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State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

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September 1, 2020

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Administrative Services (DAS), Division of Risk & Benefits, to enter into a contract with ReliaStar Life Insurance Company (Voya), (VC# 848475) of S. Minneapolis, MN, in an amount not to exceed \$549,918.51 for the state-paid life insurance provided to full-time employees. This contract is effective upon Governor and Council approval for a four (4) year period, from January 1, 2021 through December 31, 2024, with an option to extend for up to two additional years, subject to Governor and Executive Council approval. **Approximately 42% General Funds, 17% Federal Funds, 4% Enterprise Funds, 14% Highway Funds, 1% Turnpike Funds and 22% Other Funds.**

Payment for this coverage is contingent upon the authorized and anticipated appropriation for life insurance benefits (Class 60 - account 500603) in each agency for its employees.

EXPLANATION

Pursuant to RSA 21-I:28, the Commissioner of the Department Administrative Services (DAS) is authorized to enter into group life insurance contracts "with an insurance company licensed to do business in the state of New Hampshire" and "...comply with the terms of the collective bargaining agreement." The contract with ReliaStar Life Insurance Company (Voya) provides DAS with the services required to provide state-paid group term life insurance coverage in the amount of \$50,000 for approximately 10,000 full-time state employees, as well as optional employee-paid supplemental life insurance with benefits available in

increments of one, two, three, or four times the employee's annual salary as well as other options for spouse and dependent life insurance coverage.

The current contract with Anthem Life Insurance Company (Anthem Life) is set to expire on December 31, 2020. On July 8, 2020, DAS, through its broker HUB International New England, LLC (WBS/HUB) (broker services contract approved by G&C on December 18, 2019, item #201) of Manchester, NH, issued a Request for Proposal (RFP) for group life insurance coverage. The RFP requested pricing on the current plan requirements. Fifteen (15) life insurance companies were invited by WBS to participate in this RFP.

WBS/HUB received six (6) proposals, all of which were conforming proposals. The financial (quantitative) and technical (qualitative) components of the proposals were evaluated based on a scoring structure which provided more weight to the state-paid Basic Life portion of the life insurance program. Bids 25% greater than the lowest bidder for the state-paid Basic Life benefit premium were excluded from further consideration. As a result, there were three (3) bids remaining for final consideration. ReliaStar Life Insurance Company (Voya), offered the most competitive bid for the group life insurance benefit program.

ReliaStar's bid for the state-paid Basic Life insurance benefit results in 28.6% annual projected savings totaling \$194,420 over the next four (4) years of the contract. ReliaStar's bid also provides savings for participants in the employee-paid supplemental life insurance benefit totaling approximately 10.1% over the next four (4) years of the contract. Through further negotiations additional services were added at no cost to the State including online evidence of insurability (EOI) services, distribution of conversion and portability notices and improved rate guarantees.

Based on the foregoing, I am respectfully recommending approval of this contract.

Respectfully submitted,



Joseph B. Bouchard
Assistant Commissioner



8/12/2020

	Anthem	Symetra	VOYA a ReliaStar Life Insurance Company
A. Your Firm (5 Points)	19	14.6	14.7
B. Implementation & Enrollment (5 Points)	4.9	4.8	4.9
C. Life Claim Administration (10 Points)	19.9	19.9	19.7
D. Account Management (5 Points)	5	4.6	5
E. Reports (5 Points)	5	5	5
F. Communication & Training (5 Points)	5	5	5
G. Performance Guarantee (10 Points)	10	5.3	10
H. Plan Design (5 Points)	5	4.7	5
TOTAL QUALITATIVE SCORE	49.8	43.9	49.3
J. Current and Optional Plan Rates: Basic & Optional Life & AD&D / Financials (50 points)			
Employer Paid (20 Points)	0	0	20
Employee Paid (15 Points)	4	5	15
Employer and Employee Paid (15 Points)	3	3	15
TOTAL QUANTITATIVE SCORE	7	8	50
TOTAL COMBINED SCORE	56.8	51.9	99.3

Note: The following bidders were removed from consideration because their premium for the employer paid coverage was more than 25% above the lowest cost offering:

Met Life
The Standard
Sun Life

Contract Award Scoring Rules per the RFP. Employer Cost: The lowest cost proposal will receive 20 points. Others will be scored on a sliding scale with a one point reduction for every one percentage point it is higher than the lowest cost proposal. Any bidder more than 25% above the lowest bidder will be excluded from further consideration

**FULLY INSURED EMPLOYEE GROUP LIFE INSURANCE AGREEMENT
BETWEEN THE STATE OF NEW HAMPSHIRE AND
RELIASTAR LIFE INSURANCE COMPANY**

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Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Administrative Services		1.2 State Agency Address State House Annex Building, Room 412 25 Capital Street Concord, NH 03301	
1.3 Contractor Name ReliaStar Life Insurance Company		1.4 Contractor Address 20 Washington Street S. Minneapolis, MN 55401	
1.5 Contractor Phone Number (781) 796-9708 (Jay Holman)	1.6 Account Number 060-500-603	1.7 Completion Date 12/31/2024	1.8 Price Limitation \$549,918.51
1.9 Contracting Officer for State Agency Joyce I. Pitman, Director Risk Benefits		1.10 State Agency Telephone Number (603) 271-3180	
1.11 Contractor Signature  Date: 8/20/20		1.12 Name and Title of Contractor Signatory Amy Hall, Vice President	
1.13 State Agency Signature  Date: 9/8/20		1.14 Name and Title of State Agency Signatory Joseph Buckard, Asst. Sec. Comptroller	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: 1st/Christen Lavers On: 9/8/20			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the

only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

B. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the

Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all

of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE:

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or

exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are

for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this

Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

EXHIBIT A
SPECIAL PROVISIONS

The State and Contractor agree to the following modifications, deletions and additions to the general provisions (Form P-37) in this Agreement between the State and Contractor for the group Medicare Advantage PPO plan:

1. Amend Section 3 EFFECTIVE DATE/COMPLETION OF SERVICES by adding the following subsection:
3.3 Notwithstanding subsection 3.1 above and any language in this Agreement to the contrary, the insurance coverage issued under the Group Policy (attached hereto as Appendix C), and accompanying Certificate of Coverage (attached hereto as Appendix B), and Contractor's obligations thereunder, shall commence on the effective date of the Group Application (attached hereto as Appendix A).
2. Amend Section 10 DATA/ACCESS/CONFIDENTIALITY/PRESERVATION by replacing sections 10.2 and 10.3 as follows:
10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason. Notwithstanding the foregoing, Contractor may retain such copies of data that have become part of its business records to the extent required by applicable law or regulation.
10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State, however, Contractor is authorized to disclose data in support of Contractor's legal and regulatory compliance activities in the ordinary course, including in response to requests by auditors, examiners, and regulators, without notifying the State or affording the State an opportunity to object to such disclosure.
3. Amend Section 12 ASSIGNMENT/DELEGATION/SUBCONTRACTS by replacing sections 12.1 and 12.2 as follows and by adding subsections 12.3 and 12.4:
12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor. Should such assignment, transfer, or Change of Control occur, the State may terminate the contract without liability.
12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.
12.3 A list of current subcontractors is attached as Appendix D. Such list shall be considered the State's written consent as to those subcontractors.
12.4 Contractor shall remain primarily liable for the performance of all subcontracted obligations and Contractor shall promptly pay for all services, materials, equipment and labor used by any subcontractor.
4. Amend Section 19 CONFLICTING TERMS by replacing the existing language with the following:
In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control. Notwithstanding the foregoing, the terms of the Certificate of Coverage (attached hereto as Appendix B) and the Group Policy (attached hereto as Appendix C) will control, consistent with applicable law and regulation, as it relates to the terms of the insurance coverage.

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Contractor Initials AH
Date 5/22/20

**EXHIBIT B
SCOPE OF SERVICES**

I. PURPOSE

The State of New Hampshire, Department of Administrative Services, Division of Risk and Benefits (hereafter referred to as "State") is contracting with ReliaStar Life Insurance Company (hereafter referred to as the "Contractor"), to provide group term life insurance benefit for the State's eligible employees on an employer paid basis as well as options for additional voluntary life insurance benefits purchased at the employee's expense (collectively the "Policy" or "Policies") in accordance with the specifications described herein. For purposes of this Agreement, the Group Life Insurance Policy or Policies provided under this Agreement shall be referred to as the "Plan").

II. CONTRACT TERM

This Agreement shall become effective upon Governor and Executive Council approval. The term of this Agreement begin on January 1, 2021 or, if later, upon Governor and Executive Council approval and shall end on December 31, 2024. Additionally, if the incurred loss ratio after 36 months is 90% or less as of February 2024, the Contractor will provide an additional two (2) year rate guarantee for calendar years 2025 and 2026. The State may then exercise a two-year extension at its sole discretion, subject to Governor and Executive Council approval.

For purposes of this Section "incurred loss ratio" will be determined by the following (example for illustrative purposes only):

1. Sum of paid claims	\$0.00
2. Pending claims	\$0.00
3. Interest paid	\$0.00
4. Conversion charges	\$0.00
5. Change in reserves for waiver of premium	\$0.00
6. Change in reserves for incurred but not reported claims	\$0.00
7. Total Premium	\$0.00

Incurred Loss Ratio equals: Sum of #1-#6, divided by #7

While implementation activities may commence immediately upon Governor and Executive Council approval, payments under this agreement shall not commence prior to January 1, 2021.

III. SPECIFICATIONS FOR COVERAGE OF GROUP TERM LIFE INSURANCE (STATE PAID)

A. Group Term Life Insurance:

Coverage is required in accordance with the following:

Basic term life benefits in the amount of \$50,000 for eligible employees. Eligible employees

are defined in Part III, 8. below.

EMPLOYEE BASIC LIFE INSURANCE		
Employee Basic Life Only (State Paid Plan: Eligible Employees Are Automatically Enrolled)	\$50,000	No Reductions.
Employee Basic Life Insurance Coverage terminates upon non-disability retirement, separation of employment or transfer to non-benefits eligible status.		

B. Eligibility and Enrollment Conditions and Stipulations:

The Contractor agrees to provide continuity of coverage for those employees enrolled in the existing life insurance policy. These employees shall be immediately eligible for the employer-paid basic life and any voluntary life plan they maintained. If an employee is absent from work due to sickness or injury, other than total disability, they would be considered actively at work. If the individual is on FMLA but is not totally disabled, they would be considered immediately eligible.

All other eligible hired employees shall become eligible on the first of the month following thirty (30) calendar days of State employment. Those employees rehired within 12 months of their prior coverage period, shall become eligible on the first of the month following their rehire date.

Employees eligible to participate in the Plan are full-time employees whose usual work schedule is 37.5 hours to 40 hours per week. Temporary and seasonal employees must currently work the equivalent of six months of full-time employment in a twelve-month period in order to qualify for coverage.

Employees whose usual work schedule is less than 37.5 hours per week are not eligible to participate in the Plan.

Employees on an approved Leave of Absence will be considered an active employee for up to 12 months from the approval date of leave.

IV. SPECIFICATIONS FOR COVERAGE OF EMPLOYEE SUPPLEMENTAL INSURANCE (EMPLOYEE PAID)

The Contractor shall provide employee supplemental or dependent benefits that employees can purchase at their own expense. Premiums for these additional benefit options are paid through payroll deductions on an after-tax basis.

The following life insurance benefit options shall be offered to eligible employees as detailed below:

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE OPTIONS		
Employee Flat Term Life	\$5,000	No Reductions.
Employee AD&D	Either \$20,000 OR \$25,000	No Reductions
Employee Term Life and AD&D	Choice of 1, 2, 3 or 4 times Base Annual Salary*, rounded to the next higher \$1,000, to a maximum of \$1,000,000. Minimum Benefit of \$10,000.	Benefit amount reduces to 50% at age 70.
SPOUSE LIFE INSURANCE OPTIONS		
Spouse Flat Term Life	\$10,000	Benefit amount reduces to 50% at age 70.
Spouse Supplemental Term Life and AD&D	Choice of \$25,000, \$50,000, \$75,000 or \$100,000**	Benefit amount reduces to 50% at age 70.
CHILDREN LIFE INSURANCE OPTION		
Children Flat Term Life (Live Birth to Age 26)	\$3,000	No Reductions. Coverage terminates when child is no longer eligible
*Employees may elect guaranteed issue upon initial eligibility or subsequent open enrollment. Employee Evidence of Insurability is required for amounts exceeding 1 times Base Annual Pay upon enrollment or subsequent requests for increases in excess of 1x Base Pay		
**Employees may elect guaranteed issue upon initial eligibility or subsequent open enrollment. Spouse Evidence of Insurability is required for amounts exceeding \$25,000 upon enrollment or subsequent increases above \$25,000		
Employee Supplemental Life Term and AD&D Coverage and Spouse Life Term and AD&D Options terminate upon non-disability retirement, separation of employment or transfer to non-benefits eligible status.		

A. Eligibility and Enrollment Conditions and Stipulations:

Employees who meet the eligibility requirements noted in Part III, B, above, may purchase additional and/or supplemental coverage(s) at their own expense, for themselves and/or eligible dependents, as defined in the Certificate of Coverage.

- The child age limit is the end of the calendar month in which the child attains age 26.
- Coverage may be continued indefinitely if the child is physically or mentally impaired and incapable of self-support.

B. Leave of Absence

Employees on an approved Leave of Absence will be considered an active employee for up to 12 months from the approval date of leave.

V. POTENTIAL CHANGES TO THE PLAN

The State will provide Contractor with at least sixty (60) days notification of any Plan changes that are adopted by the State. This shall include implementation of any changes to the Plans that are collectively bargained over the term of the Agreement. Per the collective bargaining agreements, benefit plan design changes are typically implemented on a calendar year basis. However, if necessary, the Contractor shall support any Special Enrollment Periods required. Any changes to the Plan which are deemed material, as determined under the terms of the Policy, may be subject to rate changes in accordance with the terms therein.

If required, the Contractor shall support a special enrollment for the negotiated Plan.

VI. SERVICE SPECIFICATIONS FOR PROGRAM IMPLEMENTATION, CLAIMS ADMINISTRATION, REPORTS

A. Account Management

The Contractor agrees to provide a dedicated Account Management team who shall be accessible to the State. This Account Management team will coordinate Program implementation as well as provide on-going client support and on-going oversight of the State's program.

The Contractor warrants that all personnel engaged in the contract services shall be qualified to perform the services and, if required by applicable law, shall be properly licensed and otherwise authorized to do so under all such applicable laws. The State reserves the right to require the Contractor to remove and/or reassign any employee, including the lead staff member, from the State account due to unacceptable job performance.

B. Implementation/Enrollment

A member of the Account Management team will be available as needed by the State for on-boarding activities and future or special Employee Open Enrollment meetings, to explain the Plan options as well as prepare and distribute applicable forms or communication materials in concurrence with or as directed by the State.

C. Claims Administration

The Contractor agrees to provide a toll-free customer service telephone number to respond to general questions by employees as well as to respond to inquiries on claims, claims filing, etc. Customer Service representatives will be available Monday through Friday, 9:00 am to 6:30 pm Eastern Standard Time.

At the sole expense of the Contractor, the Contractor shall provide:

1. **Claim Forms.** Claim forms and instructions shall be provided to the State during the implementation process. These shall be made available electronically to the State for posting on its website. Additionally, Contractor agrees to notify the State of any changes or revisions to the forms and instructions and to provide updated or revised copies as soon as reasonably possible or upon request.
2. **Certificates of Coverage and Summary Plan Descriptions.** Certificates of Coverage and Summary Plan Description(s) (SPD's) shall be provided to the State electronically as part of the initial implementation plan and reviewed annually thereafter to confirm any changes if applicable. The Contractor will provide these materials using the Contractor's standard language, but agrees to consider revisions or modifications if requested by the State. The State intends to post these materials for employee access and will inform employees of their availability. The State shall remain solely responsible for meeting all disclosure requirements.
3. **Benefit Communication Brochures/Materials.** The Contractor agrees to provide plan communications, forms and/or other related materials for use by the State for new hire orientations, open enrollments, benefit fairs, etc. The Contractor shall provide the State with draft forms, administrative documents and marketing materials, for review and approval by the State prior to any distribution to participants or posting and agrees that such materials are subject to edits by the State. Once finalized by the State and the Contractor, the State agrees to post these materials, without alteration, for employee access and will inform employees of their availability.
4. **Communication of Plan Design Changes.** The Contractor shall assist the State with the implementation of the Plan changes, to include, but not limited to, marketing, education and enrollment support throughout the term of this agreement.

D. Policy Administration and Beneficiary Management

The parties agree that the Policies will be self-administered by the State. The State, or a third party engaged on the State's behalf, will be responsible for maintaining all enrollment, beneficiary, and billing records for the Policies. The records maintained by the State must provide the ability for the State and/or its employees to: (a) appropriately apply Policy limits and rules, (b) know how much coverage the employee has at all times, (c) set up any payroll deductions correctly, (d) pay premium to the Contractor with supporting documentation as needed, and (e) file a claim.

The Contractor shall collaborate with the State to mutually determine any additional beneficiary management protocols.

E. Rate Calculator

The Contractor agrees to provide a rate calculator or similar tool to assist State employees in projecting the biweekly contribution for their Employee Supplemental Life & AD&D option(s).

F. Claim Verification

Upon receipt of notice of a potential claim under the Policy, the State agrees to confirm employees' eligibility for coverage and provide claim documentation at the Contractor's request.

The State acknowledges that its prompt and accurate performance will be necessary in order for Contractor to satisfy its obligations under this section.

G. Evidence of Insurability

If evidence of insurability is required in connection with a request for coverage under the terms of the Policy, the State agrees to apply the evidence of insurability rules appropriately. The State will provide to Contractor a weekly file via secure FTP with the employee information sufficient to allow the Contractor to email or mail the required EOI paperwork directly to the employee. The State and the Contractor further agree to implement any other administrative processes necessary to ensure evidence of insurability requests are processed appropriately and on a timely basis.

The State acknowledges that its prompt and accurate performance will be necessary in order for Contractor to satisfy its obligations under this section.

H. Portability/Conversion Services

The Contractor agrees to distribute appropriate portability/conversion notification and applications to employees who retire or otherwise separate from employment. The State will provide a data file to the Contractor on a mutually agreeable schedule that will provide the employee information and confirmation of coverage needed in order that the Contractor may issue the necessary notifications. Contractor agrees to issue the notification to the former employee of their portability/conversion options within 3 business days of receipt of the file. Records will be maintained by the Contractor reflecting the notification and date of said notification and agrees to provide such records in the event of any inquiries or requests are received by the State.

