

YOUR ACCIDENT INSURANCE PLAN

For Employees of
Larimer County

**GROUP ACCIDENT-ONLY INSURANCE
CERTIFICATE OF COVERAGE**
with Wellness Benefits

RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401
Claims: 855-730-2902 Customer Service: 877-236-7564

POLICYHOLDER: Larimer County
GROUP POLICY NUMBER: 75056-5CAC2
POLICY EFFECTIVE DATE: July 1, 2025
GOVERNING JURISDICTION: Colorado

THIS IS LIMITED BENEFIT HEALTH COVERAGE

Benefits are paid for Covered Accidents as defined in the Certificate. The Policy does not constitute comprehensive health insurance coverage (often referred to as "major medical insurance coverage"). THIS IS LIMITED BENEFIT HEALTH COVERAGE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

ReliaStar Life Insurance Company certifies that we have issued the group Policy listed above to the Policyholder. The Policy is available for you to review if you contact the Policyholder for more information. **This is your Certificate as long as you are eligible for coverage and you become insured. Please read it carefully and keep it in a safe place.** This Certificate replaces any other Certificates we may have given you for the same level of coverage under the Policy.

This Certificate summarizes and explains the parts of the Policy which apply to you. The Certificate is part of the group Policy but by itself is not a policy. Your coverage may be changed under the terms and conditions of the Policy. The Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

For purposes of effective dates and ending dates under the Policy, all days begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address. The coverage under the Policy is conditionally renewable according to the terms and provisions of the Policy.

In this Certificate, "you" and "your" refer to an Employee who is eligible for coverage under the Policy; "we", "us" and "our" refer to ReliaStar Life Insurance Company.

Exclusions may apply. Please read your Certificate carefully.

WELLNESS BENEFIT RIDER

This Certificate includes a Wellness Benefit Rider. Please read the rider for a description of the annual benefit payable for each Covered Person who receives a health screening test.

Signed for ReliaStar Life Insurance Company at its home office in Minneapolis, Minnesota on the Policy effective date.



Amelia (Amy) J. Vaillancourt
President



Melissa A. O'Donnell
Secretary

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SCHEDULE OF BENEFITS

EMPLOYER: Larimer County

GROUP POLICY NUMBER: 75056-5CAC2

ELIGIBLE CLASS(ES)

All Eligible Employees including Elected officials in Active Employment with the Employer in the United States.

You must be an Employee of the Employer and in an eligible class.

Temporary and seasonal workers are excluded from coverage.

MINIMUM HOURS REQUIREMENT

Employees: 20 hours per week.

ELIGIBILITY WAITING PERIOD HIRED ON 1ST OF MONTH TO 15TH

Persons in an eligible class on or before the Policy effective date: End of the month in which you begin Active Employment.

Persons entering an eligible class after the Policy effective date: End of the month in which you begin Active Employment.

ELIGIBILITY WAITING PERIOD HIRED ON OR AFTER 16TH OF MONTH

Persons in an eligible class on or before the Policy effective date: End of the month in which you complete a continuous period of one month of Active Employment.

Persons entering an eligible class after the Policy effective date: End of the month in which you complete a continuous period of one month of Active Employment.

WAIVER OF ELIGIBILITY WAITING PERIOD

If you have been continuously employed by the Employer for a period of time equal to or greater than your Eligibility Waiting Period, we will waive your Eligibility Waiting Period when you enter an eligible class.

WHO PAYS FOR THE COVERAGE

You pay the cost of your coverage.

ACCIDENT BENEFITS

ACCIDENT HOSPITAL CARE

Surgery - open abdominal, thoracic	\$1,500
Surgery - exploratory or without repair	\$200
Blood, Plasma, Platelets	\$625
Hospital Admission	\$1,750
Hospital Confinement	\$325
Critical Care Unit (CCU) Admission	\$1,750
Critical Care Unit (CCU) Confinement	\$450
Rehabilitation Facility Confinement	\$225
Non-Induced Coma	\$18,500
Induced Coma	\$200
Transportation	\$800
Lodging	\$200
Family Care	\$35
Pet Boarding	\$20

ACCIDENT CARE

Initial Doctor Visit	\$125
Urgent Care Facility Treatment	\$250
Emergency Room Treatment	\$325
Ambulance	
Ground	\$550
Air	\$2,000
Follow-Up Doctor Treatment	\$125
Chiropractic Treatment	\$60
Medical Equipment	\$275
Physical or Occupational Therapy	\$60
Speech Therapy	\$60
Mental Health Therapy	\$60
Prosthetic Device - one	\$1,250
Prosthetic Device - 2 or more	\$2,000
Prescription Medicine	\$20
Major Diagnostic Exams	
CT (computerized tomography) or CAT scan (computerized axial tomography)	\$300
MRI (magnetic resonance imaging)	\$300
EEG (electroencephalogram)	\$300
PET (positron emission tomography) scan	\$300
Ultrasound	\$300
Outpatient Surgery	\$250
X-ray	\$90

COMMON INJURIES

Burns	
2 nd degree - at least 36% of the total body surface area	\$1,500
3 rd degree - at least 2% but less than 4% of the total body surface area	\$8,500
3 rd degree - 4% or more of the total body surface area	\$20,000
Skin Grafts	50% of Burn Benefit
Emergency Dental Work	
Crown	\$400
Extraction	\$125
Eye Injury	
Surgery	\$400
Removal of foreign object	\$110
Torn Hip, Knee or Shoulder Cartilage	
Surgery with no repair or if cartilage is shaved	\$250
Surgical repair	\$900
Laceration (total of all lacerations)	
treated, no sutures	\$50
sutures, up to 2 inches	\$90
sutures, 2 to 6 inches	\$350
sutures, over 6 inches	\$750
Puncture Wound	\$50
Ruptured Disk - surgical repair	\$900
Tendon/Ligament/Rotator Cuff	
One, surgical repair	\$925
2 or more, surgical repair	\$1,400
Exploratory Arthroscopic Surgery with no repair	\$600
Concussion	\$350
Traumatic Brain Injury	\$2,000
Paralysis	
Quadriplegia	\$27,000
Paraplegia	\$18,000
Hemiplegia	\$17,500
Monoplegia	\$12,500

Dislocations (Complete & Complete Requiring Surgical Repair)	Complete / Complete Requiring Surgical Repair
Hip Joint	\$4,000/\$8,000
Knee	\$2,500/\$5,000
Ankle or Foot Bone(s) other than toes	\$1,700/\$3,400
Shoulder	\$2,000/\$4,000
Elbow	\$1,250/\$2,500
Wrist	\$1,250/\$2,500
Finger/Toe	\$300/\$600
Hand Bone(s) other than fingers	\$1,250/\$2,500
Lower Jaw	\$1,250/\$2,500
Collarbone	\$1,250/\$2,500
Incomplete Dislocations	25% of Complete Dislocation Amount

Fractures (Non-Surgical Repair Fracture & Fracture Requiring Surgical Repair)	Non-Surgical Repair Fracture / Fracture Requiring Surgical Repair
Hip	\$5,000/\$10,000
Leg	\$2,700/\$5,400
Ankle	\$2,250/\$4,500
Kneecap	\$2,250/\$4,500
Foot (excluding toes, heel)	\$2,250/\$4,500
Heel	\$2,250/\$4,500
Upper Arm	\$2,400/\$4,800
Forearm, Hand, Wrist (except fingers)	\$2,250/\$4,500
Finger, Toe	\$300/\$600
Vertebral Body	\$4,000/\$8,000
Vertebral Processes	\$1,750/\$3,500
Pelvis (except Coccyx)	\$3,500/\$7,000
Coccyx	\$450/\$900
Bones of Face (except nose)	\$1,300/\$2,600
Nose	\$650/\$1,300
Upper Jaw	\$1,600/\$3,200
Lower Jaw	\$1,750/\$3,500
Collarbone	\$1,750/\$3,500
Rib	\$450/\$900
Skull - simple (except bones of face)	\$1,500/\$3,000
Skull - depressed (except bones of face)	\$4,000/\$8,000
Sternum	\$400/\$800
Shoulder Blade	\$2,250/\$4,500
Chip Fractures	25% of Non-Surgical Repair Fracture Amount

ADDITIONAL BENEFIT(S)

Sports Accident Benefit	An additional 25% of the Accident Hospital Care, Accident Care, or Common Injuries benefit amount listed above, up to a maximum benefit of \$1,000.
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DEFINITIONS

Accident or Accidental means an unforeseen event that results in a bodily Injury.

Active Employment or Active Employee means you are working for the Employer for earnings that are paid regularly and you are performing the material and substantial duties of your regular occupation. You must be working at least the minimum number of hours as described under the MINIMUM HOURS REQUIREMENT shown in the SCHEDULE OF BENEFITS.

Your work site must be one of the following:

- The Employer's usual place of business;
- An alternative work site at the direction of the Employer, including your home; or
- A location to which your job requires you to travel.

Normal vacation is considered Active Employment.

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

Chip Fracture means a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Chiropractor means a person other than you or any family member, who is licensed to diagnose and treat neuromuscular disorders, with an emphasis on treatment through manual adjustment and/or manipulation of the spine, in the state in which treatment is received and providing treatment or advice in accordance with the license.

Confined or Confinement means that on the advice of a Doctor, your assignment to a bed as a resident inpatient in a Hospital or Critical Care Unit or Rehabilitation Facility. Being admitted to an Observation Unit for 20 hours or more also meets the definition of Confined or Confinement.

There must be a charge for room and board for the confinement, other than in any government, military or veterans' facility or Observation Unit.

