

YOUR CANCER INSURANCE PLAN

For Employees of
State of Georgia Employee Benefit Plan Council

Voya Financial

D9631 (08/23)

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

ReliaStar Life Insurance Company certifies that it has issued and delivered a Group Insurance Policy to the Policyholder shown below.

Policyholder: State of Georgia Employee Benefit Plan Council
Group Policy Number: 73849-2
Policy Effective Date: January 1, 2024
Issue State: Georgia

NOTICE TO BUYER: THIS IS A LIMITED BENEFIT HEALTH CERTIFICATE. THIS CERTIFICATE PROVIDES CANCER ONLY COVERAGE AND DOES NOT PAY BENEFITS FOR SICKNESS OR LOSS FROM ANY OTHER CAUSE.

PLEASE READ YOUR CERTIFICATE CAREFULLY.

Notice: The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

This Certificate contains the terms of the Group Insurance Policy that affect your insurance. This Certificate is part of the Group Insurance Policy.

This Certificate is governed by the laws of the Issue State shown above unless preempted by the federal Employee Retirement Income Security Act.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Robert L. Grubka
President



Melissa A. O'Donnell
Secretary

Group Cancer Insurance Certificate

Non-Participating

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1. BENEFIT HIGHLIGHTS

Eligible Classes:

- All Actively at Work full-time Employees of the State of Georgia, or of a state agency who work at least 30 hours a week on a continuing basis, and whose employment is expected to last at least 9 months; excluding seasonal, part-time, short-term, and sheltered-workshop Employees.
- All Actively at Work Georgia public school teachers who are employed in a professionally certificated capacity, work 50% or more and at least 17.5 hours per week, and are not considered temporary or emergency Employees.
- All Actively at Work Employees of Georgia local school systems who hold a non-certificated position; who are eligible to participate in the Teachers Retirement System of Georgia or its local equivalent; and who work at least 20 hours a week (or 60% of the time necessary to carry out the duties of the position, if that is more than 20 hours per week).
- All Actively at Work Employees who are eligible to participate in the Georgia Public School Employee Retirement System, and who work at least 15 hours a week (or 60% of the time necessary normally required for these positions, if that is more than 15 hours per week).
- All Actively at Work Employees of any Georgia county or regional library who work at least 17.5 hours per week.
- All Actively at Work Employees who are a member of the General Assembly, a constitutional officer or an Employee of the Georgia judiciary system.
- All other Actively at Work Employees deemed eligible by federal and State of Georgia law.

Insureds who are continuing coverage under the Portability provision are also an eligible class.

Eligibility Waiting Period:

None.

1. BENEFIT HIGHLIGHTS

Covered Benefits

Refer to the Covered Cancer Benefits section of this Certificate for additional benefit details. Any limitation or exclusion applies separately to each Insured.

Cancer Losses

Maximum Lifetime Benefit:

The total benefits paid under this Policy cannot exceed a lifetime maximum of \$1,000,000 for each Insured.

Cancer Screening:

Limited to once per Benefit Year

\$60

Hospital Confinement:

Limited to 90 days per period of Confinement

\$400 per day

Radiation and Chemotherapy:

Injected Cytotoxic Medications

\$1,000 per Week not to exceed \$12,000 per Benefit Year

First Prescription Pump Dispensed Cytotoxic Medications

\$1,000 per prescription not to exceed \$12,000 per Benefit Year

Refill Pump Dispensed Cytotoxic Medications

\$1,000 per Week not to exceed \$12,000 per Benefit Year

Oral Cytotoxic Medications

\$500 per prescription not to exceed \$1,500 per month

Cytotoxic Medications Administration by Any Other Method

\$1,000 per Week not to exceed \$12,000 per Benefit Year

External Radiation Therapy

\$600 per Week not to exceed \$12,000 per Benefit Year

Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium

\$750 per Week not to exceed \$12,000 per Benefit Year

Oral or I.V. Radiation

\$600 per Week not to exceed \$12,000 per Benefit Year

In Hospital Blood and Plasma:

\$50 per day

Outpatient Blood and Plasma:

\$50 per day

Extended Care Facility:

Limited to a maximum of 90 days per Benefit Year

\$200 per day

Hospice:

Limited to a maximum of 100 days per Lifetime

\$200 per day

1. BENEFIT HIGHLIGHTS

In-hospital Physician Visits: Limited to a maximum of 75 visits	\$50 per daily visit
Prosthesis:	
Surgically Implanted Devices	\$3,000 per device not to exceed a Lifetime maximum of \$6,000
Other Devices	\$300 per device not to exceed a Lifetime maximum of \$600
Ambulance Benefit: Limited to 2 one-way trips per period of Confinement	\$250 Ground \$2,000 Air
Lodging: Limited to 1 benefit per day	\$100 per day, not to exceed a maximum of 90 days per Benefit Year
Second Surgical Opinion: Limited to once per surgical procedure	\$300
Skin Cancer:	
Biopsy Only	\$100
Reconstructive surgery following previous excision of skin Cancer	\$250
Excision of skin Cancer without flap or graft	\$375
Excision of skin Cancer with flap or graft	\$600

1. BENEFIT HIGHLIGHTS

Surgery and Anesthesia for Internal Cancer:

Limited to a combined maximum of \$7,500 for one operation

<u>Procedure</u>	Anesthesia Benefit	Surgical Benefit
Mandible-Mandibulectomy	\$760	\$2,300
Misc - Pathological hip fracture	\$400	\$1,200
Breast - Needle biopsy	\$50	\$150
Breast - Excisional biopsy	\$50	\$150
Breast - Lumpectomy	\$100	\$300
Breast - Mastectomy partial	\$100	\$300
Breast - Mastectomy simple	\$180	\$550
Breast - Mastectomy radical	\$400	\$1,200
Throat - Laryngectomy (without neck dissection)	\$365	\$1,100
Throat - Laryngectomy (with neck dissection)	\$730	\$2,200
Throat - Laryngoscopy	\$50	\$150
Throat - Tracheostomy	\$50	\$150
Chest - Bronchoscopy	\$70	\$200
Chest - Thoracentesis	\$50	\$150
Chest - Thoracostomy	\$50	\$150
Chest - Thoracotomy	\$165	\$500
Chest - Pneumonectomy	\$400	\$1,200
Chest - Lobectomy	\$365	\$1,100
Chest - Wedge resection	\$250	\$750
Misc - Venous-catheters/venous port (chemo)	\$50	\$150
Misc - Bone marrow biopsy or aspiration	\$50	\$150
Lymphatic – Splenectomy	\$225	\$675
Lymphatic – Excision or biopsy of a single lymph node	\$60	\$175
Lymphatic - Lymphadenectomy (bilateral)	\$365	\$1,100
Lymphatic - Lymphadenectomy (unilateral)	\$255	\$775
Lymphatic - Axillary node dissection	\$215	\$650
Chest - Mediastinoscopy	\$100	\$300
Mouth - Hemiglossectomy	\$115	\$350
Mouth - Glossectomy	\$430	\$1,300
Mouth - Resection of palate	\$200	\$600
Salivary glands - Biopsy	\$50	\$150
Salivary glands - Parotidectomy	\$300	\$900
Salivary glands - Radical neck dissection	\$730	\$2,200
Mouth - Tonsil/Mucous membranes	\$290	\$875
Esophagus - Resection of esophagus	\$305	\$925
Esophagus - Esophagoscopy	\$50	\$150
Stomach - Gastroscopy	\$75	\$225
Intestines - ERCP	\$135	\$400
Esophagus - Esophagogastrectomy	\$1,155	\$3,500
Stomach - Gastrectomy (complete)	\$430	\$1,300
Stomach - Gastrectomy (partial)	\$325	\$975
Stomach - Gastrojejunostomy	\$265	\$800

1. BENEFIT HIGHLIGHTS

<u>Procedure</u>	Anesthesia Benefit	Surgical Benefit
Intestines - Resection of small intestine	\$305	\$925
Intestines - Colectomy	\$265	\$800
Intestines - Ileostomy	\$250	\$750
Intestines - Colostomy/or revision of	\$200	\$600
Intestines - Excision on rectum for biopsy	\$70	\$200
Intestines - Abdominal-perineal resection	\$400	\$1,200
Intestines - Proctosigmoidoscopy	\$50	\$150
Intestines - Sigmoidoscopy	\$50	\$150
Intestines - Colonoscopy (does not include virtual or CT Colonography)	\$85	\$250
Liver - Needle biopsy	\$50	\$150
Liver - Wedge biopsy	\$175	\$525
Liver - Resection of liver	\$1,090	\$3,300
Abdomen - Cholecystectomy	\$250	\$750
Pancreas - Pancreatectomy	\$400	\$1,200
Pancreas - Whipple procedure	\$1,520	\$4,600
Pancreas - Jejunostomy	\$530	\$1,600
Abdomen - Exploratory laparotomy	\$175	\$525
Abdomen - Paracentesis	\$50	\$150
Kidney - Nephrectomy (simple)	\$300	\$900
Kidney - Nephrectomy (radical)	\$530	\$1,600
Bladder - Cystectomy (partial)	\$250	\$750
Bladder - Cystectomy (complete)	\$1,485	\$4,500
Bladder - Cystectomy (with ureteroileal conduit)	\$1,815	\$5,500
Prostate - Cystoscopy	\$50	\$150
Bladder - Cystoscopy	\$50	\$150
Bladder - (TUR) transurethral resection bladder tumors	\$135	\$400
Prostate - (TUR) transurethral resection prostate	\$265	\$800
Penis - amputation, partial	\$175	\$525
Penis - amputation, complete	\$265	\$800
Penis - amputation, radical	\$430	\$1,300
Testis - Orchiectomy (unilateral)	\$110	\$325
Testis - Orchiectomy (bilateral)	\$165	\$500
Prostate - Needle biopsy	\$50	\$150
Prostate - Radical prostatectomy	\$565	\$1,700
Vulva - Vulvectomy (partial)	\$190	\$575
Vulva - Vulvectomy (radical)	\$235	\$700
Female Reproductive - Colposcopy	\$50	\$150
Female Reproductive - D & C	\$60	\$175
Female Reproductive - Abdominal hysterectomy/uterus only	\$400	\$1,200
Female Reproductive - Uterus, tubes & ovaries with total pelvic exenteration	\$1,650	\$5,000
Female Reproductive - Vaginal hysterectomy/uterus only	\$330	\$1,000
Female Reproductive - Oophorectomy	\$190	\$575
Female Reproductive - Uterus, tubes & ovaries	\$500	\$1,500
Thyroid - Thyroidectomy (partial: one lobe)	\$265	\$800
Thyroid - Thyroidectomy (total: both lobes)	\$430	\$1,300
Brain - Burr holes not followed by surgery	\$200	\$600
Brain - Exploratory craniotomy	\$695	\$2,100
Brain - Excision brain tumor	\$1,090	\$3,300
Brain - Ventriculoperitoneal shunt	\$530	\$1,600

1. BENEFIT HIGHLIGHTS

<u>Procedure</u>	Anesthesia Benefit	Surgical Benefit
Spine - Cordotomy	\$430	\$1,300
Spine - Laminectomy	\$1090	\$3,300
Eye - Enucleation	\$265	\$800
Soft Tissue Tumor (sarcoma) - Simple biopsy	\$15	\$50
Soft Tissue Tumor (sarcoma) - Simple tumor extraction without graft	\$125	\$375
Soft Tissue Tumor (sarcoma) - Complex excision with reconstructive surgery	\$200	\$600
Soft Tissue Tumor (sarcoma) - Skin graft following complex excision	\$330	\$1,000
Soft Tissue Tumor (sarcoma) - Limb amputation	\$665	\$2,000
Radium Implants - Insertion	\$365	\$1,100
Radium Implants - Removal	\$200	\$600

First Occurrence: \$3,000
 Limited to once per Lifetime

Experimental Treatment:
Oral, Injected or Pump Dispensed Medications \$150 per day, not to exceed \$1,050 per month

National Cancer Institute Evaluation/Consultation: \$500
 Limited to once per Lifetime

Anti-nausea Medication: \$100 per month

Bone Marrow Transplant: \$10,000 for each Insured
 Limited to once per Lifetime* \$1,500 to the bone marrow donor

Stem Cell Transplant: \$5,000
 Limited to once per Lifetime*

*Benefits will only be paid once per Lifetime for either a Bone Marrow Transplant or Stem Cell Transplant, not both.

Nursing Services: \$200 per day
 Limited to 60 days per Benefit Year

Home Health Care: \$200 per visit
 Limited to a maximum of 20 visits after any period of Confinement not to exceed a maximum of 60 visits per Benefit Year

1. BENEFIT HIGHLIGHTS

Transportation:

Limited to 3 round trips per Benefit Year \$250 per round trip

Reconstructive Surgery:

Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast) \$350

Breast Reconstruction \$700

Facial Reconstruction \$700

Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap \$2,500

In addition, we will pay 30% of the amounts shown for Reconstructive Surgery for Anesthesia during these procedures.

Outpatient Hospital Surgical: \$250 per day
Limited to 3 days per procedure

Contributions: The cost of your insurance is paid for entirely by you.

2. DEFINITIONS

Actively at Work means that you perform all the regular duties of your job for a full workday at your Employer's normal place of business, a site approved by your Employer or a site where your Employer's business requires you to travel.

You are considered Actively at Work on any day that is not your regular scheduled workday (e.g., you are on vacation or holiday) as long as you were Actively at Work on your immediately preceding scheduled workday, and you are neither Confined nor disabled due to an Injury or Sickness.

You are considered Actively at Work if you usually perform the regular duties of your job at your home if you can perform all the regular duties of your job for a full workday and could do so at your Employer's normal place of business.

Ambulatory Surgical Center means a licensed or accredited facility that provides medical or surgical intervention requiring care for immediate (day of procedure), pre-procedure and immediate post-procedure care. The total length of care is less than 24 hours. A Physician must be directly involved in the care.

Anesthesia means the administration of anesthetic drugs used during a medical or surgical procedure.

Benefit Year means a calendar year beginning on January 1 of any year and ending on December 31 of that year.

Bone Marrow Transplant means a procedure in which a patient's bone marrow is replaced with cellular elements to reconstitute the bone marrow. It may be preceded by chemotherapy, radiotherapy or other Treatments which cause residual bone marrow to be destroyed. The collection of stem cells or other peripheral blood cells and their later reinfusion is not a Bone Marrow Transplant.