I. Reports

The Contractor shall produce and make accessible to the State various reports needed or requested for appropriate and timely administration, including but not limited to:

- Life Claim History Report – tracks both pending and paid life claim timelines
- Life Paid Claim Report – lists all life claims paid/partially paid for designated timeframe
- Life Pending Claim Report – lists all pending claims as of designated time period
- Medical Underwriting Status Report – provides summary of all underwriting activity within designated time frame, excluding any information otherwise protected by applicable privacy laws
- Ported Individuals Report – lists all individuals who have ported their life insurance coverage and applicable port charges
- Converted Individuals Report – lists all individuals who have converted their life insurance and applicable conversion charges

Ad hoc reports may be requested by the State as needed and Contractor agrees to provide the reports within seven days of the request.

J. Electronic Data Management – Employee-Level Data

Following execution of the agreement, State and Contractor will work together in good faith to confirm what Employee-level information (including Social Security Numbers) will be received and stored by Contractor for services or reporting to be performed by Contractor. The format and timing of Employee-level data files and/or reports will be mutually agreed upon by the Parties. Contractor will store Employee-level information and provide Employee-level reporting to the State in a manner consistent with any applicable regulatory mandates and at no additional cost to the State.

K. Transmission of Data

The State agrees that it is responsible for the accuracy and security of the data transmitted to the Contractor, including data transmitted by any third party service provider engaged by the State to assist in the administration of the Policies. Contractor will be responsible for the security of all information once sent by the State. Each party will establish and maintain 1) administrative, technical and physical safeguards against the destruction, loss or alteration of data and 2) appropriate security measures to protect data, which measures are consistent with all state and federal regulations relating to personal information security.

L. Recordkeeping & Audits

The State agrees that it is responsible for maintaining accurate records documenting the administration of the Policies, including employee demographics, eligibility records, dependent data, coverage amounts, enrollment history, payroll deductions, benefit elections and beneficiary designations, as applicable. Such records will be maintained for a minimum of seven (7) years following termination of the policies to which they relate. Upon reasonable notice, Contractor shall have the right to review, inspect and audit, at Contractor's expense, books, records, data files or other applicable information maintained by the State related to the policies.

Contractor also agrees to fully cooperate with the State or its designated representative, in a reasonable audit process if requested. The audit scope and procedure will be discussed at the time of the audit request, to ensure specific expectations and priority measures are defined.

**EXHIBIT C
PRICE & METHOD OF PAYMENT**

I. CONTRACT PRICES

EMPLOYEE BASIC LIFE (STATE PAID)	
Coverage	Cost/\$1,000.
Basic Life - \$50,000	\$0.02*

* Cost includes Basic Life and the following non-insurance services: Voya Travel Assistance and Funeral Planning and Concierge Services.

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE OPTIONS (EMPLOYEE PAID)	
Coverage	Cost/\$1,000.
Flat Term \$5,000.	\$0.02
AD&D - Either \$20,000 OR \$25,000	\$0.02 \$0.015

EMPLOYEE SUPPLEMENTAL LIFE & AD&D* (EMPLOYEE PAID) (1, 2, 3 OR 4 TIMES ANNUAL BASE SALARY**)	
AGE	Cost/\$1,000***
Under 20	\$0.070
20 - 24	\$0.070
25 - 29	\$0.080
30 - 34	\$0.100
35 - 39	\$0.110
40 - 44	\$0.160
45 - 49	\$0.230
50 - 54	\$0.390
55 - 59	\$0.670
60 - 64	\$0.800
65 - 69	\$1.290
70+	\$2.080
*Evidence of Insurability Required for any elected amount or increase over 1 Times Annual Base Salary	
**Annual Base Salary means the Certificate holder's annual wage or salary as determined by the Group's records. Any commissions, bonuses, overtime pay or other compensation will be excluded when determining this wage or salary.	
***Includes Rate of \$0.02/\$1,000 for AD&D	

SUPPLEMENTAL SPOUSE LIFE PLAN OPTIONS (EMPLOYEE PAID)			
COVERAGE OPTION: FLAT \$10,000 TERM		COVERAGE OPTION: EITHER \$25,000, \$50,000, \$75,000 OR \$100,000 TERM and AD&D*	
AGE	RATE/\$1,000	AGE	RATE/\$1,000**
Under 20	\$0.158	Under 20	\$0.070
20 - 24	\$0.158	20 - 24	\$0.070
25 - 29	\$0.158	25 - 29	\$0.080
30 - 34	\$0.224	30 - 34	\$0.100
35 - 39	\$0.320	35 - 39	\$0.110
40 - 44	\$0.527	40 - 44	\$0.160
45 - 49	\$0.677	45 - 49	\$0.230
50 - 54	\$0.990	50 - 54	\$0.390
55 - 59	\$1.692	55 - 59	\$0.670
60 - 64	\$2.075	60 - 64	\$0.800
65 - 69	\$2.075	65 - 69	\$1.290
70+	\$2.075	70+	\$2.080
*Evidence of Insurability Required for any amount elected or increased over \$25,000			
**Includes Rate of \$0.02/\$1,000 for AD&D			

SUPPLEMENTAL CHILD(REN) LIFE INSURANCE OPTION* (EMPLOYEE PAID)	
Coverage	Cost/\$1,000.
Flat Term - \$3,000	\$0.153
*Eligible Child(ren) from birth to age 26	

II. INVOICING AND PREMIUM PAYMENTS

The State shall self-invoice on a monthly basis and shall make payment to the Contractor within 30 calendar days electronically.

III. MISCELLANEOUS

A. Premium Rate Changes

The Contractor reserves the right to adjust premium rates with enrollment shifts of 20% or more or if there are any materials changes to plan benefit options.

B. Employee Supplemental Life & AD&D Contributions & Death Benefit Amount

Contractor understands and agrees that the State will utilize employee annual base salary as of October 31st each year to calculate the next plan year payroll contributions. Contractor further agrees that, at time of death, the State will use the employee current annual base salary to determine the death benefit amount.

The rest of this page intentionally left blank

IV. PERFORMANCE GUARANTEES

Contractor agrees to place 2% of the annual premium at risk against achieving the following performance measures, all of which will be averaged and monitored annually.

Guarantee	Description	Weight
Policy and Certificate Issuance Timeliness	Policies and certificates will be made available to the State for posting on the State's online benefits portal within five (5) business days from date all information is received by Contractor.	20%
Timeliness of Call Center Telephone Pickup	Contractor call center shall pick up 95% of calls received within 20 seconds.	20%
Claims Processing - Timeliness of Claims Decisions pay/pend/deny	98% of claims shall be processed within 3 business days of receipt of all requested information	20%
Ad-hoc Reporting	All ad-hoc reports shall be delivered within seven (7) days	20%
Annual Reports	All annual reports shall be delivered within thirty (30) days following the end of the calendar year	20%

It is agreed that Performance Guarantees (PFGs) will be monitored periodically throughout the calendar year. However, a final evaluation and reconciliation of PFGs will be completed annually within 60 days after the end of the calendar year. If applicable, any PFG payment (credit) due to the State will be equal to the sum of the weights of those categories identified as falling below the agreed upon performance metric, multiplied by the agreed upon percentage of total annual premium. Only one credit will be made at the end of each calendar year. Credit amounts will be applied against the total premiums due on the next monthly invoice or returned by check if no future invoices will be due. Upon termination, any remaining credit amounts will become due and payable within 30 days.

To the extent that one or more Policies are maintained as part of an ERISA plan, Contractor will transmit associated credit amounts to the plan administrator for disposition at its discretion. To the extent that one or more of the Policies are not maintained as part of an ERISA plan, Contractor will transmit associated credit amounts to the State for disposition at its discretion.

EXHIBIT D:
INCORPORATION OF CONTRACTOR RFP RESPONSE(S)

Incorporated by Reference:

- State of New Hampshire Group Life Proposal 2020 RFP-6-26-2020 - Voya Response to RFP Questionnaire
- Life Proposal – State of New Hampshire – 06-26-2020 - Voya Underwriting Proposal
- State of NH Group Life Proposal 2020 RFP Amendment 2 7.8.2020 - Voya Response to RFP Amendment 2
- Additional Materials – Voya RFP Attachments
 - Sample Performance Guarantees
 - Enhancements and Deviations
 - Personalized Kits for Employees
 - Organizational Chart
 - Annual Report
 - Funeral Planning Brochure
 - Travel Assistance Brochure
 - Voya Cares Flyer

APPENDICES

Contractor Initials: AH
Date: 2/20/20

**APPENDIX A
GROUP APPLICATION**

Contractor Initials AH
Date 2/20/20

**APPLICATION FOR
GROUP INSURANCE**

RELIASTAR LIFE INSURANCE COMPANY
HOME OFFICE • MINNEAPOLIS, MINNESOTA 55440

Application is made to ReliaStar Life Insurance Company (we, us, our) for Group Insurance.

1. Name of Group Applicant State of New Hampshire

(use exact legal name of organization)

2. Address 25 Capitol Street, Room 412

(number & street)

Concord, New Hampshire 03301

(city, state, zip code)

3. Types of insurance desired:

**Does the Group Applicant pay 100%
of the premium?**

<input checked="" type="checkbox"/> Basic Life Insurance	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Supplemental Life Insurance	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Basic Dependent Life Insurance	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Supplemental Dependent Life Insurance	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Basic Accidental Death & Dismemberment Insurance (AD&D)	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Supplemental Accidental Death & Dismemberment Insurance (AD&D)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Basic Dependent Accidental Death & Dismemberment Insurance (AD&D)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Supplemental Dependent Accidental Death & Dismemberment Insurance (AD&D)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Weekly Disability Income Insurance	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Monthly Disability Income Insurance	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other Personal Accident Insurance - Employee	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other Personal Accident Insurance - Dependent	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. This insurance is to become effective on (date) 01/01/2021

at the Group Applicant's place of business, only if the first month's premium is paid in full, and we accept this application.

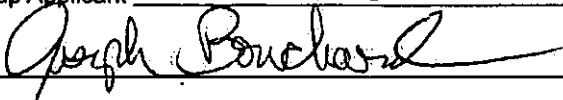
5. The writing agent on the insurance applied for is:

(The agent must be duly licensed as required by law)

Hub International

Group Applicant State of New Hampshire

By



Title Assistant Commissioner, Department of Administrative Services

Date

9/8/2020

See reverse side for Fraud Warnings

Fraud Warnings

Standard: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oregon: Any person who knowingly and with intent to defraud submits an application or files a statement of claim containing any materially false or misleading information, may be guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

APPENDIX B
SAMPLE GROUP LIFE POLICY

Contractor Initials A.H.
Date 8/20/20

GROUP TERM LIFE INSURANCE POLICY
RELIASTAR LIFE INSURANCE COMPANY
20 Washington Avenue South, Minneapolis, Minnesota 55401
800-955-7736 <http://ing.com/us>

POLICYHOLDER: ABC Company
GROUP POLICY NUMBER: 12345-6GAT2
POLICY EFFECTIVE DATE: August 1, 2014
POLICY ANNIVERSARY DATE: August 1,
GOVERNING JURISDICTION: Iowa

ReliaStar Life Insurance Company will pay the benefits according to the terms and conditions of this Policy. This Policy is issued in consideration of the Policyholder's application and payment of Premiums when due.

This Policy is effective on the Policy effective date. The first Policy year ends one year after the Policy effective date; subsequent Policy anniversary dates will be annually thereafter. Policy years are determined from the Policy anniversary. Benefit periods 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. This Policy is conditionally renewable on each Policy anniversary.

READ THIS POLICY CAREFULLY! This Policy is a legal contract between the Policyholder and ReliaStar Life Insurance Company, delivered in and 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.

NONPARTICIPATING GROUP TERM LIFE INSURANCE

Term life insurance provides a benefit to a named beneficiary upon the death of a person insured under a policy, with benefits payable only if a loss occurs within its term. Group insurance covers a group of persons under a single policy issued to a group policyholder. Premiums will be Contributory and/or Noncontributory by persons eligible for insurance. This Policy is nonparticipating, meaning there are no rights to dividends or to a share of the insurance company's profits.

In this Policy, "we," "us," and "our" refer to ReliaStar Life Insurance Company. Defined terms are capitalized. Definitions that are not located in the Policy are located in the Certificate(s) and riders.

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



Michael S. Smith
President



Megan Huddleston
Secretary

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Sample

PART A. POLICYHOLDER PROVISIONS

ENTIRE CONTRACT

The entire contract between us and the Policyholder consists of all of the following:

- This Policy issued to the Policyholder including Part A and Part B.
- The Certificates which are made part of Part B under the Policy.
- Any riders, endorsements and/or amendments issued.
- The Policyholder's Signed application, a copy of which is attached to the Policy when issued.

CHANGES TO POLICY

The terms and provisions of the Policy may be changed at any time without the consent of Covered Persons or anyone else with a beneficial interest in the Policy. We will issue riders, endorsements or amendments to effect such changes, and only those forms Signed by one of our executive officers will be valid. We will only make changes consistent with the standards of the Interstate Insurance Product Regulation Commission or the applicable regulatory body in the governing jurisdiction. We will provide a copy of the rider, endorsement or amendment to the Policyholder for attachment to the Policy, and also for the Employees if the change affects the Certificate(s).

Riders, endorsements and amendments are subject to prior approval by the Interstate Insurance Product Regulation Commission or the appropriate regulatory body in the governing jurisdiction. A rider, endorsement or amendment will not affect the insurance provided under the Certificate(s) until the effective date of the change, unless retroactivity is required by the applicable regulatory body.

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

CERTIFICATES

We will furnish the Policyholder with a Certificate of coverage which describes the benefits under the Policy, for delivery to each insured Employee.

Each insured Employee's benefits and rights under the Policy will not be less than those stated in the Employee's Certificate.

ELIGIBLE NEW COVERED PERSONS

Eligible new Covered Persons will become insured under the Policy according to the terms and provisions of the Certificate(s) and any riders, endorsements or amendments.

Covered Persons means insured Employees and any other persons covered under any riders, endorsements or amendments to the Policy.

MAINTAINING RECORDS

The Policyholder must provide us with detailed information about persons who are eligible to become insured under the Policy, information about Covered Persons, and any other information that may be reasonably required to compute Premiums and administer the terms of the Policy, including but not limited to effective dates of coverage and initial election dates for any Contributory coverage.

If the Policyholder, or its authorized representative, retains administrative records regarding eligibility and coverage amounts for Covered Persons, then the Policyholder retains responsibility for benefit calculations as well as adjusting Premium as applicable.

Policyholder records that have a bearing on the Policy will be available for review by us at any reasonable time.

CLERICAL ERROR

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

- Prevent a person from receiving coverage, if the person is entitled to coverage under the terms of the Policy.
- Cause coverage to begin or continue for a person when the coverage would not otherwise be effective.

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

- Use the facts to decide whether the person is eligible for coverage under the Policy and in what amounts.
- Make a fair adjustment of the Premium.

An error will not end insurance validly in effect, nor will it continue insurance validly ended.

INCONTESTABILITY

Any statement made by the Policyholder is considered a representation and not a warranty. We will not use such statements to avoid insurance, reduce benefits or defend a claim unless the statement is included in a Written application which has been made a part of the Policy. Except for fraud, we will not use such statements to contest life insurance after it has been in force for two years from its effective date. Fraud in the procurement of the Policy is only contestable after the Policy has been in force for two years from its effective date when 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.

PREMIUMS

This Policy is issued in consideration of the Policyholder's application and payment of Premiums when due. The first Premium amount due for the Policy is indicated on the initial premium rate notification document provided to the Policyholder. The first Premium is due on, and must be paid by, the Policy effective date.

Premium due dates: 08/01/2014 and the first day of each calendar month thereafter. The Policyholder must send all Premiums to us on or before their respective due dates. The Premium must be paid in United States dollars to our home office.

Premiums due on any Premium due date are determined by the total amount of insurance provided by the Policy on such date, calculated using the appropriate Premium rate(s) which are in effect subject to any Premium adjustment if applicable. We may use any reasonable method to compute the Premiums due under the Policy.

If a change in insurance takes effect after a Premium due date, Premiums for the changed insurance will be charged from the first day of the next month.

If we receive any Premium payment which was not due, we will refund it to the Policyholder. The Policyholder must send us proof within 12 months of the payment in question that the payment was not due. We will not refund a Premium not due if it was used in calculating a retrospective experience rating refund which was paid to the Policyholder.

INITIAL RATE GUARANTEE AND RATE CHANGES

A change in Premium rates will not take effect before August 1, 2015. However, we may change Premium rates on any Premium due date for reasons which materially affect the risk assumed, including but not limited to any of the following:

- The Policy is changed by a rider, endorsement or amendment.
- A class of eligible persons is added to or deleted from the Policy for any reason, including corporate restructuring, acquisitions, spin-off or similar situations.
- A Policyholder's subsidiary, affiliate, division, branch or similar entity is added to or deleted from the Policy for any reason, including corporate restructuring, acquisitions, spin-off or similar situations.
- There is a significant change in the geographic distribution of Employees.
- The number of insured Employees changes by 15% or more.
- There is less than 20% participation of eligible Employees for Contributory coverage.
- The amount of insurance provided to any class of Covered Persons under the Policy changes by 15% or more.

- Applicable law or Interstate Insurance Product Regulation Commission standard requires a change in the insurance provided by the Policy and/or the class(es) of eligible persons under the Policy.

We may change Premium rates for any other reason on any date on or after the first Policy anniversary, except during a rate guarantee period. If we change Premium rates for any reason other than those listed above, we will notify the Policyholder in Writing at least 31 days in advance of the change.

We may change Premium rates on any date agreed to by us and the Policyholder. New Premium rates will apply only to Premiums due on or after the rate change takes effect.

EMPLOYEE PAYMENTS

The Policyholder will not require Employees to pay Premiums for any Noncontributory insurance, except where necessary for the Policyholder to comply with applicable tax law. The maximum Premium amount that an Employee may be required to pay for Contributory insurance will not exceed the Premium charged for the amounts of such insurance.

GRACE PERIOD

The Policyholder has a grace period of 45 days for the payment of any Premium due except the first. During the grace period the Policy will remain in force. 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.

If full Premium payment is not received by us by the due date, we will give Written notification to the Policyholder that if the Premium is not paid by the end of the grace period then the Policy will end on the last day of the grace period. If we fail to give such Written notice, the insurance provided under the Policy will continue in effect until the date such notice is given. We may extend the grace period by giving Written notice of such intent to the Policyholder, and such notice will specify the date the Policy will terminate if the Premium remains unpaid.

If the Policyholder replaces this Policy with another group policy but does not give us Written notice of intent to terminate this Policy, then this grace period provision will still apply.

The Policyholder is required to pay a pro rata Premium for any period the Policy was in force during the grace period. Premium payment is required for any grace period, any extension of such period, and any period for which insurance under this Policy was in effect and Premium was not paid.

POLICY TERMINATION

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

We may terminate the Policy on any Premium due date for any of the following reasons:

- There is less than 100% participation of eligible Employees for Noncontributory insurance.
- There is less than 20% participation of eligible Employees for Contributory insurance.
- Fewer than 21 persons are insured under the Policy.
- The Policyholder does not promptly provide us with information that is reasonably required, or fails to perform any obligation required by the Policy and applicable law.

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.