Covered Accident means an Accident that:

- occurs on or after your coverage effective date and the effective date of any riders,
- occurs while your coverage is in force, and
- is not excluded by name or specific description in the Policy.

Critical Care Unit means a specifically designated part of a Hospital commonly referred to as an intensive care unit which meets all of the following requirements:

- It provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care.
- It is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement.
- It is permanently equipped with special lifesaving equipment for the care of the critically ill or injured.
- It is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis.
- It is assigned a Doctor on a full-time basis.

Critical Care Unit does not include a sub-acute intensive care unit that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward such as a step-down unit.

Dislocation means a separated joint.

- **Complete Requiring Surgical Repair** means a completely separated joint that requires surgical repair.
- **Complete** means a completely separated joint that does not require surgical repair.
- **Incomplete** means the joint is not completely separated.

Doctor means a person other than you or any family member, who is licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical doctor. If so, then this definition includes persons recognized as qualified to treat the condition for which claim is made by the state in which treatment is received.

Eligibility Waiting Period means the continuous period of time as shown in the SCHEDULE OF BENEFITS that you must be in Active Employment in an eligible class before you are eligible for coverage under the Policy.

Emergency Room means a specified area within a Hospital, or a standalone facility licensed as an emergency room with the state, that is designated for emergency care.

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.

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

Fracture means a broken bone that can be seen by x-ray.

- **Fracture Requiring Surgical Repair** means the fracture is repaired through a surgical incision.
- **Non-Surgical Repair** means the fracture is reduced or repaired without a surgical incision.

Hospital means an institution that is run for the care and treatment of sick or injured persons as 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).
- It is not an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Injury means a bodily Injury that is the direct result of a Covered Accident and not related to any other cause. Injuries must be independent of Sickness, disease, bodily infirmity and other causes.

Insured Person means an Employee who is eligible for coverage under the Policy, becomes covered according to the terms of the Policy, and whose coverage remains in effect according to the terms of the Policy.

Observation Unit means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored by a Doctor, and that fully meets each of the following requirements:

- It is under the direct supervision of a Doctor or registered nurse.
- It is staffed by nurses assigned specifically to that unit.
- It provides care seven days per week, 24 hours per day.

Outpatient Surgery means surgical services received at a Hospital or free-standing facility such as a surgical center licensed by the state to render outpatient surgery. The surgical service must be performed by a board certified surgical specialist with anesthesia rendered by a separate provider.

Policy means the Written group insurance contract between the Policyholder and us, including the Certificates delivered to Insured Persons. It may include riders and endorsements.

Policyholder means the Employer to whom the Policy is issued, as shown on the first page of this Certificate, and who sponsors the coverage for its Employees.

Rehabilitation Facility means a free-standing facility providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Doctor knowledgeable and experienced in rehabilitative medicine. A Rehabilitation Facility must meet all the following requirements:

- It is licensed and operated pursuant to law.
- It provides treatment and care for ill and injured persons on an inpatient basis.
- It provides 24 hours a day service by registered graduate nurses (RNs).
- It is not an institution or any part used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Rehabilitation Facility includes a unit of a Hospital with beds set up and staffed and specifically designated for rehabilitative medicine.

Sickness means illness, infection, disease or any other abnormal physical condition that is not due to an Injury. Sickness includes pregnancy, infection and any other abnormal physical condition that is not caused by an Accident.

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

Telemedicine means a medical encounter with a Doctor or licensed medical professional via telecommunication and information technologies (including, but not limited to, audio or video communications) for evaluation, diagnosis, or treatment as would be practiced in person. This does not include requests for prescription refills or medical records.

Urgent Care Facility means a specified area within a Hospital, or a standalone facility, licensed as an urgent care center with the state, that provides outpatient immediate and semi-urgent healthcare of non-life threatening injuries or illnesses. Urgent Care Facility does not include an Emergency Room as defined.

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

GENERAL PROVISIONS

ELIGIBILITY

If you are an Employee in an eligible class as shown on the SCHEDULE OF BENEFITS, the date you are eligible for coverage is the later of the following:

- The Policy effective date.
- The date you enter an eligible class.
- The day after you complete your Eligibility Waiting Period, unless waived.

ENROLLMENT

If you are eligible for coverage, you must enroll for any coverage before it will become effective. The Employer or we will provide you with the forms or information needed to complete your enrollment. You may enroll when you become newly eligible, or following a qualifying life event as allowed by the Employer, or during an enrollment period chosen by the Employer and approved by us.

EFFECTIVE DATE OF COVERAGE

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date you are eligible for coverage, if you enroll for coverage on or before that date.
- The first day of the month that is on or next follows the date you enroll for coverage.
- The first day of the month that is on or next follows the date you return to Active Employment, if you are not in Active Employment when your coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if you were in Active Employment on your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays and paid time off for non-medical-related absences.

EFFECTIVE DATE OF CHANGES TO COVERAGE

Once your coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The first day of the month that is on or next follows the date of the increased or additional coverage, if you are in Active Employment.
- The first day of the month that is on or next follows the date you return to Active Employment, if you are not in Active Employment due to injury or sickness.

Any decrease in coverage will take effect at the end of the month but will not affect a payable claim that occurs prior to the decrease.

CHANGE OF INSURANCE CARRIERS

If you are not in Active Employment due to Injury or Sickness or Employer-approved non-medical leave of absence on the effective date of the Employer's coverage under our Policy, and you were covered under the Employer's prior group policy of accident insurance at the time the Employer's coverage under our Policy became effective, we will provide continuity of coverage under our Policy. In order for this provision to apply, the prior policy's coverage must be similar to our Policy.

If you are not in Active Employment due to Injury or Sickness or Employer-approved nonmedical leave of absence on the effective date of our Policy, and you would otherwise be eligible to become insured under our Policy, we will provide limited coverage under our Policy. Coverage under this provision will begin on our Policy effective date and will continue until the earliest of the following:

- The date you return to Active Employment.
- The end of any period of continuance or extension provided under the prior policy.
- The date coverage would otherwise end, according to the provisions of our Policy.

Your coverage under this provision is subject to payment of premiums.

Any benefits payable under this provision will be paid as if the prior policy had remained in force. We will reduce our payment by any amount for which the prior carrier is liable.

If your coverage ends under this provision, or if you were not covered under the Employer's prior policy on the date that policy terminated, the EFFECTIVE DATE OF COVERAGE provision under our Policy will apply.

TERMINATION OF COVERAGE

Your coverage under the Policy ends on the earliest of the following dates:

- The date the Policy terminates.
- The last day of the month during which you are no longer in an eligible class.
- The last day of the month during which your eligible class is no longer covered.
- The last day of the month during which you voluntarily cancel your coverage.
- The end of the period for which premiums are paid, if the next premium is not paid by its due date, subject to the GRACE PERIOD provision.
- The last day of the month during which you are no longer in Active Employment.

We will pay benefits for a loss that occurs while you are covered under the Policy even if the Policy has since terminated.

POLICY TERMINATION

The Policy can be terminated either by us or by the Policyholder.

We may terminate the Policy for any of the following reasons:

- There is less than 15% participation of those eligible persons who pay all or part of their premium for the Policy.
- The Policyholder does not promptly provide us with information that is reasonably required.
- Fewer than 25 persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es) as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its persons.
- We stop providing accident coverage to all groups in the Policy issue state.

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If we terminate the Policy for reasons other than the Policyholder's failure to pay premiums, Written notice will be mailed to the Policyholder at least 60 days prior to the termination date.

The Policyholder may terminate the Policy by Written notice delivered to us at our home office prior to the termination date. When both the Policyholder and we agree, the Policy can be terminated on an earlier date.

If the Policyholder or we terminate the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy is terminated, the termination will not affect a payable claim.

GRACE PERIOD

The Policyholder has a grace period of 60 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. There is no grace period if the Policyholder gives us advance Written notice of termination, or if we have given the Policyholder advance Written notice of termination as described under the POLICY TERMINATION provision.

REPRESENTATIONS NOT WARRANTIES

All statements made by the Policyholder and you are considered representations and not warranties.

INCONTESTABILITY

We will not use any statements made by you to avoid insurance, reduce benefits or defend a claim unless the statement is included in a Written application or enrollment form relating to your insurability. Except for fraud, we will not use such statements to contest insurance after it has been in force for two years from its effective date. Fraud in the procurement of coverage under the Policy is only contestable after the coverage has been in force for two years from its effective date if permitted by applicable law in the governing jurisdiction. The statement on which any contest is based must be material to the risk accepted or the hazard assumed by us.

CLERICAL ERROR

Clerical error or omission by the Policyholder or us will not:

- Prevent you from being covered, if you are entitled to coverage under the terms of the Policy.
- Cause coverage to begin or continue for you when the coverage would not otherwise be effective.
- End insurance validly in effect.

If the Policyholder gives us information about you that is incorrect, we will do both of the following:

- Use the facts to decide whether you are eligible for coverage under the Policy and in what amounts.
- Make a fair adjustment of the premium.

ASSIGNMENT

No assignment of benefits under the Policy is valid, unless otherwise specified in the Policy.

AGENCY

For purposes of the Policy, the Policyholder acts on its own behalf or as your agent. Under no circumstances will the Policyholder be deemed our agent.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on the Policy effective date and each subsequent Policy anniversary date, conflicts with any law that applies in the governing jurisdiction, is automatically amended to conform to the minimum requirements of such law.

CHANGES TO POLICY OR CERTIFICATE

The Policy may be amended at any time by Written agreement between the Policyholder and us. No change in the Policy will be valid until approved by one of our executive officers. Such approval must be in Writing and will be endorsed or attached to the Policy. Changes requiring regulatory approval will not be valid until approved by the appropriate regulatory body. We will issue new Certificates or riders or endorsements to effect such changes, and only those forms Signed by one of our executive officers will be valid.

