

SERFF Tracking Number: MNNP-125386761 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38113  
Company Tracking Number: RL-WL2-LTC-07  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
Product Name: Whole Life Insurance  
Project Name/Number: Premier Whole Life LTC Riders/RL-WL2-LTC-07

## Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: Whole Life Insurance

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.003 Other

Filing Type: Form

SERFF Tr Num: MNNP-125386761 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38113

Co Tr Num: RL-WL2-LTC-07

State Status: Approved-Closed

Co Status:

Reviewer(s): Marie Bennett, Harris Shearer

Authors: C.T. Brasch, Mary

Disposition Date: 05/09/2008

Jaensch, Mary Mcauliffe, Emily

Pernu, Molly Williams

Date Submitted: 02/06/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Premier Whole Life LTC Riders

Project Number: RL-WL2-LTC-07

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/09/2008

State Status Changed: 05/09/2008

Corresponding Filing Tracking Number:

Filing Description:

4 Long Term Care Riders for use with Whole Life Insurance Policy

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: MNNP-125386761 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38113  
Company Tracking Number: RL-WL2-LTC-07  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
Product Name: Whole Life Insurance  
Project Name/Number: Premier Whole Life LTC Riders/RL-WL2-LTC-07

Molly Williams, Compliance Analyst molly.williams@us.ing.com  
P.O. Box 20 (612) 342-7233 [Phone]  
Minneapolis, MN 55440-0020 (612) 342-3695[FAX]

**Filing Company Information**

ReliaStar Life Insurance Company CoCode: 67105 State of Domicile: Minnesota  
P.O. Box 20 Group Code: 229 Company Type:  
Minneapolis, MN 55440-0020 Group Name: State ID Number:  
(612) 372-5246 ext. [Phone] FEIN Number: 41-0451140  
-----

SERFF Tracking Number: MNNP-125386761 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38113  
Company Tracking Number: RL-WL2-LTC-07  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
Product Name: Whole Life Insurance  
Project Name/Number: Premier Whole Life LTC Riders/RL-WL2-LTC-07

## Filing Fees

Fee Required? Yes  
Fee Amount: \$75.00  
Retaliatory? Yes  
Fee Explanation: flat fee  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$75.00	02/06/2008	17853428

SERFF Tracking Number: MNNP-125386761 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38113  
Company Tracking Number: RL-WL2-LTC-07  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
Product Name: Whole Life Insurance  
Project Name/Number: Premier Whole Life LTC Riders/RL-WL2-LTC-07

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	05/09/2008	05/09/2008

*SERFF Tracking Number:* MNNP-125386761      *State:* Arkansas  
*Filing Company:* ReliaStar Life Insurance Company      *State Tracking Number:* 38113  
*Company Tracking Number:* RL-WL2-LTC-07  
*TOI:* LTC03I Individual Long Term Care      *Sub-TOI:* LTC03I.003 Other  
*Product Name:* Whole Life Insurance  
*Project Name/Number:* Premier Whole Life LTC Riders/RL-WL2-LTC-07

## **Disposition**

Disposition Date: 05/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNP-125386761 State: Arkansas  
 Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38113  
 Company Tracking Number: RL-WL2-LTC-07  
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
 Product Name: Whole Life Insurance  
 Project Name/Number: Premier Whole Life LTC Riders/RL-WL2-LTC-07

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	Actuarial Memo ET		No
<b>Supporting Document</b>	Actuarial Memo RE		No
<b>Supporting Document</b>	Actuarial Memo RO		No
<b>Supporting Document</b>	Actuarial Memo TB		No
<b>Supporting Document</b>	RL-WL2-POL-07		Yes
<b>Supporting Document</b>	ET Long Term Care Rider Brochure		Yes
<b>Supporting Document</b>	RE Long Term Care Rider Brochure		Yes
<b>Supporting Document</b>	RO Long Term Care Rider Brochure		Yes
<b>Supporting Document</b>	TB Long Term Care Rider Brochure		Yes
<b>Supporting Document</b>	Statement of Policy Cost and Benefit Information		Yes
<b>Supporting Document</b>	Readability		Yes
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Long Term Care Rider		Yes
<b>Form</b>	Long Term Care Rider		Yes
<b>Form</b>	Long Term Care Rider		Yes
<b>Form</b>	Long Term Care Rider		Yes

