the loss is from injury caused by exposure to the elements, and
- is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- you are in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- you disappear and your body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that you are living.

The amount payable for the Exposure benefit is contained in the table above. The amount payable for the Disappearance benefit is the AD&D benefit for loss of life. If benefits are paid for Exposure or Disappearance, no other AD&D benefits will be payable under the Group Policy.

Exposure benefits are paid to you if living, otherwise to your beneficiary. Disappearance benefits are paid to your beneficiary.

If ReliaStar Life pays the Disappearance benefit and it is later found you are alive, the amount of benefits paid must be refunded to ReliaStar Life.

Safe Driver Benefit

ReliaStar Life pays a **Safe Driver** benefit in addition to the AD&D benefit and subject to the exclusions listed below if you were:

- · killed due to an automobile accident, and
- wearing a properly fastened safety belt at the time of the accident.

An additional amount will be paid if you were also driving in or riding in an automobile equipped with a factory installed airbag that operated properly upon impact.

For loss of:	The benefit is:
Life (with safety belt only)	An additional 10% of Full Amount
	of AD&D Insurance
	up to a maximum of \$25,000
Life (with safety belt	·
and airbag)	An additional 15% of Full Amount
	of AD&D Insurance
	up to a maximum of \$40,000

Automobile means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which you were riding. **Airbag** means an additional restraint system which inflates for added protection to the head and chest areas.

ReliaStar Life will not pay the Safe Driver benefit if the loss of life was directly caused by any use of intoxicating liquors, marijuana, narcotic drugs, depressants or similar substances, whether or not prescribed by a doctor, by you or by the driver of the automobile in which you were riding.

Safe Driver benefits are paid to your beneficiary.

Coma Benefit

ReliaStar Life pays a **Coma** benefit if, due to an accident, you are in a coma. Coma benefit payments will stop when you are no longer in a coma or when maximum benefits have been paid, whichever comes first.

In the event of:	The benefit is:
Coma	
	of AD&D Insurance per month for up to 12 months
	to a total maximum of \$24,000

Coma means that you remain unresponsive to any stimuli and speechless for a period of time not less than 30 days, as determined by a competent medical authority.

If you are physically and mentally incapable of receiving and cashing Coma benefit payments, then the payments instead will be made to a person legally authorized to receive the payments on your behalf.

Education Benefit

ReliaStar Life pays an **Education** benefit in addition to the AD&D benefit and subject to the conditions below if you die due to an accident. This benefit will be paid at the end of each annual period following your death to your dependent who is enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond grade 12 within 365 days following the date of your death. Benefit payments will stop if either of the following is true during the preceding annual period —

- the student's full-time school attendance is less than 6 months; or
- the student would no longer be considered your eligible dependent under the definition of dependent in the policy.

For:	The benefit is:
Education	An additional 5% of Full Amount
	of Supplemental AD&D Insurance
	per year for up to 4 years
	to a maximum of \$3,000 per year

Education benefits are paid to each eligible dependent student, or to the dependent's legal guardian.

Transportation Benefit

ReliaStar Life pays a **Transportation** benefit in addition to the AD&D benefit if you die due to an accident that occurs at least 75 miles from your primary residence.

that occurs at least 75 miles from your primary residence.	
For:	The benefit is:
Transportation	An additional 2% of Full Amount of AD&D Insurance up to a maximum of \$2,000

Child Care Benefit

ReliaStar Life pays a **Child Care** benefit in addition to the AD&D benefit if you die due to an accident, and your dependent child under age 13 years is enrolled in a licensed day care center within 90 days of your death. This benefit is paid on behalf of each eligible dependent child at the end of each annual period following your death. Benefit payments will stop if either of the following is true during the preceding annual period –

- · your dependent child does not attend a licensed day care center for at least 1000 hours; or
- your dependent child is not under age 13 years for any part of that year.

Transportation benefits are paid to your beneficiary.

For:	The benefit is:
Child Care	An additional 3% of Full Amount
	of AD&D Insurance
	per year for up to 6 years
	to a maximum of \$2,000 per year

Child Care benefits are paid to the person who has incurred the cost of day care expenses for your eligible dependent child.

Occupational Assault Benefit

ReliaStar Life pays an **Occupational Assault** benefit in addition to the AD&D benefit if you suffer a covered loss due to an accident, **and**:

- the loss is due to an intentional and unlawful act of physical violence directed at you by another person.
- you are actively at work, performing assigned duties on behalf of the Policyholder at the time of the assault, and
- a report of criminal activity has been filed on your behalf with the appropriate law enforcement authority within 48 hours of the assault.