No agent, representative or employee of ours or of any other entity, except one of our executive officers, may approve a change to waive any terms of the Policy.

ACCIDENT-ONLY BENEFITS

ACCIDENT HOSPITAL CARE BENEFITS

We will pay an ACCIDENT HOSPITAL CARE benefit as shown on the SCHEDULE OF BENEFITS if you receive any of the services or meet any of the conditions described below as the result of Injuries received in a Covered Accident. The Injury must occur while you are covered under the Policy.

Blood, Plasma, Platelets: Transfusion, administration, cross matching, typing and processing of blood, plasma, platelets administered within 90 days after a Covered Accident. This benefit is payable once per Covered Accident.

Critical Care Unit Admission: Admission to a Critical Care Unit as a result of a Covered Accident. The admission must begin within 6 months after a Covered Accident. This benefit is payable once per Covered Accident. No benefit is payable for any of the following:

- Emergency Room treatment.
- Outpatient Surgery.

If you qualify for any of the following benefits on the same day, only one benefit in the higher amount will be payable:

- Hospital Admission
- Hospital Confinement
- Critical Care Unit (CCU) Admission
- Critical Care Unit (CCU) Confinement
- Rehabilitation Facility Confinement

Critical Care Unit Confinement: Confinement in a Critical Care Unit for at least 20 consecutive hours on an inpatient basis as the result of a Covered Accident. The Confinement must begin within 30 days after a Covered Accident. Benefits are payable daily for up to 30 days for a Covered Accident. Benefits are payable for only one Critical Care Unit Confinement at a time even if the Confinement is caused by more than one Covered Accident. Only one type of Confinement benefit is payable for each period of eligible Confinement. If you qualify for any of the following benefits on the same day, only one benefit in the higher amount will be payable:

- Hospital Admission
- Hospital Confinement
- Critical Care Unit (CCU) Admission
- Critical Care Unit (CCU) Confinement
- Rehabilitation Facility Confinement

If you are discharged from the Critical Care Unit and then re-Confined within 30 days due to the same Covered Accident or due to a related condition, the re-Confinement will be considered part of the previous Critical Care Unit Confinement(s).

Family Care: You have an eligible family member attending a family care center or receiving family care while you are Confined in a Hospital or Critical Care Unit or a Rehabilitation Facility as the result of a Covered Accident. Benefits are payable daily during and immediately following your Confinement for up to a total of 45 days. This benefit is payable once per day regardless of the number of eligible family members receiving care. Written proof of the expense incurred must be furnished along with any proof of claim.

"Eligible family member" for this benefit means a relative who is dependent on you for support and maintenance due to physical or intellectual disability and resides with you at the time of your Covered Accident. "Eligible family member" for this benefit also includes your dependent child under age 13. Written proof of an eligible family member must be furnished along with any proof of claim.

"Family care center" for this benefit means any child or adult care facility or private care that:

- Is licensed as such by the state.
- Provides non-medical care and supervision for children or adults.
- Is not operated by you or a member of your immediate family.

“Family care” for this benefit means care provided in a family care center as defined or provided in your home where:

- Non-medical care and supervision for children or adults is provided.
- The care and supervision is not provided by you or a member of your immediate family.

Hospital Admission: Admission to a Hospital as a result of a Covered Accident. The admission must begin within 6 months after a Covered Accident. This benefit is payable once per Covered Accident. No benefit is payable for any of the following:

- Emergency Room treatment.
- Outpatient Surgery.

If you qualify for any of the following benefits on the same day, only one benefit in the higher amount will be payable:

- Hospital Admission
- Hospital Confinement
- Critical Care Unit (CCU) Admission
- Critical Care Unit (CCU) Confinement
- Rehabilitation Facility Confinement

Hospital Confinement: Confinement in a Hospital for at least 20 consecutive hours on an inpatient basis as the result of a Covered Accident. The Hospital Confinement must begin within 6 months after a Covered Accident. Benefits are payable daily for up to 365 days for a Covered Accident. Benefits are payable for only one Hospital Confinement at a time even if the Confinement is caused by more than one Covered Accident. Only one type of Confinement benefit is payable for each period of eligible Confinement. If you qualify for any of the following benefits on the same day, only one benefit in the higher amount will be payable:

- Hospital Admission
- Hospital Confinement
- Critical Care Unit (CCU) Admission
- Critical Care Unit (CCU) Confinement
- Rehabilitation Facility Confinement

If you are discharged from the Hospital and then re-Confined within 30 days due to the same Covered Accident or due to a related condition, the re-Confinement will be considered part of the previous Hospital Confinement(s).

Induced Coma: An induced coma as the result of a Covered Accident. An induced coma is a temporary state of unconsciousness brought on by a controlled dose of medicine administered by a Doctor at a Hospital. Induced coma does not include general anesthesia administered for purposes of surgery. This benefit is payable for each day you are in an induced coma up to a maximum of 14 days.

Lodging: Hotel/motel stay by your companion while you are Confined in a Hospital or Critical Care Unit or a Rehabilitation Facility. The Hospital must be more than 100 miles from your home. The companion must be 16 years of age or older. This benefit is payable for up to 30 days per Covered Accident.

Non-induced Coma: You have been in a non-induced coma, as the result of a Covered Accident for at least 14 days. A non-induced coma is a state of unconsciousness that is not medically induced with:

- no reaction to external stimuli,
- no reaction to internal needs, and
- the use of life support systems.

This benefit is payable once per Covered Accident.

Pet Boarding: You have a pet or pets being boarded in a licensed animal boarding facility while you are Confined in a Hospital or Critical Care Unit or a Rehabilitation Facility. Benefits are only payable daily for the same day(s) that an admission or a Confinement benefit is payable. The pet or pets must be animals that live inside your primary residence with you at the time of your Confinement. Only one daily benefit is payable for all eligible pets. This benefit is payable up to a maximum of 30 days per Confinement.

Rehabilitation Facility Confinement: Confinement in a Rehabilitation Facility for 20 consecutive hours on an inpatient basis as the result of a Covered Accident. Benefits are payable daily for each subsequent and continuous day (or portion thereof) of inpatient Rehabilitation Facility Confinement, for up to 90 days per Covered Accident. Benefits are payable for only one Rehabilitation Facility Confinement at a time even if the Confinement is caused by more than one Covered Accident. Only one type of Confinement benefit is payable for each period of eligible Confinement. If you qualify for any of the following benefits on the same day, only one benefit in the higher amount will be payable:

- Hospital Admission
- Hospital Confinement
- Critical Care Unit (CCU) Admission
- Critical Care Unit (CCU) Confinement
- Rehabilitation Facility Confinement

If you are released and readmitted to a Rehabilitation Facility within 30 days due to the same Covered Accident or due to a related condition, the re-Confinement will be considered part of the previous Rehabilitation Facility Confinement(s).

Surgery: The surgery must take place within 30 days after a Covered Accident. The benefit amount varies based on the type of services received as shown on the SCHEDULE OF BENEFITS. This benefit is payable once per Covered Accident. If your surgery meets more than one of the surgery classifications, the higher amount will be payable. No benefit is payable for hernia repair.

Transportation: Transportation for you for special treatment and Confinement in a Hospital or Critical Care Unit or a Rehabilitation Facility. The special treatment must be prescribed by a Doctor and not available locally. The transportation must be more than 100 miles one way. This benefit is payable up to 3 trips per Covered Accident. No benefit is payable for transportation by ground ambulance or air ambulance.

ACCIDENT CARE BENEFITS

We will pay an ACCIDENT CARE benefit as shown on the SCHEDULE OF BENEFITS if you receive any of the services or meet any of the conditions described below as the result of Injuries received in a Covered Accident. The Injury must occur while you are covered under the Policy.

Ambulance, Air: Transport by a licensed professional air ambulance company to or from a Hospital or between medical facilities, for treatment of Injuries received as the result of a Covered Accident. The transport must be within 48 hours after the Covered Accident. This benefit is payable once per Covered Accident.

Ambulance, Ground: Transport by a licensed professional ambulance company to or from a Hospital or between medical facilities, for treatment of Injuries received as the result of a Covered Accident. The transport must be within 90 days after the Covered Accident. This benefit is payable once per Covered Accident.

Chiropractic Treatment: Treatment must be received by a Chiropractor in a Chiropractor's office. The treatment must begin within 90 days after a Covered Accident and be completed within 12 months after the Covered Accident. This benefit is payable up to 6 times per Covered Accident.

Emergency Room Treatment: Examination and treatment by a Doctor in an Emergency Room within 7 days after a Covered Accident. This benefit is payable once per Covered Accident.

Follow-Up Doctor Treatment: Follow-up treatment by a Doctor must begin within 60 days after a Covered Accident and be completed within 12 months after the Covered Accident. This benefit is only available if you are eligible for the Initial Doctor Visit benefit or the Emergency Room treatment benefit or the Urgent Care Facility treatment benefit. Follow-up treatment may be provided by a Doctor via Telemedicine. This benefit is payable up to 6 times per Covered Accident.

Initial Doctor Visit: Examination and treatment by a Doctor within 30 days after a Covered Accident. Examination and treatment does not include care by Chiropractor. Examination and treatment may be provided by a Doctor via Telemedicine. This benefit is payable once per Covered Accident.

Major Diagnostic Exams: A major diagnostic exam must be prescribed by a Doctor and must occur within 6 months after the Covered Accident. This benefit is payable once per Covered Accident.