SERFF Tracking Number: MNNP-125386761 State: Arkansas  
 Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38113  
 Company Tracking Number: RL-WL2-LTC-07  
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
 Product Name: Whole Life Insurance  
 Project Name/Number: Premier Whole Life LTC Riders/RL-WL2-LTC-07

## Form Schedule

**Lead Form Number:** RL-WL2-LTC-TB-07

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RL-WL2-LTC-ET-07	Certificate	Long Term Care Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		0	RL-WL2-LTC-ET-07.pdf
	RL-WL2-LTC-RE-07	Certificate	Long Term Care Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		0	RL-WL2-LTC-RE-07.pdf
	RL-WL2-LTC-RO-07	Certificate	Long Term Care Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		0	RL-WL2-LTC-RO-07.pdf
	RL-WL2-LTC-TB-07	Certificate	Long Term Care Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		0	RL-WL2-LTC-TB-07.pdf

# ReliaStar Life Insurance Company

## LONG TERM CARE RIDER

**FEDERAL TAX IMPLICATIONS OF THIS RIDER. THIS RIDER IS NOT INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE. BENEFITS RECEIVED UNDER THE RIDER MAY BE TAXABLE AS INCOME. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.**

**NOTICE TO OWNER:** This Rider may not cover all of the costs associated with long-term care incurred by the Insured during the period of coverage. The Owner is advised to review carefully all Rider limitations.

**WHO IS COVERED.** This Rider provides coverage for the Insured under the Policy. It does not cover other persons.

**PREMIUMS.** The premium for this Rider is as shown on the Policy Data Page or the Supplemental Policy Data Page. The premiums are payable during the lifetime of the Insured until the Policy Anniversary Date following the Insured's 121st birthday. Premiums for this Rider are payable under the same terms and in the same manner as stated in the Policy. The first premium for this Rider is due on the Rider Effective Date.

**EFFECTIVE DATE.** If this Rider is requested in the original application and approved by the Company, the effective date of coverage will be the Policy Date. If it is added to the Policy after the Policy Effective Date, the effective date will be the date the Company approves the supplemental application.

**30-DAY RIGHT TO EXAMINE RIDER.** Within thirty (30) days after this Rider is first received, the Owner may cancel it for any reason by delivering or mailing it to the Representative through whom it was purchased or the Home Office of the Company. Upon cancellation, the Company will return any premium paid.

**RENEWABILITY: NONCANCELLABLE.** This means you have the right, subject to the terms of your Rider, to continue this Rider as long as you pay your premiums on time. ReliaStar Life Insurance Company cannot change any of the terms of your Rider on its own and cannot change the premium you currently pay.

### DEFINITIONS:

#### ACTIVITIES OF DAILY LIVING:

The basic human functional abilities required for the Insured to remain independent:

- 1. Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- 2. Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including catheter or colostomy bag).
- 3. Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- 4. Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- 5. Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- 6. Transferring:** Moving into or out of bed, chair, or wheelchair.