Cancer means a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors, myelodysplastic blood disorder, myeloproliferative blood disorders and melanoma. Cancer includes carcinomas in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as leukoplakia, hyperplasia, and nonmalignant skin lesions will not be considered Cancer.

Certificate means this document, which describes the benefits and rights of Insureds under the Policy. It may include riders or endorsements.

Chemotherapy means chemotherapeutic medications prescribed by a Physician for Diagnosed Cancer and that cause cell damage primarily by targeting cell growth. These medications do not include Immunotherapy.

Clinic means an institution, building or part of a building where Outpatients receive Treatment for Diagnoses.

Confined or Confinement means on the advice of a Physician, the assignment of a person to a bed as a resident inpatient in a Hospital for not less than 24 continuous hours. There must be a charge for room and board.

Contributory means you pay all or part of the premium.

Cytotoxic means chemotherapeutic medications prescribed by a Physician for Diagnosed Cancer and that cause cell damage primarily by targeting cell growth. These medications do not include Immunotherapy, hormones, or hormone antagonists.

Dependent means your insured Spouse and Children.

2. DEFINITIONS

Child (Children) means a child from birth but less than 26 years of age who is one of the following:

- your natural or adopted child (including a child placed for adoption).
- your stepchild.
- a child of your domestic partner as defined by the Employer if you have completed and signed an affidavit of domestic partnership on a form acceptable to the Employer.
- your foster child or a child or grandchild for whom you are a legal guardian.

The child must also meet the following conditions:

- not be a full-time active duty in the armed forces or any country or subdivision thereof.
- legally reside in the United States or its territories or possessions.
- not be insured under the policy as an Employee or Spouse.

This definition includes your Child age 26 or older who is incapable of self-sustaining employment due to physical or intellectual disability. Written proof of the Child's incapacity must be furnished to Us within 31 days after the Child reaches the limiting age or within 31 days after your eligibility date, if the Child is over the limiting age due to a disability which began before age 26, provided your child is otherwise eligible for coverage. We may require, at reasonable intervals, but not more than once per year after the two-year period following attainment of limiting age, evidence satisfactory to us that the incapacity is continuing.

Coverage will continue while the Child remains incapable of self-sustaining employment due to physical or intellectual disability and continues to meet the definition of Child except for the age limit.

Diagnosed, Diagnosis or Diagnoses means an evaluation of an Insured's medical condition that is performed by a Physician whose specialty is appropriate for the condition being evaluated, and who is board certified in that specialty in accordance with the American Board of Medical Specialties criteria. The evaluation must be consistent with the most current medically accepted diagnostic standards according to Nationally Recognized Authorities. A Diagnosis must be based on conditions, clinical signs on examination, or test results that have changed substantially since becoming insured under the Policy. A clinical Diagnosis will be accepted only if a pathological confirmation of the Diagnosis cannot be made because it is medically inappropriate or life threatening.

Eligibility Waiting Period means the length of time you must be a member in an Eligible Class before you can apply for insurance. The Eligibility Waiting Period is shown in the Benefit Highlights. Any period of time you were Actively at Work for the Employer as a full-time Employee will count towards completion of the Eligibility Waiting Period.

Employee means a person who is a citizen or legal resident of the United States in Active Employment with the Employer in the United States. Employee includes a person whose coverage is being continued under the Portability provision, even if the person is no longer Actively at Work with the Employer.

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

Enrollment Period means the period of time each year during which eligible Employees may elect, or change, or cancel insurance under the Policy. The Enrollment Period cannot exceed 30 days or occur more than once in any 12-month period, unless we agree in Writing.

Extended-care Facility means an accredited medical institution that provides prolonged skilled nursing or medical care including a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit, or any bed designated as a swing bed, or to a section of a Hospital used in that manner as approved by Medicare. It does not include any institution which is primarily for the care and Treatment of mental disease.

Family Member means: (a) your Spouse, civil union partner or domestic partner and (b) the following relatives of you or your Spouse, civil union partner or domestic partner: (1) parent; (2) grandparent; (3) child; (4) grandchild; (5) brother; (6) sister; (7) aunt; (8) uncle; (9) first cousin; and (10) nephew or niece. This includes adopted, in-law and step-relatives.

2. DEFINITIONS

Family Status Change means one of the following events:

- your marriage or divorce;
- the acquisition of a Child, other than a Newborn Child*, as defined herein;
- the death of your Spouse or child; or
- the commencement or termination of employment of your Spouse.

*For **Newborn Child** coverage, please refer to the Newborn Child section of the Child Eligibility, Effective Date & Termination of Insurance Section of this Certificate.

Hospice means an organization that provides medical services in an Inpatient, Outpatient or home setting to support and care for persons who are terminally ill with a life expectancy of 6 months or less as certified by a Physician. A Hospice must meet all of the following requirements:

- Comply with all state licensing requirements.
- Be Medicare certified and/or accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and
- Provide a Treatment plan and services under the direction of a Physician.
- An Inpatient Hospice facility must meet all of the following requirements in addition to the requirements above:
 - Be a dedicated unit within an Acute Medical Facility or a Subacute Rehabilitation Facility or a separate facility that provides Hospice services on an Inpatient basis.
 - Be licensed by the state in which the services are rendered to provide Inpatient Hospice services.
 - Be staffed by an on-call Physician 24 hours per day.
 - Provide nursing services supervised by an on duty registered nurse 24 hours per day.
 - Maintain daily clinical records.
 - Admit patients who have a terminal illness; and
 - Not provide patients with services that involve active intervention for the terminal illness although ongoing care for comorbid conditions and Palliative Care for the terminal illness may be provided.

Hospital means a facility licensed in the applicable jurisdiction that provides medical care and Treatment to sick and injured persons on an Inpatient basis with 24-hour nursing service by or under the supervision of a Physician. Hospital does not include: (1) a rest home; (2) a skilled nursing facility; (3) an extended care facility; (4) a place of convalescence; (5) rehabilitative care; (6) custodial care; or (7) a place primarily for the Treatment of drug addiction or alcoholism.

Immunotherapy means Treatments intended to improve the immune system by providing antibodies, colony stimulating factors, or immunoglobulins or the equivalent for the purpose of treating Cancer.

Initial Enrollment means the first date you are eligible to enroll for Employee Insurance, Spouse Insurance, and Children Insurance.

Injury means unintentional physical damage or harm caused directly by an accident occurring while insured under the Policy and not due to sickness, disease, or any other causes.

Inpatient means a patient who is admitted to a Hospital for an Injury or Sickness.

Insured means any person covered under the Policy.

Internal Cancer means a Cancer contained within the body. Internal Cancers do not include Cancers of the skin except for malignant melanoma skin cancer which must be greater than 1.0 mm in thickness, unless it is ulcerated or accompanied by lymph node or distant metastasis.

Leave of Absence means that you are temporarily not Actively at Work for a period of time your Employer has agreed to in Writing, and which is in accordance with the Employer's formal leave policies. Your normal vacation time is not considered a temporary Leave of Absence.

2. DEFINITIONS

Lifetime means the period of time you or your Dependent is alive.

Mental Illness means a mental disorder as listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders, as published by the American Psychiatric Association. A Mental Illness, as so defined, may be related to or be caused by physical or biological factors, or result in physical symptoms or expressions.

Nationally Recognized Authorities means the American Medical Association (AMA) Council on Scientific Affairs, the AMA Diagnostic and Therapeutic Technology Assessment Project, the AMA Board of Medical Specialties, the American College of Physicians and Surgeons, the Food and Drug Administration, the Centers for Disease Control and Prevention, the Office of Technology Assessment, the National Institutes of Health, the Health Care Finance Administration, the Agency for Health Care Policy and Research, the Department of Health and Human Services, the National Cancer Institute, and any additional organizations we choose which attain similar status.

NCI-designated Cancer Center means a facility, having a current National Cancer Institute (NCI) designation, that provides Treatment for or research concerning Cancer.

NCI-listed means a Cancer Treatment protocol that is listed in the National Cancer Institute's (NCI) Physician Data Query (PDQ) or its equivalent. The PDQ is an online database that contains Cancer information summaries, listings of clinical trials, and directories of Physicians and organizations involved in Cancer care.

Outpatient means a patient who is not admitted to a Hospital, but instead is cared for elsewhere such as a Physician's office, Clinic, or day surgery center for an Injury or Sickness.

Palliative Care means Treatment or services designed to reduce the severity of a condition or symptoms without curing the underlying disease.

Physician means a person who is operating within the scope of their license and is either:

- licensed in the United States as a medical doctor and authorized to practice medicine and prescribe and administer drugs or to perform surgery; or
- any other duly licensed medical practitioner who is deemed by applicable state law to have the same authority as a legally qualified medical doctor.

The Physician cannot be you, a business associate, or any Family Member.

Policy means the group insurance policy under which this Certificate is issued.

Policyholder means the entity to which the Policy is issued.

Proof means any medical, financial, or other information that we require to make a claim determination.

Prosthesis means the replacement of a missing or defective part by an artificial substitute, such as an artificial extremity, an artificial organ or part.

Sickness means disease or illness, Mental Illness, or pregnancy.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law.

Spouse means your lawful spouse. It also includes your domestic partner as defined by the Employer if you have completed and signed an affidavit of domestic partnership on a form acceptable to the employer.

Spouse does not include:

- any person who is insured as an Employee; or
- any person residing outside the United States. This exclusion does not apply to your Spouse who resides with you while you are on a temporary work assignment outside the United States.

2. DEFINITIONS

Stem Cell Transplant means the delivery of autologous or allogeneic stem cells to a person who has received chemotherapy or radiation to treat Internal Cancer. This definition does not include allogeneic or autogeneic bone marrow collection and infusion of bone marrow under Anesthesia.

Total Disability or **Totally Disabled** means that due to an Injury or Sickness you are unable to perform the material duties of your regular occupation, and you are unable to perform any other occupation for which you are fit by education, training or experience.

Treatment means a Physician's consultation, care, or services; diagnostic measures; or the prescription, refill or taking of prescribed drugs or medicines.

Week means a calendar period of 7 consecutive days, beginning on 12:00 a.m. Sunday and ending on 11:59 p.m. Saturday.

We, Us, Our (we, us, our) means ReliaStar Life Insurance Company.

Written or Writing means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law.

You, Your (you, your) means an Employee who is eligible for insurance under the Policy.

3. EMPLOYEE ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF INSURANCE

ELIGIBILITY

You are initially eligible for coverage on the later of:

- the day after your Eligibility Waiting Period ends; or
- the date you first are Actively at Work in an Eligible Class.

You are also eligible for coverage during any Enrollment Period or as a result of a Family Status Change. In either case, you must be Actively at Work and in an Eligible Class.

ENROLLMENT

You must enroll within 31 days of the date you are initially eligible for coverage or within 31 days of the date of a Family Status Change or during any Enrollment Period.

If you refuse your insurance and do not enroll when you are eligible, then you will not be allowed to enroll until the next Enrollment Period or Family Status Change.

EFFECTIVE DATE OF COVERAGE

For an Employee hired on the first working day of the month, your coverage starts on the later of:

- the first day of the month following the date you are eligible; or
- the first day of the month following the date you enroll and agree to make any required contribution toward the cost of insurance.

For an Employee hired after the first working day of the month, your coverage starts on:

- the first day of the month after completing a full calendar month of continuous employment, provided you enroll in coverage within 31 days of your date of hire and agree to make any required contribution toward the cost of insurance.

For an Employee who elects coverage as a result of a Family Status Change, your coverage starts on:

- the first day of the month following the date of a Family Status Change, if you enroll within 31 days of a Family Status Change.

If you are not Actively at Work on that date, your insurance will not start until you are Actively at Work.

CHANGE IN COVERAGE

You may request a change in your coverage during any Enrollment Period while the Policy is in force.

You may also request a change in coverage at any time due to a Family Status Change. Such request must be made within 31 days of the date the Family Status Change occurred.

Any increase in coverage is subject to the Pre-Existing Conditions limitation. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, and not the original effective date of your coverage.

EFFECTIVE DATE OF CHANGE IN COVERAGE

If you are Actively at Work, any increase in coverage, for reasons other than a Family Status Change will start the first of the month following the date you applied for a different coverage option and agreed to make any required contribution toward the cost of insurance.

If you are not Actively at Work on that date, any increase in coverage will not start until you are Actively at Work.

Whether or not you are Actively at Work, any reduction in coverage for reasons other than a Family Status Change will start on the first of the month following the date you applied for a different coverage option.

3. EMPLOYEE ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF INSURANCE

If you are Actively at Work, any increase in coverage due to a Family Status Change will start on the later of:

- the date you apply for such change in coverage and agree to make any required contribution toward the cost of insurance; or
- the date of your Family Status Change.

If you are not Actively at Work on that date, any increase due to a Family Status Change in coverage will not start until you are Actively at Work.

Whether or not you are Actively at Work, any reduction in coverage due to a Family Status Change will start on the date of your Family Status Change.

Any change in coverage will only affect benefits for a Covered Cancer Benefit that occurs after the effective date of the change.

REHIRE

If you are rehired by your Employer within 30 days of the date your employment ends, your insurance may be reactivated. Your reactivated insurance will:

- be the same insurance for which you were insured prior to the termination of employment; and
- be subject to all the terms and provisions of the Policy.

You will be subject to a new Pre-existing Condition limitation as of the date you are rehired. You will be given credit for the time you were insured prior to your termination of your employment.

If you had partially satisfied your Eligibility Waiting Period prior to the termination of your employment, your previous time employed with your Employer will count towards completion of your Eligibility Waiting Period. Your Eligibility Date will be the later of the date you are rehired or the day after you complete the Eligibility Waiting Period.

If you are rehired by your Employer 30 days or more after the date your employment terminates, your coverage will not be reactivated. You will be eligible for insurance on the day after you complete a new Eligibility Waiting Period.

You must re-enroll within 31 days of your rehire date.

Coverage will not be reactivated for any amount of insurance which you continued under the Portability provision, unless you cancel such coverage.

TERMINATION OF COVERAGE

Your coverage will end on the earliest of the following:

- the date the Policy terminates, subject to any applicable Portability provision;
- the last day of the period for which any required premium has been paid for your coverage or any part of your insurance;
- the date you request in Writing to cancel your coverage; or
- the date you die.