Medical Equipment: The medical equipment must be prescribed by a Doctor and use must begin within 6 months after the Covered Accident. This benefit is payable once per Covered Accident. The types of eligible equipment are:

- Crutches.
- Wheelchair.
- Back Brace.
- Leg Brace.
- Walker.

Mental Health Therapy: Psychological or psychiatric care prescribed by a Doctor and provided in an office or Hospital or a Rehabilitation Facility on an inpatient or outpatient basis. Psychological or psychiatric care may also be provided via Telemedicine. The therapy must begin within 180 days after a Covered Accident and be completed within 12 months after the Covered Accident. This benefit is payable up to 10 times per Covered Accident.

Outpatient Surgery: Miscellaneous surgery that is not covered by any other Injury benefit. The surgery must take place within 30 Days after a Covered Accident. No benefit is payable for hernia repair. This benefit is payable up to 2 times per Covered Accident.

Physical or Occupational Therapy: Therapy must be prescribed by a Doctor and provided by a physical therapist or by an occupational therapist in an office or Hospital or a Rehabilitation Facility on an inpatient or outpatient basis. Therapy may also be provided by a physical therapist or occupational therapist via Telemedicine. The therapy must begin within 180 days after a Covered Accident and be completed within 12 months after the Covered Accident. This benefit is payable up to 10 times per Covered Accident.

“Physical therapist” for this benefit means a person other than you or any family member, who is a licensed health care professional in the state in which treatment is received and providing treatment or advice in accordance with the license. A physical therapist provides services and practices according to the Code of Ethics of the American Physical Therapy Association.

“Occupational therapist” for this benefit means a person other than you or any family member, who is a licensed health care professional in the state in which treatment is received and providing treatment or advice in accordance with the license. An occupational therapist provides services designed to restore self-care, work, and leisure skills to patients/clients who have specific performance incapacities or deficits that reduce their abilities to cope with the tasks of everyday living. An occupational therapist evaluates and treats problems arising from developmental deficits, physical illness or injury, emotional disorders, the aging process, and psychological or social disability.

Prescription Medicine: Medicine prescribed by a Doctor due to Injuries received in a Covered Accident and filled at a pharmacy within 90 days of the Covered Accident. This benefit is payable once per Covered Accident. No benefit is payable for:

- Medication administered while Confined or during surgery.
- Medication administered on an outpatient basis.
- Medication that is recommended by a Doctor that is over-the counter or available without a prescription.
- Devices or medical equipment.
- Refills of prescription medicine for which we previously paid benefits.

Prosthetic Device: You receive a prosthetic device prescribed by a Doctor for use following the loss of use of a hand, a foot or the sight of an eye. The prosthetic device must be received within one year of a Covered Accident. The benefit amount varies based on the number of prosthetic devices received as shown on the SCHEDULE OF BENEFITS. This benefit is payable once per Covered Accident. Prosthetic devices do not include any of the following:

- Hearing aids.
- Dental aids including false teeth.
- Eye-glasses.
- Artificial joints.
- Cosmetic prostheses such as hair wigs.

Speech Therapy: Therapy for the treatment of speech and communication disorders. The approach used varies depending on the disorder. It may include physical exercises to strengthen the muscles used in speech (oral-motor work), speech drills to improve clarity, or sound production practice to improve articulation.

Speech therapy must be prescribed by a Doctor and provided by a speech therapist in an office or Hospital or a Rehabilitation Facility on an inpatient or outpatient basis. Therapy may also be provided by a speech therapist via Telemedicine. The therapy must begin within 180 days after a Covered Accident and be completed within 12 months after the Covered Accident. This benefit is payable up to 10 times per Covered Accident.

“Speech therapist” for this benefit means a person other than you or any family member, who is a licensed health care professional in the state in which treatment is received and providing treatment or advice in accordance with the license. A speech therapist is trained to evaluate and treat voice, speech, language, or swallowing disorders—e.g., hearing impairment, that affect speech (oral-motor-work) and communication.

Urgent Care Facility Treatment: Examination and treatment by a Doctor in an Urgent Care Facility within 7 days after a Covered Accident. This benefit is payable once per Covered Accident.

X-ray: An x-ray must be prescribed by a Doctor. This benefit is payable within 90 days of a Covered Accident and is payable once per Covered Accident.

COMMON INJURIES BENEFITS

We will pay a COMMON INJURIES benefit as shown on the SCHEDULE OF BENEFITS if you receive any of the services or meet any of the conditions described below as the result of Injuries received in a Covered Accident. The Injury must occur while you are covered under the Policy.

Burns: The burn must be treated by a Doctor within 3 days after a Covered Accident. The benefit amount varies based on the burn classification as shown on the SCHEDULE OF BENEFITS. If your burn meets more than one of the burn classifications, the higher amount will be payable. This benefit is payable once per Covered Accident.

Concussion: The concussion must be diagnosed by a Doctor within 3 days after a Covered Accident. The diagnosis must be confirmed by the use of some type of medical imaging procedure; i.e. x-ray, CT scan or MRI.

Dislocations: The Dislocation must be diagnosed by a Doctor within 90 days after a Covered Accident. The benefit amount will vary based on whether the Dislocation is Complete, Complete Requiring Surgical Repair or Incomplete as shown on the SCHEDULE OF BENEFITS. Dislocations that are Complete or Complete Requiring Surgical Repair must be repaired by a Doctor.

If you receive more than one Dislocation in the same Covered Accident, a benefit is payable for all Dislocations. However, the benefit will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount.

If you receive a Dislocation and a Fracture in the same Covered Accident, a benefit is payable for both. However, the benefit will be no more than two times the amount for the bone or joint involved which pays the highest benefit amount.

This benefit is payable 2 times per joint per lifetime of the Policy. Subsequent Dislocations of the same joint after this maximum in a different Covered Accident are not covered.

Emergency Dental Work: Natural teeth must be damaged due to a Covered Accident and either extracted or repaired by the placement of a crown. The benefit amount varies based on the type of services received as shown on the SCHEDULE OF BENEFITS. This benefit is payable once per Covered Accident regardless of the number of teeth involved.

Eye Injury: The eye Injury must be treated by a Doctor within 90 days after a Covered Accident. The Injury must require surgery or the removal of a foreign object by a Doctor. The benefit amount varies based on the type of services received as shown on the SCHEDULE OF BENEFITS. This benefit is payable once per Covered Accident. No benefit is payable for examination with anesthesia or for an Injury to the eyelid which is the moveable fold of skin and muscle that covers the eye.

Fractures: The Fracture must be diagnosed by a Doctor within 90 days after a Covered Accident. The Fracture must require treatment by a Doctor. If the Doctor diagnoses the Fracture as a Chip Fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. The benefit amount

varies based on the type of services received as shown on the SCHEDULE OF BENEFITS.

If you receive more than one Fracture in a Covered Accident, a benefit is payable for all Fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

If you receive a Fracture and a Dislocation in the same Covered Accident, a benefit is payable for both. However, the benefit will be no more than two times the amount for the bone or joint involved which pays the highest benefit amount.

Laceration: A laceration is a cut. The laceration must be treated by a Doctor within 3 days after a Covered Accident. The benefit amount will be based on the total length of all lacerations requiring repair that are received in any one Covered Accident as shown on the SCHEDULE OF BENEFITS. If the laceration is severe enough to require sutures but the Doctor chooses to repair it another way, the benefit will be determined as if the laceration was sutured. This benefit is payable once per Covered Accident. If your Injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

Paralysis: Spinal cord Injuries sustained in a Covered Accident that result in the loss of use of one or more arms and legs.

- Hemiplegia = the complete and irreversible paralysis of both limbs on either side of the body
- Monoplegia= the complete and irreversible paralysis of one limb
- Paraplegia = the complete and irreversible paralysis of both legs.
- Quadriplegia = the complete and irreversible paralysis of both arms and both legs.

Paralysis must be confirmed by a Doctor and based on documented evidence of the Injury that caused the paralysis. The duration of the paralysis must be at least 30 days and expected to be permanent. The benefit amount varies based on the degree of paralysis as shown on the SCHEDULE OF BENEFITS. This benefit is payable once per Covered Accident.

Puncture Wound: An Injury caused by an object, including a needle, that pierces or penetrates the skin. The puncture wound must be treated by a Doctor within 72 hours after a Covered Accident. This benefit is payable once per Covered Accident. If your Injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

Ruptured Disk: You must receive surgical repair of a ruptured disk by a Doctor. The surgical repair must occur within 2 years after the Covered Accident. This benefit is payable once per Covered Accident.

Skin Graft: The skin graft is for a burn for which a benefit was paid under the burn benefit in this section. This benefit is payable once per Covered Accident.

Traumatic Brain Injury: A brain Injury that is caused by a traumatic sudden impact to the head, neck or shoulders, or a penetration of the head.

The traumatic brain Injury must be initially treated by a Doctor within 90 days after a Covered Accident. The diagnosis by a Doctor must occur within 90 days after the Covered Accident. The diagnosis must include a Glasgow Coma Scale score of 8 or less (or equivalent) and the inability to perform independently 2 or more of the following activities of daily living:

- Eating;
- Bathing;
- Dressing;
- Toileting;
- Transferring; and
- Maintaining continence.

This benefit is payable once per Covered Accident.

Tendon/Ligament/Rotator Cuff: The tendon, ligament or rotator cuff must be torn, ruptured or severed and repaired through surgery within 90 days after a Covered Accident. The benefit amount varies based on the number of repairs required and the services received as shown on the SCHEDULE OF BENEFITS. This benefit is payable once per Covered Accident.

