

# Consumer Notice for Arkansas Residents

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

The mailing address is:

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

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

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

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

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

## OKLAHOMA MANDATORY ENDORSEMENT

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

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

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

Oklahoma law requires the following statement:

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

RELIASTAR LIFE INSURANCE COMPANY  
Minneapolis, Minnesota 55440

## **SOUTH DAKOTA CERTIFICATE ENDORSEMENT**

for Group Disability Income Insurance

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

### **I. SCHEDULE OF BENEFITS**

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

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

### **II. DISABILITY INCOME INSURANCE**

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

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

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

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

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

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

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

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

### **III. CLAIM PROCEDURES**

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

#### **Notice of Claim**

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

- include information to identify you, such as your name, address and Group Policy number.
- be sent to ReliaStar Life or to its authorized administrator.
- be sent within 30 days after the loss for which claim is based has occurred. ReliaStar Life will not invalidate or reduce a claim if it was not reasonably possible to give notice within 30 days and notice is provided as soon as reasonably possible.

### **Claim Forms**

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

### **Proof of Loss**

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

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

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

## **IV. DEFINITIONS**

The definition of **Doctor** is changed to add the following statement:

Doctor includes a family member if the family member is the only doctor in your area provided the doctor is acting within the scope of his/her practice.

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

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

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

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

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

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

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

**Texas Residents:**

**IMPORTANT NOTICE**

To obtain information or make a complaint:

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

1-800-955-7736

You may also write to ReliaStar Life Insurance Company at:

20 Washington Avenue South  
Minneapolis, MN 55401

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

1-800-252-3439

You may write the Texas Department Insurance

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

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

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

**AVISO IMPORTANTE**

Para obtener informacion o para someter una queja:

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

1-800-955-7736

Usted tambien puede escribir a ReliaStar Life Insurance Company al:

20 Washington Avenue South  
Minneapolis, MN 55401

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

1-800-252-3439

Usted puede escribir al Departamento de Seguros deTexas

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

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

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

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

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

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

The basic protections provided by the Association are:

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

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

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

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

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

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

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

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