We may terminate the Policy on any Policy anniversary except during a rate guarantee period.

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 31 days prior to the termination date.

The Policyholder may terminate the Policy by Written notice delivered to us at our home office at least 31 days prior to the termination date. The Policy will terminate on the later of the date stated in the Written notice or the date we receive the notice. When both the Policyholder and we agree, the Policy can be terminated on an earlier date.

If the Policy is terminated, 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.

Written notice of the Policy termination must be provided by the Policyholder to all insured Employees as soon as reasonably possible. The notice must include information regarding the rights to conversion and other rights, if any, as provided in the Certificate(s) and riders. If notice of the conversion right is not given on a timely basis, the right to convert will be extended as described in the CONVERSION provision of the Certificate(s) and riders.

If the Policy is terminated, all Premiums due must be paid to us. If we accept Premium after the date of Policy termination, such acceptance will not act to reinstate the Policy, and we will refund any unearned Premium that we receive.

PORTABILITY

If there are any Covered Persons on portability, as described in the Portability Rider, when the Policy would otherwise terminate, the Policy will remain in force to cover those Covered Persons on portability until the date there are no Covered Persons on portability.

REINSTATEMENT

We will not reinstate the Policy after it has terminated. To become insured after insurance has stopped, the Policyholder must submit a new application.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of the Policy which, on the provision's effective date, conflicts with Interstate Insurance Product Regulation Commission standards for this product type, is automatically amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

DIVISIONS, SUBSIDIARIES OR AFFILIATED COMPANIES INCLUDED

NAME	LOCATION (CITY AND STATE)
XYZ Company	Anytown State

PART B. CERTIFICATEHOLDER PROVISIONS

GROUP POLICY NUMBER: 12345-6GAT2

The Certificates specified in the CERTIFICATE INDEX below are made a part of the Policy.

Riders, endorsements and amendments, if any, amending the provisions of the Policy or Certificates are also made a part of the Policy. The Certificates, riders, endorsement and amendments are made a part of the Policy from the effective date(s) listed below.

Certificateholder means an Employee who is eligible for benefits provided by the Policy and who has received a Certificate under the Policy.

CERTIFICATE INDEX

Class(es) of Employees	Certificate Number	Effective Date
All eligible Employees	B-87654	August 1, 2014

CERTIFICATE RIDER/ENDORSEMENT INDEX

Class(es) of Employees	Certificate Number(s)	Rider / Endorsement Number	Effective Date
All eligible Employees	B-87654	GSP-87654	August 1, 2014
All eligible Employees	B-87654	GCH-87654	August 1, 2014
All eligible Active Employees	B-87654	GPR-87654	August 1, 2014
All eligible Employees	B-87654	GAB-87654	August 1, 2014
All eligible Active Employees	B-87654	GTD-87654	August 1, 2014
Hourly Active Employees	B-87654	GAD-87654	August 1, 2014
Salaried Active Employees	B-87654	GWP-87654	August 1, 2014
All eligible Active Employees	B-87654	GCI-87654	August 1, 2014
Minnesota residents	B-87654	GMN-87654	August 1, 2014
All eligible Employees	B-87654	GZZ-87654	August 1, 2014

GROUP TERM LIFE INSURANCE CERTIFICATE

RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South, Minneapolis, Minnesota 55401

Claims: 888-238-4840

Customer Service: 800-955-7736

<http://ing.com/us>

POLICYHOLDER: ABC Company

GROUP POLICY NUMBER: 12345-6GAT2

POLICY EFFECTIVE DATE: August 1, 2014

POLICY ANNIVERSARY DATE: August 1,

GOVERNING JURISDICTION: STATE

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. Subject to the provisions of this Certificate, we certify that eligible Employees are insured for the benefits described in this Certificate.

This Certificate summarizes and explains the parts of the Policy which apply to you, if you are an eligible Employee as defined. The Certificate is part of the group Policy but by itself is not a policy. This Certificate replaces any other Certificates we may have given you under the 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. Your rights and benefits under the Policy will not be less than those stated in your Certificate.

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.

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.

READ THIS CERTIFICATE CAREFULLY! Insurance benefits may be subject to certain requirements, reductions, limitations and exclusions.

GROUP TERM LIFE INSURANCE

Term life insurance provides a benefit to a named beneficiary upon the death of a person insured under a policy, with benefits payable only if a loss occurs within its term. Group insurance covers a group of persons under a single policy issued to a group policyholder.

Premiums for Basic Life Insurance are Noncontributory by insured Employees. Premiums for Supplemental Life Insurance are Contributory by insured Employees.

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



Michael S. Smith
President



Megan Huddleston
Secretary

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Policyholder's Contact Information:
ABC Company, 777 Main Street, Anywhere, ST 01234
800-555-9876 contact@emailaddress.com www.policyholder.com

State Insurance Department Phone Number: 800-xxx-xxxx

SCHEDULE OF BENEFITS

EMPLOYER(S): ABC Subsidiary

GROUP POLICY NUMBER: 12345-6GAT2

ELIGIBLE CLASS(ES)

Employees 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: 30 hours per week

ELIGIBILITY WAITING PERIOD

Basic Life Insurance: Persons in an eligible class on or before the Policy effective date: August 1, 2014

Supplemental Life Insurance: Persons entering an eligible class after the Policy effective date: August 1, 2014

REHIRE

If your employment with the Employer ends and you are rehired within 6 months of your previous Active Employment while in an eligible class will apply toward the Eligibility Waiting Period. All other Policy and Certificate provisions apply.

WAIVER OF ELIGIBILITY WAITING PERIOD

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

CREDIT FOR PRIOR SERVICE: We will apply any prior period of work with the Employer toward the Eligibility Waiting Period to determine your eligibility date.

BASIC LIFE INSURANCE

Basic Life Insurance is Noncontributory by Employees.

Eligible Class(es)	Amount
Class 1	\$50,000

MAXIMUM AMOUNT OF BASIC LIFE INSURANCE \$50,000

SUPPLEMENTAL LIFE INSURANCE

Supplemental Life Insurance is Contributory by Employees.

Eligible Class(es)	Amount
Class 1	Increments of \$10,000

MAXIMUM AMOUNT OF BASIC PLUS SUPPLEMENTAL LIFE INSURANCE \$500,000

GUARANTEED ISSUE AMOUNT OF SUPPLEMENTAL LIFE INSURANCE \$50,000

BENEFIT REDUCTIONS

Your insurance amount will decrease as follows:

- To 65% of the original amount your 65th birthday.
- To 50% of the original amount on your 70th birthday.
- To 30% of the original amount on your 75th birthday

Reduced insurance amounts are not rounded.

DEFINITIONS

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.

Temporary and seasonal workers are excluded from coverage.

Beneficiary means the person(s) or entity to whom we will pay the life insurance benefits in accordance with the BENEFICIARY and PAYMENT OF PROCEEDS provisions.

Certificate means this document that describes the benefits and rights of insured Employees under the Policy. It may include riders, endorsements or amendments.

Contributory means insurance for which insured Employees are required to pay any part of the Premium.

Eligibility Waiting Period means the continuous period of time (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.

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.

Evidence of Insurability means your affirmation, on a form acceptable to us, of various factors that we will use to determine if you are approved for coverage. Those factors may include, but are not limited to, your medical history and treatment, driving record, and/or family medical history. We may also, at our expense, request additional information to determine your eligibility for coverage.

Guaranteed Issue Amount means the benefit amount (as shown on the SCHEDULE OF BENEFITS) for which you are eligible to enroll without providing Evidence of Insurability, according to the EVIDENCE OF INSURABILITY provision.

Noncontributory means insurance for which insured Employees are not required to pay any part of the Premium.

Policy means the Written group insurance contract between us and the Policyholder, including the Certificates issued to insured Employees. It may include riders, endorsements or amendments.

Policyholder means the entity to whom the Policy is issued, as shown on the first page of this Certificate.

Premium(s) means the amount the Policyholder and/or you must pay to us for the insurance provided under the Policy.

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

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

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

GENERAL PROVISIONS

ELIGIBILITY

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

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

ENROLLMENT

If you are eligible for Contributory coverage, you must enroll for any Contributory coverage before it will become effective. We or the Employer will provide you with the forms or information needed to complete your enrollment. You may need to provide Evidence of Insurability, as described below.

EVIDENCE OF INSURABILITY

Evidence of Insurability is required for coverage under the conditions described below. Coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of the increase. We must approve any required Evidence of Insurability before coverage becomes effective.

Supplemental Life Insurance

Enrollment for supplemental coverage on the Policy effective date, for Employees who had supplemental coverage under the Policyholder's prior plan...

Enrollment for supplemental coverage on the Policy effective date, for Employees who had no supplemental coverage under the Policyholder's prior plan...

Initial eligibility for supplemental coverage after the Policy effective date...

Increases due to salary, job or class changes...

Evidence Required

Any amount of total coverage that exceeds the Guaranteed Issue Amount.

All amounts.

Any amount over the Guaranteed Issue Amount.

Any amount of total coverage that exceeds the Guaranteed Issue Amount.

All other enrollments for new supplemental coverage more than 31 days after the date You become eligible for supplemental coverage...

All amounts.

All other enrollments for an increase to existing supplemental coverage...

All increased amounts.

EFFECTIVE DATE OF COVERAGE

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

For Contributory 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 date you enroll for coverage.
- The date we approve your Evidence of Insurability, if Evidence of Insurability is required.
- 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, approved nonmedical leave of absence and paid time off for nonmedical-related absences.

EFFECTIVE DATE OF CHANGES TO COVERAGE

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

- The date of the increased or additional coverage, if you are in Active Employment.
- The date you return to Active Employment, if you are not in Active Employment on the date the increased or additional coverage would otherwise start.
- The date we approve your Evidence of Insurability, if Evidence of Insurability is required.

Any decrease in coverage will take effect immediately, but will not affect a payable claim that occurs prior to the decrease.

CHANGE OF INSURANCE CARRIERS

We will provide continuity of coverage under our Policy if both of the following are true:

- You are not in Active Employment due to sickness or injury other than Total Disability or due to an Employer-approved non-medical leave of absence on the date the Employer changes insurance carriers to our Policy.
- You were covered under the prior group life policy, including payment of premiums to the prior insurance carrier when due, on the day before the coverage for your eligible class under our Policy became effective.

You are not eligible under this provision if any of the following are true:

- Your coverage is being continued under a waiver of premium (or any similar) provision of the prior policy.
- Your coverage is being continued under a continuation or portability provision of the prior policy.
- You converted or were eligible to convert your coverage with the prior insurance carrier.
- You are not in Active Employment due to reasons other than sickness, injury or an Employer-approved non-medical leave of absence.

If you are eligible for continuity of coverage under this provision, we will provide limited coverage under our Policy. Coverage under this provision will begin on the date your eligible class is covered under our Policy and will continue until the earliest of the following:

- The date you return to Active Employment.
- The date the Employer-approved leave of absence ends.

- The date your continuation would end under the terms of our Policy.
- The date your continuation would have ended under the terms of the prior policy.
- The date coverage would otherwise end, according to the provisions of our Policy.
- 12 months following the date you were last in Active Employment.

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

Any benefits payable under this provision will be the lesser of the amount of coverage under the prior policy had it remained in force, or the amount you are eligible for under our Policy. We will reduce our payment by any amount paid under the prior policy.

If your coverage under this provision ends while the Policy is in force, and you are not otherwise eligible for insurance under the Policy, then you will be eligible for conversion as described in the CONVERSION provision.

If you were not covered under the Employer's prior policy on the date that policy terminated, then the EFFECTIVE DATE OF COVERAGE provision will apply.

TERMINATION OF COVERAGE

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

- The date the Policy terminates.
- The date coverage for all Active Employees under the Policy terminates.
- The date you are no longer in an eligible class.
- The date your eligible class is no longer covered.
- The date you voluntarily cancel your Contributory coverage, as allowed by the Employer.
- The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the Policy grace period.
- The last day you are in Active Employment.

We will pay benefits for a loss that occurs while you are covered under the Policy.

CONVERSION

You may convert your life insurance, without Evidence of Insurability, to an individual life insurance policy if any part of your life insurance under the Policy stops for one of the following reasons:

- Your coverage ends according to the TERMINATION OF COVERAGE provision other than your voluntary cancellation of your Contributory coverage.
- Any continuation of insurance under the Policy ends.
- Your coverage reduces due to BENEFIT REDUCTIONS as described on the SCHEDULE OF BENEFITS.
- Your coverage reduces due to your change from one eligible class to another.
- Your coverage reduces due to a Policy change.

Only life insurance is eligible for conversion. The maximum amount of life insurance you are eligible to convert cannot be greater than the amount of life insurance you had prior to termination. Conversion does not include any additional benefits such as accelerated death benefits, accidental death and dismemberment benefits, or waiver of premium benefits. Any amounts of coverage for which you remain eligible under the Policy are not eligible for conversion.

To convert your life insurance, you must apply and pay the first premium to us within 31 days of the date any part of your life insurance under the Policy terminates (the "conversion period"). You will be given Written notice, in person or at your last known address, of your conversion right at least 15 days before the date any part of your life insurance ends. Your right to convert will expire on the later of 16 days after you are given such notice or the end of the conversion period, but in no event will your right to convert extend beyond 60 days after the expiration of the conversion period. Any extension of time allowed for returning the completed application and first premium will not change the length of the conversion period itself.

You may apply to convert the entire amount of life insurance that is terminating under the Policy, or a lesser amount. The maximum amount of life insurance coverage you are eligible to convert will be reduced by any amount of life insurance for which you become eligible under any group policy within 31 days after the beginning of the conversion

period. Premiums for the conversion policy will be based on our rates then in use, the form and amount of insurance, your class of risk, and your attained age at the beginning of the conversion period. The conversion policy may be any individual life insurance policy then customarily offered by us for conversion, other than term insurance. The conversion policy will not include any additional benefits. When we accept your application and first premium, the conversion policy will become effective on the 32nd day after the date the life insurance under the Policy terminated.

During the conversion period, your life insurance will continue under the terms of the Policy. If you die within the conversion period, any life insurance amount that you were entitled to convert will be payable as a death benefit under the Policy and any premiums paid for conversion will be refunded to the Beneficiary.

If you have made an absolute assignment of your insurance, only the current owner may apply for conversion.

INCONTESTABILITY

Any statement made by you is considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the statement is included in a Written statement of insurability which has been Signed by you and a copy of such statement of insurability has been given to you or to the Beneficiary. Except for fraud, we will not use such statement relating to insurability to contest life insurance after it has been in force for two years during your lifetime. Except for fraud, we will not use such statement to contest an increase or benefit addition to such insurance, after the increase or benefit has been in force for two years during your lifetime. 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 when 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 us or by the Policyholder will not:

- Prevent you from receiving coverage, 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.

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.

An error will not end insurance validly in effect, nor will it continue insurance validly ended.

MISSTATEMENT OF AGE

If Premiums are based on your age and you have misstated your age, then your correct age will be used to determine if insurance is in effect and, as appropriate, the Premium and/or benefits will be adjusted. We may require satisfactory proof of your age before paying any claim.

MISSTATEMENT OF TOBACCO USE STATUS

If Premiums are based on your tobacco use status and you have misstated your tobacco use status, then we will adjust the Premium according to the correct tobacco use status. The amount payable upon your death will be the amount that the Premium would have purchased using the correct tobacco use status. During the first two years your coverage under the Policy is effective, we will make this adjustment instead of contesting your insurance for this misstatement.

ASSIGNMENT

You may make an absolute assignment of ownership of your insurance under the Policy to any person or entity by sending us Written notice on a form that we accept. An absolute assignment transfers all your duties, rights, title and interest under the Policy to the new owner. The new owner can make any changes allowed under the Policy and Certificate.

An absolute assignment form is available from the Employer or us. Any assignment form must be Signed by both the current owner and the new owner. The Signed form must be received and accepted by us in order to be valid. An accepted assignment will take effect on the date the form is Signed by you, unless otherwise specified in the Signed

form. An assignment does not affect any payment we make or action we take before receiving the Signed form. An assignment does not change the insurance or the Beneficiary designation.

If you want to continue an absolute assignment made under the Employer's prior group life insurance policy, a statement of intent form is available from the Employer or us. The form must be Signed by both you and the assignee. The Signed form must be received and accepted by us in order to be valid. A statement of intent does not affect any payment we make or action we take before receiving the Signed form. A statement of intent does not change the insurance or the Beneficiary designation.

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

BENEFICIARY

The Beneficiary is named by you to receive any proceeds payable at your death. While your coverage is in force, you may change the Beneficiary designation by Written request on a form that is acceptable to us. A Beneficiary designation form is available from the Employer or us. An accepted designation will take effect as of the date it is Signed, unless you specify otherwise in the Signed designation, but will not affect any payment we make or action we take before receiving the Signed form. If you have made an absolute assignment of your insurance, only the current owner may change the Beneficiary designation.

If an irrevocable Beneficiary is named, the Beneficiary designation can only be changed with the consent of the irrevocable Beneficiary.

There can be one or more Beneficiaries. If two or more Beneficiaries are named and their shares are not specified in the Beneficiary designation, then the Beneficiaries will share any insurance proceeds equally. If a primary Beneficiary does not survive you, their share will be payable to the remaining primary Beneficiaries. One or more contingent Beneficiaries may be named to receive the proceeds in the event that all of the primary Beneficiaries named do not survive you.

Please refer to the LIFE INSURANCE BENEFITS section of the Certificate for information about payment.

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 INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This Certificate was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this Certificate which, on the provision's effective date, conflicts with Interstate Insurance Product Regulation Commission standards for this product type, is automatically amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

ENTIRE CONTRACT

Coverage for insured Employees is provided under a contract of group term insurance between us and the Policyholder. The entire contract consists of all of the following:

- The Policy issued to the Policyholder including Part A and Part B.
- The Certificates which are made part of Part B under the Policy.
- Any riders, endorsements and/or amendments issued.
- The Policyholder's Signed application, a copy of which is attached to the Policy when issued.

CHANGES TO POLICY OR CERTIFICATE

The terms and provisions of the Policy and this Certificate may be changed at any time without the consent of you or anyone else with a beneficial interest in the Policy. We will issue riders, endorsements or amendments to effect such changes, and only those forms Signed by one of our executive officers will be valid. We will only make changes consistent with the standards of the Interstate Insurance Product Regulation Commission or the applicable regulatory

body in the governing jurisdiction. We will provide a copy of the rider, endorsement or amendment to the Policyholder for attachment to the Policy, and also for the Employees if the change affects the Certificate(s).

Riders, endorsements and amendments are subject to prior approval by the Interstate Insurance Product Regulation Commission or the appropriate regulatory body in the governing jurisdiction. A rider, endorsement or amendment will not affect the insurance provided under the Certificate(s) until the effective date of the change, unless retroactivity is required by the applicable regulatory body.