For loss due to: The benefit is:

Occupational Assault benefits are paid to you if living, otherwise to your beneficiary.

Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- · Bacterial infection or bacterial poisoning.

Exceptions:

- -Infection from a cut or wound caused by an accident.
- -Accidental ingestion of a poisonous food substance.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when you commit or attempt to commit a felony.
- Use of any drug, narcotic or hallucinogenic agent -
 - -unless prescribed by a doctor.
- -which is illegal.
- not taken as directed by a doctor or the manufacturer.
- Your intoxication. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

Dependent's Life Insurance

ReliaStar Life pays a death benefit in the amount of the Dependent's Life Insurance shown on the Schedule of Benefits. ReliaStar Life pays according to the Schedule of Benefits in effect on the date your insured dependent dies.

ReliaStar Life pays the death benefit for all causes of death. However, for Supplemental Dependent Life Insurance, if your insured dependent, while sane or insane, commits suicide within 2 years from the date his or her coverage starts, ReliaStar Life will refund the amount of premiums already paid for Supplemental Dependent Life Insurance instead of paying a death benefit.

ReliaStar Life requires that proof of your insured dependent's death be mailed to ReliaStar Life at its Home Office.

ReliaStar Life pays benefits for your insured dependent's death to you, if you are living on the earlier of the following:

- The date ReliaStar Life receives proof of your insured dependent's death at its Home Office.
- The tenth day after your insured dependent's death.

If you are not living on either of these dates, ReliaStar Life pays the proceeds to the following in the order listed:

- 1. Your spouse, if living.
- 2. Your estate.

Dependent's Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit if your insured dependent suffers a covered loss due to a covered accident. All of the following conditions must be met:

- Your insured dependent is covered for AD&D Insurance on the date of the accident.
- Loss occurs within 365 days of the accident.
- The cause of the loss is not excluded.

ReliaStar Life pays the benefit shown below if your insured dependent suffers any of the losses listed. The Full Amount is shown on the Schedule of Benefits. ReliaStar Life pays only one Full Amount while the Group Policy is in effect. If your insured dependent has a loss for which ReliaStar Life paid 1/2 of the Full Amount, ReliaStar Life pays no more than 1/2 of the Full Amount for the next loss.

For:	The benefit is:
Loss of life	Full Amount
Loss of both hands, both feet or sight of both eyes	Full Amount
Loss of one hand and one foot	Full Amount
Loss of speech and hearing in both ears	Full Amount
Loss of one hand or one foot and sight of one eye	
Loss of one hand or one foot or sight of one eye	1/2 Full Amount
Loss of speech	1/4 Full Amount
Loss of hearing in both ears	
Loss of thumb and index finger of same hand	
Quadriplegia	Full Amount
Paraplegia	1/2 Full Amount
Hemiplegia	1/2 Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Quadriplegia means total paralysis of all four limbs. Paraplegia means total paralysis of both lower limbs. Hemiplegia means paralysis of one arm and one leg on the same side of the body.

Paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by competent medical authority to be permanent, complete and irreversible.

ReliaStar Life does not pay a benefit for loss of use of the hand or foot or thumb and index finger.

ReliaStar Life pays all dismemberment and paralysis benefits for your insured dependent to you.

Exposure and Disappearance Benefit

ReliaStar Life pays an **Exposure** benefit if:

- · your insured dependent's loss is from injury caused by exposure to the elements, and
- is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- · your insured dependent is in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- · your insured dependent disappears and your insured dependent's body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that your insured dependent is living.

The amount payable for the Exposure benefit is contained in the table above. The amount payable for the Disappearance benefit is the AD&D benefit for loss of life. If benefits are paid for Exposure or Disappearance, no other AD&D benefits will be payable under the Group Policy.

Exposure and Disappearance benefits for your insured dependent are paid to you.

If ReliaStar Life pays the Disappearance benefit and it is later found your insured dependent is alive, the amount of benefits paid must be refunded to ReliaStar Life.

Safe Driver Benefit

ReliaStar Life pays a **Safe Driver** benefit in addition to the AD&D benefit and subject to the exclusions listed below if your insured dependent was:

- · killed due to an automobile accident, and
- wearing a properly fastened safety belt at the time of the accident.

An additional amount will be paid if your insured dependent was also driving in or riding in an automobile equipped with a factory installed airbag that operated properly upon impact.