Torn Hip, Knee, Shoulder Cartilage: You must receive surgical repair of torn hip, knee or shoulder cartilage. The Injury

must be treated by a Doctor within 60 days after a Covered Accident. Surgical repair of the tear must occur within 6 months after the Covered Accident. The benefit amount varies based on the type of service received as shown on the SCHEDULE OF BENEFITS. This benefit is payable once per Covered Accident. If you receive more than one cartilage tear in a Covered Accident, a separate benefit is payable for each location (hip, knee, or shoulder) of the tear.

Subsequent tears of the healing cartilage which occur after the original Covered Accident are not covered unless such tears are the result of Injuries received in a new and separate Covered Accident.

ADDITIONAL BENEFIT(S)

Sports Accident Benefit: An additional percentage of the Accident Hospital Care, Accident Care or Common Injuries benefit amount is payable if the Covered Accident is the result of participating in an organized sporting activity.

“Organized sporting activity” for this benefit means an amateur sports competition or organized practice for an amateur sports competition. The activity must be overseen by an amateur sporting organization that oversees scholastic, recreational or social sports activities. This includes:

- Participation in physical education as a class in a school setting.
- Coaching, officiating or refereeing for an amateur sporting organization.

Organized sporting activity does not include any activity that occurs before, between or after competitions or practices, including travel to or from a competition or practice.

“Amateur sporting organization” means a public or private school, sports association, community recreational association or other organization that as part of its oversight does the following:

- Sets up official rules and standards of play.
- Arranges for officials to oversee competition.
- Organizes inter-team competition, facilities and equipment.

EXCLUSIONS

We will not pay benefits for any Accident-related condition that is contributed to, caused by or results from the following:

- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane.
- Any Sickness or declining process caused by a Sickness.
- Participation or attempt to participate in a felony or illegal activity.
- An Accident while you are operating a motorized vehicle while intoxicated. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon Written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

CLAIMS

NOTICE OF CLAIM

Written notice of your claim should be given to us within 30 days after the date of loss. The notice may be given to us at our home office or to our authorized 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 can be requested 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, and is provided within the time period below for proof of claim, you will be deemed to have complied with the requirements for providing proof of claim.

FILING A CLAIM

The claim form(s) may require completion by you and the Employer and your attending Doctor. 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.

PROOF OF CLAIM

You must send us Written proof of your claim within 90 days after the 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, 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.

PHYSICAL EXAMINATION

We may require you to be examined by one or more Doctors or other medical practitioners of our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while your claim is pending. We may also require you to be interviewed by our authorized representative. Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

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.

If a survivor entitled to receive a payment has a special needs trust established, we will make payment to that person's trust instead of to the person directly.

"Spouse" in this provision means your lawful spouse.

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 only applies in the event that any claim under the Policy is not governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA). Under Colorado law, if your claim has been denied in whole or in part, and you have exhausted your administrative remedies, you are entitled to have your claim reviewed de novo in any court with jurisdiction and to a trial by jury.

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.

SPOUSE ACCIDENT-ONLY RIDER

RELIASTAR LIFE INSURANCE COMPANY

250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

POLICYHOLDER: Larimer County

GROUP POLICY NUMBER: 75056-5CAC2

This rider is made a part of the Group Accident-Only Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

You pay the cost of coverage under this rider.

ACCIDENT BENEFITS

The benefit amounts for your Spouse are the same as the benefit amounts for you as shown on the SCHEDULE OF BENEFITS section of the Certificate, based on your Spouse's Covered Accident.

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to your Spouse.

Spouse means your lawful spouse. It includes your civil union partner who is recognized as equivalent to a Spouse by Colorado law.

GENERAL PROVISIONS

ELIGIBILITY

If you are covered under the Policy, then your Spouse is eligible under this rider on the latest of the following:

- The Policy effective date.
- The date coverage under this rider is available to the eligible class of Insured Persons to which you belong.
- Your Accident-only coverage effective date.
- The date of your marriage.

If your Spouse is covered under the Policy as an Employee, then your Spouse is not eligible for coverage under this rider.

ENROLLMENT

If you have a Spouse eligible for Spouse coverage, you must enroll for any Spouse coverage before it will become effective. The Employer or we will provide you with the forms or information needed to complete your enrollment. You may enroll for Spouse coverage when you become newly eligible, or following a qualifying life event as allowed by the Employer, or during an enrollment period chosen by the Employer and approved by us.

EFFECTIVE DATE OF COVERAGE

Your Spouse will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date your Spouse is eligible for coverage, if you enroll for Spouse coverage on or before that date.
- The first day of the month that is on or next follows the date you enroll for Spouse coverage.
- The first day of the month that is on or next follows the date you return to Active Employment, if you are not in Active Employment when your Spouse's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if you were in Active Employment on your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, and paid time off for nonmedical-related absences.

EFFECTIVE DATE OF CHANGES TO COVERAGE

Once your Spouse's coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The first day of the month that is on or next follows the date of the increased or additional coverage, if you are in Active Employment.
- The first day of the month that is on or next follows the date you return to Active Employment, if you are not in Active Employment due to injury or sickness.

Any decrease in coverage will take effect at the end of the month but will not affect a payable claim that occurs prior to the decrease.

TERMINATION OF COVERAGE

Coverage for your Spouse under this rider ends on the earliest of the following:

- The date your Accident insurance terminates.
- The date coverage under this rider is terminated for all Active Employees under the Policy.
- The date coverage under this rider is terminated for the eligible class of Active Employees to which you belong.
- The last day of the month during which you voluntarily cancel coverage under this rider.
- The last day of the month during which your Spouse is no longer an eligible Spouse as defined by this rider.
- The end of the period for which premiums for this rider are paid, if the next premium is not paid by its due date, subject to the GRACE PERIOD provision.

We will pay benefits for a loss that occurs while your Spouse is insured under this rider even if the rider has since terminated.

ACCIDENT-ONLY BENEFITS

Benefit amounts for your Spouse are the same as the benefit amounts for you as shown on the Certificate's SCHEDULE OF BENEFITS. We will pay benefits if your Spouse receives any of the services or meets any of the conditions described in the ACCIDENT-ONLY BENEFITS sections of the Certificate, as the result of Injuries received in a Covered Accident. The Injury must occur while your Spouse is covered under the Policy.

Only one family care benefit is payable per eligible family member if you and your Spouse are simultaneously Confined in a Hospital or a Critical Care Unit or a Rehabilitation Facility.

Only one pet boarding benefit is payable per eligible pet if you and your Spouse are simultaneously Confined in a Hospital or a Critical Care Unit or a Rehabilitation Facility.

EXCLUSIONS

We will not pay benefits for any Accident-related condition that is contributed to, caused by or results from the following:

- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane.
- Any Sickness or declining process caused by a Sickness.
- Participation or attempt to participate in a felony or illegal activity.
- An Accident while your Spouse is operating a motorized vehicle while intoxicated. Intoxication means your Spouse's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon Written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

CLAIMS

NOTICE OF CLAIM

Notice of claim should be given to us within 30 days after the date of loss. The notice may be given to us at our home office or to our authorized 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 can be requested from us. If the form is not received from us within 15 days of the request, Written proof of claim may be sent to us without waiting for the form. If such Written proof of claim covers the occurrence, character and extent of the loss, and is provided within the time period below for proof of claim, you will be deemed to have complied with the requirements for providing proof of claim.

FILING A CLAIM

The claim form(s) may require completion by you and the Employer and your Spouse's attending Doctor. 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.

PROOF OF CLAIM

Written proof of claim must be sent to us within 90 days after the 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, proof of claim must be provided no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

PHYSICAL EXAMINATION

We may require your Spouse to be examined by one or more Doctors or other medical practitioners of our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. We may also require your Spouse to be interviewed by our authorized representative. Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this rider 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 according to the BENEFIT PAYMENTS provision in the Certificate.

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 only applies in the event that any claim under the Policy is not governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA). Under Colorado law, if your claim has been denied in whole or in part, and you have exhausted your administrative remedies, you are entitled to have your claim reviewed de novo in any court with jurisdiction and to a trial by jury.

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 Spouse's coverage.

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



Amelia (Amy) J. Vaillancourt
President



Melissa A. O'Donnell
Secretary

CHILDREN'S ACCIDENT-ONLY RIDER

RELIASTAR LIFE INSURANCE COMPANY

250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

POLICYHOLDER: Larimer County

GROUP POLICY NUMBER: 75056-5CAC2

This rider is made a part of the Group Accident-Only Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

You pay the cost of coverage under this rider.

ACCIDENT-ONLY BENEFITS

The benefit amounts for your Children are the same as the benefit amounts for you as shown on the SCHEDULE OF BENEFITS section of the Certificate, based on your Child's Covered Accident.

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to your Children.

Child or **Children** means a child from live 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 civil union partner who is recognized as equivalent to a Spouse by Colorado law.
- Your foster child or a child or grandchild for whom you are a legal guardian.

The child must also meet all of the following conditions:

- Not be on full-time active duty in the armed forces of 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 at our home office within 31 days after the Child reaches age 26. We may require, at reasonable intervals, but not more than once a year after the two year period following attainment of the 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.

Spouse means your lawful spouse. It includes your civil union partner who is recognized as equivalent to a Spouse by Colorado law.

GENERAL PROVISIONS

ELIGIBILITY

If you are covered under the Policy, then your Children are eligible under this rider on the latest of the following:

- The Policy effective date.
- The date coverage under this rider is available to the eligible class of Insured Persons to which you belong.
- Your Accident-Only coverage effective date.
- The date you acquire a Child by marriage, birth or adoption.

If your Child is covered under the Policy as an Employee, then your Child is not eligible for coverage under this rider.

If both you and your Spouse are covered under the Policy as an Employee, then only one of you may cover your Children under this rider. If the parent who is covering the Children stops being insured as an Employee then the other parent may enroll for Children's coverage under this rider within 60 days.