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

LIFE INSURANCE BENEFITS

We pay a death benefit to the Beneficiary if we receive Written proof that you died while your insurance under the Policy is in force. The death benefit is the amount of life insurance for your class as shown on the SCHEDULE OF BENEFITS in effect on the date of your death minus any amount paid under the Accelerated Death Benefit Rider.

NOTICE OF CLAIM AND PROOF OF LOSS

A claim form is available from the Employer or us. The process for completing the claim form and submitting the claim form will be explained in the claim form paperwork. Proof of loss, including any attachments indicated on the claim form as required, should be sent directly to us at the address indicated on the form. We may also require information from the Employer in order to verify eligibility.

Proof of loss consists of a certified copy of your death certificate or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds.

We will review the claim and proof of loss we receive in order to determine our liability and the correct payee(s). If we approve the claim, we will pay the benefits subject to the terms of this Certificate.

AUTOPSY

We reserve the right to make a reasonable request for an autopsy at our expense where permitted by law.

PAYMENT OF PROCEEDS

To be eligible to receive proceeds, the Beneficiary must be living on the date of your death.

If there is no eligible Beneficiary, we will pay the proceeds to the first survivor(s), who is living on the date of your death, in the following order:

1. Your spouse.
2. Your natural and adopted children.
3. Your estate.
4. Your parents.

If the Beneficiary or survivor is eligible to receive proceeds but dies before receiving them, we will pay the proceeds to that person's estate.

"Spouse" means your lawful spouse. It includes your domestic partner or civil union partner who is recognized as equivalent to a spouse in the state with governing jurisdiction. It also includes your domestic partner as defined by the Employer if you have completed and Signed an affidavit a declaration of domestic partnership on a form acceptable to the Employer.

We will pay the death benefit to the Beneficiary in one sum or in a method comparable to one sum. Other methods of payment may be made available to the Beneficiary at the time of claim.

Any payment we make in good faith will discharge our liability to the extent of such payment.

PAYMENT OF INTEREST

We pay interest on the death benefit proceeds, accruing from the date of your death up to the date of payment. The minimum interest rate payable will be the interest rate applicable for funds left on deposit with us as of the date of death.

Interest will accrue at an annual rate of 10% plus the interest rate applicable for funds left on deposit beginning with the date that is 31 calendar days from the latest of the dates below and continuing up to the date of payment:

- The date we receive due proof of loss following death.
- The date we receive sufficient information to determine our liability, the extent of our liability, and the appropriate payee legally entitled to the proceeds.
- The date that legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of this resolution is provided to us. Legal impediments to payment include but are not limited to: the establishment of guardianships and conservatorships; the appointment and qualification of trustees, executors and administrators; and the submission of information required to satisfy state or federal reporting requirements.

LEGAL ACTION

The time period during which any person can start legal action regarding any claim under the Policy is subject to applicable law in the governing jurisdiction. Nothing in this provision waives, extends or tolls any applicable statute of limitations governing any claim relating in any way to your coverage.

DENIALS AND APPEALS FOR PLANS SUBJECT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)

If we deny a claim in whole or in part (an "adverse benefit determination"), we will provide Written notice of the adverse benefit determination to the claimant as soon as possible, but no more than 90 days after receipt of the claim unless an extension is needed. An extension of 90 days will be allowed for processing the claim if special circumstances are involved. The claimant will be given notice of any such extension before the end of the initial 90-day period. The notice will state the special circumstances involved and the date a decision is expected. If an extension is needed due to the claimant's failure to submit information necessary to decide a claim, the extension period will be tolled from the date on which notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

A notice of an adverse benefit determination will be Written in an understandable manner and include the following:

- The specific reason(s) for the adverse benefit determination.
- Reference to the specific provision on which the determination is based.
- A description of additional information, if any, which would enable a claimant to receive the benefits sought and an explanation of why it is needed.
- A description of the claim review procedure and the time limits applicable to such procedures, including a statement of the claimant's right to bring a civil action following an adverse benefit determination on review.

The claimant may request a review of an adverse benefit determination (an "appeal") at any time during the 60 day period following receipt of the notice of the determination. We will consider an appeal upon Written application of the claimant or his or her duly authorized representative. As part of the appeal the claimant also has the right, upon request and free of charge, to reasonable access to and copies of all documents, records and other information relevant to the claimant's claim for benefits. The claimant may, in the course of this appeal, review relevant documents and submit to us Written comments, documents, records and other information relevant to the claimant's claim for benefits.

Following our review of the appeal, we will provide the claimant with a Written decision of the final determination of the claim. This decision will be issued as soon as possible, but no more than 60 days after the receipt of the appeal unless an extension is needed. An extension of 60 days will be allowed for making this decision if special circumstances are present. The claimant will be given notice of any such extension before the end of the 60-day period. The notice will state the special circumstances involved and the date a decision is expected. If an extension is needed due to the claimant's failure to submit information necessary to decide a claim, the extension period will be tolled from the date on which notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

If we send an adverse benefit determination following our review of the appeal, the notice of the determination will be written in an understandable manner and include the following:

- The specific reason(s) for the adverse benefit determination.
- Reference to the specific provision on which the determination is based.
- A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the claimant's claim for benefits.
- A statement of the claimant's right to bring a civil action.

EXCLUSIONS AND LIMITATIONS

For noncontributory Life Insurance, we pay a death benefit for all causes of death.

For Contributory Life Insurance, if you commit suicide while sane or insane within two years of the date your insurance starts, we will refund to the Beneficiary any Premiums paid instead of paying a death benefit. The two-year period includes the period you were continuously covered under the Policy and any previous group term life policy(ies) issued to the Policyholder during your lifetime.

If you commit suicide while sane or insane within two years from the date an increase in Contributory Life Insurance (other than a scheduled or automatic increase) became effective, we will pay a death benefit for the amount of insurance that was effective before the increase. We will refund to the Beneficiary any Premiums paid for the increased amount of insurance.

SPOUSE LIFE INSURANCE RIDER

RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER: ABC Company

GROUP POLICY NUMBER: 12345-6GAT2

This rider is made a part of the Group Term Life 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

SPOUSE LIFE INSURANCE

Spouse Life Insurance is Noncontributory by Employees

Eligible Class(es)	Amount
Class 1	\$10,000 increments

MAXIMUM AMOUNT OF SPOUSE LIFE INSURANCE

\$The lesser of 500,000 or 50% of the Employee Supplemental Coverage

GUARANTEED ISSUE AMOUNT OF SPOUSE LIFE INSURANCE

\$20,000

BENEFIT REDUCTIONS

The Spouse insurance amount will decrease as follows:

- To 65% of the original amount on your 65th birthday.
- To 50% of the original amount on your 70th birthday.
- To 70% of the original amount on your 75th birthday

Reduced insurance amounts are not rounded.

DEFINITIONS

Evidence of Insurability means your Spouse's affirmation, on a form acceptable to us, of various factors that we will use to determine if your Spouse's coverage is approved. Those factors may include, but are not limited to, your Spouse's medical history and treatment, driving record, and/or family medical history. If we need more information, any costs will be at our expense.

Guaranteed Issue Amount means the Spouse benefit amount (as shown on the SCHEDULE OF BENEFITS) for which you are eligible to enroll without providing Evidence of Insurability, according to the EVIDENCE OF INSURABILITY provision

Spouse means your lawful spouse. The person must also meet all of the following:

- 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.

The term includes your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction. It also includes your domestic partner as defined by the Employer if you have completed and Signed a declaration of domestic partnership on a form acceptable to the Employer. Any reference to marriage includes establishment of a domestic partnership or civil union. Any reference to divorce includes termination of a domestic partnership or civil union.

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 this rider is available to the eligible class of Employees to which you belong.
- Your life insurance 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 coverage, you must enroll your Spouse for any Contributory coverage before the coverage will become effective. We or the Employer will provide you with the forms or information needed to complete your enrollment.

No enrollment is required if the Policy replaces a group policy issued by us or by another insurance company, and your Spouse was covered under the prior policy on the day before that policy was replaced by our Policy. The amount of Contributory coverage for your Spouse that becomes effective on our Policy effective date will be at the same level as under the prior policy, subject to the terms of our Policy including any maximum coverage amounts under our Policy.

You may need to provide Evidence of Insurability on your Spouse, as described below.

EVIDENCE OF INSURABILITY

Evidence of Insurability is required for coverage under the conditions described below. Coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of the increase. We must approve any required Evidence of Insurability before coverage becomes effective.

Supplemental Spouse Life Insurance

Coverage on the Policy effective date continued from the Policyholder's prior plan...

Enrollment for supplemental Spouse coverage on the date this rider is available to the eligible class of Employees to which you belong, for Employees who had no supplemental Spouse coverage under the Policyholder's prior plan...

Evidence Required

Any amount over the Guaranteed Issue Amount.

All amounts.

Initial eligibility for supplemental Spouse coverage after the date this rider is available to the eligible class of Employees to which you belong...

Any amount over the Guaranteed Issue Amount.

All other enrollments for new supplemental Spouse coverage more than 31 days after the date You become eligible for supplemental Spouse coverage...

All amounts.

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 date you enroll for Spouse coverage.
- The date we approve your Spouse's Evidence of Insurability, if Evidence of Insurability is required.
- 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, approved nonmedical leave of absence and paid time off for nonmedical-related absences.
- The date your Spouse is no longer hospitalized, or confined at home under a doctor's care, or receiving or applying to receive disability benefits from any source, if any of these conditions are true on the date your Spouse's coverage would otherwise become effective.

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 date of the increased or additional coverage, if you are in Active Employment.
- The date you return to Active Employment, if you are not in Active Employment on the date the increased or additional coverage would otherwise start.
- The date we approve your Spouse's Evidence of Insurability, if Evidence of Insurability is required.
- The date your Spouse is no longer hospitalized, or confined at home under a doctor's care, or receiving or applying to receive disability benefits from any source, if any of these conditions are true on the date the increased or additional coverage would otherwise start.

Any decrease in coverage other than benefit reductions noted on the SCHEDULE OF BENEFITS will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

CHANGE OF INSURANCE CARRIERS

If your coverage is being provided under the CHANGE OF INSURANCE CARRIERS provision in the Certificate, then we will also provide continuity of Spouse coverage under the same conditions and for the same duration.

Any benefits payable under this provision will be the lesser of the amount of coverage under the prior policy had it remained in force, or the amount of eligible Spouse coverage under our Policy. We will reduce our payment by any amount paid under the prior policy.

If Spouse coverage under this provision ends while the Policy is in force, and your Spouse is not otherwise eligible for insurance under the Policy, then your Spouse coverage will be eligible for conversion as described in the CONVERSION provision.

If your Spouse was not covered under the Employer's prior policy on the date that policy terminated, then the EFFECTIVE DATE OF COVERAGE provision will apply.

SPOUSE ACTIVE MILITARY DUTY

If your Spouse is covered under this rider and your Spouse begins full-time active duty in the armed forces of any country or subdivision thereof then you should notify the Policyholder to cancel this rider. Coverage under this rider will terminate at the beginning of the period during which your Spouse is no longer eligible, and any unearned Premiums that were collected will be refunded.

If your Spouse's full-time active military duty ends, then you may re-enroll for this rider subject to the following:

- If you re-enroll for this rider within 2 months of the date your Spouse is eligible for coverage again, then the maximum amount of Spouse coverage available will be the lesser of the amount that was in effect on the day before coverage ended and the then current maximum amount of Spouse coverage available under this rider. Spouse coverage will be effective on the later of the following:
 - The date you re-enroll.
 - The date your Spouse is not hospitalized or confined at home under a doctor's care.
 - The date your Spouse is not receiving or applying to receive disability benefits from any source.
- If you re-enroll for this rider more than 2 months after your Spouse is eligible for coverage again, then Evidence of Insurability on your Spouse will be required. If Evidence of Insurability is approved by us, Spouse coverage will become effective on the date specified by us.

SPOUSE CHANGE OF LEGAL RESIDENCE

If your Spouse is covered under this rider and your Spouse changes their legal residence to outside the United States or its territories or possessions, then you should notify the Policyholder to cancel this rider. Coverage under this rider will terminate at the beginning of the period during which your Spouse is no longer eligible, and any unearned Premiums that were collected will be refunded.

If your Spouse resumes legal residence in the United States or its territories or possessions, then you may re-enroll for this rider subject to the following:

- If you re-enroll for this rider within 2 months of the date your Spouse is eligible for coverage again, then the maximum amount of Spouse coverage available will be the lesser of the amount that was in effect on the day before coverage ended and the then current maximum amount of Spouse coverage available under this rider. Spouse coverage will be effective on the later of the following:
 - The date you re-enroll.
 - The date your Spouse is not hospitalized or confined at home under a doctor's care.
 - The date your Spouse is not receiving or applying to receive disability benefits from any source.
- If you re-enroll for this rider more than 2 months after your Spouse is eligible for coverage again, then Evidence of Insurability on your Spouse will be required. If Evidence of Insurability is approved by us, Spouse coverage will become effective on the date specified by us.

TERMINATION OF COVERAGE

This rider terminates on the earliest of the following:

- The date your life insurance terminates.
- The date this rider is terminated for all Employees under the Policy.
- The date this rider is terminated for the eligible class of Employees to which you belong.
- The date you voluntarily cancel this rider, as allowed by the Employer.
- The date your Spouse is no longer an eligible Spouse as defined by this rider.
- Your Spouse's 70th birthday.
- The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the Policy grace period.

We will pay benefits for a loss that occurs while your Spouse is covered under this rider.

CONVERSION

You may convert Spouse life insurance, without Evidence of Insurability, to an individual life insurance policy if Spouse life insurance under this rider stops for any reason other than nonpayment of Premium, your Spouse ceasing to be an eligible Spouse as defined, or your death. You may also convert any part of Spouse life insurance that reduces due to a Benefit Reduction as described in the Schedule of Benefits, your change from one eligible class to another or a Policy change. If you have made an absolute assignment of insurance, only the current owner may apply for conversion under this paragraph.

Your Spouse may convert Spouse life insurance, without Evidence of Insurability, to an individual life insurance policy if Spouse life insurance under this rider stops because your Spouse is no longer an eligible Spouse as defined, or because of your death.

Only life insurance is eligible for conversion. The maximum amount of life insurance eligible for conversion cannot be greater than the amount of Spouse life insurance you had prior to termination. Conversion does not include any additional benefits such as accelerated death benefits, accidental death and dismemberment benefits, or waiver of premium benefits. Any amounts of coverage for which your Spouse remains eligible under the Policy are not eligible for conversion.

To convert Spouse life insurance, application must be made and the first premium paid to us within 31 days of the date any part of Spouse life insurance under this rider terminates (the "conversion period"). You will be given Written notice, in person or at your last known address, of your conversion right at least 15 days before the date any part of Spouse life insurance ends. Your right to convert will expire on the later of 16 days after you are given such notice or the end of the conversion period, but in no event will your right to convert extend beyond 60 days after the expiration of the conversion period. Any extension of time allowed for returning the completed application and first premium will not change the length of the conversion period itself.

Application for conversion may be for the entire amount of Spouse life insurance that is terminating under this rider, or a lesser amount. The maximum amount of Spouse life insurance coverage eligible for conversion will be reduced by any amount of Spouse life insurance for which you become eligible under any group policy within 31 days after the beginning of the conversion period. Premiums for the conversion policy will be based on our rates then in use, the form and amount of insurance, your Spouse's class of risk, and your Spouse's attained age at the beginning of the conversion period. The conversion policy may be any individual life insurance policy then customarily offered by us for conversion, other than term insurance. The conversion policy will not include any additional benefits. When we accept the application and first premium, the conversion policy will become effective on the 32nd day after the date the life insurance under the Policy terminated.

During the conversion period, Spouse life insurance will continue under the terms of this rider. If your Spouse dies within the conversion period, any life insurance amount that was eligible for conversion will be payable as a death benefit under the Policy and any premiums paid for conversion will be refunded to the Beneficiary.

INCONTESTABILITY

Any statement made by you or your Spouse is considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the statement is included in a Written Statement of insurability which has been Signed by you or your Spouse and a copy of such statement of insurability has been given to you or to the Beneficiary. Except for fraud, we will not use such statement relating to insurability to contest life insurance after it has been in force for two years during your Spouse's lifetime. Except for fraud, we will not use such statement to contest an increase or benefit addition to such insurance, after the increase or benefit has been in force for two years during your Spouse's lifetime. 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 when 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.

MISSTATEMENT OF AGE

If Premiums are based on your Spouse's age and you have misstated your Spouse's age, then your Spouse's correct age will be used to determine if insurance is in effect and, as appropriate, the Premium and/or benefits will be adjusted. We may require satisfactory proof of your Spouse's age before paying any claim.

MISSTATEMENT OF TOBACCO USE STATUS

If Premiums are based on your Spouse's tobacco use status and you have misstated your Spouse's tobacco use status, then we will adjust the Premium according to the correct tobacco use status. The amount payable upon your Spouse's death will be the amount that the Premium would have purchased using the correct tobacco use status. During the first two years your Spouse's coverage under the Policy is effective, we will make this adjustment instead of contesting your Spouse's insurance for this misstatement.

BENEFICIARY

You are the Beneficiary for proceeds that become payable at your Spouse's death under this rider. If you have made an absolute assignment of your insurance, then during your lifetime the current owner is the Beneficiary. See the Portability Rider for information about the eligible Beneficiary for continued coverage after your death or divorce. This Beneficiary designation may not be changed. If the Beneficiary is not living on the date payment is made, benefits are payable to the Beneficiary's estate. Please refer to the LIFE INSURANCE BENEFITS section for more information about payment.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This rider was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this rider which, on the provision's effective date, conflicts with Interstate Insurance Product Regulation Commission standards for this product type is automatically amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

LIFE INSURANCE BENEFITS

We pay a death benefit to the Beneficiary if we receive Written proof that your Spouse died while Spouse insurance under this rider is in force. See the CONVERSION provision for information about death benefits payable during the conversion period following your death. The death benefit is the amount of Spouse life insurance for the eligible class as shown on the SCHEDULE OF BENEFITS in effect on the date of your Spouse's death minus any amount paid under the Accelerated Death Benefit Rider.

NOTICE OF CLAIM AND PROOF OF LOSS

A claim form is available from the Employer or us. The process for completing the claim form and submitting the claim form will be explained in the claim form paperwork. Proof of loss, including any attachments indicated on the claim form as required, should be sent directly to us at the address indicated on the form. We may also require information from the Employer in order to verify eligibility.

Proof of loss consists of a certified copy of your Spouse's death certificate or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds.

We will review proof of loss we receive in order to determine our liability and the correct payee(s). If we approve the claim, we will pay the benefits subject to the terms of this rider.

PAYMENT OF PROCEEDS

To be eligible to receive proceeds, the Beneficiary must be living on the date of your Spouse's death. Exception: If your Spouse dies during the conversion period following your death and you would otherwise have been the Beneficiary, we will pay the proceeds to your estate.

If the Beneficiary is eligible to receive proceeds but dies before receiving them, we will pay the proceeds to the Beneficiary's estate.