Your dependent must be insured for at least \$25,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order to be eligible for a Safe Driver benefit.

For loss of:

Life (with safety belt only)

An additional 10% of Full Amount of Dependent AD&D Insurance up to a maximum of \$25,000 Life (with safety belt and airbag)

An additional 15% of Full Amount of Dependent AD&D Insurance up to a maximum of \$40,000

Automobile means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which your insured dependent was riding. **Airbag** means an additional restraint system which inflates for added protection to the head and chest areas.

ReliaStar Life will not pay the Safe Driver benefit if the loss of life was directly caused by any use of intoxicating liquors, marijuana, narcotic drugs, depressants or similar substances, whether or not prescribed by a doctor, by your insured dependent or by the driver of the automobile in which your insured dependent was riding.

Coma Benefit

ReliaStar Life pays a **Coma** benefit if, due to an accident, your insured dependent is in a coma. Coma benefit payments will stop when your insured dependent is no longer in a coma or when maximum benefits have been paid, whichever comes first. Your dependent must be insured for at least \$25,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order to be eligible for a Coma benefit.

In the event of:	The benefit is:
Coma	An additional 2% of Full Amount
	of Dependent AD&D Insurance
	per month for up to 12 months
	to a total maximum of \$24 000

Coma means that your insured dependent remains unresponsive to any stimuli and speechless for a period of time not less than 30 days, as determined by a competent medical authority.

Coma benefits for your insured dependent are paid to you.

Education Benefit

ReliaStar Life pays an **Education** benefit in addition to the AD&D benefit and subject to the conditions below if your insured dependent spouse dies due to an accident. This benefit will be paid at the end of each annual period following your dependent spouse's death to your spouse's dependent who is enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond grade 12 within 365 days following the date of your spouse's death. Benefit payments will stop if either of the following is true during the preceding annual period –

- the student's full-time school attendance is less than 6 months; or
- the student would no longer be considered your spouse's eligible dependent under the definition of dependent in the policy.

Your dependent spouse must be insured for at least \$25,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order for the dependent student to be eligible for an Education benefit.

Education benefits are paid to each eligible dependent student, or to the dependent's legal guardian.

Transportation Benefit

ReliaStar Life pays a **Transportation** benefit in addition to the AD&D benefit if your insured dependent dies due to an accident that occurs at least 75 miles from his or her primary residence. Your dependent must be insured for at least \$25,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order to be eligible for a Transportation benefit.

For:

Transportation

An additional 2% of Full Amount of Dependent AD&D Insurance up to a maximum of \$2,000

Transportation benefits for your insured dependent are paid to you.

Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when your insured dependent commits or attempts to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent -
- -unless prescribed by a doctor.
- -which is illegal.
- not taken as directed by a doctor or the manufacturer.
- Your insured dependent's intoxication. Intoxication means your insured dependent's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Accidental injury for which your insured dependent has or had a right to payment under a Workers' Compensation or similar law.
- Accidental injury arising out of or in the course of work for pay, profit, or gain. **Exception:** ReliaStar Life pays benefits for a person who is not covered by Workers' Compensation and lawfully chose not to be.

CONVERSION RIGHTS

Life Insurance

You or your insured dependent may convert this insurance to an individual life insurance policy if any part of your or your insured dependent's Life Insurance under the Group Policy stops. Proof of good health is not required.

You or your insured dependent may convert this insurance by applying for the individual policy within 31 days after any part of your Life Insurance or your Dependent's Life Insurance stops.

If you or your insured dependent have not been given notice of this conversion right within 16 days after any part of your Life Insurance or your Dependents' Life Insurance stops, you or your insured dependent will have more time to apply and pay the first premium for the individual policy. This additional time period will end 15 days after you or your insured dependent have been given notice of this conversion right. In no event will the additional time period extend for more than 91 days after any part of your Life Insurance or Dependents' Life stops.

If you or your insured dependent wish to buy an individual life insurance policy under this conversion right, tell ReliaStar Life or the Policyholder. ReliaStar Life will supply you or your insured dependent with a conversion form to complete and return.

Premiums must be paid for the individual policy within 31 days after any part of your Life Insurance or Dependents' Life Insurance stops.

If your insured dependent is too young to contract for life insurance, the following people may apply in this order:

- 1. You, while living.
- 2. Your spouse, while living.
- 3. The court-appointed guardian of your insured dependent.