ENROLLMENT

If you have a Child or Children eligible for coverage, you must enroll for any coverage before it will become effective. You may enroll for Children's coverage when you become newly eligible, or following a qualifying life event as allowed by the Employer, or during an enrollment period chosen by the Employer and approved by us. The Employer or we will provide you with the forms or information needed to complete your enrollment.

EFFECTIVE DATE OF COVERAGE

Your Children will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date your Children are eligible for coverage, if you enroll for Children's coverage on or before that date.
- The first day of the month that is on or next follows the date you enroll for Children's coverage.
- The first day of the month that is on or next follows the date you return to Active Employment, if you are not in Active Employment when your Children's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if you were in Active Employment on your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, and paid time off for non-medical-related absences.

If you have coverage under this rider and you acquire a new eligible Child due to birth, marriage or adoption, then the newly eligible Child will be covered automatically from the date of the event. If an adopted newborn Child is placed with you within 30 days of birth, the "event" will be the date of birth. If an adopted Child is placed with you more than 30 days after birth, the "event" will be the date of placement. No additional premium is required.

EFFECTIVE DATE OF CHANGES TO COVERAGE

Once your Children's coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The first day of the month that is on or next follows the date of the increased or additional coverage, if you are in Active Employment.
- The first day of the month that is on or next follows the date you return to Active Employment, if you are not in Active Employment due to injury or sickness.

Any decrease in coverage will take effect at the end of the month but will not affect a payable claim that occurs prior to the decrease.

TERMINATION OF COVERAGE

Coverage for each of your Children under this rider ends on the earliest of the following:

- The last day of the month during which the Child is no longer an eligible Child as defined by this rider. Eligibility of a Child who is incapable of self-sustaining employment due to physical or intellectual disability ends when there is no longer evidence satisfactory to us that the incapacity is continuing.
- The date coverage for all your Children ends as described below.

Coverage for all your Children under this rider ends on the earliest of the following:

- The date your Accident insurance terminates.
- The date coverage under this rider is terminated for all Active Employees under the Policy.
- The date coverage under this rider is terminated for the eligible class of Active Employees to which you belong.
- The last day of the month during which you voluntarily cancel coverage under this rider.
- The last day of the month during which you no longer have any eligible Children as defined by this rider.
- The end of the period for which premiums for this rider are paid, if the next premium is not paid by its due date, subject to the GRACE PERIOD provision.

We will pay benefits for a loss that occurs while your Child is insured under this rider even if this rider has since terminated.

ACCIDENT-ONLY BENEFITS

Benefit amounts for your Children are the same as the benefit amounts for you as shown on the Certificate's SCHEDULE OF BENEFITS. We will pay benefits if your Child receives any of the services or meets any of the conditions described in the ACCIDENT-ONLY BENEFITS sections of the Certificate, as the result of Injuries received in a Covered Accident. The Injury must occur while your Child is covered under the Policy. Benefits are payable for each covered Child.

No family care benefit is payable for your Child's Covered Accident.

EXCLUSIONS

We will not pay benefits for any Accident-related condition that is contributed to, caused by or results from the following:

- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane.
- Any Sickness or declining process caused by a Sickness.
- Participation or attempt to participate in a felony or illegal activity.
- An Accident while your Child is operating a motorized vehicle while intoxicated. Intoxication means your Child's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon Written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

CLAIMS

NOTICE OF CLAIM

Notice of claim should be given to us within 30 days after the date of loss. The notice may be given to us at our home office or to our authorized 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 can be requested from us. If the form is not received from us within 15 days of the request, Written proof of claim may be sent to us without waiting for the form. If such Written proof of claim covers the occurrence, character and extent of the loss, and is provided within the time period below for proof of claim, you will be deemed to have complied with the requirements for providing proof of claim.

FILING A CLAIM

The claim form(s) may require completion by you and the Employer and your Child's attending Doctor. 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.

PROOF OF CLAIM

Written proof of claim must be sent to us within 90 days after the 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, proof of claim must be provided no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

PHYSICAL EXAMINATION

We may require your Child to be examined by one or more Doctors or other medical practitioners of our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. We may also require you to be interviewed by our authorized representative. Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this rider are payable to you. 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 according to the BENEFIT PAYMENTS provision in the Certificate.

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 only applies in the event that any claim under the Policy is not governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA). Under Colorado law, if your claim has been denied in whole or in part, and you have exhausted your administrative remedies, you are entitled to have your claim reviewed de novo in any court with jurisdiction and to a trial by jury.

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 Children's coverage.

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



Amelia (Amy) J. Vaillancourt
President



Melissa A. O'Donnell
Secretary

CONTINUATION OF INSURANCE RIDER

RELIASTAR LIFE INSURANCE COMPANY

250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

POLICYHOLDER: Larimer County

GROUP POLICY NUMBER: 75056-5CAC2

This rider is made a part of the Group Accident-Only Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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DEFINITIONS

Covered Person means:

- You, if you are covered for Accident-Only insurance under the Policy.
- Your Spouse if covered under the Spouse Accident-Only Rider.
- Your Children if covered under the Children's Accident-Only Rider.

Leave of Absence means you are absent from Active Employment for a period of time under a leave granted in Writing by the Employer that is in accordance with the Employer's formal leave policies. Normal vacation time is not considered a Leave of Absence.

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.

GENERAL PROVISIONS

ELIGIBILITY

If you are covered under the Policy, then you are eligible for coverage under this rider on the latest of the following:

- The Policy effective date.
- The date coverage under this rider is available to the eligible class of Insured Persons to which you belong.
- Your Accident-Only coverage effective date.

EFFECTIVE DATE

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the date you are eligible for coverage under this rider.

CHANGE OF INSURANCE CARRIERS

The CHANGE OF INSURANCE CARRIERS provision in the Certificate is revised to include an Employee whose coverage was being continued under a similar continuation provision in the Employer's prior group policy of accident-only insurance at the time the Employer's coverage under our Policy became effective.

TERMINATION

Coverage under this rider ends on the earliest of the following:

- The date your Accident-Only insurance terminates.
- The date coverage under this rider is terminated for all Active Employees under the Policy.
- The date coverage under this rider is terminated for the eligible class of Active Employees to which you belong.

CONTINUATION OF INSURANCE

If you stop Active Employment 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 in Active Employment, 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 and riders in effect the day prior to the continuation period. Your continued coverage will not include the Additional Services Rider.

Premiums are due during the continuation period on the same basis as on the day prior to the continuation period. Contact the Employer for more information.

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

EMPLOYER-APPROVED LEAVE(S) 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 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 Covered Persons may be continued until the end of the later of:

- The leave period permitted by FMLA.
- The leave period permitted by State FML.

This continuation of coverage includes all riders that were in effect on the date before the FMLA or State FML Leave of Absence began.

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 Covered Persons may be continued under this rider until the earliest of the following:

- The date your approved Leave of Absence ends.
- The date which is 12 months after the date you stopped Active Employment.

This continuation of coverage includes all riders that were in effect on the date before the Leave of Absence began.

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 Covered Persons may be continued during the Leave of Absence. This continuation period will not be less than 3 months while the Policy is in force for Employees.

This continuation of coverage includes all riders that were in effect on the date before the Leave of Absence began.

Other Leave of Absence

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

- The date your approved Leave of Absence ends.
- The date which is 12 months after the date you stopped Active Employment.

This continuation of coverage includes all riders that were in effect on the date before the Leave of Absence began.

CONCURRENT LEAVES OF ABSENCE

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

TERMINATION OF CONTINUATION

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

- The end of the continuation period as indicated above.
- The date coverage under this rider is terminated for all Active Employees under the Policy.
- The date coverage under this rider is terminated for the eligible class of Active Employees to which you belong.
- The end of the period for which premiums are paid, if the next premium is not paid by its due date, subject to the GRACE PERIOD provision.
- The date you are eligible under the Policy as an Active Employee.
- The date of your death.
- The date you become covered under another group accident-only insurance policy as an employee or member.

In no event will coverage for any Covered Person be continued beyond the date coverage would otherwise end according to the termination provision(s) of the Certificate.

When this continuation ends, insurance under the Policy will stay in force only if all of the following conditions are met:

- Accident-Only insurance is in force for Active Employees under the Policy;
- 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.

RETURN TO ACTIVE EMPLOYMENT

If coverage is not continued during any period that is eligible for continuation under the Policy, and you return to Active Employment 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 rider ends, continued premium payment will be required to keep coverage in force. If you are not eligible as an Active Employee on that date, then your coverage can be continued under the Certificate's PORTABILITY provision.

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



Amelia (Amy) J. Vaillancourt
President



Melissa A. O'Donnell
Secretary

WELLNESS BENEFIT RIDER

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

POLICYHOLDER: Larimer County

GROUP POLICY NUMBER: 75056-5CAC2

This rider is made a part of the Group Accident-Only Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this rider is automatically included in the cost of your coverage and the cost of your Spouse's coverage and the cost of your Children's coverage.

WELLNESS BENEFIT

You:	\$75 per day
Your Spouse:	\$75 per day
Your Children:	100% of your wellness benefit amount, per day, per Child

A wellness benefit is payable up to a maximum of one day per Covered Person per calendar year. There is a maximum of \$450 in wellness benefits payable for all Children per calendar year.

DEFINITIONS

General terms are defined in the DEFINITIONS section of the Certificate and riders.

Covered Person means:

- You, if you are covered for Accident-Only insurance under the Policy.
- Your Spouse if covered under the Spouse Accident-Only Rider.
- Your Children if covered under the Children's Accident-Only Rider.