We will pay the death benefit to the Beneficiary in one sum or in a method comparable to one sum. Other methods of payment may be made available to the Beneficiary at the time of claim.

Any payment we make in good faith will discharge our liability to the extent of such payment.

PAYMENT OF INTEREST

We pay interest on the death benefit proceeds, accruing from the date of your Spouse's death up to the date of payment. The minimum interest rate payable will be the interest rate applicable for funds left on deposit with us as of the date of death.

Interest will accrue at an annual rate of 10% plus the interest rate applicable for funds left on deposit beginning with the date that is 31 calendar days from the latest of the dates below and continuing up to the date of payment:

- The date we receive due proof of loss following death.
- The date we receive sufficient information to determine our liability, the extent of our liability, and the appropriate payee legally entitled to the proceeds.
- The date that legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of this resolution is provided to us. Legal impediments to payment include but are not limited to: the establishment of guardianships and conservatorships; the appointment and qualification of trustees, executors and administrators; and the submission of information required to satisfy state or federal reporting requirements.

EXCLUSIONS AND LIMITATIONS

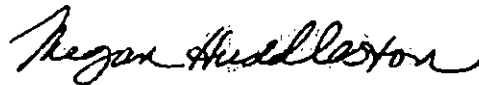
If your Spouse commits suicide while sane or insane within two years of the date Spouse insurance starts, we will refund to the Beneficiary any Premiums paid instead of paying a death benefit. The two year period includes the period your Spouse was continuously covered under this rider and any previous group term life policy issued to the Policyholder during your Spouse's lifetime.

If your Spouse commits suicide while sane or insane within two years from the date an increase in Spouse Life Insurance (other than a scheduled or automatic increase) became effective, we will pay a death benefit for the amount of insurance that was effective before the increase. We will refund to the Beneficiary any Premiums paid for the increased amount of insurance.

Executed at our Home Office
20 Washington Avenue South
Minneapolis, MN 55401



Michael S. Smith
President



Megan Huddleston
Secretary

CHILDREN'S LIFE INSURANCE RIDER

RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER: ABC Company

GROUP POLICY NUMBER: 12345-6GAT2

This rider is made a part of the Group Term Life 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

CHILDREN'S LIFE INSURANCE

Children's Life Insurance is Noncontributory by Employees.

Eligible Class(es)	Amount
Class 1	\$5,000

The amount for a Child from live birth but less than 14 days of age is reduced to 50% of the amount shown above. The amount for a stillborn Child is 25% of the amount shown above. After the 20th week, the unintended end of a pregnancy is called a stillbirth if the infant is dead at birth.

MAXIMUM AMOUNT OF CHILDREN'S LIFE INSURANCE

\$10,000

GUARANTEED ISSUE AMOUNT OF CHILDREN'S LIFE INSURANCE

\$10,000

DEFINITIONS

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

- Your natural or adopted child (including a child placed for adoption).
- Your stepchild.
- A child of your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction.
- A child of your domestic partner as defined by the Employer if you have completed and Signed an affidavit a declaration of domestic partnership on a form acceptable to the Employer.
- Your foster child or a child or grandchild for whom you are a legal guardian.
- Your grandchild if the child's parent is insured as your Child under this rider.

The child must also meet all of the following conditions:

- Be unmarried or not in a domestic partnership or civil union that is recognized as equivalent to marriage in the state with governing jurisdiction.
- 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.
- Not be insured by an individual policy that was issued under any conversion right of this rider.

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 the limiting age. 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. If the Child becomes capable of self-sustaining employment and proof of the Child's incapacity can no longer be furnished to us, you may convert your Child's life insurance to an individual life insurance policy as described in the CONVERSION provision of this rider.

Evidence of Insurability means your affirmation, on a form acceptable to us, of various factors that we will use to determine if your Child's coverage is approved. Those factors may include, but are not limited to, your Child's medical history and treatment, driving record, and/or family medical history. If we need more information, any costs will be at our expense.

Guaranteed Issue Amount means the Child benefit amount (as shown on the SCHEDULE OF BENEFITS) for which you are eligible to enroll without providing Evidence of Insurability, according to the EVIDENCE OF INSURABILITY provision.

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 this rider is available to the eligible class of Employees to which you belong.
- Your life insurance 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.

ENROLLMENT

If you have a Child eligible for coverage, you must enroll all Children for any Contributory coverage before the coverage will become effective. We or the Employer will provide you with the forms or information needed to complete your enrollment.

No enrollment is required if the Policy replaces a group policy issued by us or by another insurance company, and your Children were covered under the prior policy on the day before that policy was replaced by our Policy. The amount of Contributory coverage for your Children that becomes effective on our Policy effective date will be at the same level as under the prior policy, subject to the terms of our Policy including any maximum coverage amounts under our Policy.

You may need to provide Evidence of Insurability on your Children, as described below.

EVIDENCE OF INSURABILITY

Evidence of Insurability is required for coverage under the conditions described below. Coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of the increase. We must

approve any required Evidence of Insurability before coverage becomes effective. When you have Children covered under this rider, then newly eligible Children will not require Evidence of Insurability.

Supplemental Children's Life Insurance

Evidence Required

Coverage on the Policy effective date continued from the Policyholder's prior plan...

Any amount over the Guaranteed Issue Amount, per Child.

Enrollment for supplemental Children's coverage on the date this rider is available to the eligible class of Employees to which you belong, for Employees who had no supplemental Children's coverage under the Policyholder's prior plan...

All amounts for all Children.

Initial eligibility for supplemental Children's coverage after the date this rider is available to the eligible class of Employees to which you belong...

Any amount over the Guaranteed Issue Amount, per Child.

Enrollment for supplemental Children's coverage more than 31 days after the date you acquire a newly eligible Child due to marriage, birth or adoption...

All amounts for all Children.

All other enrollments for supplemental Children's coverage more than 31 days after the date you become eligible for supplemental Children's coverage...

All amounts for all Children.

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 date you enroll for Children's coverage after the date you become eligible for Children's coverage.
- The date we approve each Child's Evidence of Insurability, if Evidence of Insurability is required.
- 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, approved nonmedical leave of absence and paid time off for nonmedical-related absences.

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 date of the increased or additional coverage, if you are in Active Employment.
- The date you return to Active Employment, if you are not in Active Employment on the date the increased or additional coverage would otherwise start.
- The date we approve each Child's Evidence of Insurability, if Evidence of Insurability is required.

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

CHANGE OF INSURANCE CARRIERS

If your coverage is being provided under the CHANGE OF INSURANCE CARRIERS provision in the Certificate, then we will also provide continuity of Children's coverage under the same conditions and for the same duration.

Any benefits payable under this provision will be the lesser of the amount of coverage under the prior policy had it remained in force, or the amount of eligible Children's coverage under our Policy. We will reduce our payment by any amount paid under the prior policy.

If Children's coverage under this provision ends while the Policy is in force, and your Children are not otherwise eligible for insurance under the Policy, then your Children's coverage will be eligible for conversion as described in the CONVERSION provision.

If your Children were not covered under the Employer's prior policy on the date that policy terminated, then the EFFECTIVE DATE OF COVERAGE provision will apply.

TERMINATION OF COVERAGE

Coverage for each Child ends on the earliest of the following:

- The date this rider terminates.
- The date the Child is no longer an eligible Child as defined by this rider. Coverage of a disabled Child ends when there is no longer evidence satisfactory to us that the incapacity is continuing.

This rider terminates on the earliest of the following:

- The date your life insurance terminates.
- The date this rider is terminated for all Employees under the Policy.
- The date this rider is terminated for the eligible class of Employees to which you belong.
- The date you voluntarily cancel this rider, as allowed by the Employer.
- The date you no longer have any eligible Children as defined by this rider.
- 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.

We will pay benefits for a loss that occurs while your Child is covered under this rider.

CONVERSION

You may convert Children's life insurance, without Evidence of Insurability, to an individual life insurance policy if a Child's life insurance under this rider stops for any reason other than nonpayment of Premium, your Child reaching the termination age under this rider, or your death. You may also convert any part of Children's life insurance that reduces due to your change from one eligible class to another or a Policy change. If you have made an absolute assignment of insurance, only the current owner may apply for conversion under this paragraph.

Your Child may convert Children's life insurance, without Evidence of Insurability, to an individual life insurance policy if that Child's life insurance under this rider stops because your Child reaches the termination age under this rider, or because of your death. If a Child is too young to contract for life insurance after your death, then a parent or a court-appointed guardian of the Child may apply for conversion of that Child's coverage.

Only life insurance is eligible for conversion. Conversion does not include any additional benefits such as accelerated death benefits, accidental death and dismemberment benefits, or waiver of premium benefits. Any amounts of coverage for which your Child remains eligible under the Policy are not eligible for conversion.

To convert Children's life insurance, application must be made and the first premium paid to us within 31 days of the date any part of a Child's life insurance under this rider terminates (the "conversion period"). You will be given Written notice, in person or at your last known address, of your conversion right at least 15 days before the date any part of Children's life insurance ends. Your right to convert will expire on the later of 16 days after you are given such notice or the end of the conversion period, but in no event will your right to convert extend beyond 60 days after the expiration of the conversion period. Any extension of time allowed for returning the completed application and first premium will not change the length of the conversion period itself.

Application for conversion may be for the entire amount of Children's life insurance that is terminating under this rider, or a lesser amount. The maximum amount of Children's life insurance coverage eligible for conversion will be reduced by any amount of Children's life insurance for which you become eligible under any group policy within 31 days after the beginning of the conversion period. Premiums for the conversion policy will be based on our rates then in use, the form and amount of insurance, your Child's class of risk, and your Child's attained age at the beginning of the conversion period. The conversion policy may be any individual life insurance policy then customarily offered by us for

conversion, other than term insurance. The conversion policy will not include any additional benefits. When we accept the application and first premium, the conversion policy will become effective on the 32nd day after the date the life insurance under the Policy terminated.

During the conversion period, Children's life insurance will continue under the terms of this rider. If your Child dies within the conversion period, any life insurance amount that was eligible for conversion will be payable as a death benefit under the Policy and any premiums paid for conversion will be refunded to the Beneficiary.

INCONTESTABILITY

Any statement made by you or your Child is considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the statement is included in a Written statement of insurability which has been Signed by you or your Child and a copy of such statement of insurability has been given to you or to the Beneficiary. Except for fraud, we will not use such statement relating to insurability to contest life insurance after it has been in force for two years during your Child's lifetime. Except for fraud, we will not use such statement to contest an increase or benefit addition to such insurance, after the increase or benefit has been in force for two years during your Child's lifetime. 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 when 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.

BENEFICIARY

You are the Beneficiary for proceeds that become payable at your Child's death under this rider. If you have made an absolute assignment of your insurance, then during your lifetime the current owner is the Beneficiary. See the Portability Rider for information about the eligible Beneficiary for continued coverage after your death. This Beneficiary designation may not be changed. Please refer to the LIFE INSURANCE BENEFITS section for more information about payment.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This rider was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this rider which, on the provision's effective date, conflicts with Interstate Insurance Product Regulation Commission standards for this product type, is automatically amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

LIFE INSURANCE BENEFITS

We pay a death benefit to the Beneficiary if we receive Written proof that your Child died while Children's insurance under this rider is in force. See the CONVERSION provision for information about death benefits payable during the conversion period following your death. The death benefit is the amount of Children's life insurance on that Child for the eligible class as shown on the SCHEDULE OF BENEFITS in effect on the date of your Child's death.

NOTICE OF CLAIM AND PROOF OF LOSS

A claim form is available from the Employer or us. The process for completing the claim form and submitting the claim form will be explained in the claim form paperwork. Proof of loss, including any attachments indicated on the claim form as required, should be sent directly to us at the address indicated on the form. We may also require information from the Employer in order to verify eligibility.

Proof of loss consists of a certified copy of your Child's death certificate or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds.

We will review proof of loss we receive in order to determine our liability and the correct payee(s). If we approve the claim, we will pay the benefits subject to the terms of this rider.

PAYMENT OF PROCEEDS

To be eligible to receive proceeds, the Beneficiary must be living on the date of your Child's death. **Exception:** If your Child dies during the conversion period following your death and you would otherwise have been the Beneficiary, we will pay the proceeds to your estate.

If the Beneficiary is eligible to receive proceeds but dies before receiving them, we will pay the proceeds to the Beneficiary's estate.

We will pay the death benefit to the Beneficiary in one sum or in a method comparable to one sum. Other methods of payment may be made available to the Beneficiary at the time of claim.

Any payment we make in good faith will discharge our liability to the extent of such payment.

PAYMENT OF INTEREST

We pay interest on the death benefit proceeds, accruing from the date of your Child's death up to the date of payment. The minimum interest rate payable will be the interest rate applicable for funds left on deposit with us as of the date of death.

Interest will accrue at an annual rate of 10% plus the interest rate applicable for funds left on deposit beginning with the date that is 31 calendar days from the latest of the dates below and continuing up to the date of payment:

- The date we receive due proof of loss following death.
- The date we receive sufficient information to determine our liability, the extent of our liability, and the appropriate payee legally entitled to the proceeds.
- The date that legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of this resolution is provided to us. Legal impediments to payment include but are not limited to: the establishment of guardianships and conservatorships; the appointment and qualification of trustees, executors and administrators; and the submission of information required to satisfy state or federal reporting requirements.

EXCLUSIONS AND LIMITATIONS

If your Child commits suicide while sane or insane within two years of the date that Child's insurance starts, we will refund to the Beneficiary any Premiums paid instead of paying a death benefit. The two year period includes the period your Child was continuously covered under this rider and any previous group term life policy issued to the Policyholder during your Child's lifetime.

If your Child commits suicide while sane or insane within two years from the date an increase in Children's Life Insurance (other than a scheduled or automatic increase) became effective, we will pay a death benefit for the amount of insurance that was effective before the increase. We will refund to the Beneficiary any Premiums paid for the increased amount of insurance.

Executed at our Home Office:
20 Washington Avenue South
Minneapolis, MN 55401



Michael S. Smith
President



Megan Huddleston
Secretary

CONTINUATION OF INSURANCE RIDER

RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER: ABC Company

GROUP POLICY NUMBER: 12345-6GAT2

This rider is made a part of the Group Term Life 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 life insurance under the Policy.
- Your Spouse who is covered under your Spouse Life Insurance Rider.
- Your Children who are covered under your Children's Life Insurance 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. Your normal vacation time is not considered a Leave of Absence.

Labor Strike means you are absent from Active Employment for a period of time for which continuation of life insurance is available under the Employer's written plan for labor strikes.

Normal Retirement Age means your retirement age according to the following table:

Your Year of Birth	Your Normal Retirement Age
before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
after 1959	67

Temporary Layoff means you are absent from Active Employment for a period of time for which continuation of life insurance is available under the Employer's written plan for temporary layoffs, and the layoff is not intended to be permanent.

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

GENERAL PROVISIONS

ELIGIBILITY FOR RIDER

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

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

EFFECTIVE DATE OF RIDER

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the date you are eligible for 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 of the Employer's prior policy on the date the Employer changes insurance carriers to our Policy.

TERMINATION OF RIDER

This rider terminates on the earliest of the following:

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

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This rider was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this rider which, on the provision's effective date, conflicts with Interstate Insurance Product Regulation Commission standards for this product type, is automatically amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

CONTINUATION OF INSURANCE

If you stop Active Employment due to:

- Employer-approved Leave of Absence, or
- Total Disability, or
- Temporary Layoff, or
- Labor Strike,

then life insurance coverage may be continued under the Policy beyond the date you are no longer in Active Employment or your hours were reduced, 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 stop according to the Certificate and riders in effect the day prior to the continuation period.

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

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

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 life insurance during an FMLA or State FML Leave of Absence, then life 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 life insurance coverage for all covered persons may be continued 9 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 life insurance coverage for all Covered Persons may be continued until 3 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.

TEMPORARY LAYOFF

If you stop Active Employment due to a Temporary Layoff, then life insurance coverage for all Covered Persons may be continued until 3 months after the date you stopped Active Employment.

This continuation of coverage includes all riders that were in effect on the date before you stopped Active Employment.

LABOR STRIKE

If you stop Active Employment due to a Labor Strike, then life insurance coverage for all Covered Persons may be continued until 6 months after the date you stopped Active Employment.

This continuation of coverage includes all riders that were in effect on the date before you stopped Active Employment.

OTHER LEAVE OF ABSENCE

If you are on a Leave of Absence for any other reason, then life insurance coverage for all Covered Persons may be continued until the date until the date which is 3 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 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.
- 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 life insurance policy as an employee or member.
- The date Premiums are waived under the Waiver of Premium Rider.
- The date the Policy terminates.
- The date coverage for all Active Employees under the Policy terminates.

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 and riders.

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

- Life insurance is in force for Active Employees under the Policy, and
- You are in an eligible class for coverage under the Policy, and
- Your Premium payments are resumed.

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

CONVERSION FOLLOWING TERMINATION OF CONTINUATION

When continuation under this rider ends other than for nonpayment of Premium or waiver of premium, and if the Covered Person is not otherwise eligible for insurance under the Policy, then conversion will be available as described in the CONVERSION provision of the Certificate and riders.

RETURN TO ACTIVE EMPLOYMENT

If coverage is not continued during an FMLA or State FML Leave of Absence, and you return to Active Employment immediately following the end of the FMLA or State FML Leave of Absence and while coverage is in force for Active Employees under the Policy, then coverage for all Covered Persons may be reinstated effective the date you return to Active Employment. The amount(s) of coverage will be subject to the SCHEDULE OF BENEFITS in effect on the date you return to Active Employment. We will not apply a new Eligibility Waiting Period or require Evidence of Insurability for the same or lesser amount(s) of coverage.

If coverage is not continued during your Leave of Absence for active military service, and you return to Active Employment while coverage is in force for Active Employees under the Policy, then coverage for all Covered Persons may be reinstated in accordance with USERRA and applicable state law.

If coverage is not continued during any other 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 and riders will apply.

Executed at our Home Office:
20 Washington Avenue South
Minneapolis, MN 55401



Michael S. Smith
President



Megan Huddleston
Secretary

WAIVER OF PREMIUM RIDER

RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER: ABC Company

GROUP POLICY NUMBER: 12345-6GAT2

This rider is made a part of the Group Term Life 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

Doctor means a person 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 physician. 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. This definition does not include you or your spouse, or your or your spouse's children, parents, grandparents, grandchildren, siblings and their spouses.

Normal Retirement Age means your retirement age according to the following table:

Your Year of Birth	Your Normal Retirement Age
before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
after 1959	67

Total Disability or Totally Disabled means that due to an injury or sickness you are unable to perform the material duties of your regular job, and you are unable to perform for remuneration or profit any other job for which you are fit by education, training or experience. If we pay you an Employee benefit under the Accelerated Death Benefit Rider, you will automatically meet the definition of Total Disability under this rider. If you are also insured under a group long term disability income policy issued by us to the Policyholder and while coverage for Active Employees under both policies remains in force, then you will automatically meet the definition of Total Disability under this rider during the same period that we are paying you long term disability income benefits under the other policy.