Type of Converted Policy

You or your insured dependent may purchase any individual nonparticipating policy offered by ReliaStar Life, except term insurance. The new policy must provide for a level amount of insurance and have premiums at least equal to those of ReliaStar Life's whole life plan with the lowest premium.

If your previous coverage included additional benefits such as disability, Accidental Death and Dismemberment Insurance or the Accelerated Death Benefit, the new insurance will not include these benefits.

Amount of Conversion Coverage

If your or your insured dependent's Life Insurance is changed or cancelled because the Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row, the amount of the individual policy is limited to the lesser of –

- \$10,000, or
- the amount of your or your insured dependent's Life Insurance which stops, minus the amount of other group insurance for which you or your insured dependent becomes eligible within 31 days of the date your or your insured dependent's insurance stops.

If your or your insured dependent's Life Insurance stops for any reason other than the above, the amount of your or your insured dependent's individual policy may be any amount up to the amount of your or your insured dependent's Life Insurance that stopped.

Effective Date

The new policy takes effect 31 days after the part of your Life Insurance or your Dependents' Life Insurance being converted stops.

If you or your insured dependent dies before the effective date of the individual policy, the death benefit will be the amount of the insurance you or your insured dependent would have had under the Group Policy. ReliaStar Life will pay this amount whether or not you have applied or paid premium for the individual policy. ReliaStar Life will return any premium paid for the individual policy to your or your insured dependent's beneficiary named under the Group Policy.

CONVERSION RIGHTS

re		

Premiums for the new policy are based on your or your insured dependent's age on the date of conversion.

CLAIM PROCEDURES

Submitting a Claim

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

- include information to identify you or your insured dependent, like your name, address and Group Policy number
- be sent to ReliaStar Life or to the authorized administrator.
- be sent within 91 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 proof of loss claim forms within 15 days after ReliaStar Life receives notice of claim.

Completed proof of loss claim forms or other written proof of loss detailing how the loss occurred must be sent to ReliaStar Life within 91 days after the loss or as soon as reasonably possible.

GENERAL PROVISIONS

Life Insurance Assignment

You can change the owner of your Life Insurance under the Group Policy by sending ReliaStar Life written notice. This change is an absolute assignment. You cannot make an absolute assignment to the Policyholder. You transfer all your rights and duties as owner to the new owner. The new owner can then make any change the Group Policy allows. A request for an absolute assignment –

- · does not change the insurance or the beneficiary.
- applies only if ReliaStar Life receives your notice.
- takes effect from the date signed.
- does not affect any payment ReliaStar Life makes or action ReliaStar Life takes before receiving your notice.

A collateral assignment is not allowed.

ReliaStar Life assumes no responsibility for the validity of any assignment. You are responsible to see that the assignment is legal in your state and that it accomplishes the goals that you intend.

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 and Autopsy

For AD&D, when reasonably necessary, ReliaStar Life may have you or your insured dependent examined while a claim is pending under the Group Policy. ReliaStar Life pays for the initial exam. ReliaStar Life may have an autopsy made if you or your insured dependent dies, if not forbidden by state law.

Incontestability

Your and your dependent's insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, ReliaStar Life can contest the validity of your and your dependent's insurance because of inaccurate or false information received relating to your and your insured dependent's insurability. Only statements that are in writing and signed by you or your insured dependent can be used to contest the insurance.

Complaints

Any complaints about a claim or benefit that may arise under the Group Policy should be sent to ReliaStar Life at the following address:

ReliaStar Life Insurance Company Box 20 Minneapolis, Minnesota 55440

or

You can write to the Illinois Department of Insurance at the following address:

Illinois Department of Insurance 320 W. Washington Street Springfield, Illinois 62767

DEFINITIONS

Accident – an unexpected and sudden event which the insured does not foresee.

Active Work, Actively at Work – the employee is physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

Child -

- · your natural or adopted child.
- a child for whom you have legal obligation for purposes of adoption.
- a child who is primarily dependent on you for support and lives with you in a permanent parent-child relationship, and who is your stepchild, your foster child, or a child for whom you are a legal guardian.

Dependent -

- · your lawful spouse.
- your unmarried child from birth but less than 26 years of age.

The term "dependent" does not include -

- a married child.
- a spouse or child living outside the United States.
- a spouse or child eligible for Employee's Insurance under the Group Policy.
- · a spouse or child on active military duty.
- a parent of you or your spouse.
- a spouse or child who does not give proof of good health when requested, or whose proof is not approved.

Employee – an active member residing in the United States who is employed by the Policyholder and actively paying dues. Such members of companies and affiliates controlled by the Policyholder are included. Temporary and seasonal members are excluded.