- ADULT DAY CARE:** A program for six (6) or more individuals, of social and health-related services provided during the day in a community group setting to support frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home. For such Adult Day Care:
1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider.
  2. The services must be provided in an Adult Day Care Center.
- ADULT DAY CARE CENTER:** A facility which provides Adult Day Care and meets the following test:
1. It is licensed, accredited or certified by the appropriate governing body, if required by the law of the jurisdiction in which it is located;
  2. It operates at least five (5) days a week for at least six (6) hours a day;
  3. It maintains a written record for each client which includes a plan of care and a record of all services provided;
  4. It has established procedures for obtaining appropriate aid in the event of a medical emergency;
  5. It has formal arrangements for providing services of a Physician, a dietitian, a licensed physical therapist, a licensed speech therapist, and licensed occupational therapist;
  6. Its staff includes enough full-time staff members to maintain a client-to-staff ratio of eight (8) or less to one (1); and
  7. Is not a place owned or operated by the Owner, the Insured, or a member of the Immediate Family.
- BENEFIT PERIOD:** Continuous or successive Long Term Care Facility confinement or receipt of Home Health or Adult Day Care services which: (1) is not interrupted by more than 90 days; and (2) occurs while this Rider is in force.
- COGNITIVE IMPAIRMENT:** A deficiency in a person's short- or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.
- ELIMINATION PERIOD:** The first 90 days of a Benefit Period for which no benefits are payable.
- HANDS-ON ASSISTANCE:** Physical assistance (minimal, moderate or maximal) without which the individual would not be able to perform at least two Activities of Daily Living.
- HOME HEALTH CARE:** Medical and non-medical services provided to ill, disabled, or infirm persons in their residences. For such Home Health Care services:
1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider;
  2. Services must be given according to a written diagnosis and plan of care or individual assessment and plan of care; and
  3. Services must be provided outside of a Hospital or Long Term Care Facility.
- Services may include assistance with Activities of Daily Living and respite care services as well as nursing services under the direction of a registered nurse, including the service of a home health aide; physical, speech,

respiratory and occupational therapy; nutritional services provided by a registered dietitian; personal care services, homemaker services, and similar non-medical services; medical social services; and other similar medical services and health-related support services.

**HOME HEALTH CARE AGENCY:**

An entity which provides care and services at the Insured's residence, is primarily engaged in providing home health care services under policies and procedures established by a group of professionals, including at least one Physician and one nurse and:

1. Is licensed by the appropriate licensing authority within the jurisdiction in which it is located;
2. Is accredited as either a Home Health Care Agency or as a provider of Home Health Care services by the National League of Nursing, American Public Health Association or Joint Commission on Accreditation of Health Care Organizations or their successor organization; or
3. Is certified by Medicare as a Home Health Care Agency; and
4. Is not an agency owned or operated by the Owner, the Insured, or a member of the Immediate Family.

**HOSPITAL:**

A facility which:

1. Is licensed, if required, and operated as a Hospital according to the law of the jurisdiction in which it is located;
2. Operates primarily for the care and treatment of sick or injured persons as inpatients; and
3. Provides continuous 24 hours-a-day nursing service by or under the supervision of a registered graduate professional nurse (RN).

**IMMEDIATE FAMILY:**

A spouse, children, parents, grandparents, grandchildren, and brothers or sisters of the Owner or the Insured and their respective spouses.

**INITIAL DEATH BENEFIT:**

The Amount of Insurance referenced on the Policy Data Page.

**INTERMEDIATE NURSING CARE:**

Active nursing and/or restorative rehabilitation services which may be given on less than a daily basis to treat a stabilized health condition. For such Intermediate Nursing Care:

1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider;
2. Such services must require the skills of licensed technical or professional personnel; and
3. The care must be provided in an Intermediate Nursing Care Facility.

**INTERMEDIATE NURSING CARE FACILITY:**

A facility which:

1. Is licensed, if required, and operated as an Intermediate Nursing Care Facility according to the law of the jurisdiction in which it is located;
2. Provides continuous 24 hours-a-day nursing care by or under the supervision of a registered graduate professional nurse (RN) or a licensed practical nurse (LPN);
3. Maintains a daily medical record of each patient; and

**4. Is not a facility owned by the Owner, the Insured, or a member of the Immediate Family.**

**LICENSED HEALTHCARE PRACTITIONER:**

**An individual, other than the Owner, the Insured or a member of the Immediate Family, who is a licensed or certified professional recognized by the American Medical Association, such as a doctor, nurse or social worker.**

**LONG TERM CARE FACILITY: A Skilled Nursing Facility, or an Intermediate Nursing Care Facility or a Residential Care Facility. Long Term Care Facility does not mean:**

- 1. A Hospital;**
- 2. A place that primarily treats drug addicts or alcoholics;**
- 3. A home for the aged or mentally ill;**
- 4. A community living center;**
- 5. A place that primarily provides domiciliary, residency or retirement care; or**
- 6. A place owned or operated by the Owner, the Insured, or a member of the Immediate Family.**