Your coverage will also end when any of the following occur, but coverage may be extended subject to any allowed continuation as specified in the Continuation and Portability sections:

- the date you are no longer in an Eligible Class;
- the date you enter active duty in any armed service;
- the date you retire;
- the date your class is no longer included for insurance; or
- the last day you are Actively at Work.
- the date premiums are no longer being waived under the Waiver of Premium Benefit, if you are not in an eligible class on that date. Portability provisions may still apply. Please refer to the Portability section of this Certificate.

3. EMPLOYEE ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF INSURANCE

REINSTATEMENT OF COVERAGE

If your coverage ends for any reason other than you have voluntarily terminated your insurance, then your insurance may be reinstated within 12 months from when your insurance ended. To reinstate your insurance, you must submit a Written request within 31 days after you return to being Actively at Work in an Eligible Class.

Reinstatement will be effective on the date when all of the following have occurred:

- you agree to make any required contribution toward the cost of your insurance; and
- you are Actively at Work.

Any Diagnosis, service or Treatment for Cancer occurring between your termination date and your reinstatement effective date will not be considered a Covered Cancer Benefit.

A new Eligibility Waiting Period will not apply.

Your reinstated insurance will be subject to all the terms and provisions of the Policy.

Coverage will not be reinstated for any amount of insurance which you continued under the Portability provision, unless you cancel such coverage.

4. SPOUSE ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF INSURANCE

ELIGIBILITY

If you are in an Eligible Class shown, you are initially eligible for Spouse coverage on the later of:

- the date you are eligible for Employee coverage; or
- the date you acquire a Spouse.

You are also eligible for Spouse coverage during any Enrollment Period or as a result of a Family Status Change. In either case, you must be in an Eligible Class and have a Spouse.

ENROLLMENT

You must enroll within 31 days of the date you are initially eligible for Spouse coverage if you are Actively at Work, within 31 days of the date of a Family Status Change or during any Enrollment Period.

If you refuse your insurance, and do not enroll when you are eligible, then you will not be allowed to enroll until the next Enrollment Period or Family Status Change.

EFFECTIVE DATE OF COVERAGE

For an Employee hired on the first working day of the month, Spouse coverage starts on the later of:

- the first day of the month following the date you are eligible for Spouse coverage; or
- the first day of the month following the date you enroll for Spouse coverage and you agree to make any required contribution toward the cost of insurance.

For an Employee hired after the first working day of the month, Spouse coverage starts on:

- the first day of the month after completing a full calendar month of continuous employment, provided you enroll in coverage within 31 days of your date of hire and agree to make any required contribution toward the cost of insurance.

For an Employee who elects Spouse coverage as a result of a Family Status Change, Spouse coverage starts on:

- the first day of the month following the date of the Family Status Change, if you enroll within 31 days of the Family Status Change.

If you are not Actively at Work on that date, your Spouse coverage will not start until you are Actively at Work.

If your Spouse is Confined on the date your Spouse coverage would normally start, your Spouse coverage will not start until your Spouse is no longer Confined.

CHANGE IN COVERAGE

You may request a change in your Spouse coverage during any Enrollment Period while the Policy is in force.

You may also request a change in Spouse coverage at any time due to a Family Status Change. Such request must be made within 31 days of the date the Family Status Change occurred.

Any increase in Spouse coverage is subject to the Pre-existing Conditions limitation. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, and not the original effective date of your coverage.

EFFECTIVE DATE OF CHANGE IN COVERAGE

If you are Actively at Work, any increase in Spouse coverage for reasons other than a Family Status Change, will start on the first day of the month following the date you applied for a different coverage option and agreed to make any required contribution toward the cost of insurance.

If your Spouse is Confined on that date, your increase in Spouse coverage will not start until your Spouse is no longer Confined.

If you are not Actively at Work on that date, any increase in Spouse coverage will not start until you are Actively at Work.

4. SPOUSE ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF INSURANCE

Whether or not you are Actively at Work, any reduction in Spouse coverage for reasons other than a Family Status Change will start on the first day of the month following the date you applied for a different coverage option.

If you are Actively at Work, any increase in Spouse coverage due to a Family Status Change will start on the later of:

- the date you apply for such change in Spouse coverage and agree to make any required contribution toward the cost of insurance; or
- the date of your Family Status Change If you enroll within 31 days of the Family Status Change.

If your Spouse is Confined on that date, your increase in Spouse coverage will not start until your Spouse is no longer Confined.

If you are not Actively at Work on that date, any increase due to a Family Status Change in Spouse coverage will not start until you are Actively at Work.

Whether or not you are Actively at Work, any reduction in Spouse coverage to a Family Status Change will start on the date of your Family Status Change.

Any change in Spouse coverage will only affect benefits for a Covered Cancer Benefit that occur after the effective date of the change.

TERMINATION OF COVERAGE

Spouse coverage will end on the earliest of the following:

- the date the Policy terminates, subject to any applicable Portability provision;
- the last day of the period for which any required premium has been paid for your insurance or your Spouse coverage or any part of your insurance or your Spouse coverage;
- the date you request in Writing to cancel your Spouse coverage;
- the date you die; or
- the date your Spouse dies.

Your Spouse coverage will also end when any of the following occur, but coverage may be extended subject to any allowed continuation as specified in the Continuation and Portability sections:

- the date you are no longer in an Eligible Class;
- the date you are no longer insured under the Policy;
- the date your Spouse no longer meets the definition of Spouse as described in this Certificate;
- the date your Spouse enters active duty in any armed service;
- the date you retire;
- the date your class is no longer included for insurance; or
- the last day you are Actively at Work.

4. CHILD ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF INSURANCE

ELIGIBILITY

If you are in an Eligible Class, then you are initially eligible for Child coverage on the latest of:

- the date you are eligible for Employee coverage; or
- the date you acquire a Child.

You are also eligible for Child coverage during any Enrollment Period or as a result of a Family Status Change. In either case, you must be in an Eligible Class and have one or more Children.

ENROLLMENT

You must enroll within 90 days of the date you are initially eligible for Child coverage as long as you are Actively at Work on that date or within 90 days of the date of a Family Status Change or during any Enrollment Period.

If you refuse your insurance and do not enroll when you are eligible, then you will not be allowed to enroll until the next Enrollment Period or Family Status Change.

EFFECTIVE DATE OF COVERAGE

For an Employee hired on the first working day of the month, Child coverage starts on the later of:

- the first day of the month following the date you are eligible for Child coverage; or
- the first day of the month following the date you enroll for Child coverage and agree to make any required contribution toward the cost of insurance.

For an Employee hired after the first working day of the month, your Child coverage starts on:

- the first day of the month after completing a full calendar month of continuous employment, provided you enroll in coverage within 31 days of your date of hire and agree to make any required contribution toward the cost of insurance.

For an Employee who elects Child coverage as a result of a Family Status Change, your Child coverage starts on:

- the date of the Family Status Change, if you enroll within 90 days of the Family Status Change.

If you are not Actively at Work on that date, your Child coverage will not start until you are Actively at Work.

If your Child is Confined on the date your Child coverage would normally start, your Child coverage will not start until your Child is no longer Confined. Confinement does not apply to a newborn child or a newly adopted child.

CHANGE IN COVERAGE

You may request a change in your Child coverage during any Enrollment Period while the Policy is in force.

You may also request a change in Child coverage at any time due to a Family Status Change. Such request must be made within 90 days of the date the Family Status Change occurred.

Any increase in Child coverage is subject to the Pre-existing Conditions limitation. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, and not the original effective date of your coverage.

EFFECTIVE DATE OF CHANGE IN COVERAGE

If you are Actively at Work, any increase in Child coverage, for reasons other than a Family Status Change, will start the first of the month following the date you applied for a different coverage option and you agree to make any required contribution toward the cost of insurance.

If your Child is Confined on that date, your increase in Child coverage will not start until your Child is no longer Confined.

If you are not Actively at Work on that date, any increase in Child coverage will not start until you are Actively at Work.

4. CHILD ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF INSURANCE

Whether or not you are Actively at Work, any reduction in Child coverage for reasons other than a Family Status Change will start on the first of the month following the date you applied for a different coverage option.

If you are Actively at Work, any increase in Child coverage due to a Family Status Change will start on the later of:

- the date you apply for such change in Child coverage and agree to make any required contribution toward the cost of insurance; or
- the date of your Family Status Change if you enroll within 90 days of the Family Status Change.

If your Child is Confined on that date, your increase in Child coverage will not start until your Child is no longer Confined.

If you are not Actively at Work on that date, any increase due to a Family Status Change in Child coverage will not start until you are Actively at Work.

Whether or not you are Actively at Work, any reduction in Children Cancer Insurance or benefits due to a Family Status Change will start on the date of your Family Status Change.

Any change in insurance for your Children will only affect benefits for a Covered Cancer Benefit that occur after the effective date of the change.

After you and a Child are covered under the Policy, and you are Actively at Work, any subsequent child who becomes one of your Children will automatically be covered.

NEWBORN COVERAGE

If you are insured under the Policy but do not have Child coverage when a newborn child, newly placed foster child or newly adopted child becomes one of your Children, then such child will automatically be covered for a limited period of 31 days from the date he or she becomes your Child. To continue coverage beyond 31 days, you must:

- enroll for Child coverage within 90 days from the date the newborn child, newly placed foster child or newly adopted child becomes your Child; and
- pay the required premium to continue your Children Cancer Insurance.

TERMINATION OF COVERAGE

Child coverage will end on the earliest of:

- the date the Policy terminates, subject to any applicable Portability provision;
- the last day of the period for which any required premium has been paid for your insurance or your Child coverage or any part of the insurance;
- the date you request in Writing to cancel your Child coverage;
- the date you die; or
- the date your Child dies.

Your Child coverage will also end when any of the following occur, but coverage may be extended subject to any allowed continuation as specified in the Continuation and Portability sections:

- the date you are no longer in an Eligible Class;
- the date you no longer insured under the Policy;
- the end of the current month that your Child no longer meets the definition of Child as described in this Certificate, but only with respect to that person;
- the date your Child enters active duty in any armed service;
- the date you retire;
- the date your class is no longer included for insurance; or
- the last day you are Actively at Work.

6. COVERED BENEFITS

We will pay the Covered Benefit amounts shown in the Benefit Highlights if the Insured is Diagnosed with Cancer and receives services or Treatment for Cancer while covered under the Policy. Any benefits are subject to the provisions of the Policy.

A covered loss must occur while the Insured is covered under the Policy. A Covered Benefit is subject to the limitations and exclusions described in this Certificate. Any required premiums must continue to be paid for benefits to be paid.

If any of the benefits below require a charge, and the Insured is not charged because the facility is a United States government facility, then we will pay the Covered Benefit amounts shown in the Benefit Highlights.

Cancer Screening

We will pay the Cancer Screening amount shown in the Benefit Highlights if you provide proof satisfactory to us that you or your Dependent was tested for Internal Cancer while covered under this Policy and charged for undergoing a 1) colonoscopy, 2) CA 125 test, 3) chest x-ray, 4) flexible sigmoidoscopy, 5) mammogram, 6) pap smear, 7) biopsy, 8) PSA, 9) CT scans or MRI scans, 10) BRCA testing, or 11) Hemocult stool specimen. We will pay this benefit only once per Benefit Year for each Insured regardless of whether multiple tests are performed. The benefit will be paid even if Internal Cancer is not Diagnosed. To receive this benefit, you must submit proof that the Internal Cancer screening test was performed by providing us with documentation from your Physician.

Hospital Confinement

We will pay the Hospital Confinement amount shown in the Benefit Highlights for each day during a period of Confinement in which you or your Dependent is Confined as an Inpatient for the Treatment of Internal Cancer. This benefit is limited to 90 days per period of Confinement.

Radiation and Chemotherapy

If the Insured receives Cytotoxic medications or radiation administered by medical personnel in a Hospital, Clinic or Physician's office as Internal Cancer Treatment for the purpose of changing or destroying abnormal tissue, then we will pay the Radiation and Chemotherapy benefits described below.

If the Insured receives and is charged for an injected Cytotoxic medication (approved by the FDA or NCI-listed) as Internal Cancer Treatment for the purpose of destroying or changing abnormal tissue, then we will pay the amount shown in the Benefit Highlights for each Week in which the Insured receives such Treatment, not to exceed the maximum per Benefit Year shown in the Benefit Highlights for all medications.

If the Insured receives and is charged for Cytotoxic Internal Cancer Treatment medications (approved by the FDA or NCI-listed) dispersed by a pump or implant for the purpose of destroying or changing abnormal tissue, then we will pay the amount shown in the Benefit Highlights for the first prescription and for each Week in which the Insured receives a pump refill, not to exceed the maximum per Benefit Year shown in the Benefit Highlights. This benefit is in addition to Surgical/Anesthesia benefits that may also be available for installing or removing the device. Benefits are not based on the number of days of continuous infusion of the medications pumped.

If the Insured receives and is charged for Cytotoxic Internal Cancer Treatment medications (approved by the FDA or NCI-listed) administered orally at any location, we will pay the amount shown in the Benefit Highlights for each prescription, not to exceed the maximum per month shown in the Benefit Highlights for all prescriptions.

If the Insured receives and is charged for external radiation Internal Cancer Treatment therapy administered for the purpose of destroying or changing abnormal tissue, we will pay the amount shown in the Benefit Highlights for each Week the external radiation is administered, not to exceed the maximum per Benefit Year shown in the Benefit Highlights. Benefits will not be based on the length of time the radium or radioisotope stays in the body.

If the Insured is charged for the insertion of interstitial or intracavity administration of radioisotopes or radium Internal Cancer Treatments for the purpose of destroying or changing abnormal tissue, we will pay the amount shown in the Benefit Highlights for each Week in which an insertion is performed, not to exceed the maximum per

6. COVERED BENEFITS

Benefit Year shown in the Benefit Highlights. This benefit is in addition to surgical/Anesthesia benefits which may also be available for insertion or removal of radiation delivery devices.

If the Insured receives and is charged for Cytotoxic Internal Cancer Treatment medications (approved by the FDA or NCI-listed) administered by any other method or radiation (approved by the FDA or NCI-listed) administered orally or intravenously (I.V.), we will pay benefits for each Week in which the Insured receives such Treatment, not to exceed the maximum per Benefit Year shown in the Benefit Highlights.

We will not pay benefits for Treatment planning, therapeutic devices, Immunotherapy, laboratory tests, diagnostic x-rays, dosimetry, or simulation associated with these procedures.