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

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.

Policyholder - Midwest Coalition of Labor Trust

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

Terminal Condition – an injury or sickness which is expected to result in your death within 24 months and from which there is no reasonable chance of recovery.

Total Disability, Totally Disabled – your inability, due to sickness or accidental injury, to work at or perform the material and substantial duties of any job suited to your education, training or experience.

Written, In Writing – signed, dated and received at ReliaStar Life's Home Office in a form ReliaStar Life accepts.

You, Your - an employee insured for Employee's Insurance under the Group Policy.

ReliaStar Life Insurance Company Minneapolis, Minnesota 55401

CERTIFICATE BOOKLET RIDER

Applicable to Alaska Residents

ALASKA LAW GOVERNS WITH RESPECT TO CERTIFICATES COVERING ALASKA RESIDENTS UNDER GROUP POLICIES ISSUED IN A STATE OTHER THAN ALASKA.

Accelerated Death Benefit

If your certificate contains the Accelerated Death Benefit, the exclusion is changed to read as follows:

Accelerated Death Benefit Exclusions

ReliaStar Life does not pay benefits for a terminal condition if any required Accelerated Death Benefit premium or Life Insurance premium is due and unpaid.

All other Accelerated Death Benefit provisions contained in your certificate remain unchanged.

Conversion Rights

The Conversion Rights section is changed as follows:

I. The following provision is added:

If written notice of the conversion right is not received before the 31 day conversion period ends, the time period to exercise the conversion option will be extended. This additional time will be the lesser of:

- 15 days after written notice is received; or
- 60 days after the original conversion period ends.

All other Conversion Rights provisions contained in your certificate remain unchanged.

Consumer Notice for Arkansas Residents

The nearest servicing office is the Minneapolis, Minnesota office of Voya 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

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

R-08247b (02/16)

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.

• <u>Life Insurance, Annuities and Structured Settlement Annuities</u>

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

• Life Insurance

80% of death benefits but not to exceed \$300,000 80% of cash surrender or withdrawal values but not to exceed \$100,000

Annuities and Structured Settlement Annuities

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

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

• Health Insurance

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website www.califega.org.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

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

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

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

NOTICES

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

California Life and Health Insurance Guarantee Association P.O. Box 16860, Beverly Hills, CA 90209-3319 (323) 782-0182 California Department of Insurance Consumer Communications Bureau 300 South Spring Street Los Angeles, CA 90013 (800) 927-4357

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

RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South Minneapolis, Minnesota 55401

NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER THE HAWAII LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of Hawaii who purchase life insurance, annuities, or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Hawaii Life and Disability Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumer's care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Hawaii Life and Disability Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Hawaii. You should not rely on coverage by the Hawaii Life and Disability Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is *NOT* provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The Hawaii Life and Disability Insurance Guaranty Association P.O. Box 4068 Honolulu, Hawaii 96812

Department of Commerce and Consumer Affairs
Insurance Division
P.O. Box 3614
Honolulu, Hawaii 96811

The state law that provides for this safety-net coverage is called the Hawaii Life and Disability Insurance Guaranty Association Act. Below is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

(please turn to back of page)

COVERAGE

Generally, individuals will be protected by the Hawaii Life and Disability Insurance Guaranty Association if they live in this state and hold a life or disability insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **not** protected by the Guaranty Association if -

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state); or
- the insurer was not a member insurer of the Guaranty Association. A nonprofit hospital or medical service organization (the "Blues"), an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy-holder is subject to future assessments, or an insurance exchange are examples of nonmember insurers.

The Guaranty Association also does **not** provide coverage for -

- 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 a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- · interest rate yields that exceed an average rate;
- · dividends:
- · credits given in connection with the administration of a policy by a group contractholder;
- employer's plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- · unallocated annuity contracts (which give rights to group contractholders, not individuals).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to pay out: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in cash surrender values, \$100,000 in disability insurance benefits, \$100,000 in present value of annuities, or \$300,000 in life insurance death benefits again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages.

ReliaStar Life Insurance Company

CERTIFICATE BOOKLET RIDER

Applicable to Missouri Residents

Suicide

If your group certificate contains any suicide limitation, the limitation will be for no more than one year from the date insurance starts.

Accidental Death and Dismemberment

If your group certificate contains any Accidental Death and Dismemberment benefits, the Accidental Death and Dismemberment Exclusions provisions are changed to read as follows:

Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or poisoning.