GENERAL PROVISIONS

ELIGIBILITY

If you are covered under the Policy, then you are eligible under this rider on the latest of the following:

- The Policy effective date.
- The date coverage under this rider is available to the eligible class of Insured Persons to which you belong.
- Your Accident-Only coverage effective date.

Your Spouse is eligible for coverage under this rider on the later of the date above or the date your Spouse is eligible for coverage under the Spouse Accident-Only Rider.

Your Children are eligible for coverage under this rider on the later of the date above or the date each Child is eligible for coverage under the Children's Accident-Only Rider.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

Coverage under this rider will terminate on the earliest of the following:

- The date your Accident-Only insurance terminates.
- The date coverage under this rider is terminated for all Active Employees under the Policy.
- The date coverage under this rider is terminated for the eligible class of Active Employees to which you belong.
- For your Spouse's coverage, the date your Spouse's coverage under the Spouse Accident-Only Rider terminates.
- For each Child's coverage, the date your Child's coverage under the Children's Accident-Only Rider terminates.
- The date the Policy terminates because we stop providing accident coverage to all groups in the Policy issue state and coverage for all Covered Persons under the Policy terminates. We will provide 60 days Written notice of termination.

ASSIGNMENT

At the time of claim under this rider, you can assign the payment of a benefit under this rider to a third party who is not the Policyholder.

BENEFITS

We will pay you a WELLNESS benefit as shown on the SCHEDULE OF BENEFITS if a Covered Person has a health screening test on or after the Covered Person's coverage effective date. A benefit is payable up to a maximum of one day per Covered Person per calendar year. The amounts are shown on the SCHEDULE OF BENEFITS.

Health screening tests include, but are not limited to:

- Blood test for triglycerides
- Pap smear or thin prep pap test;
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemoccult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)
- Electrocardiogram (EKG)
- Endoscopy
- Carotid Doppler
- Routine Eye exam
- Routine dental exam
- Well child/preventive exams for ages 1 through age 18
- Biometric screenings
- Molecular or antigen test (Coronavirus)

EXCLUSIONS

The EXCLUSIONS section of the Certificate and riders does not apply to this rider.

CLAIMS

The PHYSICAL EXAMINATION provision does not apply to this rider.

NOTICE OF CLAIM

Notice of claim must be given to us during the same calendar year the health screening test occurs or within 30 days of the end of the calendar year, whichever is later. The notice may be given to us at our home office or to our authorized 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 can be requested from us. If the form is not received from us within 15 days of the request, Written proof of claim may be sent to us without waiting for the form. If such Written proof of claim covers the occurrence, character and description of the health screening test, and is provided within the time period below for proof of claim, you will be deemed to have complied with the requirements for providing proof of claim.

FILING A CLAIM

The claim form(s) may require completion by you and the Employer and the Covered Person's attending Doctor. 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.

PROOF OF CLAIM

Written proof of claim must be sent to us within 90 days after the date of the health screening test. 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, proof of claim must be provided no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

BENEFIT PAYMENTS

Benefits under this rider 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 according to the BENEFIT PAYMENTS provision in the Certificate.

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.

The following only applies in the event that any claim under the Policy is not governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA). Under Colorado law, if your claim has been denied in whole or in part, and you have exhausted your administrative remedies, You are entitled to have your claim reviewed de novo in any court with jurisdiction and to a trial by jury.

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 the coverage.

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



Amelia (Amy) J. Vaillancourt
President



Melissa A. O'Donnell
Secretary

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) RIDER

RELIASTAR LIFE INSURANCE COMPANY

250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

POLICYHOLDER: Larimer County

GROUP POLICY NUMBER: 75056-5CAC2

This rider is made a part of the Group Accident-Only Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this rider is automatically included in the cost of your coverage and the cost of your Spouse's coverage and the cost of your Children's coverage.

AD&D BENEFITS

Accidental Death

You:	\$50,000
Your Spouse	\$25,000
Your Children:	\$10,000

Common Carrier

You:	\$100,000
Your Spouse	\$50,000
Your Children:	\$25,000

Dismemberment

Loss of both hands or both feet or the sight in both eyes:	\$28,000
Loss of one hand or one foot AND the sight in one eye	\$22,000
Loss of one hand AND one foot	\$22,000
Loss of one hand OR one foot	\$12,500
Loss of two or more fingers or toes	\$1,800
Loss of one finger or toe	\$1,250

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate and riders regarding medical conditions and eligibility apply to each Covered Person.

Covered Person means:

- You, if you are covered for Accident-Only insurance under the Policy and under the Catastrophic Accident Rider.
- Your Spouse if covered under the Spouse Accident-Only Rider and under the Catastrophic Accident Rider.
- Your Children if covered under the Children's Accident-Only Rider and under the Catastrophic Accident Rider.

GENERAL PROVISIONS**ELIGIBILITY**

If you are covered under the Policy, then you are eligible for coverage under this rider on the latest of the following:

- The Policy effective date.
- The date coverage under this rider is available to the eligible class of Insured Persons to which you belong.
- Your Accident-Only coverage effective date.

Your Spouse is eligible for coverage under this rider on the later of the date above or the date your Spouse is eligible for coverage under the Spouse Accident-Only Rider.

Your Children are eligible for coverage under this rider on the later of the date above or the date each Child is eligible for coverage under the Children's Accident-Only Rider.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

Coverage under this rider will end on the earliest of the following:

- The date your Accident insurance terminates.
- The date coverage under this rider is terminated for all Active Employees under the Policy.
- The date coverage under this rider is terminated for the eligible class of Active Employees to which you belong.
- The date your coverage under the Catastrophic Accident Rider terminates.
- For your Spouse's coverage, the date your Spouse's coverage under the Spouse Accident-Only Rider terminates.
- For each Child's coverage, the date your Child's coverage under the Children's Accident-Only Rider terminates.
- The date the Policy terminates because we stop providing accident coverage to all groups in the Policy issue state and coverage for all Covered Persons under the Policy terminates. We will provide 60 days Written notice of termination.

AD&D BENEFITS

We will pay an AD&D benefit as shown on the SCHEDULE OF BENEFITS if a Covered Person meets any of the conditions described below as the result of Injuries received in a Covered Accident. The Injury must occur, and the loss resulting from the Injury must begin, while the Covered Person is covered under this rider.

Accidental Death: A benefit is payable if Injuries received in a Covered Accident cause a Covered Person's death within 90 days after the Covered Accident. Your benefit is payable to your named Accidental death beneficiary. If there is no named beneficiary, benefits will be paid according to the BENEFIT PAYMENTS provision in the Certificate. Your Spouse's and Child's benefit is payable to you. Note: No Accidental death benefit is payable if the Covered Person is eligible for the common carrier benefit.

Common Carrier: A benefit is payable if Injuries received in a Covered Accident occur while a Covered Person is a fare paying passenger in a common carrier, and the Injuries cause the Covered Person's death within 90 days after the Covered Accident. Your benefit is payable to your named Accidental death beneficiary. If there is no named beneficiary, benefits will be paid according to the BENEFIT PAYMENTS provision in the Certificate. Your Spouse's and Child's benefit is payable to you.

"Common carrier" for this benefit means any commercial transportation that operates on a regularly scheduled basis between predetermined points or cities.

Dismemberment: A benefit is payable to you if a Covered Person's loss (as described below) occurs within 90 days after a Covered Accident. The benefit amount varies based on the type of loss as shown on the SCHEDULE OF BENEFITS. The types of eligible loss under this benefit are limited to the following:

- Loss of both hands.
- Loss of both feet.
- Total and permanent loss of sight in both eyes.
- Loss of one hand or one foot AND permanent loss of sight in one eye.
- Loss of one hand AND one foot.
- Loss of one hand OR one foot.
- Loss of two or more fingers or toes.
- Loss of one finger OR one toe.

"Loss" for this benefit means the physical loss of:

- A hand: the hand is removed through or above the wrist joint.
- A foot: the foot is removed through or above the ankle joint.
- Sight in an eye: total and permanent loss of sight.
- A finger: the finger is removed at the joint proximate to the first interphalangeal joint where it is attached to the hand.
- A toe: the toe is removed at the joint proximate to the first interphalangeal joint where it is attached to the foot.

If a Covered Person loses a finger or toe, and within 90 days of that loss, loses a hand or foot on the same side of the body as the result of the same Covered Accident, the benefit amount payable for the loss of the finger or toe will be subtracted from the benefit payable for the loss of the hand or the foot.

If a benefit is payable after laceration repair of a finger, toe, hand, foot or eye and that body part is later lost due to the same Covered Accident, the amount of the laceration repair benefit will be subtracted from the dismemberment benefit.

EXCLUSIONS

We will not pay benefits for any Accident-related condition that is contributed to, caused by or results from the following:

- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane.
- Any Sickness or declining process caused by a Sickness.
- Participation or attempt to participate in a felony or illegal activity.
- An Accident while the Covered Person is operating a motorized vehicle while intoxicated. Intoxication means the Covered Person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon Written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

CLAIMS

A claimant includes you, or in the case of your death, a named Accidental death beneficiary. If there is no named beneficiary, a claimant includes the person eligible for benefits according to the BENEFIT PAYMENTS provision in the Certificate.

NOTICE OF CLAIM

Notice of claim should be given to us within 30 days after the date of loss. The notice may be given to us at our home office or to our authorized 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 can be requested from us. If the form is not received from us within 15 days of the request, Written proof of claim may be sent to us without waiting for the form. If such Written proof of claim covers the occurrence, character and extent of the loss, and is provided within the time period below for proof of claim, the claimant will be deemed to have complied with the requirements for providing proof of claim.