We will not pay benefits under this provision for Internal Cancer Treatment administered on the same day as Treatments covered by the Experimental Treatment benefit. However, if the Insured is eligible for both the Radiation and Chemotherapy benefit and the Experimental Treatment benefit on the same day, then we will pay the higher benefit.

In-hospital Blood and Plasma

For each day the Insured, while Confined as an Inpatient in a Hospital for Internal Cancer Treatment, receives blood and/or plasma, we will pay the In-hospital Blood and Plasma amount shown in the Benefit Highlights.

Outpatient Blood and Plasma

For each day the Insured receives Outpatient blood and/or plasma transfusions in a Physician's office, Clinic, Hospital, or Ambulatory Surgical Center, we will pay the Outpatient Blood and Plasma amount shown in the Benefit Highlights. These transfusions must be directly related to Internal Cancer Treatment.

Extended-care Facility

If we make payments under the Hospital Confinement Benefit for the Insured, and the Insured is thereafter Confined due to Internal Cancer to an Extended-care Facility, then we will pay the Extended-care Facility amount shown in the Benefit Highlights. We will pay for each day of Confinement in an Extended-care Facility that is within 30 days of Confinement for Internal Cancer. Benefits are payable for each Insured for a maximum period of 90 days per Benefit Year.

This benefit will not be paid for any day that a benefit is paid under the Hospital Confinement provision of the Policy. Confinement in an Extended-care Facility must begin no later than 30 days after the end of Confinement.

Hospice

We will pay the Hospice amount shown in the Benefit Highlights per day the Insured receives Hospice care, not to exceed a maximum of 100 days during each Insured's Lifetime.

Benefits will be paid provided the Insured's Physician gives a statement in Writing that the Insured is terminally ill because of Internal Cancer, that it is no longer appropriate to intervene with medical therapies to try to cure the Internal Cancer, and the Insured's medical prognosis is a life expectancy of less than 6 months.

This benefit is not payable for the same day the Extended-care Facility Benefit, the Home Health Care Benefit, or the Hospital Confinement Benefit is payable. However, if the Insured is eligible for the Hospice benefit, the Extended-care Facility benefit, the Home Health Care benefit, and the Hospital Confinement benefit on the same day, then we will pay the highest benefit.

In-hospital Physician Visits

While the Insured is Confined for Internal Cancer Treatment, we will pay the In-hospital Physician Visits amount shown in the Benefit Highlights for each day the Insured is visited by a Physician for Internal Cancer Treatment other than the operating surgeon, not to exceed a maximum of 75 visits.

6. COVERED BENEFITS

Prosthesis

We will pay the Prosthesis amount shown in the Benefit Highlights for each surgically implanted Prosthetic device, not to exceed a Lifetime maximum amount shown in the Benefit Highlights for each Insured, if, as a direct result or consequence of surgical Treatment of Internal Cancer, the Insured receives an implantable Prosthetic device or other non-implantable Prosthetic devices as the result of Internal Cancer Treatment.

If as a direct result or consequence of Treatment for Internal Cancer, the Insured receives non-implantable Prosthetic devices such as voice boxes, hairpieces or removable breast Prosthesis, we will pay the Prosthesis amount shown in the Benefit Highlights for each non-implantable device up to the Lifetime maximum amount shown in the Benefit Highlights for each Insured. The Prosthesis Benefit does not include coverage for a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap procedure as listed under the Reconstructive Surgery Benefit.

Ambulance

We will pay the Ambulance amount shown in the Benefit Highlights if a licensed professional ambulance is used to transport the Insured to a Hospital where the Insured is Confined as an Inpatient for Internal Cancer Treatment. This benefit is limited to two one-way trips per period of Confinement.

Lodging

If the Insured or an adult family companion stays in a hotel while the Insured is receiving Internal Cancer Treatment at a Hospital or Clinic more than 100 miles from the Insured's residence, we will pay the Lodging amount shown in the Benefit Highlights per day, not to exceed a maximum of 1 benefit per day and 90 days per Benefit Year. We will not pay for any day that a hotel charge is incurred if a stay begins more than 24 hours prior to Treatment or more than 24 hours after Treatment.

Second Surgical Opinion

If a Physician has Diagnosed the Insured with Internal Cancer requiring surgery and a second surgical opinion is obtained, we will pay the Second Surgical Opinion amount shown in the Benefit Highlights when the Insured obtains a second surgical opinion from a different Physician regarding the Internal Cancer surgery.

This benefit will be paid only once per surgical procedure, and it will not be payable for the same day that a National Cancer Institute Evaluation/Consultation Benefit is payable. However, if the Second Surgical Opinion Benefit under this provision is payable the same day that a National Cancer Institute Evaluation/Consultation Benefit is payable, then we will pay the higher benefit.

Skin Cancer

We will pay the Skin Cancer amount shown in the Benefit Highlights if a biopsy, reconstructive surgery following previous excision of skin Cancer, excision of skin Cancer without flap or graft, or excision of skin Cancer with flap or graft for Diagnosed skin Cancer is performed. The amount shown in the Benefit Highlights includes the amount payable for Anesthesia services.

Surgery and Anesthesia for Internal Cancer

If a Physician performs one of the procedures shown in the Benefit Highlights for the purpose of treating Internal Cancer Diagnosed in the Insured, we will pay the Surgery and Anesthesia for Internal Cancer amounts shown in the Benefit Highlights. The total combined benefits payable under this provision for one operation is limited to the maximum amount shown in the Benefit Highlights. This section of the Benefit Highlights shall not apply to surgery for skin Cancer, which will be covered only under the Skin Cancer Benefit. Similarly, this section of the Benefit Highlights shall not apply to reconstructive surgery, which will be covered only under the Reconstructive Surgery Benefit.

If more than one surgical procedure is performed through the same incision, benefits will be paid for only one procedure based upon the highest eligible benefit.

6. COVERED BENEFITS

First Occurrence

When the Insured is Diagnosed for the first time as having Internal Cancer, we will pay the First Occurrence amount shown in the Benefit Highlights for the First Occurrence Benefit.

This benefit will be paid for each Insured only once per Lifetime.

Experimental Treatment

If a Physician prescribes experimental Treatments for the purpose of destroying or changing abnormal tissue, and the Treatment is administered by medical personnel in a Physician's office, Clinic or Hospital, we will pay the Experimental Treatment amount shown in the Benefit Highlights for each day the Treatment is administered. All Treatments must be NCI-listed as viable experimental Treatment for Internal Cancer.

We will not pay benefits under this provision for laboratory tests, Immunotherapy, diagnostic x-rays, and therapeutic devices, or other procedures related to these Treatments. We will not pay benefits under this provision for the same day the Radiation and Chemotherapy Benefit is payable. However, if the Insured is eligible for both the Experimental Treatment benefit and the Radiation and Chemotherapy benefit on the same day, then we will pay the higher benefit.

National Cancer Institute Evaluation/Consultation

If the Insured is Diagnosed with Internal Cancer by a Physician and an evaluation or consultation is obtained at an NCI-designated Cancer center, strictly to determine the appropriate course of Cancer Treatment, we will pay the National Cancer Institute Evaluation/Consultation amount shown in the Benefit Highlights upon such evaluation or consultation. This benefit is payable only once per Lifetime for each Insured and is not payable for the same day the Second Surgical Opinion Benefit is payable. However, if the Insured is eligible for both the National Cancer Institute Evaluation/Consultation benefit and the Second Surgical Opinion benefit on the same day, then we will pay the higher benefit. The Transportation and Lodging benefits will apply for this evaluation or consultation, provided the requirements under those benefits are met.

Anti-nausea Medications

If a Physician prescribes drugs to control nausea related to chemotherapy or radiation Internal Cancer Treatments, we will pay the Anti-nausea Medication amount shown in the Benefit Highlights for each month during which the Insured receives and is charged for the drugs. This benefit will be paid as long as the Insured is receiving radiation or chemotherapy Treatments and prescribed drugs to control nausea.

Bone Marrow or Stem Cell Transplant

If the Insured receives and is charged for a Bone Marrow Transplant as a result of Internal Cancer, we will pay the Bone Marrow Transplant amount shown in the Benefit Highlights for each Insured, and the amount shown in the Benefit Highlights to the bone marrow donor. If the Insured receives and is charged for a peripheral Stem Cell Transplant procedure to treat Internal Cancer, then we will pay the Stem Cell Transplant amount shown in the Benefit Highlights. We will pay benefits under this provision only once during each Insured's Lifetime for either a Bone Marrow Transplant or a Stem Cell Transplant, and not both.

Home Health Care

If, after the Insured is released from Confinement due to Internal Cancer, the attending Physician prescribes home health care or health support services and these services begin within 7 days of the Insured's release from Confinement, we will pay the Home Health Care amount shown in the Benefit Highlights for each home health visit up to a maximum of 20 visits after any period of Confinement, but no more than 60 visits per Benefit Year.

To receive this benefit, the prescribing Physician must certify that the Insured would need to be Confined if home health care visits were not available to give the Insured necessary care and Treatment.

We will pay benefits under this provision only if the home health care and health supportive services providers are licensed or certified and as qualified as caregivers providing comparable services at a Hospital or other appropriate medical facility. This benefit will not be paid for any day that a benefit is paid under the Hospice Benefit. If the Home Health Care Benefit under this provision is payable the same day that a Hospice Benefit is payable, then we will pay the higher benefit.

6. COVERED BENEFITS

Nursing Services

If the attending Physician prescribes for the Insured while Confined for Internal Cancer, the services of private nurses in addition to those ordinarily provided by a Hospital, then we will pay the Nursing Services amount shown in the Benefit Highlights per day, for up to 60 days per Benefit Year that the Insured is charged for such additional full-time care. Care must be provided by a licensed registered graduate nurse or licensed practical or vocational nurse, but not by a Family Member.

6. COVERED BENEFITS

Transportation

We will pay the Transportation amount shown in the Benefit Highlights upon completion of a round trip to transport the Insured to a Hospital or Clinic more than 100 miles away from the Insured's residence if the purpose of the trip is to obtain Internal Cancer Treatment prescribed by the Insured's local attending Physician. We will pay this benefit only for each Insured's transportation. However, we will pay this benefit for commercial travel by bus, train or airplane for a parent or guardian if the medical care is for a covered Child and he or she is accompanied by a parent or guardian. Each Insured is limited to 3 round trips per Benefit Year, including trips in which the covered Child is accompanied by a parent or guardian. This benefit does not apply to transportation by ambulance to or from any Hospital.

Reconstructive Surgery

We will pay the Reconstructive Surgery amount shown in the Benefit Highlights for the Insured for Internal Cancer related reconstructive surgery listed below:

- Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast)
- Breast Reconstruction
- Facial Reconstruction
- Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap

In addition, we will pay 30% of the Reconstructive Surgery amounts shown in the Benefit Highlights for Anesthesia during these procedures.

Outpatient Hospital Surgical

We will pay the Outpatient Hospital Surgical amount shown in the Benefit Highlights per day, not to exceed 3 days per procedure if the Insured is Diagnosed with Internal Cancer, a Physician performs a surgical procedure on the Insured and the procedure is performed on an Outpatient basis in a hospital (including an Ambulatory Surgical Center, but not a Physician's office).

Only surgeries for Internal Cancer qualify for this benefit. We will not pay this benefit if the Insured is Confined on the same day.

6. COVERED BENEFITS

WAIVER OF PREMIUM BENEFIT

If you become Totally Disabled while covered under this Policy and meet the other conditions below, we will waive premiums due under the Policy and continue your insurance during your Total Disability, as outlined below. Premium is not waived for Spouse or Child coverage under this benefit. When we waive premiums, the amount of your continued Cancer Insurance coverage equals the amount that would have been provided if you had not become Totally Disabled. Premiums that are waived are not deducted from any proceeds that may become payable.

Continued insurance is subject to all other terms of the Policy.

WAIVER OF PREMIUM WAITING PERIOD means the 3 month period immediately following the date you stop Active Employment during which you are continuously Totally Disabled.

CONDITIONS FOR WAIVER OF PREMIUM

All of the following conditions must be met in order to waive premiums:

- your Total Disability begins before your 65th birthday.
- you are covered under this Policy on the date your Total Disability begins.
- you are continuously Totally Disabled for the entire Waiver of Premium Waiting Period.
- all premiums due for Cancer Insurance coverage are paid to us through the date we approve your claim for Waiver of Premium or the date the continuation period ends, whichever is earlier. Premiums due are payable by the Policyholder or you as applicable.
- you provide Notice of Claim and Proof of Total Disability to us as described below.

NOTICE OF CLAIM AND PROOF OF TOTAL DISABILITY

You must send us Written notice of claim while you are living, while you are Totally Disabled, and within 90 days of the date your Total Disability begins. Failure to give notice within 90 days will not invalidate or reduce any claim if it is shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

Notice of claim includes Proof of your Total Disability. Proof of your Total Disability includes information from your Physician, provided at your expense, regarding your condition and your inability to work. We may require additional information from the Employer in order to verify eligibility. We may also require you to be interviewed by our authorized representative. Proof of your Total Disability, including any attachments indicated on the claim form(s) as required, should be sent directly to us at the address indicated on the form(s). Claim forms are available from the Employer or us.

We have the right to request a second or third medical opinion, at our expense, in order to determine if you are Totally Disabled. Any second medical opinion may include a physical examination by a Physician or other medical practitioner of our choice. In the case of conflicting medical opinions, Total Disability will be determined by a third medical opinion that is provided by a Physician who is mutually acceptable to you and us.

EFFECTIVE DATE OF WAIVER OF PREMIUM

When we approve your claim, premiums are waived as of the date your Total Disability begins. We will refund any unearned premiums we receive to the Policyholder or to you, as appropriate. We will notify you and the Employer in writing when your claim is approved.

We will notify you and the Employer if we deny your claim.

If we approve a claim for which notice of claim was provided to us more than 90 days after the date your Total Disability began, then any refund of unearned premiums will not exceed 90 days of premiums dating back from the date the notice of claim was received by us.

After your claim is approved, we may periodically request additional proof of your continuing Total Disability, but not more frequently than once every six months.

6. COVERED BENEFITS

TERMINATION OF WAIVER OF PREMIUM

We will stop waiving premiums on the earliest of the following dates:

- the date you are no longer Totally Disabled.
- the date you do not give us proof of Total Disability as requested.
- the end of the 24 month period during which your premiums are waived.