Waiting Period means the 9 month period immediately following the date you stop Active Employment during which you are continuously Totally Disabled. If you return to work for a total of 30 days or less during the Waiting Period and then stop work again due to the same Total Disability, your Waiting Period will not be interrupted. If we pay you an Employee benefit under the Accelerated Death Benefit Rider, you will automatically satisfy the Waiting Period requirement under this rider.

GENERAL PROVISIONS

ELIGIBILITY FOR RIDER

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

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

EFFECTIVE DATE OF RIDER

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

TERMINATION OF RIDER

This rider terminates on the earliest of the following:

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

This rider will not terminate while Premiums are being waived under the terms of this rider.

TERMINATION OF COVERAGE

The TERMINATION OF COVERAGE provision in your Certificate is revised to add this item to the terms under which your coverage ends:

- The date Premiums are no longer being waived under the Waiver of Premium Rider, if you are not in an eligible class on that date.

The TERMINATION OF COVERAGE provision in your Spouse Life Insurance Rider is revised to add this item to the terms under which your Spouse coverage ends: The date we approve a claim under the Waiver of Premium Rider.

The TERMINATION OF COVERAGE provision in your Children's Life Insurance Rider is revised to add this item to the terms under which your Children's coverage ends: The date we approve a claim under the Waiver of Premium Rider.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This rider was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this rider which, on the provision's effective date, conflicts with Interstate Insurance Product Regulation Commission standards for this product type, is automatically amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

WAIVER OF PREMIUM BENEFIT

If you become Totally Disabled while covered under this rider and meet the other conditions below, we will waive Premiums due under the Policy and continue insurance during your Total Disability, according to the terms of this rider. When we waive Premiums, the amount of continued life insurance equals the amount that would have been provided if you had not become Totally Disabled. That amount will reduce or stop according to the Certificate in effect on the date Total Disability began. Premiums that are waived are not deducted from any proceeds that may become payable.

Continued life insurance includes the following if effective on the date before your Total Disability began:

- Employee life insurance.

Continued life insurance does not include:

- the Spouse Life Insurance Rider.
- the Children's Life Insurance Rider.
- the AD&D Rider.
- Spouse or Children's coverage under the Accidental Death Rider.
- the Portability Rider.
- any continuation rider(s).

Any rider or coverage that is not eligible for waiver of premium under this rider will terminate on the date that coverage would otherwise end due to your termination of Active Employment. See the **CONVERSION** provision of the Certificate and riders for more information about conversion.

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

CONDITIONS FOR WAIVER OF PREMIUM

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

- Total Disability begins before your 60th birthday.
- You are covered under this rider on the date your Total Disability begins.
- All Premiums due for life insurance and this rider are paid to us through the date we approve your claim for waiver of Premium or the date the continuation period under any rider ends, whichever is earlier. Premiums due are payable by the Policyholder or you as applicable.
- You provide notice of claim and proof of Total Disability to us as described below.

NOTICE OF CLAIM AND PROOF OF TOTAL DISABILITY

You must send us written notice of claim while you are living, while you are Totally Disabled, and within 9 months of the date your Total Disability begins. Failure to give notice within 9 months will not invalidate or reduce any claim if it is shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

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

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

If you meet the definition of Total Disability due to your receipt of long term disability income benefits under a policy issued by us to the Policyholder, and then your benefits or coverage under that other policy terminate for any reason, or coverage for Active Employees under the group life Policy terminates, then you will need to provide us with proof of your Total Disability under the terms of this rider in order to continue your eligibility under this rider.

If you die within 12 months of the date your Total Disability began and all of the following are true:

- You didn't previously submit a claim under this rider, and
- You would otherwise have met the **CONDITIONS FOR WAIVER OF PREMIUM**, and

- Life insurance for you would still have been in force under the Policy on the date of your death if a claim for waiver of Premium had been approved, then the Beneficiary can submit a claim for death benefit proceeds along with notice of claim under this rider and proof that your Total Disability continued without interruption from the last day you were in Active Employment until your death.

EFFECTIVE DATE OF WAIVER OF PREMIUM

When we approve your claim, Premiums are waived as of the date after the Waiting Period ends. We will refund any unearned Premiums we receive to the Policyholder or to you, as appropriate. We will notify you in writing when your claim is approved.

We will notify you and the Employer if we deny your claim. If we deny your claim, conversion is available as described in the CONVERSION provision of the Certificate.

If we approve a claim for which notice of claim was provided to us more than 12 months after the date your Total Disability began, then any refund of unearned Premiums will not exceed 12 months of Premiums dating back from the date the notice of claim was received by us.

If you converted life insurance due to your termination of Active Employment and then a claim under this rider is approved, the conversion policy must be surrendered without claim. We will cancel the conversion policy as of the date of issue and refund any premiums paid. We will retain any beneficiary designation you made under your conversion policy as the Beneficiary under the group Policy, unless you change the Beneficiary as described under the BENEFICIARY provision in the Certificate. If the conversion policy is not surrendered without claim, then Premiums will not be waived under this rider. The same coverage(s) that would otherwise end due to your termination of Active Employment may not be both continued under this rider and converted.

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

TERMINATION OF WAIVER OF PREMIUM

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

- The date you are no longer Totally Disabled.
- The date you do not give us proof of Total Disability as requested.
- Your 65th birthday.

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

- Life insurance is in force for Active Employees under the Policy, and
- You are in an eligible class for coverage under the Policy, and
- Your Premium payments are resumed.

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

You will not be eligible for portability under any Portability Rider on the date we stop waiving your Premiums.

CONVERSION AFTER TERMINATION OF WAIVER OF PREMIUM

When Waiver of Premium under this rider ends, and if you are not otherwise eligible for insurance under the Policy, then conversion will be available as described in the CONVERSION provision of the Certificate.

DENIALS AND APPEALS FOR PLANS SUBJECT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)

If we deny a claim in whole or in part (an "adverse benefit determination"), we will provide written notice of the adverse benefit determination to you as soon as possible, but no more than 45 days after receipt of the claim unless an extension is needed. An extension of 30 days will be allowed for processing the claim for matters beyond our control. You will be given notice of any such extension before the end of the initial 45-day period. If, before the end of the 30-day extension period, we are still unable to render a decision on the claim for matters beyond our control, a second extension of 30 days will be allowed for processing the claim. You will be given notice of any such second extension before the end of the first 30-day extension period. The notice(s) will state the circumstances requiring the extension and the date a decision is expected. The notice(s) will also specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim and the additional information needed to resolve those issues. If additional information is needed, you will have 45 days to provide the specified information. If an extension is needed due to your failure to submit information necessary to decide a claim, the extension period will be tolled from the date on which notification of the extension is sent to you until the date on which you respond to the request for additional information.

A notice of an adverse benefit determination will be written in an understandable manner and include the following:

- The specific reason(s) for the adverse benefit determination.
- Reference to the specific provision on which the determination is based.
- A description of additional information, if any, which would enable you to receive the benefits sought and an explanation of why it is needed.
- A description of the claim review procedure and the time limits applicable to such procedures, including a statement of your right to bring a civil action following an adverse benefit determination on review.
- A statement that if an internal rule, guideline, protocol or other similar criterion was relied upon in making the adverse benefit determination, a copy of such rule, guideline, protocol or other criterion will be provided free of charge to you upon request.

You may request a review of an adverse benefit determination (an "appeal") at any time during the 180 day period following receipt of the notice of the determination. We will consider an appeal upon written application of you or your duly authorized representative. As part of the appeal you also have the right, upon request and free of charge, to reasonable access to and copies of all documents, records and other information relevant to your claim. This includes the identification of any medical or vocational experts whose advice was obtained on our behalf in connection with the adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination. You may, in the course of this appeal, review relevant documents and submit to us written comments, documents, records and other information relevant to your claim.

Our review of the appeal will be conducted by someone who is neither the individual who made the original adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual. If the determination was based in whole or in part on a medical judgment, our review of the appeal will include consultation with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment. This health care professional will be someone who is neither an individual who was consulted in connection with the original adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual.

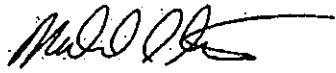
Following our review of the appeal, we will provide you with a written decision of the final determination of the claim. This decision will be issued as soon as possible, but no more than 45 days after the receipt of the appeal unless an extension is needed. An extension of 45 days will be allowed for making this decision if special circumstances are present. You will be given notice of any such extension before the end of the 45-day period. The notice will state the special circumstances involved and the date a decision is expected. If an extension is needed due to your failure to submit information necessary to decide a claim, the extension period will be tolled from the date on which notification of the extension is sent to you until the date on which you respond to the request for additional information.

If we send an adverse benefit determination following our review of the appeal, the notice of the determination will be written in an understandable manner and include the following:

- The specific reason(s) for the adverse benefit determination.
- Reference to the specific provision on which the determination is based.

- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim.
- A statement of your right to bring a civil action.
- A statement that if an internal rule, guideline, protocol or other similar criterion was relied upon in making the adverse benefit determination, a copy of such rule, guideline, protocol or other criterion will be provided free of charge to you upon request.
- The following statement: "You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency."

Executed at our Home Office:
20 Washington Avenue South
Minneapolis, MN 55401



Michael S. Smith
President



Megan Huddleston
Secretary

Sample

ACCELERATED DEATH BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER: ABC Company

GROUP POLICY NUMBER: 12345-6GAT2

This rider is made a part of the Group Term Life 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.

THE AMOUNT OF LIFE INSURANCE WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID. THE RECEIPT OF ACCELERATED DEATH BENEFITS MAY BE A TAXABLE EVENT. YOU SHOULD SEEK ADDITIONAL INFORMATION ABOUT THE TAX STATUS OF THE PAYMENT FROM A PERSONAL TAX ADVISOR.

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SCHEDULE OF BENEFITS

Accelerated Death Benefit

You: 75% or \$250,000, whichever is less, of the amount of Basic and Supplemental Life Insurance in force.

DEFINITIONS

Doctor means a person 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 physician. 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. This definition does not include you or your spouse, or your or your spouse's children, parents, grandparents, grandchildren, siblings and their spouses.

Institution means any hospital, convalescent hospital, health clinic, nursing home, extended care facility, or other institution devoted to the care of sick, infirm, or aged persons.

Qualifying Event means either of the following:

- Terminal Illness.
- A medical condition that is reasonably expected to require continuous confinement in an Institution and you are expected to remain there for the rest of your life.

Terminal Illness means a medical condition that is expected to result in your death within 12 months and from which there is no reasonable chance of recovery.

GENERAL PROVISIONS

ELIGIBILITY FOR RIDER

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

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

EFFECTIVE DATE OF RIDER

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

TERMINATION OF RIDER

This rider terminates on the earliest of the following:

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

This rider will not terminate while this rider is being continued under the terms of another rider.

Termination of this rider will not prejudice the payment of benefits for a Qualifying Event that occurred while this rider was in force.

TERMINATION OF COVERAGE

The TERMINATION OF COVERAGE provision in your Certificate is revised to add this item to the terms under which Your coverage ends:

- The date the full death benefit has been accelerated under the terms of the Accelerated Death Benefit Rider.

CONVERSION

When this rider terminates, conversion of this rider is not available.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This rider was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this rider which, on the provision's effective date, conflicts with Interstate Insurance Product Regulation Commission standards for this product type, is automatically amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

ACCELERATED DEATH BENEFIT

Accelerated death benefit proceeds is the amount we pay to you, while you are living, if you have a Qualifying Event. The accelerated death benefit proceeds are paid only once. This payout is the only settlement option available prior to your death.

The benefit is the amount of the accelerated death benefit shown on the SCHEDULE OF BENEFITS in effect on the date you request accelerated death benefit proceeds.

CONDITIONS FOR THE ACCELERATED DEATH BENEFIT

To receive a benefit payment under this rider, all of the following conditions must be met:

- Any required life insurance Premium is paid through the date you request proceeds under this rider.

- You request proceeds in writing while you are living and before you attain age 65. If you are unable to request payment yourself, your legal representative may request it on your behalf.
- You are insured for life insurance benefits under the Policy.
- The benefit percentage elected will equal no less than \$1,000.
- You provide to us written proof from a Doctor that you have a Qualifying Event.
- You provide to us written consent for payment from any irrevocable beneficiary and, in community property states, from your spouse.

NOTICE OF CLAIM AND PROOF OF LOSS

You must send us written notice of claim while you are living and within 90 days of the date the Qualifying Event is diagnosed. Failure to give notice within 90 days will not invalidate or reduce any claim if it is shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

Notice of claim includes proof of loss. Proof of loss includes information from your Doctor, at your expense, regarding your medical condition. We may require additional information from the Employer in order to verify eligibility. Proof of loss, including any attachments indicated on the claim form(s) as required, should be sent directly to us at the address indicated on the form(s). A claim form is available from the Employer or us.

We have the right to request a second or third medical opinion, at our expense, in order to determine if you are eligible under the terms of this rider. Any second medical opinion may include a physical examination by a Doctor designated by us. In the case of conflicting medical opinions, eligibility will be determined by a third medical opinion that is provided by a Doctor who is mutually acceptable to you and us.

When you request proceeds under this rider and upon payment of the benefit proceeds, you will be provided with a disclosure demonstrating the effect of the acceleration on the death benefit and Premium, and any other effects on coverage. This disclosure will also be provided to any assignee of record or irrevocable beneficiary of record.

BENEFIT PAYMENT

We pay the benefit proceeds to you immediately upon receipt of due written proof of loss. If you are not the current owner of coverage under the Certificate or riders on the date proceeds are requested under this rider, then while you are living the benefit proceeds are payable to the current owner.

For coverage continued by your Spouse after your death or divorce, any benefit proceeds under this rider are payable to your Spouse. If your Spouse is not the current owner of coverage under the Spouse Life Insurance Rider and Children's Life Insurance Rider on the date accelerated death benefit proceeds are requested, then the benefit proceeds are payable to the current owner.

Benefit proceeds received for Terminal Illness will be paid as a lump sum.

For a Qualifying Event other than Terminal Illness, you may elect to receive the benefit proceeds as a lump sum or in monthly installments. You may elect monthly installments equal to 1-20% of the full amount of the benefit payable under this rider. The minimum monthly installment is \$500. Monthly installments are paid once every 30 days until the full accelerated benefit amount has been paid out. Each monthly installment paid will reduce the remaining death benefit by the same amount.

Any payment we make in good faith will discharge our liability to the extent of such payment.

If you die after you request proceeds under this rider but before any proceeds are received, then the accelerated death benefit claim will be cancelled and any death benefit will be payable under the terms of the Certificate and riders. If any monthly installments are remaining at the time of death, the remaining amount will be payable as a death benefit under the terms of the Certificate and riders.

EFFECTS ON COVERAGE

When we pay this benefit, coverage is affected in the following ways:

- Your Basic and Supplemental Life Insurance amount is reduced by the accelerated death benefit proceeds paid under this rider.

- Your life insurance amount that may be converted is reduced by the accelerated death benefit proceeds paid under this rider.
- You will not be eligible to increase your life insurance amount.
- Premium is based upon the life insurance amount in force prior to any proceeds paid under this rider. Such Premium must be paid, unless waived under the Waiver of Premium Rider, to keep the life insurance coverage in force.
- Your remaining life insurance amount is subject to future BENEFIT REDUCTIONS, if any, as shown on the SCHEDULE OF BENEFITS in the Certificate or riders.
- You will not be able to reinstate your coverage to its full amount in the event of a recovery from a Qualifying Event.

If any death benefit remains after payment of the accelerated death benefit, coverage under the AD&D Rider will be unaffected by the payment of an accelerated death benefit.

Executed at our Home Office:
20 Washington Avenue South
Minneapolis, MN 55401



Michael S. Smith
President



Megan Huddleston
Secretary

Sample

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) RIDER

RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER: ABC Company

GROUP POLICY NUMBER: 12345-6GAT2

This rider is made a part of the Group Term Life 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

EMPLOYEE AD&D INSURANCE

Employee AD&D Insurance is Contributory by Employees, and is included in the cost of Supplemental Employee Life Insurance.

Eligible Class(es)

Full Amount

Class 1

Equal to the amount of Supplemental Employee Life Insurance

Benefit amounts are not rounded.

Your insurance amount will decrease as follows:

- To 65% of the original amount on your 65th birthday.
- To 50% of the original amount on your 70th birthday.
- To 30% of the original amount on your 75th birthday

MAXIMUM AMOUNT OF EMPLOYEE AD&D INSURANCE \$500,000

SPOUSE AD&D INSURANCE

Spouse AD&D Insurance is Contributory by Employees, and is included in the cost of Spouse Life Insurance.

Eligible Class(es)

Full Amount

Class description 1

Equal to the amount of Spouse Life Insurance

MAXIMUM AMOUNT OF SPOUSE AD&D INSURANCE \$500,000

CHILDREN'S AD&D INSURANCE

Children's AD&D Insurance is Contributory by Employees, and is included in the cost of Children's Life Insurance.

Eligible Class(es)

Full Amount

Class 1

Equal to the amount of Children's Life Insurance

MAXIMUM AMOUNT OF CHILDREN'S AD&D INSURANCE \$10,000

ACCIDENTAL DEATH BENEFIT

For:

Loss of life

Benefit Amount:

Full Amount of AD&D Insurance

ACCIDENTAL DISMEMBERMENT BENEFITS

For:

Loss of an Arm

Loss of a Leg

Loss of a Hand

Loss of a Foot

Benefit Amount:

50% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

OTHER ACCIDENTAL LOSS BENEFITS

For:

Loss of Sight in both eyes

Loss of Sight in one eye

Loss of Speech

Loss of Hearing

Paralysis of all four limbs

Paralysis of three limbs

Paralysis of two limbs

Paralysis of one limb

Coma

Benefit Amount:

100% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

100% of the Full Amount of AD&D Insurance

75% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

25% of the Full Amount of AD&D Insurance

2% of the Full Amount of AD&D Insurance to a maximum of \$24,00

Only one Full Amount is payable for any combination of the losses listed above per Covered Person. For example: if the Covered Person has a loss for which the Benefit Amount paid was 50% of the Full Amount of that Covered Person's AD&D Insurance, then the Benefit Amount for that Covered Person's next loss will be no more than 50% of the Full Amount.

ADDITIONAL ACCIDENT BENEFITS

Benefit:

Safety Belt use

Airbag use

Transportation/Repatriation

Child Care

Child Education

Spouse Education

Occupational Assault

Additional Amount:

10% of the full Benefit Amount for loss of life

15% of the full Benefit Amount for loss of life

Equal to 2% of the full Benefit Amount for loss of life

5% to a maximum of \$2,000 per year

5% to a maximum of \$3,000 per year for up to 4 years

5% to a maximum of \$3,000 per year for up to 4 years

Equal to 100% of the full Benefit Amount for the loss to a maximum of \$10,000

DEFINITIONS

Accidental Injury means a bodily injury sustained by a Covered Person, which is a direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while the Covered Person's insurance under this rider is in force. Accidental Injury includes bodily injury caused by exposure to the elements when the exposure is a direct result of an accident.