**MEDICARE:**

**Title XVIII of the Social Security Act, as amended.**

**MENTAL OR NERVOUS DISORDER:**

**Includes neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.**

**NUMBER OF MONTHS OF BENEFITS PAYABLE:**

**The basis upon which the Monthly Benefit is paid under the provisions of this Rider.**

**NUMBER OF MONTHS OF EXTENDED BENEFITS PAYABLE:**

**The basis upon which the Monthly Benefit is paid under the Extension of Benefits option of this Rider.**

**PERSONAL CARE:**

**The provision of hands-on services to assist an individual with Activities of Daily Living.**

**PHYSICIAN:**

**An individual, other than the Owner, the Insured, or a member of the Immediate Family, who is licensed and is recognized by the American Medical Association to practice the healing arts in the jurisdiction in which the individual is located to practice and is serving in that capacity.**

**POLICY:**

**The Policy to which this Rider is attached. If the Policy includes a term insurance rider on the Insured, that rider is not included in the benefit calculations under this Rider.**

**QUALIFIED CARE:**

**Includes:**

- 1. Adult Day Care or Home Health Care services that are received in an Adult Day Care Center or through a Home Health Care Agency; or**
- 2. Intermediate Nursing Care, Residential Nursing Care or Skilled Nursing Care provided in a Long Term Care Facility.**

**RESIDENTIAL NURSING CARE:**

**Care designed mainly to help a person in the Activities of Daily Living which does not require the continuous attention of trained medical or paramedical personnel. A Licensed Healthcare Practitioner must certify that the Insured suffers a Sickness or Injury, as defined in the Rider. Such care must be**

**Care Facility and may involve:**

- 1. The preparation of special diets; and**
- 2. The supervision or assistance in the Activities of Daily Living.**

**RESIDENTIAL CARE FACILITY:**

**A facility which:**

- 1. Is licensed, if required, and operated as a Residential Care Facility according to the law of the jurisdiction in which it is located;**
- 2. Provides nursing care under the supervision of a registered graduate professional nurse (RN);**
- 3. Maintains a daily medical record of each patient; and**
- 4. Is not a facility owned or operated by the Owner, the Insured, or a member of the Immediate Family.**

**SICKNESS OR INJURY:**

**Disease or accidental injury of the Insured. A Licensed Healthcare Practitioner must certify:**

- 1. The Insured being unable to perform, without Hands-On Assistance from another individual, at least two Activities of Daily Living; or**
- 2. The Insured requiring the supervision or verbal cueing from another individual to protect the Insured or others due to Cognitive Impairment.**

**SKILLED NURSING CARE:**

**Active nursing care and/or restorative rehabilitation services given to treat an unstable health condition. For such Skilled Nursing Care:**

- 1. A Licensed Healthcare Practitioner must certify that the Insured suffers a Sickness or Injury, as defined in the Rider;**
- 2. There must be a care plan developed by a Licensed Healthcare Practitioner for the Insured's recovery carried out on a daily basis;**
- 3. Pending institutionalization, the services must require the skills of licensed technical or professional personnel recognized by the American Medical Association; and**
- 4. The care must be provided in a Skilled Nursing Facility.**

**SKILLED NURSING FACILITY: A facility which:**

- 1. Is licensed, if required, and operated as a Skilled Nursing Facility according to the law of the jurisdiction in which it is located;**
- 2. Provides Skilled Nursing Care under the supervision of a licensed physician;**
- 3. Provides continuous 24 hours-a-day nursing service by or under the supervision of a registered graduate professional nurse (RN);**
- 4. Maintains a daily medical record of each patient; and**
- 5. Is not a facility owned or operated by the Owner, the Insured, or a member of the Immediate Family.**

## **ELIGIBILITY/BENEFITS**

### **Eligibility for the Payment of Benefits:**

**For benefits to be payable, the Insured must:**

- 1. Suffer from a Sickness or Injury, as defined in this Rider;**
- 2. Have satisfied the Elimination Period;**
- 3. Currently be receiving Qualified Care; and**
- 4. Provide a Licensed Healthcare Practitioner's certification of Sickness or Injury.**