If premiums are no longer waived, insurance under the Policy will stay in force only if all of the following conditions are met:

- Cancer Insurance is in force with the Policyholder; and
- you are in an eligible class for coverage under the Policy; and
- your premium payments are resumed.

The amount of insurance will be subject to the Certificate in effect on the date your premium payments are resumed.

You will be eligible for Portability, subject to the terms of the Portability provision, on the date we stop waiving your premiums, if the following conditions apply:

- you are no longer in an eligible class for coverage under the Policy on that date; or
- the Policyholder has terminated coverage under the Policy for all Insureds and has not replaced it with similar insurance coverage.

7. EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

In addition to the exclusions stated in the Covered Cancer Benefits section of this Certificate, we will not pay any benefit that is caused by, contributed to in any way, or resulting from any Cancer Diagnosed outside the United States without confirmation of the Diagnosis by a Physician who practices in the United States. Neither will we pay any benefit for Treatment or Confinement that occurred outside the United States.

We will not pay a benefit for any Cancer that is due to or results from:

- services or Treatment not included in the Covered Cancer Benefits;
- war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism);
- active military duty;
- services or Treatment for which the Insured is not charged, unless there is no charge because the facility is a United States government facility;
- services or Treatment provided by a Family Member;
- services or Treatment for premalignant conditions;
- services or Treatment for conditions with malignant potential;
- services or Treatment for non-cancer illnesses;
- elective plastic or cosmetic surgery.

LIMITATIONS

In addition to the limitations stated in the Covered Cancer Benefits section of this Certificate, we will not pay any benefit for any Cancer that is Diagnosed in the first 30 days following the effective date of any Insured's insurance and results from a Pre-Existing Condition.

Pre-Existing Condition means during the 6 months prior to any Insured's effective date of insurance or the effective date of an increase in any Insured's amount of insurance, any condition for which any Insured:

- sought medical Treatment, consultation, advice, care or services, including diagnostic measures for the condition, or symptoms related to the condition, regardless of whether the condition was Diagnosed or suspected at that time; or
- took prescribed drugs or medicines for the condition.

When newborn children, newly placed foster children, or newly adopted children are added to your Children Insurance within 31 days of the birth, placement or adoption, the Pre-Existing Condition limitation does not apply.

8. CLAIMS

FILING A CLAIM

To submit a claim, the claimant, or someone on the claimant's behalf, you must send us Written notice and Proof of claim on our form within the time limits specified. The claim form(s) may require completion by you and your attending Physician. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to us at the address indicated on the form.

NOTICE OF CLAIM

Written notice of claim must be given to us no later than 90 days after the Insured's date of loss. The notice may be given to us at our home office or to our authorized agent or administrator. Failure to give notice within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such notice within that time and the notice was given as soon as reasonably possible.

CLAIM FORM

The claim form is available from the Employer or you can request a claim form from us. If you do not receive the form from us within 15 days of your request, you may send us written proof of claim without waiting for the form. If such written proof of claim covers the occurrence, character and extent of the loss within the time period below for proof of claim, you will be deemed to have complied with the requirements for providing proof of claim.

PROOF OF CLAIM

Written Proof of claim must be given to us no later than 180 days after the Insured's date of loss. Failure to give such proof within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such proof within that time, and the proof was given as soon as reasonably possible. However, in any event, you must provide proof of claim no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Proof of claim must consist of at least the following information:

- a description of the loss;
- the date the loss occurred;
- the cause of the loss;
- hospital records, physician records, x-rays, narrative reports, or lab, toxicology or other diagnostic testing materials as appropriate for the Treatment of Cancer; and
- any other information we may require to make a claim determination.

We may require as part of the Proof, authorizations to obtain medical and non-medical information. Proof must be satisfactory to us. Failure to provide the requested Proof may result in the denial of your claim.

PAYMENT OF BENEFITS

Benefits are payable upon our receipt of satisfactory Proof of claim that establishes benefit eligibility according to the provisions of the Policy.

Benefits are payable to you unless otherwise specified. Once a claim has been approved, we will make payment as soon as possible but no more than 90 days after receipt of proof of claim. Any accrued benefits that are payable at your death will be paid to the first survivor(s) who is/are living on the date of your death, 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.

If a survivor entitled to receive a payment dies before receiving it, we will make payment to that person's estate.

8. CLAIMS

“Spouse” in this provision means your lawful spouse. It also includes your domestic partner as defined by the Employer if you have completed and signed an affidavit of domestic partnership on a form acceptable to the Employer.

Any payment we make in good faith will discharge our liability as to the extent of such payment. We will pay the benefits in one sum or in a method comparable to one sum.

LEGAL ACTION

You can start legal action regarding a claim no earlier than 60 days after written proof of claim has been given to us, and no later than three years from the time proof of claim is required, unless otherwise provided under federal law. Nothing in this provision waives, extends or tolls any applicable statute of limitations governing any claim relating in any way to your coverage.

9. CONTINUATION

CONTINUATION OF INSURANCE

While the Policy is in force and subject to the conditions stated in the Policy, your Employer may continue your insurance that was in force on the date immediately before the date you ceased to be Actively at Work by paying the required premium to us.

If you cease to be Actively at Work due to:

- Employer-approved Leave of Absence; or
- Total Disability;

then coverage may be continued under the Policy beyond the date you are no longer Actively at Work, limited to the time period(s) described below.

During this continued coverage period, the amount of continued insurance equals the amount in effect the day prior to the continuation period. That amount will reduce or terminate according to the Certificate in effect on the day prior to the continuation period.

Premiums are due during the continuation period on the same basis as on the day prior to the continuation period.

If an eligible claim occurs while coverage is being continued under this provision, then benefits will be payable as described in the Certificate.

EMPLOYER APPROVED LEAVE OF ABSENCE

Family and Medical Leave

If you are on a Leave of Absence as described under the Family and Medical Leave Act of 1993 and any amendments ("FMLA") or any applicable state family and medical leave law ("State FML"), and the Employer's human resource policy provides for continuation of insurance during a FMLA or State FML Leave of Absence, then insurance coverage for all Insureds may be continued until the end of the later of:

- the leave period permitted by FMLA; or
- the leave period permitted by State FML.

Sickness or Injury

If you are on a Leave of Absence due to your sickness or injury, including Total Disability, then insurance coverage for all Insureds may be continued under this provision until the earlier of the following:

- the last day of the month which is on or next follows the date your approved Leave of Absence ends; or
- the last day of the month which is on or next follows the date which is 12 months after the date you stopped being Actively at Work.

9. CONTINUATION

Military Leave

If you are on a Leave of Absence for active military service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 ("USERRA") and applicable state law, then insurance coverage for all Insureds may be continued under this provision until the earliest of the following:

- the last day of the month which is on or next follows the date your approved Leave of Absence ends; or
- the last day of the month which is on or next follows the date which is 24 months after the date you stopped being Actively at Work.

Other Leave of Absence

If you are on a Leave of Absence for any other reason, then insurance coverage for all Insureds may be continued under this provision until the earliest of the following:

- the last day of the month which is on or next follows the date your approved Leave of Absence ends; or
- the last day of the month which is on or next follows the date which is 12 months after the date you stopped being Actively at Work.

Concurrent Leaves of Absence

If you are eligible for more than one type of continuation under this provision during any one period that you are not Actively at Work, we will consider such periods to be concurrent for the purpose of determining how long your coverage may continue under the Policy.

Return to Actively at Work

If coverage is not continued during any other period that is eligible for continuation under the Policy, and you return to being Actively at Work while coverage is in force for Active Employees under the Policy, then the terms of the Certificate will apply.

Portability Following Termination of Continuation

When continuation under this provision ends, continued premium payment will be required to keep coverage in force, unless premiums are waived under the terms of another provision. If you are not eligible as an Actively at Work Employee on that date, then your coverage can be continued under the Portability provisions. Also see the Portability provisions for information about continuing coverage after your death or divorce.

Federal Continuance

Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), an Insured may have the right to continue Cancer insurance coverage beyond the date insurance would otherwise terminate. You should contact your Employer concerning your right to continue coverage.

10. PORTABILITY

Portability means you have the option to continue your coverage after it would otherwise terminate if the following conditions are met:

- you elect portability and pay the first premium within 31 days of when it would otherwise terminate;
- you elect portability before you reach age 70;
- you reside in the United States;
- you have not elected portability under a similar Certificate issued by us; and
- your insurance is not being continued under any Continuation provision.

You may continue your coverage if it would otherwise terminate due to any of the following:

- you terminate employment with the Employer, if coverage remains in effect under the Policy for other Actively at Work Employees; or
- the Policyholder terminates coverage under the Policy for all Insureds and does not replace it with similar insurance coverage; or
- you are no longer eligible for coverage under the Policy.

The Employer or we will provide you with the information needed to continue your coverage under this provision. Coverage continued under this provision is subject to all the terms of this Certificate. If you are Diagnosed with a covered Cancer within 31 days after your insurance ends, but before you have elected portability, we will pay any benefits as if you had ported your coverage. However, you must pay any premium due.

Continued premium payment is required to keep coverage in force. Premiums will be billed directly to you. The initial premium will be based on the portability premium rates in effect at the time you are eligible to continue your coverage under this provision. We may change the portability premium rates at any time upon 31 days Written notice to you.

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

- the end of the period for which premiums are paid if the next premium is not paid by its due date, subject to the Portability Grace Period provision below.
- the later of the date you reach age 70 or 12 months from the date you continued coverage.
- the date you voluntarily cancel coverage under this provision; or
- the date you die.

Portability Grace Period

If you are continuing your coverage under this provision, you have a grace period of 31 days for the payment of any premium due. During your grace period, your coverage will remain in force. If the full premium payment is not received by us by the due date, we will give Written notification to you that if the premium is not paid by the end of the grace period, all coverage will terminate on the last day of the grace period. If we fail to give such Written notice, coverage will continue in effect until the date such notice is given. We may extend the grace period by giving Written notice of such intent to you, and such notice will specify that all coverage will terminate on that date if the premium remains unpaid. A pro rata premium payment is required for any period your coverage was in force during the grace period.

Spouse Coverage

If you continue your coverage under this provision, then your Spouse's coverage may also be continued at the same time. Continued premium payment is required to keep your Spouse's coverage in force. Continued Spouse coverage under this provision is subject to all the terms of this Certificate.

Spouse Portability Following Death or Divorce

If you die or divorce, your Spouse may elect to continue Spouse coverage if certain conditions are met:

- your Spouse is insured under this Certificate on the date of your death or divorce;
- your Spouse elects portability and pays the first premium within 31 days of the date of your death or divorce.
- your Spouse is under age 70; and
- your Spouse resides in the United States.

10. PORTABILITY

If your Spouse continues coverage under this Portability provision, your Spouse will become the owner of their Spouse coverage. Coverage continued under this provision is subject to all the terms of this Certificate.

Premiums will be billed directly to your Spouse. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time your Spouse elects portability. We may change the portability premium rates at any time upon 31 days Written notice to your Spouse.

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

- the end of the period for which premiums are paid, if the next premium is not paid by its due date, subject to the Spouse Portability Grace Period provision;
- the later of the date your Spouse attains age 70 or 12 months from the date your Spouse continued coverage;
- the date your Spouse voluntarily cancels coverage under this provision; or
- the date your Spouse dies.

Spouse Portability Grace Period

If your Spouse is continuing coverage under this provision, your Spouse has a grace period of 31 days for the payment of any premium due. During this grace period, your Spouse's coverage will remain in force. If the full premium payment is not received by us by the due date, we will give Written notification to your Spouse that if the premium is not paid by the end of the grace period, then all coverage under this Certificate will terminate on the last day of the grace period. If we fail to give such Written notice, coverage will continue in effect until the date such notice is given. We may extend the grace period by giving Written notice of such intent to your Spouse, and such notice will specify that all coverage will terminate on that date if the premium remains unpaid. A pro rata premium payment is required for any period your Spouse's coverage was in force during the grace period.

Child Coverage

If you continue your coverage under this Portability provision, then your Child coverage may also be continued at the same time. Continued premium payment is required to keep your Child coverage in force. Continued Child coverage under this provision is subject to all the terms of this Certificate.

Portability of Child Coverage following Death

If you die and your Spouse continues coverage under the Spouse Portability Following Death or Divorce provision, then Child coverage may be continued at the same time under your Spouse's coverage. Following portability, Children may be covered only if they would have been eligible for coverage under the eligibility rules in force prior to the death of the Employee.

If your Spouse continues coverage under this provision, your Spouse will become the owner of the Child coverage. Coverage continued under this provision is subject to all the terms of this Certificate.

Premiums will be billed directly to your Spouse. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time your Spouse elects portability. We may change the portability premium rates at any time upon 31 days Written notice to your Spouse.

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

- the end of the period for which premiums for this coverage are paid, if the next premium is not paid by its due date, subject to the Spouse Portability Grace Period provision;
- the date your Spouse voluntarily cancels coverage under this provision;
- the date your Spouse's coverage terminates; or
- the date there are no longer any eligible Children as defined by this Certificate.

11. GENERAL PROVISIONS

AGENCY

For all purposes of the Policy, the Policyholder, Employer or their third-party administrator acts on its own behalf or as your agent. Under no circumstances will the Policyholder, Employer or their third-party administrator be deemed our agent.

ALTERATION

The only persons with the authority to alter or modify the Policy or to waive any of its provisions are our president, actuary, secretary or one of our vice presidents and any such changes must be in Writing.

ASSIGNMENT

An Insured cannot assign any of the group cancer insurance benefits.

CLERICAL ERROR

Clerical errors in the administration of the Policy or delays in keeping records for the Policy whether by us, or the Policyholder:

- will not terminate insurance that would otherwise have been effective; and
- will not continue insurance that would otherwise have ceased or should not have been in effect.

If appropriate, a fair adjustment of premium will be made to correct the error.

This provision does not apply to benefit administration errors by the Policyholder or their third-party administrator which results in an Employee:

- not enrolling for insurance within required time limits;
- failing to request increased amounts of insurance within required time limits;
- failing to exercise any available Continuation or Portability options.

CONFORMITY WITH STATUTES

If any provision of the Policy conflicts with any applicable law, the provision will be automatically amended to meet the minimum requirements of the law except as otherwise pre-empted by federal law.