Exception:

- Unintentional or non-voluntary inhalation of gas or poisons.
- Pyogenic infections which result from an accidental bodily injury.
- Bacterial infections which result from the ingestion of contaminated substances.
- Infection from a cut or wound caused by an accident.

All other Accidental Death and Dismemberment exclusions contained in your certificate remain unchanged.

ReliaStar Life Insurance Company

CERTIFICATE BOOKLET RIDER

Applicable to Montana Residents

The **CLAIM PROCEDURES** section of your group life insurance certificate is revised to add the following provision:

Benefit Payments

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

For Life Insurance, benefits payable due to death will be paid within 60 days of the date ReliaStar Life receives proof of death. If payment is made after the first 30 days, ReliaStar Life will include interest from the 30th day until the date of payment. The interest rate will equal the **greater** of the following –

- The monthly average discount rate on 90-day AA asset-backed commercial paper in effect at the federal reserve bank in the ninth federal reserve district on the date proof of death is received.
- ReliaStar Life's minimum interest rate payable on death claims on the date proof of death is received.

The **GENERAL PROVISIONS** section of your group life insurance certificate is revised to add the following provisions:

The Group Policy also has a 2 year contestable period starting from the Effective Date of the Group Policy. After the Group Policy has been in force for 2 years from the Effective Date, ReliaStar Life can not contest the validity of the Group Policy except for nonpayment of premium.

Grace Period

If a premium is not paid by its due date, ReliaStar Life allows 31 days from the due date in which to pay it. ReliaStar Life calls this the grace period. Full payment must be received by the 31st day. If ReliaStar Life receives payment during the grace period, coverage under the Group Policy stays in force. If ReliaStar Life receives written notice of termination during the grace period, premium payment is required for any period that coverage under the Group Policy was in force during the grace period.

Representations Not Warranties

A copy of the Policyholder's application, if any, is attached to the Group Policy. Unless fraudulent, all statements made by the Policyholder or by you are considered representations and not warranties. No statement can be used to void the Group Policy or be used in ReliaStar Life's defense if ReliaStar Life refuses to pay a claim, unless a copy of the statement is furnished to the Policyholder, you or your beneficiary, as applicable.

Misstatement of Age

If your (or your dependent's, if your certificate includes Dependent's Life Insurance) age is misstated, ReliaStar Life adjusts the premium according to the correct age. The amount of insurance provided is not affected.

Conformity with Montana Statutes

The provisions of this certificate conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which you reside on or after the effective date of your coverage under the Group Policy.

R-08187b 1 of 2

The **CONVERSION RIGHTS** section of your group life insurance certificate for you (and your insured dependents, if your certificate includes Dependent's Life Insurance) is revised as indicated below.

Under **Conditions for Conversion**, the condition related to change, cancellation or termination of the Group Policy is replaced by the following:

• The Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 3 years in a row.

The following provision is added:

If you or your insured dependent are not given written notice of this conversion right within 16 days after any part of this insurance stops, you or your insured dependent will have more time to apply and pay the first premium for the individual policy. This additional time period will end 15 days after you or your insured dependent are given written notice of this conversion right. In no event will the additional time period extend for more than 91 days after any part of your Life Insurance or Dependent's Life Insurance stops.

The provision entitled **Amount of Conversion Coverage** is replaced by the following:

Amount of Conversion Coverage

If your or your insured dependent's Life Insurance is changed or cancelled because the Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 3 years in a row, the amount of the individual policy is limited to the lesser of –

- \$10,000, or
- the amount of your or your insured dependent's Life Insurance which stops, minus the amount of other group insurance for which you or your insured dependent become eligible within 31 days of the date your or your insured dependent's insurance stops.

If your or your insured dependent's Life Insurance stops for any reason other than the above, the amount of your or your insured dependent's individual policy may be any amount up to the amount of your or your or your insured dependent's Life Insurance that stopped.

R-08187b 2 of 2

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.



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

A member of the VoyaTM family of companies

OREGON ACCELERATED BENEFIT SUMMARY

The Group Policy provides an accelerated benefit if the eligible insured is diagnosed with a terminal condition. This provides payment of a percentage of the death benefit otherwise payable, as noted in the certificate, while the insured is living. The accelerated benefit payment reduces the amount of Life Insurance payable at death.

"Terminal condition" means an injury or sickness which is expected to result in the insured's death within a time period specified in the certificate, and from which there is no reasonable chance of recovery.

The cost of the accelerated benefit is incorporated into the cost of Life Insurance and is not a separately identifiable premium.