Airbag means a passenger restraint system properly installed in the Automobile in which the Covered Person was riding at the time of the Accidental Injury, which inflates for added protection to the head and chest areas.

Automobile means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes.

Child Care means any facility or private care that is licensed as child care by the state, provides non-medical care and supervision for children, and is not operated by you or a member of your immediate family.

Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused, as determined by a Doctor, and which continues for a period of 30 days.

Covered Person means:

- You, if you are covered for Supplemental life insurance under the Policy.
- Your Spouse who is covered under the Spouse Life Insurance Rider and is enrolled for Contributory Spouse coverage under this rider.
- Your Children who are covered under the Children's Life Insurance Rider and are enrolled for Contributory Children's coverage under this rider.

Doctor means a person 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 physician. 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. This definition does not include you or your spouse, or your or your spouse's children, parents, grandparents, grandchildren, siblings and their spouses.

Loss of a Foot means the foot is permanently severed from the body at or above the ankle but below the knee.

Loss of a Hand means the hand is permanently severed from the body at or above the wrist, but below the elbow. Loss of a Hand includes loss of the thumb and index finger of the same hand where the thumb and index finger are permanently severed through or above the metacarpophalangeal joints (i.e. the third joint from the tip of the finger or the second joint from the tip of the thumb).

Loss of a Leg means the leg is permanently severed from the body at or above the knee.

Loss of an Arm means the arm is permanently severed from the body at or above the elbow.

Loss of Hearing means the entire and irrevocable loss of hearing in both ears, as determined by a Doctor.

Loss of Sight means permanent and uncorrectable loss of sight in an eye, as determined by a Doctor. The visual acuity must be 20/200 or worse in the eye, or the field of vision must be less than 20 degrees.

Loss of Speech means the entire and irrevocable loss of speech as determined by a Doctor.

Paralysis means the total impairment of voluntary movement and sensory function of a limb (arm or leg), without severance, and the paralysis is determined by a Doctor to be permanent, complete and irreversible.

Safety Belt means a passenger restraint system properly installed in the Automobile in which the Covered Person was riding at the time of the Accidental Injury, which consists of a belt or strap.

GENERAL PROVISIONS

ELIGIBILITY

If you are working for the Employer in an eligible class (shown in the Certificate's SCHEDULE OF BENEFITS), you are eligible for this rider on the latest of the following dates:

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

ENROLLMENT

If you are eligible for AD&D coverage, you must enroll for any Contributory AD&D coverage before the coverage will become effective. We or the Employer will provide you with the forms or information needed to complete your enrollment.

EFFECTIVE DATE

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

- The date the Covered Person is eligible for coverage, if you enroll for coverage on or before that date.
- The date you enroll for coverage.
- The date you return to Active Employment, if you are not in Active Employment when the Covered Person'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, approved nonmedical leave of absence and paid time off for nonmedical-related absences.

EFFECTIVE DATE OF CHANGES TO COVERAGE

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

- The date of the increased or additional coverage, if you are in Active Employment.
- The date you return to Active Employment, if you are not in Active Employment on the date the increased or additional coverage would otherwise start.

Any decrease in coverage other than benefit reductions noted on the SCHEDULE OF BENEFITS will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

TERMINATION

This rider will terminate on the earliest of the following:

- The date your life insurance terminates.
- The date this rider is terminated for all Employees under the Policy.
- 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.
- The date you voluntarily cancel this rider in Writing, as allowed by the Employer unless prohibited by federal and state law.
- The date you retire from Active Employment with the Employer.
- For your Spouse's coverage, the date the Spouse Life Insurance Rider terminates.
- For each Child's coverage, the date your Child's coverage under the Children's Life Insurance Rider terminates.
- For your Spouse's coverage, the date you voluntarily cancel Contributory Spouse AD&D coverage under this rider in Writing, as allowed by the Employer unless prohibited by federal and state law.
- For your Children's coverage, the date you voluntarily cancel Contributory Children's AD&D coverage under this rider in Writing, as allowed by the Employer unless prohibited by federal and state law.
- The date a claim is approved under the Waiver of Premium Rider.

Termination will not prejudice the payment of benefits for a covered loss caused by an Accidental Injury that occurs while the Covered Person is insured under this rider.

CONVERSION

When coverage under this rider terminates, conversion of AD&D coverage to an individual policy is not available.

INCONTESTABILITY

Any statement made by you is considered a representation and not a warranty. Except for fraud, we will not use such statement to contest insurance under this rider after it has been in force for two years during the Covered Person's lifetime. Except for fraud, we will not use such statement to contest an increase or benefit addition to such insurance, after the increase or benefit has been in force for two years during the Covered Person's lifetime. 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 when 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.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This rider was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this rider which, on the provision's effective date, conflicts with Interstate Insurance Product Regulation Commission standards for this product type, is automatically amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

AD&D BENEFITS

We will pay an AD&D benefit according to the SCHEDULE OF BENEFITS if a Covered Person suffers a covered loss (as described below) as the result of an Accidental Injury. The Covered Person must be insured under this rider on the date of the Accidental Injury, and the cause of the loss must not be excluded.

If any benefit described below indicates that it is payable to you if living, and you are not the current owner of coverage under the Certificate or riders on the date of the loss, then those benefit proceeds are payable to the current owner. See the Portability Rider for information about the eligible Beneficiary for continued coverage after your death or divorce.

Accidental Death

A benefit is payable to the Beneficiary if an Accidental Injury causes a Covered Person's death within 180 days of the Accidental Injury. See the Certificate and riders for more information about the Beneficiary.

We will presume that the Covered Person died as a result of Accidental Injury if all of the following are true:

- The conveyance in which the Covered Person was traveling (including but not limited to an automobile, airplane, ship or train) disappears, sinks or is wrecked.
- The body of the Covered Person is not found.
- A reasonable period of time, but not more than 365 days has lapsed from the later of the date the conveyance was scheduled to arrive at its destination or the date the Covered Person was reported missing to the authorities.

If we pay an Accidental Death benefit due to the Covered Person's disappearance and it is later found that the Covered Person is alive, the benefits paid must be refunded to us.

Accidental Dismemberment

A benefit is payable if an Accidental Injury causes a Covered Person's loss of a covered limb or appendage within 180 days of the Accidental Injury. The types of and benefit amounts for covered Accidental Dismemberment losses are shown on the SCHEDULE OF BENEFITS. Accidental Dismemberment benefits are payable to you if living, otherwise to the Beneficiary.

If Accidental Injury causes more than one loss to the same covered limb or appendage, only the largest benefit for the loss will be payable.

Other Accidental Loss

A benefit is payable if an Accidental Injury causes a Covered Person's loss as described below. The benefit amounts for these covered losses are shown on the SCHEDULE OF BENEFITS. These benefits are payable to you if living, otherwise to the Beneficiary.

Loss of Sight: The Covered Person has a Loss of Sight in one or both eyes, and the Loss of Sight is continuous for 180 days following the date the Loss of Sight began.

Loss of Speech: The Covered Person has a Loss of Speech that is continuous for 180 days following the date the Loss of Speech began.

Loss of Hearing: The Covered Person has a Loss of Hearing in both ears, and the Loss of Hearing is continuous for 180 days following the date the Loss of Hearing began.

Paralysis: The Covered Person has Paralysis of one or more limbs. Only one Paralysis benefit is payable per Accidental Injury.

Coma: The Covered Person is in a Coma that is continuous for 30 days following the date the Coma began. If both a Coma benefit and a Brain Damage benefit would be otherwise payable due to the same Accidental Injury, then only the larger of the two benefits will be payable.

Additional Accident Benefits

When a benefit is payable under this rider for Accidental Death, Accidental Dismemberment or Other Accidental Loss, an Additional Accident Benefit may be payable under the terms described below. The additional benefit amounts are shown on the SCHEDULE OF BENEFITS. These benefits are payable to you if living, otherwise to the Beneficiary.

Safety Belt use: The Accidental Injury causing death occurs while the Covered Person is riding in an Automobile equipped with Safety Belts, and the Covered Person was wearing a properly fastened Safety Belt at the time of the Accidental Injury.

This benefit is not payable if the death was caused or contributed to by any use of intoxicating liquors, marijuana, narcotic drugs, depressants or similar substances, whether or not prescribed by a Doctor, by the Covered Person or by the driver of the Automobile in which the Covered Person was riding.

Airbag use: The Accidental Injury causing death occurs while the Covered Person is riding in an Automobile equipped with an Airbag for the Covered Person's seat in which the Airbag for the Covered Person's seat operated properly upon impact at the time of the Accidental Injury. The Covered Person must also have been wearing a properly fastened Safety Belt at the time of the Accidental Injury.

This benefit is not payable if the death was caused or contributed to by any use of intoxicating liquors, marijuana, narcotic drugs, depressants or similar substances, whether or not prescribed by a Doctor, by the Covered Person or by the driver of the Automobile in which the Covered Person was riding.

Transportation/Repatriation: The Covered Person's accidental death occurs at least 100 miles from the Covered Person's primary residence.

Child Care: Your dependent child under age 13 is enrolled in Child Care within 31 days of the date of a Covered Person's death for which a benefit is payable under this rider. No Child Care benefit is payable for your insured Child's death. You or the Beneficiary must provide proof annually that your child remains eligible. Benefits will stop when your child is no longer eligible.

If you do not have an eligible dependent child, a flat benefit amount of \$1,000 is payable.

Child education: Your dependent child is enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond grade 12 within 12 months following the date of a Covered Person's death for which a benefit is payable under this rider. No child education benefit is payable for your insured Child's death. To be considered full-time, your child's full-time school attendance must be 6 months or more in each annual period following the loss.

Benefits are payable at the end of each annual period following the loss. You or the Beneficiary must provide proof annually that your child remains eligible. Benefits will stop when your child is no longer eligible.

A dependent child for this benefit has the same meaning as a Child under the Children's Life Insurance Rider.

Spouse education: Your spouse is enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond grade 12 within 12 months following the date of your death for which a benefit is payable under this rider. No spouse education benefit is payable for your insured Spouse's or Child's death. To be considered full-time, your spouse's full-time school attendance must be 6 months or more in each annual period following the death. Benefits are payable at the end of each annual period following the death. The Beneficiary must provide proof annually that your spouse remains eligible. Benefits will stop when your spouse is no longer eligible.

A spouse for this benefit has the same meaning as a Spouse under the Spouse Life Insurance Rider. A spouse for this benefit means your lawful spouse and includes your domestic partner or civil union partner who is recognized as equivalent to a spouse in the state with governing jurisdiction of the Policy. It also includes your domestic partner as defined by the Employer if you have completed and signed a declaration of domestic partnership on a form acceptable to the Employer.

NOTICE OF CLAIM AND PROOF OF LOSS

You or the Beneficiary must send us written notice of claim within 90 days after the date of loss. Failure to give notice within 90 days will not invalidate or reduce any claim if it is shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

Notice of claim includes proof of loss. Proof of loss for a death claim consists of a certified copy of the Covered Person's death certificate or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds. Proof of loss for any other claim consists of information from the Covered Person's Doctor, at your expense, regarding the Covered Person's loss that is covered under this rider. We may require additional information from the Employer in order to verify eligibility. Proof of loss, including any attachments indicated on the claim form(s) as required, should be sent directly to us at the address indicated on the form(s). A claim form is available from the Employer or us.

We will review proof of loss we receive in order to determine our liability and the correct payee(s).

PHYSICAL EXAMINATION

We may require the Covered Person to be examined, at our expense, by one or more Doctors or other medical practitioners of our choice. We can require an examination as often as it is reasonable to do so for the duration of a claim.

DENIALS AND APPEALS FOR PLANS SUBJECT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA) - APPLICABLE TO ALL OTHER CLAIMS

Refer to the Certificate provision.

EXCLUSIONS

Benefits under this rider are not payable for any loss caused or contributed to by any of the following:

- Suicide or attempted suicide, or intentionally self-inflicted injury, regardless of mental capacity.
- Disease or infirmity of mind or body, or medical and surgical treatment for such disease or infirmity.
- An infection, other than an infection that is a direct result or consequence of an Accidental Injury.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Accidental Injury that occurs while on full-time active duty as a member of the armed forces of any country or subdivision thereof. We will refund, upon written notice of such service, any Premium that has been accepted under this rider for any period not covered as a result of this exclusion.
- Active participation in a riot, insurrection or terrorist activity.
- Committing or attempting to commit a felony.
- Participation in an illegal occupation or activity.

- Intoxication as defined by the jurisdiction where the accident occurred.
- Voluntary intake or use by any means of any drug, other than those prescribed or administered by a Doctor and taken in accordance with the Doctor's instructions or an over-the-counter drug taken in accordance with the manufacturer's instructions.
- Voluntary intake or use by any means of poison, gas or fumes, unless a direct result of an occupational accident.
- Travel in or descent from an aircraft, if the Covered Person acted in a capacity other than as a passenger.
- Travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere.
- Riding in or driving an air, land or water vehicle in a race, speed or endurance contest.

Benefits under this rider are not payable for loss caused or contributed to by a Covered Person's Accidental Injury that occurs while the Covered Person is incarcerated.

Executed at our Home Office:
20 Washington Avenue South
Minneapolis, MN 55401



Michael S. Smith
President



Megan Huddleston
Secretary

Sample

PORTABILITY RIDER

RELIASTAR LIFE INSURANCE COMPANY

20 Washington Avenue South, Minneapolis, Minnesota 55401

POLICYHOLDER: ABC Company

GROUP POLICY NUMBER: 12345-6GAT2

This rider is made a part of the Group Term Life 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 life insurance under the Policy.
- Your Spouse who is covered under your Spouse Life Insurance Rider.
- Your Children who are covered under your Children's Life Insurance Rider.

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

GENERAL PROVISIONS

ELIGIBILITY FOR RIDER

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

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

EFFECTIVE DATE OF RIDER

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

TERMINATION OF RIDER

This rider terminates on the earliest of the following:

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

This rider will not terminate while your coverage is being continued under the terms of this rider.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This rider was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this rider which, on the provision's effective date, conflicts with Interstate Insurance Product Regulation Commission standards for this product type, is automatically amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

PORTABILITY

If there are any Covered Persons on portability under this rider when the Policy would otherwise terminate, the Policy will remain in force to cover those Covered Persons on portability until the date there are no Covered Persons on portability.

EMPLOYEE PORTABILITY

Portability means you can apply to continue coverage under the same Policy after it would otherwise terminate, if certain conditions are met. Continued coverage under this rider includes the following:

- Employee Life Insurance under the Certificate
- Spouse Life Insurance under the Spouse Life Insurance Rider
- Children's Life Insurance under the Children's Life Insurance Rider
- Employee AD&D Insurance under the AD&D Rider
- Spouse AD&D Insurance under the AD&D Rider
- Children's AD&D Insurance under the AD&D Rider
- Coverage under all riders except the Waiver of Premium Rider and any Continuation riders

CONDITIONS FOR EMPLOYEE PORTABILITY

All of the following conditions must be met:

- You must apply for a minimum of \$5,000 in continued Employee coverage.
- If you apply for portability of Spouse coverage, you must apply for a minimum of \$5,000 in continued Spouse coverage.
- If you apply for portability of Children's coverage, you must apply for a minimum of \$5,000 in continued Children's coverage.
- You have not applied for conversion of life insurance on the same amounts.
- You apply for portability before the date you attain age 70.
- You did not stop Active Employment due to Total Disability.
- You are not on a leave of absence for your sickness or injury.
- You apply for portability within 31 days of the date your life insurance coverage would otherwise terminate due to any of the following:
 - You retire or terminate employment with the Employer, if coverage remains in effect under the Policy for other Active Employees.
 - The Policyholder terminates coverage under the Policy for all Active Employees, and does not replace it with another life insurance plan.
 - You are no longer in an eligible class for coverage under the Policy.
 - Any other continuation provided under the Policy ends.

You will be given notice of your portability and conversion rights at least 15 days before the date any part of your life insurance ends. Your portability rights will expire on the later of 16 days after you are given such notice or the end of the conversion period, but in no event will your portability rights extend beyond 60 days after the expiration of the conversion period.

Portability is not available for any of the following:

- Any amounts of life insurance for which a conversion application has been received by us.
- Coverage that reduces due to your change from one eligible class to another.
- Coverage that reduces due to a Policy change.
- Coverage that is being continued under the Waiver of Premium Rider.
- Coverage that ends due to termination under the Waiver of Premium Rider.

You may apply for conversion of any terminating life insurance amounts that are not eligible for portability. See the CONVERSION provision of the Certificate and riders.

APPLICATION FOR EMPLOYEE PORTABILITY

You may apply for portability on the same amount of insurance that would otherwise terminate or a lesser amount according to the available amounts on the portability application. You must apply for portability of your insurance in order to continue Spouse and Children's insurance. The amount(s) that can be continued under this rider are subject to the following maximum(s):

- The lesser of 5 times your Basic Yearly Earnings or \$750,000 total Employee Life Insurance
- \$250,000 total Employee Life Insurance if you are age 60 or older
- \$100,000 of Spouse Life Insurance, not to exceed the amount of Employee Life ported
- \$25,000 of Children's Life Insurance, not to exceed the amount of Employee Life ported
- \$250,000 total Employee AD&D Insurance, not to exceed the total amount of Employee Life ported
- \$100,000 total Spouse AD&D Insurance, not to exceed the total amount of Spouse Life ported
- \$25,00 total Children's AD&D Insurance, not to exceed the total amount of Children's Life ported

If you die within 31 days of the date you become eligible for portability under this rider (the "conversion period"), any life insurance amount that you were entitled to convert will be payable according to the CONVERSION provision of the Certificate and riders. If your Spouse or Child dies during the conversion period, any Spouse or Children's life insurance amount that you were entitled to convert will be payable according to the CONVERSION provision of your Spouse Life Insurance Rider or Children's Life Insurance Rider. Any AD&D Insurance amount you are eligible to port will be payable according to the AD&D. Any unearned Premiums paid for portability will be refunded to the Beneficiary.

You do not need to provide Evidence of Insurability in order to apply for portability. You may complete the Evidence of Insurability section of the application if you want to request a lower portability Premium rate. If we accept your application for portability but decline any Evidence of Insurability, you may either pay the standard portability Premium rate or apply for conversion of life insurance within 31 days of the date we provide you written notice of conversion. See the CONVERSION provision of the Certificate and riders. Your coverage must be ported under the terms of this rider in order for Spouse or Children's coverage to be ported.

Your application for portability must be approved by us. When we approve your application, ported coverage under this rider will be effective on the day after the conversion period ends. Premiums under this rider will be billed directly to you on a quarterly basis. Each quarterly Premium due will include a billing fee as indicated on the portability application or subsequent notice. Continued Premium payment is required to keep coverage in force. The initial Premium will be based on the portability Premium rates in effect at the time you apply for portability. We may change the portability Premium rates at any time upon 90 days written notice to you.