DISCHARGE OF OUR RESPONSIBILITY

Payment made under the terms of the Policy will, to the extent of such payment, release us from all further obligations under the Policy.

EXAMINATION

We, at our expense, have the right to have any person with respect to whom a claim has been filed:

- examined by a Physician, other health professional or vocational expert of our choice; and/or
- interviewed by an authorized representative.

This right may be used as often as we determine necessary. Unless authorized by the examining Physician, the examination may not be recorded, nor may another person be present during the examination.

INCONTESTABILITY

Except for non-payment of premium or fraud, no statement made by any Insured relating to insurability for such insurance will be used to contest the validity of that insurance after the insurance has been in force for a period of two years during that individual's Lifetime.

This provision shall not preclude the assertion at any time of a defense to a claim based upon the Insured's eligibility for insurance.

11. GENERAL PROVISIONS

INSURER'S AUTHORITY

We have discretionary authority to make all final determinations regarding claims for benefits under the Policy. This discretionary authority includes, but is not limited to, the right to determine eligibility for benefits and the amount of any benefits due and to construe the terms of the Policy.

This does not prohibit an Insured from seeking legal redress.

MISSTATEMENT OF FACTS

If relevant facts about the Employer or Employee relating to this insurance are determined not to be accurate:

- a fair adjustment of premium will be made; and
- the actual facts will decide whether, and in what amount, and for what duration, insurance is valid under the Policy.

NON-PARTICIPATING

The Policy is non-participating and will not share in any profits or surplus earnings of ReliaStar Life Insurance Company. Accordingly, no dividends are payable.

PREMIUM PAYMENTS AS EVIDENCE OF INSURANCE

The receipt of premiums by us is not a guarantee of insurance. Eligibility for benefits will be determined at the time of claim submission. To receive a benefit under the Policy, all Policy requirements must be satisfied.

If we determine that you, your Spouse, or your Child are not eligible for coverage, you should contact your Employer regarding the refund of premiums due, if any.

REIMBURSEMENT

Reimbursement will be made to us for any overpayments that we may make due to any reason. You must repay us within 60 days, unless we agree to a longer time period. Deductions may be made from future benefit payments to recover any such overpayments.

If we have underpaid a benefit for any reason, we will make a lump sum payment for that amount.

Interest does not accrue on any underpaid or overpaid benefit unless required under the applicable law.

STATEMENTS

In the absence of fraud, all statements made in any application are considered representations and not warranties. No representation by you in enrolling for insurance under the Policy will be used to reduce or deny a claim unless a copy of your Written application for insurance is or has been given to you, your beneficiary, if any, or your estate representative.

TIME PERIODS

For the purpose of effective dates and termination dates under this Certificate, all days begin at 12:00 midnight and end at 11:59:59 PM at the Policyholder's location.

RELIASTAR LIFE INSURANCE COMPANY

Group Cancer Insurance Certificate

Non-Participating

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

You have the right to file a complaint with the Arkansas Insurance Department (AID). A complaint can be filed online at the AID website <https://insurance.arkansas.gov>.

You may also contact AID to request a complaint form be mailed to you by calling AID at (800) 852-5494 or (501) 371-2640.

You may also request in writing for a complaint form to be mailed to you. Mail your request to:

Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, AR 72202

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.

ARKANSAS RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of Arkansas.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The following is added to the Certificate Cover page:

Notice: This certificate is governed by the laws of Arkansas.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Robert L. Grubka
President]



Melissa A. O'Donnell
Secretary]

FLORIDA RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of Florida.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The following is added to the Certificate Cover page:

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

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Robert L. Grubka
President]



Melissa A. O'Donnell
Secretary]

LOUISIANA RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of Louisiana.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The definition of Child is replaced with:

Child (Children) means a child from birth but less than 26 years of age who is one of the following:

- your natural or adopted child (including a child placed for adoption).
- your stepchild.
- a child of your domestic partner as defined by the Employer if you have completed and signed an affidavit of domestic partnership on a form acceptable to the Employer.
- your foster child or a child or grandchild for whom you are a legal guardian.

The child must also meet the following conditions:

- not be a full-time active duty in the armed forces or any country or subdivision thereof.
- legally reside in the United States or its territories or possessions.
- not be insured under the policy as an Employee, Spouse, or Domestic Partner.

This definition includes your Child age 26 or older who is incapable of self-sustaining employment due to physical or intellectual disability. Written proof of the Child's incapacity must be furnished to Us within 31 days after the Child reaches the limiting age or within 31 days after your eligibility date, if the Child is over the limiting age due to a disability which began before age 26, provided your child is otherwise eligible for coverage. We may require, at reasonable intervals, but not more than once per year after the two-year period following attainment of limiting age, evidence satisfactory to us that the incapacity is continuing.

Coverage will continue while the Child remains incapable of self-sustaining employment due to physical or intellectual disability and continues to meet the definition of Child except for the age limit.

The definition of Dependent is replaced with:

Dependent means your insured Spouse or Domestic Partner and Children.

The definition of Domestic Partner is added:

Domestic Partner means your domestic partner as defined by the Employer if you have completed and signed an affidavit of domestic partnership on a form acceptable to the employer.

Domestic Partner does not include:

- any person who is insured as an Employee; or
- any person residing outside the United States. This exclusion does not apply to your Domestic Partner who resides with you while you are on a temporary work assignment outside the United States.

The definition of Family Member is replaced with:

Family Member means: (a) your Spouse, civil union partner or Domestic Partner and (b) the following relatives of you or your Spouse, civil union partner or Domestic Partner: (1) parent; (2) grandparent; (3) child; (4) grandchild; (5) brother; (6) sister; (7) aunt; (8) uncle; (9) first cousin; and (10) nephew or niece. This includes adopted, in-law and step-relatives.

The definition of Family Status Change is replaced with:

Family Status Change means one of the following events:

- your marriage or divorce;
- the acquisition of a Child, other than a Newborn Child*, as defined herein;
- the death of your Spouse, Domestic Partner, or child; or
- the commencement or termination of employment of your Spouse or Domestic Partner.

*For **Newborn Child** coverage, please refer to the Newborn Child section of the Child Eligibility, Effective Date & Termination of Insurance Section of this Certificate.

The definition of Initial Enrollment is replaced with:

Initial Enrollment means the first date you are eligible to enroll for Employee Insurance, Spouse or Domestic Partner Insurance, and Children Insurance.

The definition of Spouse is replaced with:

Spouse means your lawful spouse.

Spouse does not include:

- any person who is insured as an Employee; or
- any person residing outside the United States. This exclusion does not apply to your Spouse who resides with you while you are on a temporary work assignment outside the United States.

Section 4. SPOUSE ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF INSURANCE is replaced with:

4. SPOUSE ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF INSURANCE

ELIGIBILITY

If you are in an Eligible Class shown, you are initially eligible for Spouse or Domestic Partner coverage on the later of:

- the date you are eligible for Employee coverage; or
- the date you acquire a Spouse or Domestic Partner.

You are also eligible for Spouse or Domestic Partner coverage during any Enrollment Period or as a result of a Family Status Change. In either case you must be in an Eligible Class and have a Spouse or Domestic Partner.

ENROLLMENT

You must enroll within 31 days of the date you are initially eligible for Spouse or Domestic Partner coverage if you are Actively at Work, within 31 days of the date of a Family Status Change or during any Enrollment Period.

If you refuse your insurance, and do not enroll when you are eligible, then you will not be allowed to enroll until the next Enrollment Period or Family Status Change.

EFFECTIVE DATE OF COVERAGE

For an Employee hired on the first working day of the month, Spouse or Domestic Partner coverage starts on the later of:

- the first day of the month following the date you are eligible for Spouse or Domestic Partner coverage; or
- the first day of the month following the date you enroll for Spouse or Domestic Partner coverage and you agree to make any required contribution toward the cost of insurance.

For an Employee hired after the first working day of the month, Spouse or Domestic Partner coverage starts on:

- the first day of the month after completing a full calendar month of continuous employment, provided you enroll in coverage within 31 days of your date of hire and agree to make any required contribution toward the cost of insurance.

For an Employee who elects Spouse or Domestic Partner coverage as a result of a Family Status Change, Spouse or Domestic Partner coverage starts on:

- the first day of the month following the date of the Family Status Change, if you enroll within 31 days of the Family Status Change.

If you are not Actively at Work on that date, your Spouse or Domestic Partner coverage will not start until you are Actively at Work.

If your Spouse or Domestic Partner is Confined on the date your Spouse or Domestic Partner coverage would normally start, your Spouse or Domestic Partner coverage will not start until your Spouse or Domestic Partner is no longer Confined.

CHANGE IN COVERAGE

You may request a change in your Spouse or Domestic Partner coverage during any Enrollment Period while the Policy is in force.

You may also request a change in Spouse or Domestic Partner coverage at any time due to a Family Status Change. Such request must be made within 31 days of the date the Family Status Change occurred.

Any increase in Spouse or Domestic Partner coverage is subject to the Pre-existing Conditions limitation. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, and not the original effective date of your coverage.

EFFECTIVE DATE OF CHANGE IN COVERAGE

If you are Actively at Work, any increase in Spouse or Domestic Partner coverage for reasons other than a Family Status Change, will start on the first day of the month following the date you applied for a different coverage option and agreed to make any required contribution toward the cost of insurance.

If your Spouse or Domestic Partner is Confined on that date, your increase in Spouse or Domestic Partner coverage will not start until your Spouse or Domestic Partner is no longer Confined.

If you are not Actively at Work on that date, any increase in Spouse or Domestic Partner coverage will not start until you are Actively at Work.

Whether or not you are Actively at Work, any reduction in Spouse or Domestic Partner coverage for reasons other than a Family Status Change will start on the first day of the month following the date you applied for a different coverage option.

If you are Actively at Work, any increase in Spouse or Domestic Partner coverage due to a Family Status Change will start on the later of:

- the date you apply for such change in Spouse or Domestic Partner coverage and agree to make any required contribution toward the cost of insurance; or
- the date of your Family Status Change if you enroll within 31 days of the Family Status Change.

If your Spouse or Domestic Partner is Confined on that date, your increase in Spouse or Domestic Partner coverage will not start until your Spouse or Domestic Partner is no longer Confined.

If you are not Actively at Work on that date, any increase due to a Family Status Change in Spouse or Domestic Partner coverage will not start until you are Actively at Work.

Whether or not you are Actively at Work, any reduction in Spouse or Domestic Partner coverage to a Family Status Change will start on the date of your Family Status Change.

Any change in Spouse or Domestic Partner coverage will only affect benefits for a Covered Cancer Benefit that occur after the effective date of the change.

TERMINATION OF COVERAGE

Spouse or Domestic Partner coverage will end on the earliest of the following:

- the date the Policy terminates, subject to any applicable Portability provision;
- the last day of the period for which any required premium has been paid for your insurance or your Spouse or Domestic Partner coverage or any part of your insurance or your Spouse or Domestic Partner coverage;
- the date you request in Writing to cancel your Spouse or Domestic Partner coverage;
- the date you die; or
- the date your Spouse or Domestic Partner dies.

Your Spouse or Domestic Partner coverage will also end when any of the following occur, but coverage may be extended subject to any allowed continuation as specified in the Continuation and Portability sections:

- the date you are no longer in an Eligible Class;
- the date you are no longer insured under the Policy;
- the date your Spouse or Domestic Partner no longer meets the definition of Spouse or Domestic Partner as described in this Certificate;
- the date your Spouse or Domestic Partner enters active duty in any armed service;
- the date you retire;
- the date your class is no longer included for insurance; or
- the last day you are Actively at Work.

The WAIVER OF PREMIUM BENEFIT provision replaced with the following:

WAIVER OF PREMIUM BENEFIT

If you become Totally Disabled while covered under this Policy and meet the other conditions below, we will waive premiums due under the Policy and continue your insurance during your Total Disability, as outlined below. Premium is not waived for Spouse or Domestic Partner or Child coverage under this benefit. When we waive premiums, the amount of your continued Cancer Insurance coverage equals the amount that would have been provided if you had not become Totally Disabled. Premiums that are waived are not deducted from any proceeds that may become payable.

Continued insurance is subject to all other terms of the Policy.

The PAYMENT OF BENEFITS provision replaced with the following:

PAYMENT OF BENEFITS

Benefits are payable upon our receipt of satisfactory Proof of claim that establishes benefit eligibility according to the provisions of the Policy.

Benefits are payable to you unless otherwise specified. Once a claim has been approved, we will make payment as soon as possible but no more than 90 days after receipt of proof of claim. Any accrued benefits that are payable at your death will be paid to the first survivor(s) who is/are living on the date of your death, in the following order:

1. Your Spouse or Domestic Partner.
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.

If a survivor entitled to receive a payment dies before receiving it, we will make payment to that person's estate.

Any payment we make in good faith will discharge our liability as to the extent of such payment. We will pay the benefits in one sum or in a method comparable to one sum.

Section 10. PORTABILITY is replaced with:

Portability means you have the option to continue your coverage after it would otherwise terminate if the following conditions are met:

- you elect portability and pay the first premium within 31 days of when it would otherwise terminate;
- you elect portability before you reach age 70;
- you reside in the United States;
- you have not elected portability under a similar Certificate issued by us; and
- your insurance is not being continued under any Continuation provision.

You may continue your coverage if it would otherwise terminate due to any of the following:

- you terminate employment with the Employer, if coverage remains in effect under the Policy for other Actively at Work Employees; or
- the Policyholder terminates coverage under the Policy for all Insureds and does not replace it with similar insurance coverage; or
- you are no longer eligible for coverage under the Policy.

The Employer or we will provide you with the information needed to continue your coverage under this provision. Coverage continued under this provision is subject to all the terms of this Certificate. If you are Diagnosed with a covered Cancer within 31 days after your insurance ends, but before you have elected

portability, we will pay any benefits as if you had ported your coverage. However, you must pay any premium due.

Continued premium payment is required to keep coverage in force. Premiums will be billed directly to you. The initial premium will be based on the portability premium rates in effect at the time you are eligible to continue your coverage under this provision. We may change the portability premium rates at any time upon 31 days Written notice to you.

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

- the end of the period for which premiums are paid if the next premium is not paid by its due date, subject to the Portability Grace Period provision below.
- the later of the date you reach age 70 or 12 months from the date you continued coverage.
- the date you voluntarily cancel coverage under this provision; or
- the date you die.