Following payment of accelerated benefits, future Life Insurance premiums for the insured's coverage will be waived.

Please refer to the certificate for the provision(s) that relate to this Group Policy.

Receipt of accelerated benefits <u>may be taxable</u> and the insured should seek assistance from a personal tax advisor prior to submitting a claim.

R-08207 (contrib) (9/14)



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

A member of the VoyaTM family of companies

OREGON ACCELERATED BENEFIT SUMMARY

The Group Policy provides an accelerated benefit if the eligible insured is diagnosed with a terminal condition. This provides payment of a percentage of the death benefit otherwise payable, as noted in the certificate, while the insured is living. The accelerated benefit payment reduces the amount of Life Insurance payable at death.

"Terminal condition" means an injury or sickness which is expected to result in the insured's death within a time period specified in the certificate, and from which there is no reasonable chance of recovery.

The cost of the accelerated benefit is incorporated into the cost of Life Insurance and is not a separately identifiable premium.

Following an accelerated benefit payment, continued premium payment is required in order to keep Life Insurance coverage in force. If the policy provides a Waiver of Life Insurance Premium Disability Benefit and a claim for this benefit has been approved, then no further premium payment is required.

Please refer to the certificate for the provision(s) that relate to this Group Policy.

Receipt of accelerated benefits <u>may be taxable</u> and the insured should seek assistance from a personal tax advisor prior to submitting a claim.

R-08207a (noncontrib) (9/14)

ReliaStar Life Insurance Company

CERTIFICATE BOOKLET RIDER

Applicable to South Dakota Residents

South Dakota law requires the following changes to the group certificate issued to South Dakota residents.

I. Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment Exclusions

If the Accidental Death and Dismemberment Exclusions provision contains an exclusion for suicide or intentionally self-inflicted injury, while sane or insane, it is changed to read as follows:

Suicide or intentionally self-inflicted injury, while sane.

If the Accidental Death and Dismemberment Exclusions provision contains an exclusion for physical or mental illness, it is changed to read as follows:

· Physical illness.

If the Accidental Death and Dismemberment Exclusions provision contains an exclusion for injury which occurs while committing or attempting to commit a crime, it is changed to read as follows:

Injury caused directly or indirectly by committing a felony.

If the Accidental Death and Dismemberment Exclusions provision contains any exclusions for loss directly or indirectly caused by being under the influence of alcohol or drugs, those exclusions do not apply.

All other Accidental Death and Dismemberment Exclusions remain unchanged.

II. Dependent's Accidental Death and Dismemberment (AD&D) Insurance (if included in the group certificate)

Accidental Death and Dismemberment Exclusions

If the Accidental Death and Dismemberment Exclusions provision contains an exclusion for suicide or intentionally self-inflicted injury, while sane or insane, it is changed to read as follows:

Suicide or intentionally self-inflicted injury, while sane.

If the Accidental Death and Dismemberment Exclusions provision contains an exclusion for physical or mental illness, it is changed to read as follows:

Physical illness.

If the Accidental Death and Dismemberment Exclusions provision contains an exclusion for injury which occurs while committing or attempting to commit a crime, it is changed to read as follows:

An accident caused directly or indirectly by your insured dependent committing a felony.

If the Accidental Death and Dismemberment Exclusions provision contains any exclusions for loss directly or indirectly caused by being under the influence of alcohol or drugs, those exclusions do not apply.

All other Dependent Accidental Death and Dismemberment Exclusions remain unchanged.

All other provisions of the certificate remain unchanged.

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 tanbien 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.

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.

R-08674 (06/2010)

ReliaStar Life Insurance Company

BENEFICIARY DESIGNATION MAY NOT APPLY IN THE EVENT OF ANNULMENT OR DIVORCE

Under Virginia law (Virginia Code Section 20-111.1), a revocable beneficiary designation in a policy owned by one spouse that names the other spouse as beneficiary becomes void upon the entry of a decree of annulment or divorce, and the death benefit prevented from passing to a former spouse will be paid as if the former spouse had predeceased the decedent. In the event of annulment or divorce proceedings, and if it is the intent of the parties that the beneficiary designation of the former spouse is to continue, you are advised to make certain that one of the following courses of action is taken prior to the entry of a decree of annulment or divorce:

- Change the beneficiary designation to make it irrevocable.
- Change the ownership of the policy or contract.
- Execute a separate written agreement stating the intention of both parties that the beneficiary designation is to remain in effect beyond the date of entry of the decree of annulment or divorce.
- Make certain that the decree of annulment or divorce contains a provision stating that the beneficiary designation is not to be revoked pursuant to Section 20.111.1.