If you have made an absolute assignment of your insurance, only the current owner may apply for portability.

MISSTATEMENT OF EVIDENCE OF INSURABILITY FOR EMPLOYEE PORTABILITY

If your or your Spouse's Premium rates are based on Evidence of Insurability as provided on your application for portability, and you or your Spouse have misstated any information requested on the application for portability such that the lower Premium rates would not have been approved by us, then we will adjust your or your Spouse's Premium to the standard portability Premium rates. Any back Premium due as a result of this adjustment will be required. We

will not adjust your or your Spouse's Premium after coverage has been continued under this rider for two years during your or your Spouse's lifetime.

GRACE PERIOD FOR EMPLOYEE PORTABILITY

You have a grace period of 31 days for the payment of any Premium due except the first. During the grace period coverage will remain in force. If full Premium payment is not received by us by the due date, we will give written notification to you that if the Premium is not paid by the end of the grace period then all coverage will end on the last day of the grace period. If we fail to give such written notice, coverage will continue in effect until the date such notice is given. We may extend the grace period by giving written notice of such intent to you, and such notice will specify the date all coverage will terminate if the Premium remains unpaid. You are required to pay a pro rata Premium for any period coverage was in force during the grace period. Premium payment is required for any grace period, any extension of such period, and any period for which coverage was in effect and Premium was not paid.

TERMINATION OF EMPLOYEE PORTABILITY

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

- The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the grace period.
- The date you attain age 70.
- The date you die.
- The date we approve a claim under the Waiver of Premium Rider.

You may apply for conversion of any life insurance amount(s) that terminate when portability under this rider ends, other than for nonpayment of Premium or at your death. Your surviving Spouse and Children may apply for conversion of any Spouse and Children's life insurance amount(s) that terminate when you die. See the CONVERSION provision of the Certificate and riders.

Any unearned Premiums paid for ported coverage will be refunded.

PORTABILITY AT DEATH OR DIVORCE

If you die, your Spouse can apply to continue coverage under the same Policy if certain conditions are met. Continued coverage following your death includes the following:

- Spouse Life Insurance under the Spouse Life Insurance Rider
- Children's Life Insurance under the Children's Life Insurance Rider
- Spouse AD&D Insurance under the AD&D Rider
- Children's AD&D Insurance under the AD&D Rider
- Spouse coverage under the Accelerated Death Benefit Rider
- Children's coverage under the Accelerated Death Benefit Rider

If you divorce, your Spouse can apply to continue coverage under the same Policy if certain conditions are met. Your Spouse's continued coverage following divorce includes the following:

- Spouse Life Insurance under the Spouse Life Insurance Rider
- Spouse AD&D Insurance under the AD&D Rider
- Spouse coverage under the Accelerated Death Benefit Rider

For purposes of this rider, "divorce" includes annulment.

CONDITIONS FOR PORTABILITY AT DEATH OR DIVORCE

All of the following conditions must be met:

- Your Spouse must have been insured under your Spouse Life Insurance Rider on the date of your death or divorce.
- Your Spouse must apply for portability before the date your Spouse attains age 60.

- Your Spouse must apply for portability within 31 days of your death or divorce.

Your Spouse will be given notice of portability and conversion rights when your Spouse's life insurance ends due to death or divorce. Your Spouse's portability rights will expire on the later of 16 days after your Spouse is given such notice or the end of the conversion period, but in no event will your Spouse's portability rights extend beyond 60 days after the expiration of the conversion period.

Children may be covered following your death only if they would have been eligible for coverage under the eligibility rules in force prior to your death.

Conversion is available for any terminating life insurance amount(s) that are not eligible for portability. See the CONVERSION provision of the riders. Any amounts of life insurance for which an application for conversion has been received by us are not eligible for portability under this rider.

APPLICATION FOR PORTABILITY AT DEATH OR DIVORCE

Your Spouse may apply for portability of the same amount of insurance that would otherwise terminate or a lesser amount according to the available amounts on the portability application. Your Spouse must apply for portability of Spouse insurance in order to continue Children's insurance. Your Spouse may only apply for portability of Children's Insurance in the event of your death. The amount(s) that can be continued under this provision are subject to the following maximum(s):

- \$100,000 of total Spouse Life Insurance.
- \$100,000 total Spouse AD&D Insurance, not to exceed the total amount of Spouse Life ported
- \$25,000 total Children's Life Insurance, not to exceed the total amount of Spouse Life ported
- \$25,000 total Children's AD&D Insurance, not to exceed the total amount of Children's Life ported

If your Spouse dies within 31 days of the date your Spouse becomes eligible for portability under this provision (the "conversion period"), any Spouse life insurance amount that was eligible for conversion will be payable according to the CONVERSION provision of the Spouse Life Insurance Rider. If your Child dies during the conversion period, any Children's life insurance amount that was eligible for conversion on that Child will be payable according to the CONVERSION provision of the Children's Life Insurance Rider. Any AD&D Insurance amount your Spouse is eligible to port will be payable according to the AD&D rider. Any unearned Premiums paid for portability will be refunded to the Beneficiary.

Your Spouse does not need to provide Evidence of Insurability in order to apply for portability. Your Spouse may complete the Evidence of Insurability section of the application if your Spouse wants to request a lower portability Premium rate. If we accept your Spouse's application for portability but decline your Spouse's Evidence of Insurability, your Spouse may either pay the standard portability Premium rate or apply for conversion of life insurance within 31 days of the date we provide your Spouse written notice of conversion. See the CONVERSION provision of the riders. Spouse coverage must be ported under the terms of this rider in order for Children's coverage to be ported.

If we approve your Spouse's application for portability, your Spouse will become the owner of the Spouse coverage that was previously provided under your Spouse Life Insurance Rider. If Children's coverage is ported after your death, your Spouse will also become the owner of the Children's coverage that was previously provided under your Children's Life Insurance Rider. Ported coverage under this provision will be effective on the day after the conversion period ends. Premiums under this provision will be billed directly to your Spouse on a quarterly basis. Each quarterly Premium due will include a billing fee as indicated on the portability application or subsequent notice. Continued Premium payment is required to keep coverage in force. The initial Premium will be based on the portability Premium rates in effect at the time your Spouse applies for portability. We may change the portability Premium rates at any time upon 90 days written notice to your Spouse.

If you have made an absolute assignment of your insurance, the current owner's rights under the Policy will terminate on the date of your death. The current owner's rights regarding your Spouse's Insurance will terminate on the date of your divorce. Your Spouse as the new owner under this provision may make an absolute assignment of insurance, as described in the ASSIGNMENT provision of the Certificate.

BENEFICIARY FOR PORTABILITY AT DEATH OR DIVORCE

For coverage continued under this provision, the Beneficiary is named by your Spouse to receive any proceeds payable at your Spouse's death. While your Spouse's coverage is in force under this provision, your Spouse may change the Beneficiary by Written request on a form that is acceptable to us. A Beneficiary designation form is available from us. An accepted designation will take effect as of the date it is Signed but will not affect any payment we make or action we take before receiving the Signed form. If your Spouse has made an absolute assignment of insurance, only the current owner may change the Beneficiary designation for proceeds payable at your Spouse's death.

If an irrevocable Beneficiary is named for proceeds payable at your Spouse's death, the Beneficiary designation can only be changed with the consent of the irrevocable Beneficiary.

There can be one or more Beneficiaries for proceeds payable at your Spouse's death. If two or more Beneficiaries are named and their shares are not specified in the Beneficiary designation, then the Beneficiaries will share any insurance proceeds equally. If a primary Beneficiary does not survive your Spouse, their share will be payable to the remaining primary Beneficiaries. One or more contingent Beneficiaries may be named to receive the proceeds in the event that all of the primary Beneficiaries named do not survive your Spouse.

Your Spouse is the Beneficiary for all other proceeds payable. This Beneficiary designation may not be changed. If your Spouse has made an absolute assignment of insurance, then during your Spouse's lifetime those proceeds are payable to the current owner.

PAYMENT OF PROCEEDS FOR PORTABILITY AT DEATH OR DIVORCE

For coverage continued under this provision, a Spouse death benefit is payable if your Spouse dies while the Spouse Life Insurance Rider is in force. Other benefits are payable if a covered loss occurs while coverage is in force, and while your Spouse is living. See the CONVERSION provision of the Children's Life Insurance Rider for information about death benefits payable during the conversion period following your Spouse's death.

To be eligible to receive proceeds, the Beneficiary must be living on the date of your Spouse's or Child's death or loss under any rider. Exception: If your Child dies during the conversion period following your Spouse's death and your Spouse would otherwise have been the Beneficiary, we will pay the Child death benefit proceeds to your Spouse's estate.

If the Beneficiary is eligible to receive proceeds but dies before receiving them, we will pay the proceeds to the Beneficiary's estate. If there is no eligible Beneficiary, we will pay the proceeds to your Spouse's estate.

MISSTATEMENT OF EVIDENCE OF INSURABILITY FOR PORTABILITY AT DEATH OR DIVORCE

If your Spouse's Premium rates are based on Evidence of Insurability as provided on your Spouse's application for portability and your Spouse has misstated any information requested on the application for portability such that the lower Premium rates would not have been approved by us, then we will adjust your Spouse's Premium to the standard portability Premium rates. Any back Premium due as a result of this adjustment will be required. We will not adjust your Spouse's Premium after coverage has been continued under this rider for two years during your Spouse's lifetime.

GRACE PERIOD FOR PORTABILITY AT DEATH OR DIVORCE

Your Spouse has a grace period of 31 days for the payment of any Premium due except the first. During the grace period coverage will remain in force. If full Premium payment is not received by us by the due date, we will give written notification to your Spouse that if the Premium is not paid by the end of the grace period then all coverage will end on the last day of the grace period. If we fail to give such written notice, coverage will continue in effect until the date such notice is given. We may extend the grace period by giving written notice of such intent to your Spouse, and such notice will specify the date all coverage will terminate if the Premium remains unpaid. Your Spouse is required to pay a pro rata Premium for any period coverage was in force during the grace period. Premium payment is required for any grace period, any extension of such period, and any period for which coverage was in effect and Premium was not paid.

TERMINATION OF PORTABILITY AT DEATH OR DIVORCE

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

- The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the grace period.
- The date your Spouse attains age 70.
- The date your Spouse dies.
- For each Child's coverage, the date the Child is no longer an eligible Child as defined by the Children's Life Insurance Rider. Coverage of a disabled Child ends when there is no longer evidence satisfactory to us that the incapacity is continuing.
- For Children's coverage, the date there are no longer any eligible Children covered under the Children's Life Insurance Rider.

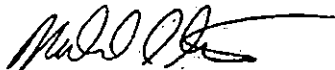
If your Spouse is continuing coverage under this provision and then later your Spouse becomes eligible as an Active Employee under the Policy, then any amount(s) of coverage continued under this rider will be reduced by the amount(s) of coverage your Spouse has as an Active Employee. Any unearned Premiums paid for ported coverage will be refunded.

CONVERSION FOR TERMINATION OF PORTABILITY AT DEATH OR DIVORCE

Your Spouse may convert any life insurance amounts that stop when portability under this provision ends for any reason other than nonpayment of Premium, or your Spouse's death, or your Child reaching the termination age under the Children's Life Insurance Rider. Conversion is also available for any part of Spouse life insurance that reduces due to a Policy change. Conversion is also available for any part of Children's life insurance that reduces due to a Policy change. See the CONVERSION provision of the rider(s). If your Spouse has made an absolute assignment of insurance, only the current owner may apply for conversion under this paragraph.

Your Child may convert any Children's life insurance amount that stops under the Children's Life Insurance Rider due to your Child reaching the termination age under that rider, or when portability under this rider ends due to your Spouse's death. If a Child is too young to contract for life insurance after your Spouse's death, then a parent or a court-appointed guardian of the Child may apply for conversion of that Child's coverage. See the CONVERSION provision of the rider.

Executed at our Home Office:
20 Washington Avenue South
Minneapolis, MN 55401



Michael S. Smith
President



Megan Huddleston
Secretary

APPENDIX C
LIST OF SUBCONTRACTORS

SUBCONTRACTORS

Voya Employee Benefits engages Cognizant as a subcontractor to provide business processing support for back-office administrative functions as well as limited amount of customer facing service and IT Support. The scope of services includes the routing and identification of service request documents, premium accounting functions, policy administrative functions to include enforce policy administration and claims set-up as well as the handling of some customer calls. IT support includes support of Infrastructure, Application Maintenance, Application Development, QA, and IT Security.

They are contractually required to follow all Voya Employee Benefits data security requirements and are subject to on-going audit and process governance by Voya Employee Benefits. Cognizant has been providing business processing support to Voya Employee Benefits since August of 2012.

Genpact supports back office accounting processes for all business units. Processes include but are not limited: Accounts payable; Expense-related functions; Compensation and benefits accounting; General accounting; -Ledger maintenance-related activities; Basic account reconciliations and verification; Basic reinsurance administration; SOX testing; Transactional cash management and bank maintenance activities. Genpact has been providing accounting processing support since 2015.

State of New Hampshire

Department of State

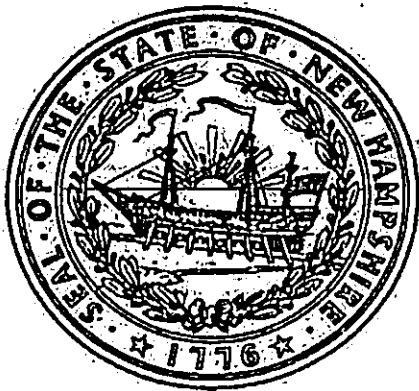
CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify RELIASTAR LIFE INSURANCE COMPANY is a Minnesota corporation registered on August 17, 2020. I further certify that articles of dissolution have not been filed with this office.

INFORMATION REGARDING ANNUAL REPORTS AND/OR FEES MUST BE OBTAINED FROM THE NEW HAMPSHIRE INSURANCE DEPARTMENT.

Business ID: 848475

Certificate Number : 0004980350



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 17th day of August A.D. 2020.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

**RELIASTAR LIFE INSURANCE COMPANY
20 WASHINGTON AVENUE SOUTH
MINNEAPOLIS, MN 55401**

STATE OF MINNESOTA)
) SS CERTIFICATE
COUNTY OF HENNEPIN)

The undersigned, Angelia Lattery, certifies that she is the Assistant Secretary of ReliaStar Life Insurance Company (the "Company"), a corporation duly organized under the laws of the State of Minnesota and that by virtue of said office is custodian of the books and records of the Company.

Affiant certifies the following:

1. That Amy E. Hall has been duly re-elected to the office of Vice President of the Company pursuant to a Written Action unanimously approved by the Company's Board of Directors effective September 30, 2019.
2. That the Written Action unanimously approved by the Company's Board of Directors, effective September 30, 2019, is presently in full force and effect and has not been modified, amended or rescinded.
3. That the following is a copy of Article V, Sections 1 and 5, and Article VIII, Section 7 of the Amended and Restated Bylaws of the Company, which sections are presently in full force and effect:

ARTICLE V

Section 1. Election of Officers. As soon as practicable after the annual meeting of shareholders, the Board may, at its option, elect from among its members a Chairman, who shall be designated as the Chairman of the Board and an elected officer of the Company, but in any event shall elect a President; one or more Vice Presidents; a Treasurer; a Secretary; and such other officers as the Board deems necessary and may give them such designations or titles it considers desirable. The Board may authorize the classification of certain levels of Vice President and may authorize Assistant Treasurers, Assistant Secretaries, and other categories it deems proper. The Board of Directors may also elect or, by resolution, delegate to the President of the Company, the authority to appoint from time to time one or more business unit Presidents to act as the chief operating officers of the various business units of the Company. Unless prohibited by applicable law, the same person may hold two or more offices simultaneously.

Section 5. Powers and Duties of Vice Presidents. Vice Presidents shall have such authority, powers and duties in the management of the Company as generally pertain to such office, as well as all duties prescribed by the Board or President from time to time.

ARTICLE VIII

Section 7. Other Instruments. All other contracts and written instruments not previously described shall be signed by one of the following officers: the President, a Vice President, the Secretary or Treasurer, or by any other officer or employee of the Company designated by the Board, or by such other person or persons as may be designated from time to time by the Board.

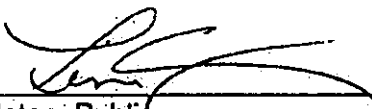
4. That this Certificate is valid for thirty (30) days from the effective date of the Certificate provided below.

IN WITNESS WHEREOF, the undersigned has hereunto set her hand this 18th day of August, 2020.


Angelia Lattery, Assistant Secretary

Subscribed and sworn to before me this 18th day of August, 2020.




Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/05/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 CN101422642-Voya-GAW-20-21	CONTACT NAME: PHONE: (A/C, No. Ext): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: New Hampshire Insurance Company INSURER B: National Union Fire Insurance Co. of Pittsburgh, PA INSURER C: American Home Assurance Co INSURER D: INSURER E: INSURER F:	NAIC # 23841 19445 19380
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COVERAGES **CERTIFICATE NUMBER:** ATL-00418514-13 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR PCTD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. Coverage <input checked="" type="checkbox"/> Host Liquor is Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL1947014	05/30/2020	05/30/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMPTOP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA1722382 (AOS) CA1722383 (MA)	05/30/2020 05/30/2020	05/30/2021 05/30/2021	COMBINED SINGLE LIMIT (Per accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ COMPCOLL \$1,000 DED \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WC08425884 (AOS) WC048425887 (AZ, VA) WC048425885 (CA) "WC Continued on Attached"	05/30/2020 05/30/2020 05/30/2020	05/30/2021 05/30/2021 05/30/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Rekstar, as a wholly-owned subsidiary of Voya Financial, Inc., is covered by the Voya Financial, Inc. insurance program.

CERTIFICATE HOLDER

Voya Financial, Inc.
230 Park Avenue
New York, NY 10169

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Ronald A. Santaniello

Ronald A. Santaniello

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AGENCY CUSTOMER ID: CN101422642

LOC #: Atlanta



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA, INC.		NAMED INSURED Voya Financial, Inc. 230 Park Avenue New York, NY 10169
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued:

Policy No. WC048425888 (IL, KY, NC, NH, UT, VT)
Carrier: New Hampshire Insurance Company
Effective Date: 05/30/2020 - 05/30/2021

Policy No. WC 048425888 (NJ, PA)
Carrier: New Hampshire Insurance Company
Effective Date: 05/30/2020 - 05/30/2021

Policy No. WC 048425888 (FL)
Carrier: Illinois National Insurance Company
Effective Date: 05/30/2020 - 05/30/2021

Policy No. WC 048425890 (MA, ND, OH, WA, WI, WY)
Carrier: New Hampshire Insurance Company
Effective Date: 05/30/2020 - 05/30/2021