Portability Grace Period

If you are continuing your coverage under this provision, you have a grace period of 31 days for the payment of any premium due. During your grace period, your coverage will remain in force. If the full premium payment is not received by us by the due date, we will give Written notification to you that if the premium is not paid by the end of the grace period, all coverage will terminate on the last day of the grace period. If we fail to give such Written notice, coverage will continue in effect until the date such notice is given. We may extend the grace period by giving Written notice of such intent to you, and such notice will specify that all coverage will terminate on that date if the premium remains unpaid. A pro rata premium payment is required for any period your coverage was in force during the grace period.

Spouse or Domestic Partner Coverage

If you continue your coverage under this provision, then your Spouse's or Domestic Partner's coverage may also be continued at the same time. Continued premium payment is required to keep your Spouse's or Domestic Partner's coverage in force. Continued Spouse or Domestic Partner coverage under this provision is subject to all the terms of this Certificate.

Spouse or Domestic Partner Portability Following Death or Divorce

If you die, divorce, or terminate a Domestic Partnership, your Spouse or Domestic Partner may elect to continue Spouse or Domestic Partner coverage if certain conditions are met:

- your Spouse or Domestic Partner is insured under this Certificate on the date of your death, divorce or termination of Domestic Partnership;
- your Spouse or Domestic Partner elects portability and pays the first premium within 31 days of the date of your death or divorce.
- your Spouse or Domestic Partner is under age 70; and
- your Spouse or Domestic Partner resides in the United States.

If your Spouse or Domestic Partner continues coverage under this Portability provision, your Spouse or Domestic Partner will become the owner of their Spouse or Domestic Partner coverage. Coverage continued under this provision is subject to all the terms of this Certificate.

Premiums will be billed directly to your Spouse or Domestic Partner. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time your Spouse or Domestic Partner elects portability. We may change the portability premium rates at any time upon 31 days Written notice to your Spouse or Domestic Partner.

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

- the end of the period for which premiums are paid, if the next premium is not paid by its due date, subject to the Spouse or Domestic Partner Portability Grace Period provision;
- the later of the date your Spouse or Domestic Partner attains age 70 or 12 months from the date your Spouse or Domestic Partner continued coverage;
- the date your Spouse or Domestic Partner voluntarily cancels coverage under this provision; or
- the date your Spouse or Domestic Partner dies.

Spouse or Domestic Partner Portability Grace Period

If your Spouse or Domestic Partner is continuing coverage under this provision, your Spouse or Domestic Partner has a grace period of 31 days for the payment of any premium due. During this grace period, your Spouse's or Domestic Partner's coverage will remain in force. If the full premium payment is not received by us by the due date, we will give Written notification to your Spouse or Domestic Partner that if the premium is not paid by the end of the grace period, then all coverage under this Certificate will terminate on the last day of the grace period. If we fail to give such Written notice, coverage will continue in effect until the date such notice is given. We may extend the grace period by giving Written notice of such intent to your Spouse or Domestic Partner, and such notice will specify that all coverage will terminate on that date if the premium remains unpaid. A pro rata premium payment is required for any period your Spouse's or Domestic Partner's coverage was in force during the grace period.

Child Coverage

If you continue your coverage under this Portability provision, then your Child coverage may also be continued at the same time. Continued premium payment is required to keep your Child coverage in force. Continued Child coverage under this provision is subject to all the terms of this Certificate.

Portability of Child Coverage following Death

If you die and your Spouse or Domestic Partner continues coverage under the Spouse or Domestic Partner Portability Following Death or Divorce provision, then Child coverage may be continued at the same time under your Spouse's or Domestic Partner's coverage. Following portability, Children may be covered only if they would have been eligible for coverage under the eligibility rules in force prior to the death of the Employee.

If your Spouse or Domestic Partner continues coverage under this provision, your Spouse or Domestic Partner will become the owner of the Child coverage. Coverage continued under this provision is subject to all the terms of this Certificate.

Premiums will be billed directly to your Spouse or Domestic Partner. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time your Spouse or Domestic Partner elects portability. We may change the portability premium rates at any time upon 31 days Written notice to your Spouse or Domestic Partner.

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

- the end of the period for which premiums for this coverage are paid, if the next premium is not paid by its due date, subject to the Spouse or Domestic Partner Portability Grace Period provision;
- the date your Spouse or Domestic Partner voluntarily cancels coverage under this provision;
- the date your Spouse's or Domestic Partner's coverage terminates; or
- the date there are no longer any eligible Children as defined by this Certificate.

The PREMIUM PAYMENTS AS EVIDENCE OF INSURANCE *provision replaced with the following:*

PREMIUM PAYMENTS AS EVIDENCE OF INSURANCE

The receipt of premiums by us is not a guarantee of insurance. Eligibility for benefits will be determined at the time of claim submission. To receive a benefit under the Policy, all Policy requirements must be satisfied.

If we determine that you, your Spouse or Domestic Partner, or your Child are not eligible for coverage, you should contact your Employer regarding the refund of premiums due, if any.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401

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Robert L. Grubka
President]

Melissa A. O'Donnell
Secretary]

MARYLAND RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of Maryland.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The following is added to the Certificate Cover page:

The policy may omit some of the benefits required for a policy issued and delivered in Maryland.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Robert L. Grubka
President



Melissa A. O'Donnell
Secretary

MINNESOTA RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of Minnesota.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The following has been added to the Certificate Cover page:

You may view the Policy, or a copy thereof, at the Policyholder's offices.

The PAYMENT OF BENEFITS provision is replaced with the following:

PAYMENT OF BENEFITS

Benefits are payable upon our receipt of satisfactory Proof of claim that establishes benefit eligibility according to the provisions of the Policy.

Benefits are payable to you unless otherwise specified. Once a claim has been approved, we will make payment as soon as possible but no more than 90 days after receipt of proof of claim. If any benefits are payable for loss of life, they will be paid in accordance with the beneficiary designation for such benefits and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, benefits payable for loss of life will be paid to your estate. Any other accrued benefits unpaid at your death will be paid to your estate. All other benefits will be paid to you.

Any payment we make in good faith will discharge our liability as to the extent of such payment. We will pay the benefits in one sum or in a method comparable to one sum.

The following provision is added to the General Provisions section:

CHANGE OF BENEFICIARY

While your coverage is in force, you may change the beneficiary for any benefits payable for loss of life by written request on a form that is acceptable to us. A beneficiary designation form is available from the Policyholder or us. An accepted designation will take effect as of the date it is signed, unless you specify otherwise in the signed designation, but will not affect any payment we make or action we take before receiving the signed form. If an irrevocable beneficiary is named, the beneficiary designation can only be changed with the consent of the irrevocable beneficiary.

The Conformity with Statutes provision is replaced with the following:

CONFORMITY WITH STATE STATUTES

Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such statutes.

The EXAMINATION provision is replaced with the following:

EXAMINATION AND AUTOPSY

We, at our expense, have the right to have any person with respect to whom a claim has been filed:

- examined by a Physician, other health professional or vocational expert of our choice; and/or
- interviewed by an authorized representative.

We also have the right and opportunity to make an autopsy in case of death where it is not prohibited by law.

This right may be used as often as we determine necessary. Unless authorized by the examining Physician, the examination may not be recorded, nor may another person be present during the examination.

The following provision is added to the General Provisions:

Certificate of Insurance

We will provide the Policyholder with a certificate of insurance to be given to each Employee. The certificate will explain the important features of this Policy and to whom we will pay benefits.

The following provision is added to the General Provisions:

Eligible New Covered Persons

Eligible new Covered Persons will become covered under this Policy according to the terms and provisions of the Policy.

The following provision is added to the General Provisions:

ENTIRE CONTRACT

The following are incorporated in and made part of this Policy:

- any Policy amendments, endorsements or riders;
- the application of the Policyholder;
- the certificate(s); and
- any certificate amendments, endorsements or riders.

This Policy is the entire contract.

The certificate(s) and/or any certificate amendments, endorsements or riders include, but are not limited to, the following provisions that apply to the Employees of the Policyholder:

- benefit amounts and maximum limits;
- eligibility and effective date provisions;
- benefit plan provisions;
- termination provisions;
- exclusions and limitations; and
- other certificate provisions pertaining to state insurance requirements or that are related to the benefits provided under the certificate(s).

The INCONTESTABILITY provision is replaced with the following:

INCONTESTABILITY

Except for fraud, no statement made by any Insured relating to insurability for such insurance will be used to contest the validity of that insurance after the insurance has been in force for a period of two years during that individual's Lifetime.

This provision shall not preclude the assertion at any time of a defense to a claim based upon the Insured's eligibility for insurance.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



[
Robert L. Grubka
President]



[
Melissa A. O'Donnell
Secretary]

MISSOURI RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of Missouri.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The definition of Hospital is replaced with the following:

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

- It is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located.
- It is under the supervision of a medical staff and has one or more Doctors available at all times.
- It provides 24 hours a day service by registered graduate nurses (RNs) on duty or call.
- It is not an institution or any part of an institution used as: a convalescent home; a rest or nursing facility; or a facility primarily affording care for the aged.

The definition of Mental Illness is replaced with the following:

Mental Illness means any condition or disorder defined by categories listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

The NEWBORN COVERAGE provision is replaced with the following:

NEWBORN COVERAGE

If you are insured under the Policy but do not have Child coverage when a newborn child, newly placed foster child or newly adopted child becomes one of your Children, then such child will automatically be covered for a limited period of 31 days from the date he or she becomes your Child. To continue coverage beyond 31 days, you must:

- enroll for Child coverage within 90 days from the date the newborn child, newly placed foster child or newly adopted child becomes your Child; and
- pay the required premium to continue your Children Cancer Insurance.

You will be provided with the forms and instructions to enroll your Child for coverage, and we will allow an additional ten days from the date the forms and instructions are provided during which you may enroll your Child.

The Change in Coverage provision of Section 5. Child Eligibility, Effective Dates and Termination of Insurance is replaced with the following:

CHANGE IN COVERAGE

You may request a change in your Child coverage during any Enrollment Period while the Policy is in force.

You may also request a change in Child coverage at any time due to a Family Status Change. Such request must be made within 90 days of the date the Family Status Change occurred. If the request is not made within 90 days, the change in coverage is subject to the Pre-existing Conditions limitation. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, and not the original effective date of your coverage.

Any increase in Child coverage is subject to the Pre-existing Conditions limitation. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, and not the original effective date of your coverage.

The EXAMINATION provision is replaced with the following:

EXAMINATION

We, at our expense, have the right to have any person with respect to whom a claim has been filed to be examined by a Physician, other health professional or vocational expert of our choice as reasonably required during the pendency of the claim. This right may be used as often as we determine necessary.

The INCONTESTABILITY provision is replaced with the following:

INCONTESTABILITY

Except for non-payment of premium, no statement made by any Insured relating to insurability for such insurance will be used to contest the validity of that insurance after the insurance has been in force for a period of two years during that individual's Lifetime unless it is contained in a written statement signed by such person making such statement.

This provision shall not preclude the assertion at any time of a defense to a claim based upon the Insured's eligibility for insurance.

The PROOF OF CLAIM provision is replaced with the following:

PROOF OF CLAIM

Written Proof of claim must be given to us no later than 180 days after the Insured's date of loss. Failure to give such proof within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such proof within that time, and the proof was given as soon as reasonably possible. However, in any event, you must provide proof of claim no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Proof of claim must consist of at least the following information:

- a description of the loss;
- the date the loss occurred;
- the cause of the loss;
- hospital records, physician records, x-rays, narrative reports, or lab, toxicology or other diagnostic testing materials as appropriate for the Treatment of Cancer; and
- any other information we may require to make a claim determination.

We may require as part of the Proof, authorizations to obtain medical and non-medical information. Proof must be satisfactory to us.

The *PAYMENT OF BENEFITS* provision is replaced with the following:

PAYMENT OF BENEFITS

Benefits are payable upon our receipt of satisfactory Proof of claim that establishes benefit eligibility according to the provisions of the Policy.

Benefits are payable to you unless otherwise specified. Once a claim has been approved, we will make payment as soon as possible but no more than 30 days after receipt of proof of claim. Any accrued benefits that are payable at your death will be paid to the first survivor(s) who is/are living on the date of your death, in the following order:

- Your spouse.
- Your natural and adopted children, in equal shares.
- Your grandchildren, in equal shares.
- Your parents, in equal shares.
- Your siblings, in equal shares.
- Your estate.

If a survivor entitled to receive a payment dies before receiving it, we will make payment to that person's estate.

"Spouse" in this provision means your lawful spouse. It also includes your domestic partner as defined by the Employer if you have completed and signed an affidavit of domestic partnership on a form acceptable to the Employer.

Any payment we make will discharge our liability as to the extent of such payment. We will pay the benefits in one sum or in a method comparable to one sum.

The *LEGAL ACTION* provision is replaced with the following:

LEGAL ACTION

You can start legal action regarding a claim no earlier than 60 days after written proof of claim has been given to us, and no later than three years from the time proof of claim is required by the Policy, unless otherwise provided under federal law. Nothing in this provision waives, extends or tolls any applicable statute of limitations governing any claim relating in any way to your coverage.

The *MISSTATEMENT OF FACTS* provision is replaced with the following:

MISSTATEMENT OF FACTS

If relevant facts about the Employer or Employee relating to this insurance are determined not to be accurate:

- a fair adjustment of premium will be made; and
- the actual facts will decide whether, and in what amount, and for what duration, insurance is valid under the Policy.

In the event your age or the age of your Spouse or Child is misstated, any overpaid premium will be returned to you and any benefit payment due at the time this is discovered will be reduced by the amount of premium due but unpaid.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401

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Robert L. Grubka
President]

[]

Melissa A. O'Donnell
Secretary]

NORTH CAROLINA RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of North Carolina.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The following is added to the Certificate Cover page:

Notice: This Certificate of Insurance provides all of the benefits mandated by the North Carolina Insurance Code but is issued under a group master policy located in another state and may be governed by that state's laws.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401

[

Robert L. Grubka
President]

[

Melissa A. O'Donnell
Secretary]

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota

SPOUSE ENDORSEMENT FOR NEW HAMPSHIRE RESIDENTS

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

I. CONTINUATION FOLLOWING DIVORCE OR LEGAL SEPARATION

If you divorce or legally separate, and the final decree of divorce or legal separation does not expressly prohibit continuation of coverage for your former Spouse, then your former Spouse can elect to continue Spouse coverage for a limited time. The former Spouse must have been insured under our Policy as your Spouse on the date before the date of divorce or legal separation. In order to continue coverage under this provision, the former Spouse has 30 days after the date of divorce or legal separation in which to make the election, pay the first premium, and provide us with the final decree of divorce or legal separation.