FILING A CLAIM

The claim form(s) may require completion by the claimant and the Employer and the Covered Person's attending Doctor. 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.

PROOF OF CLAIM

Written proof of claim must be sent to us within 90 days after the 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, proof of claim must be provided no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

PHYSICAL EXAMINATION

We may require the Covered Person to be examined by one or more Doctors or other medical practitioners of our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. We may also require you or your Spouse to be interviewed by our authorized representative. Failure to comply with this request may result in denial or termination of benefits.

AUTOPSY

We may require an autopsy in case of death, at our expense, where it is not prohibited by law.

BENEFIT PAYMENTS

Benefits under this rider 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 according to the BENEFIT PAYMENTS provision in the Certificate.

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 only applies in the event that any claim under the Policy is not governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA). Under Colorado law, if your claim has been denied in whole or in part, and you have exhausted your administrative remedies, You are entitled to have your claim reviewed de novo in any court with jurisdiction and to a trial by jury.

LEGAL ACTION

A claimant 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 the coverage.

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



Amelia (Amy) J. Vaillancourt
President



Melissa A. O'Donnell
Secretary

CATASTROPHIC ACCIDENT RIDER

RELIASTAR LIFE INSURANCE COMPANY

250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

POLICYHOLDER: Larimer County

GROUP POLICY NUMBER: 75056-5CAC2

This rider is made a part of the Group Accident-Only Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this rider is automatically included in the cost of your coverage and the cost of your Spouse's coverage and the cost of your Children's coverage.

CATASTROPHIC ACCIDENT BENEFIT

You: \$100,000
Your Spouse: \$50,000
Your Children: \$25,000

Any Paralysis benefit paid under the Policy for the same Covered Accident will be subtracted from the CATASTROPHIC ACCIDENT benefit.

Any AD&D dismemberment benefit paid under the AD&D rider for the same Covered Accident will be subtracted from the CATASTROPHIC ACCIDENT benefit.

EMPLOYEE CATASTROPHIC ACCIDENT BENEFIT REDUCTIONS

Your CATASTROPHIC ACCIDENT benefit amount will decrease as follows:

- To 50% on your 65th birthday.
- To 25% on your 70th birthday.

SPOUSE CATASTROPHIC ACCIDENT BENEFIT REDUCTIONS

Your Spouse's CATASTROPHIC ACCIDENT benefit amount will decrease as follows:

- To 50% on your 65th birthday.
- To 25% on your 70th birthday.

HOME MODIFICATION BENEFIT

\$2,500

VEHICLE MODIFICATION BENEFIT

\$2,500

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate and riders regarding medical conditions and eligibility apply to each Covered Person.

Covered Person means:

- You, if you are covered for Accident-Only insurance under the Policy and under the AD&D Rider.
- Your Spouse if covered under the Spouse Accident-Only Rider and the AD&D Rider.
- Your Children if covered under the Children's Accident-Only Rider and the AD&D Rider.

GENERAL PROVISIONS

ELIGIBILITY

If you are covered under the Policy, then you are eligible for coverage under this rider on the latest of the following:

- The Policy effective date.
- The date coverage under this rider is available to the eligible class of Insured Persons to which you belong.
- Your Accident coverage effective date.

Your Spouse is eligible for coverage under this rider on the later of the date above or the date your Spouse is eligible for coverage under the Spouse Accident-Only Rider.

Your Children are eligible for coverage under this rider on the later of the date above or the date each Child is eligible for coverage under the Children's Accident-Only Rider.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

Coverage under this rider will end on the earliest of the following:

- The date your Accident insurance terminates.
- The date coverage under this rider is terminated for all Active Employees under the Policy.
- The date coverage under this rider is terminated for the eligible class of Active Employees to which you belong.
- The date your coverage under the AD&D Rider terminates.
- For your Spouse's coverage, the date your Spouse's coverage under the Spouse Accident-Only Rider terminates.
- For each Child's coverage, the date your Child's coverage under the Children's Accident-Only Rider terminates.
- The date the Policy terminates because we stop providing accident coverage to all groups in the Policy issue state and coverage for all Covered Persons under the Policy terminates. We will provide 60 days Written notice of termination.

CATASTROPHIC ACCIDENT BENEFIT

We will pay a CATASTROPHIC ACCIDENT benefit as shown on the SCHEDULE OF BENEFITS if a Covered Person has a loss as described below which occurs within 365 days of a Covered Accident. The Covered Person must be receiving the appropriate care of a Doctor during the 365 day period following a Covered Accident. This benefit is payable once per lifetime for each Covered Person.

While the Covered Person must be covered under the Policy at the time of the Covered Accident, the Covered Person does not need to be covered at the time a claim for this benefit is made. The benefit amount is based on the Covered Person's age at the time of the Covered Accident. The benefit amount reduces as shown on the SCHEDULE OF BENEFITS.

Losses for this benefit are limited to the total and permanent loss of any of the following:

- Both hands or both feet.
- The use of both arms or both legs.
- One hand and one foot.
- One arm and one leg.
- The sight of both eyes.
- Hearing in both ears.
- The ability to speak.

"Loss" for this benefit means physical loss or loss of function of:

- A hand through or above the wrist joint.
- A foot through or above the ankle joint.
- An entire arm from the shoulder to the hand.
- An entire leg from the hip to the foot.
- Sight by total and permanent loss of sight.
- Hearing by deafness in both ears that cannot be corrected to any functional degree by any procedure, aid or device.
- Speech by the loss of audible communication such that it cannot be corrected to any functional degree by any procedure, aid or device.

"Loss" does not include being in an Induced or Non-Induced Coma.

HOME AND/OR VEHICLE MODIFICATION BENEFITS

We will pay you a HOME MODIFICATION and/or a VEHICLE MODIFICATION benefit as shown on the SCHEDULE OF BENEFITS if a Covered Person requires such modifications due to losses for which benefits are paid under the CATASTROPHIC ACCIDENT benefit.

Modifications must be prescribed in Writing by a Doctor. Modifications must be made to a Covered Person's principal place of residence and/or vehicle. The Doctor's Written prescription must be made within 180 days of the Covered Accident. The HOME MODIFICATION and VEHICLE MODIFICATION benefits are each payable once per lifetime for each Covered Person.

EXCLUSIONS

We will not pay benefits for any Accident-related condition that is contributed to, caused by or results from the following:

- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane.
- Any Sickness or declining process caused by a Sickness.
- Participation or attempt to participate in a felony or illegal activity.
- An Accident while the Covered Person is operating a motorized vehicle while intoxicated. Intoxication means the Covered Person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon Written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

CLAIMS

NOTICE OF CLAIM

Notice of claim should be given to us within 30 days after the date of loss. The notice may be given to us at our home office or to our authorized 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 can be requested from us. If the form is not received from us within 15 days of the request, Written proof of claim may be sent to us without waiting for the form. If such Written proof of claim covers the occurrence, character and extent of the loss, and is provided within the time period below for proof of claim, you will be deemed to have complied with the requirements for providing proof of claim.

FILING A CLAIM

The claim form(s) may require completion by you and the Employer and the Covered Person's attending Doctor. 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.

PROOF OF CLAIM

Written proof of claim must be sent to us within 90 days after the 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, proof of claim must be provided no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

PHYSICAL EXAMINATION

We may require the Covered Person to be examined by one or more Doctors or other medical practitioners of our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. We may also require you or your Spouse to be interviewed by our authorized representative. Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this rider are payable to you. 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 according to the BENEFIT PAYMENTS provision in the Certificate.

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 only applies in the event that any claim under the Policy is not governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA). Under Colorado law, if your claim has been denied in whole or in part, and you have exhausted your administrative remedies, You are entitled to have your claim reviewed de novo in any court with jurisdiction and to a trial by jury.

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 the coverage.

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



Amelia (Amy) J. Vaillancourt
President



Melissa A. O'Donnell
Secretary

ADDITIONAL SERVICES RIDER

RELIASTAR LIFE INSURANCE COMPANY

250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

POLICYHOLDER: Larimer County

GROUP POLICY NUMBER: 75056-5CAC2

This rider is made a part of the Group Accident Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

NOTICE OF ADDITIONAL SERVICES

ReliaStar Life Insurance Company ("we," "us," "our") and the Policyholder may agree to additional services provided by third party vendors. Charges for these additional services and all or a portion of the cost for these additional services may be remitted to us by the Policyholder or directly billed to the Insured Persons as agreed to by the Policyholder. Third party vendors are solely liable for providing additional services. We will not be responsible for third party vendors providing or failing to provide the additional services to eligible individuals. Further, we will not be liable to eligible individuals for the negligent provision of the additional services by third party vendors. We may discontinue additional services with 30 days prior Written notice to the Policyholder.

TRAVEL ASSISTANCE

Available when travelling more than 100 miles from the primary residence or in a foreign country, for trips 180 days or less, travel assistance offers pre-trip information, emergency personal services, medical assistance services, emergency transportation services, and security assistance services.

Executed at our home office:
Minneapolis, MN 55401



Amelia (Amy) J. Vaillancourt
President



Melissa A. O'Donnell
Secretary

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota

COLORADO POLICY/CERTIFICATE ENDORSEMENT

FIXED INDEMNITY POLICIES

This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical insurance coverage”).

THIS IS A SUPPLEMENTAL POLICY THAT IS NOT INTENDED TO PROVIDE THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). UNLESS YOU HAVE ANOTHER PLAN (SUCH AS MAJOR MEDICAL COVERAGE) THAT PROVIDES MINIMUM ESSENTIAL COVERAGE IN ACCORDANCE WITH THE ACA, YOU MAY BE SUBJECT TO A FEDERAL TAX PENALTY. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

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