RELIASTAR LIFE INSURANCE COMPANY CERTIFICATE BOOKLET RIDER

Applicable to Washington Residents

Washington law requires the following benefits be provided to Washington residents.

I. If your certificate contains an Accidental Death & Dismemberment benefit and/or an Accidental Death & Dismemberment benefit for dependents, the following provision applies:

Accidental Death & Dismemberment (AD&D) Insurance ReliaStar Life pays this benefit if you or your insured dependent lose your or your insured dependent's life, limb or sight due to an accident. All of the following conditions must be met:

- You or your insured dependent are covered for AD&D Insurance on the date of the accident.
- Loss occurs within 365 days of the date of the accident.
- The cause of the loss is not excluded.

All other provisions of the Accidental Death & Dismemberment benefit remain unchanged.

- II. If your certificate contains an Accelerated Death benefit, the following applies:
 - 1. NOTE: IF YOU RECEIVE PAYMENT OF ACCELERATED BENEFITS, YOU MAY LOSE YOUR RIGHT TO RECEIVE CERTAIN PUBLIC FUNDS, SUCH AS MEDICARE, MEDICAID, SOCIAL SECURITY, SUPPLEMENTAL SECURITY, SUPPLEMENTAL SECURITY INCOME (SSI), AND POSSIBLY OTHERS. ALSO, RECEIVING ACCELERATED BENEFITS MAY HAVE TAX CONSEQUENCES FOR YOU. RELIASTAR LIFE CANNOT GIVE YOU ADVICE ABOUT THIS. YOU MAY WISH TO OBTAIN ADVICE FROM A TAX PROFESSIONAL OR AN ATTORNEY BEFORE YOU DECIDE TO RECEIVE ACCELERATED BENEFITS.
 - 2. ReliaStar Life pays this benefit if it has been determined that you have a terminal condition. Accelerated Death Benefit proceeds is the amount ReliaStar Life pays to you or your legal representative while you are living when it has been determined that you have a terminal condition. The Accelerated Death Benefit proceeds are paid in one lump sum and are paid only once. This lump sum payout is the only Settlement Option available to you prior to your death.

The Accelerated Death Benefit is the amount of the Accelerated Death Benefit shown on the Schedule of Benefits in effect on the date you apply for Accelerated Death Benefit proceeds. You will not be able to increase your contributory Life Insurance benefit after the time you apply for the Accelerated Death Benefit, unless you are determined to be ineligible to receive Accelerated Death Benefit proceeds.

To receive the Accelerated Death Benefit, **all** of the following conditions must be met. You must:

- request this benefit in writing while you are living. If you are unable to request this benefit yourself, your legal representative may request it for you.
- be insured as an employee for Life Insurance benefits.
- have Life Insurance benefits of at least \$10,000 as shown on the Schedule of Benefits.

2. (Cont.)

- •provide to ReliaStar Life a doctor's statement which gives the diagnosis of your medical condition; and states that because of the nature and severity of such condition, your life expectancy is no more than 24 months. ReliaStar Life may require that you be examined by a doctor of its choosing. If ReliaStar Life requires this, ReliaStar Life pays for the exam. If the second doctor's opinion is in conflict with the first opinion, and cannot be resolved, you have the right to mediation or binding arbitration conducted by a disinterested third party who has no ongoing relationship with either you or ReliaStar Life.
- provide to ReliaStar Life written consent from any irrevocable beneficiary, assignee, and, in community property states, from your spouse.
- 3. Accelerated Death Benefit Exclusions
 ReliaStar Life does not pay benefits for a terminal condition if the required Accelerated
 Death Benefit premium or Life Insurance premium is due and unpaid.
- 4. Definitions

Terminal Condition – an injury or sickness which is expected to result in your death within 24 months and from which there is no reasonable chance of recovery. ReliaStar Life, or a qualified party chosen by ReliaStar Life, will make this determination.

All other provisions of the Accelerated Death Benefit remain unchanged.

- III. Labor Dispute. If you stop active work because of a labor dispute, you may continue your Life Insurance up to the end of the 6 month period following the date you stop active work. Premiums must be paid.
- IV. If your certificate includes a suicide exclusion for the life insurance coverage, it is not applicable to your life insurance coverage.
- V. Any reference in your certificate to spouse includes a state-registered domestic partner.

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.