When we put the former Spouse on continuation under this provision, the former Spouse becomes the owner of that Spouse coverage under the Policy. All Spouse benefits are payable to the former Spouse. Premiums will be billed directly to the former Spouse. Continued premium payment is required to keep coverage in force. The benefits and premium rates for Spouse coverage continued under this provision will remain the same as though the former Spouse were still eligible as your lawful Spouse. Spouse coverage may not be increased.

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

- The 3-year anniversary of the final decree of divorce or legal separation.
- The date of the former Spouse's remarriage.
- The date of your remarriage.
- The date the former Spouse dies.
- The date you die.
- The end date of coverage, if any, as provided by the final decree of divorce or legal separation.
- The end of the period for which the former Spouse paid premiums, if the former Spouse stops making a required premium contribution, subject to the grace period.
- The date the Policy terminates.

If all of the following are true:

- the former Spouse's coverage was being continued under a similar provision of the Employer's prior group policy that provided the same type of coverage as our Policy,
- your coverage under the prior policy is replaced by coverage under our Policy, and
- the former Spouse's coverage under the prior policy stops due to the prior policy's termination,

then the former Spouse can elect to continue the Spouse coverage for the remainder of the time period described above while our Policy is in force. The benefits, premium rates and all other terms for continued Spouse coverage are subject to the terms of our Policy. In order to continue Spouse coverage, the former Spouse has 30 days after your coverage effective date under our Policy in which to make the election, pay the first premium, and provide us with proof of their eligibility for continuation under the prior policy.

II. EFFECTIVE DATE

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

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



Melissa A. O'Donnell
Secretary

OKLAHOMA RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of Oklahoma.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The Issue State on the Certificate Cover page is replaced with the following:

Issue State: Oklahoma

The following is added to the Certificate Cover page:

Notice: This certificate is governed by the laws of Oklahoma.

The following is removed from the Certificate Cover page:

Notice: The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

The following is added to the Certificate Cover page:

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.

The PAYMENT OF BENEFITS provision under Section 8. Claims is replaced with the following:

PAYMENT OF BENEFITS

Benefits are payable immediately upon our receipt of satisfactory Proof of claim that establishes benefit eligibility according to the provisions of the Policy.

Any accrued benefits that are payable at your death will be paid to the first survivor(s) who is/are living on the date of your death, 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.

If a survivor entitled to receive a payment dies before receiving it, we will make payment to that person's estate.

"Spouse" in this provision means your lawful spouse. It also includes your domestic partner as defined by the Employer if you have completed and signed an affidavit of domestic partnership on a form acceptable to the Employer.

Any payment we make in good faith will discharge our liability as to the extent of such payment. We will pay the benefits in one sum or in a method comparable to one sum.

The REIMBURSEMENT provision under Section 11. GENERAL PROVISIONS is replaced with the following:

REIMBURSEMENT

If we make any overpayments to you, due to any reason, we may require reimbursement to be made to us within 12 months of the date of the overpayment. You must repay us within 60 days, unless we agree to a longer time period. Deductions may be made from future benefit payments to recover any such overpayments.

If we have underpaid a benefit for any reason, we will make a lump sum payment for that amount.

Interest does not accrue on any underpaid or overpaid benefit unless required under the applicable law

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Robert L. Grubka
President]



Melissa A. O'Donnell
Secretary]

OREGON RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of Oregon.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The definition of Spouse is replaced with the following:

Spouse means your lawful spouse. It includes your registered domestic partner who is recognized as equivalent to a spouse by Oregon law.

Spouse does not include:

- any person who is insured as an Employee; or
- any person residing outside the United States. This exclusion does not apply to your Spouse who resides with you while you are on a temporary work assignment outside the United States.

The definition of Child (Children) is replaced with the following:

Child (Children) means a child from birth but less than 26 years of age who is one of the following:

- your natural or adopted child (including a child placed for adoption).
- your stepchild.
- a child of your registered domestic partner who is recognized as equivalent to a spouse by Oregon law.
- your foster child or a child or grandchild for whom you are a legal guardian.

The child must also meet the following conditions:

- not be a full-time active duty in the armed forces or any country or subdivision thereof.
- legally reside in the United States or its territories or possessions.
- not be insured under the policy as an Employee or Spouse.

This definition includes your Child age 26 or older who is incapable of self-sustaining employment due to physical or intellectual disability. Written proof of the Child's incapacity must be furnished to Us within 31 days after the Child reaches the limiting age or within 31 days after your eligibility date, if the Child is over the limiting age due to a disability which began before age 26, provided your child is otherwise eligible for coverage. We may require, at reasonable intervals, but not more than once per year after the two-year period following attainment of limiting age, evidence satisfactory to us that the incapacity is continuing.

Coverage will continue while the Child remains incapable of self-sustaining employment due to physical or intellectual disability and continues to meet the definition of Child except for the age limit.

The definition of Spouse under Section 8. Claims is replaced with the following:

“Spouse” in this provision means your lawful spouse. It includes your registered domestic partner who is recognized as equivalent to a spouse by Oregon law.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Robert L. Grubka
President]



Melissa A. O'Donnell
Secretary]

SOUTH CAROLINA RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of South Carolina.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The following is added to the Certificate Cover page:

RIGHT TO EXAMINE CERTIFICATE

You may cancel your coverage for any reason within 10 days after your receipt of your initial Certificate of coverage under the Policy, provided no benefits have been paid. Contact the Policyholder or us to cancel your coverage and receive any premium refund.

The definition of Contributory is replaced with the following:

Contributory means you pay all or part of the premium. We will provide at least 31 days' prior written notice an increase in the amount of premium due.

The PAYMENT OF BENEFITS provision is replaced with the following:

PAYMENT OF BENEFITS

Benefits are payable upon our receipt of satisfactory Proof of claim that establishes benefit eligibility according to the provisions of the Policy.

Benefits are payable to you unless otherwise specified. Once a claim has been approved, we will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at your death will be paid to the first survivor(s) who is/are living on the date of your death, 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.

If a survivor entitled to receive a payment dies before receiving it, we will make payment to that person's estate.

"Spouse" in this provision means your lawful spouse. It also includes your domestic partner as defined by the Employer if you have completed and signed an affidavit of domestic partnership on a form acceptable to the Employer.


Any payment we make in good faith will discharge our liability as to the extent of such payment. We will pay the benefits in one sum or in a method comparable to one sum.

The LEGAL ACTION provision is replaced with the following:

LEGAL ACTION

You can start legal action regarding a claim no earlier than 60 days after written proof of claim has been given to us, and no later than six years from the time proof of claim is required, unless otherwise provided under federal law. Nothing in this provision waives, extends or tolls any applicable statute of limitations governing any claim relating in any way to your coverage.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401

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Robert L. Grubka
President]

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Melissa A. O'Donnell
Secretary]

Texas Residents: Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

ReliaStar Life Insurance Company

To get information or file a complaint with your insurance company:

Call: Customer Contact Center Manager at 1-800-955-7736

Toll-free: 1-888-238-4840 for Life Insurance and 1-877-236-7564 for Supplemental Benefits Insurance

Email: LifeClaims@voya.com

Mail: 250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamacion o con su prima de seguro, llame primero a su compania de seguros. Si no puedo resolver el problema, es posible que el Department de Seguros de Texas (Texas Department of Insurance, pro su nombre en ingles) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, tambien debe presentar una queja a traves del proceso de quejas o de apelaciones de su compania de seguros. Si no lo hace, podria perder su derecho para apelar.

ReliaStar Life Insurance Company

Para obtener informacion o para presentar una queja ante su compania de seguros:

Llame a: Customer Contact Center Manager at 1-800-955-7736

Telefono gratuito: 1-888-238-4840 for Life Insurance and 1-877-236-7564 for Supplemental Benefits Insurance

Correo electronico: LifeClaims@voya.com

Direccion postal: 250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacion ada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electronico: ConsumerProtection@tdi.texas.gov

Direccion postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

TEXAS RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of Texas.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The Issue State on the Certificate Cover page is replaced with:

Texas

The following is added to the Certificate Cover page:

Notice: This certificate is governed by the laws of Texas.

Notice: This certificate may be subject to an increase in the premium at time of policy renewal.

The definition of Child in Section 2. Definitions is replaced with:

Child (Children) means a child from birth but less than 26 years of age who is one of the following:

- your natural or adopted child (including a child placed for adoption or a child who is the subject of a suit in which you or your Spouse seek to adopt).
- your stepchild.
- a child of your domestic partner as defined by the Employer if you have completed and signed an affidavit of domestic partnership on a form acceptable to the Employer.
- your foster child or a child
- your grandchild who is your dependent for federal income tax purposes at the time you enroll for coverage of the grandchild, is unmarried and age 25 or less.
- a child for whom you must provide medical support under an order issued under Chapter 154, Family Code of Texas, or enforceable by a court in Texas.

The child must also meet the following conditions:

- not be a full-time active duty in the armed forces or any country or subdivision thereof.
- not be insured under the policy as an Employee or Spouse.

This definition includes your Child age 26 or older who is incapable of self-sustaining employment due to physical or intellectual disability. Written proof of the Child's incapacity must be furnished to Us within 31 days after the Child reaches the limiting age or within 31 days after your eligibility date, if the Child is over the limiting age due to a disability which began before age 26, provided your child is otherwise eligible for coverage. We may require,

at reasonable intervals, but not more than once per year after the two-year period following attainment of limiting age, evidence satisfactory to us that the incapacity is continuing.

Coverage will continue while the Child remains incapable of self-sustaining employment due to physical or intellectual disability and continues to meet the definition of Child except for the age limit.

The definition of Signed in Section 2. Definitions is replaced with:

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper, or electronic media, and which is consistent with applicable law.

The Termination of Coverage provision in Section 3. Employee Eligibility, Effective Dates and Termination of Insurance is replaced with the following:

TERMINATION OF COVERAGE

Your coverage will end on the earliest of the following:

- the date the Policy terminates, subject to any applicable Portability provision;
- the last day of the period for which any required premium has been paid for your coverage or any part of your insurance;
- the date you request in Writing to cancel your coverage; or
- the date you die.

Your coverage will also end when any of the following occur, but coverage may be extended subject to any allowed continuation as specified in the Continuation and Portability sections:

- the date you are no longer in an Eligible Class;
- the date you enter active duty in any armed service;
- the date you retire;
- the date your class is no longer included for insurance; or
- the last day you are Actively at Work.
- the date premiums are no longer being waived under the Waiver of Premium Benefit, if you are not in an eligible class on that date. Portability provisions may still apply. Please refer to the Portability section of this Certificate.

If you are totally disabled on the date your coverage would otherwise terminate, coverage will continue while you are continuously totally disabled until the earliest of the following:

- 90 days; or
- the duration of the total disability.

The following is added to Section 3. Employee Eligibility, Effective Dates and Termination of Insurance

Grace Period

The Policyholder has a grace period of [31-365] days for the payment of any premium due except the first premium payment. During the Policyholder's grace period the Policy will remain in force. If the full premium payment is not received by us by the end of the grace period, the Policy will automatically terminate at the end of the grace period. The Policyholder is required to pay a pro rata premium for any period the Policy was in force during the grace period.

The Payments of Benefit provision under Section 8. Claims is replaced with the following;

PAYMENT OF BENEFITS

Benefits are payable upon our receipt of satisfactory Proof of claim that establishes benefit eligibility according to the provisions of the Policy.

Benefits are payable to you unless otherwise specified. Once a claim has been approved, we will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits

that are payable at your death will be paid to the first survivor(s) who is/are living on the date of your death, 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.

If a survivor entitled to receive a payment dies before receiving it, we will make payment to that person's estate.

"Spouse" in this provision means your lawful spouse. It also includes your domestic partner as defined by the Employer if you have completed and signed an affidavit of domestic partnership on a form acceptable to the Employer.

Any payment we make in good faith will discharge our liability as to the extent of such payment. We will pay the benefits in one sum or in a method comparable to one sum.

The Legal Action provision in Section 8. Claims is replaced with the following:

LEGAL ACTION

You can start legal action regarding a claim no earlier than 61 days after written proof of claim has been given to us, and no later than three years from the time proof of claim is required.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401

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Robert L. Grubka
President]

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Melissa A. O'Donnell
Secretary]

VERMONT RESIDENT CERTIFICATE ENDORSEMENT
For Group Cancer Insurance

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

POLICYHOLDER: State of Georgia Employee Benefit Plan Council

GROUP POLICY NUMBER: 73849-2

Applicable only to residents of Vermont.

This endorsement is made a part of the Cancer Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate. Except as expressly changed by this endorsement, the terms used in this endorsement have the same meaning as in the Certificate.

EFFECTIVE DATE

The endorsement effective date is the effective date of the Certificate.

ENDORSED PROVISIONS

Your Certificate has been changed. The following provision(s) are amended to read as follows:

The following is added to the Certificate Cover page:

THIS POLICY DOES NOT MEET THE MINIMUM COVERAGE REQUIREMENTS OF THE AFFORDABLE CARE ACT. YOU SHOULD NOT PURCHASE THIS POLICY UNLESS YOU ARE ALREADY COVERED BY COMPREHENSIVE MAJOR MEDICAL INSURANCE. IF YOU HAVE MEDICAID THIS POLICY WILL NOT PAY BENEFITS TO YOU.

Executed at our home office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401

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Robert L. Grubka
President]

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Melissa A. O'Donnell
Secretary]

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.

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota

STATEMENT OF APPEAL RIGHTS

REVIEW OF DENIAL OF CLAIMS

If your claim is denied, you have the right to notify ReliaStar Life (we, us, our) in writing within 180 days of receiving notice of the denial that you would like us to review the denial.

Upon request, you have the right to review copies of all documents, records, and other information relevant to your claim free of charge. You may submit written comments, documents, records and other information relating to your claim that you would like us to consider in reviewing your denial.

We will review the denial of your claim and send you notice of our decision within 45 days of receiving your request. If we require an extension of the deadline to obtain more information, we will give you notice of our decision within 45 days after the end of the extension period. Our decision will state the reasons for our decision, refer to the relevant portions of your plan document and advise you of any further appeal rights.

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