**If an Insured no longer meets the conditions for Sickness or Injury or stops receiving Qualified Care, the Monthly Benefit will stop. If the Insured later suffers from Sickness or Injury and is again receiving Qualified Care, the Elimination Period must be met before benefits are payable. The resumption of the Monthly Benefit will be considered a new Benefit Period and the Number of Months of Benefits Payable will be reset based on the type of care being received.**

**However, if within 90 days of the last Benefit Period, the Insured again suffers from Sickness or Injury and begins receiving Qualified Care, the Elimination Period will be waived. In this case, the Number of Months of Benefits Payable will not be reset.**

### **LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS**

**The Company will not pay the Monthly Benefit until the Insured has met the Eligibility for the Payment of Benefits and satisfies the following conditions, if appropriate:**

- 1. The Company has received written consent from all irrevocable beneficiaries or residents in community property states, if applicable, waiving their rights; and**
- 2. The Company has received proper Written Proof of Loss.**

**The Monthly Benefit is subject to and will be reduced by any assignment or partial assignment of the Death Benefit.**

## **BENEFITS**

### **Benefit for Confinement in a Long Term Care Facility:**

**The Number of Months of Benefits Payable will initially be set at twenty-five (25).**

**If the Insured is eligible for Monthly Benefits and the Number of Months of Benefits Payable is greater than zero, each month the Monthly Benefit will be calculated as (a) - (b), where:**

**(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable.**

**(b) = The current outstanding Policy Loan divided by the Number of Months of Benefits Payable.**

**Payment of the Monthly Benefit will reduce the Death Benefit, Cash Value, and Policy Loan, as well as decrease the Number of Months of Benefits Payable.**

**Benefit for Home Health Care and Adult Day Care Services:**

The Number of Months of Benefits Payable will be initially set at fifty (50).

If the Insured is eligible for Monthly Benefits and the Number of Months of Benefits Payable is greater than zero, each month the Monthly Benefit will be calculated as (a) - (b), where:

(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable.

(b) = The current outstanding Policy Loan divided by the Number of Months of Benefits Payable.

Payment of the Monthly Benefit will reduce the Death Benefit, Cash Value, and Policy Loan, as well as decrease the Number of Months of Benefits Payable.

No benefit is payable for Home Health Care or Adult Day Care services if a benefit is being paid for confinement in a Long Term Care Facility.

**Reduction of Policy Values:**

After a Monthly Benefit Payment has been made, the following will occur:

1. The Death Benefit will be decreased by amount (a) calculated above;
2. The Premium for the Policy, excluding any policy fee, will be adjusted to reflect the revised Death Benefit;
3. The Cash Value of the Policy will be determined using the original cash value provision of the Policy multiplied by the ratio of the new Death Benefit to the initial Death Benefit;
4. The outstanding Policy Loan will be decreased by amount (b) calculated above;
5. Any modal premium due for the Policy and attached riders will be waived; and
6. The Number of Months of Benefits Payable will decrease by one.

**Benefit When There is a Change in Care and/or Services:**

If there is a change in the type of care, the Number of Months of Benefits will be reset in the following manner:

1. For a change from Home Health Care or Adult Day Care services to confinement in a Long Term Care Facility, the Number of Months of Benefits Payable will equal one-half the current number, rounded down.
2. For a change from confinement in a Long Term Facility to Home Health Care or Adult Day Care services, the Number of Months of Benefits Payable will equal two times the current number.

**Extension of Benefits:**

The Extension of Benefits option will begin after the Number of Months of Benefits Payable equals zero. The Insured must otherwise continue to qualify for benefits under the terms of this Rider.

The Number of Months of Extended Benefits will be set at:

1. Twenty-five (25) months for Long Term Care Confinement; or
2. Fifty (50) months for Home Health Care and Adult Day Care Services.

**The Monthly Benefit under the Extension of Benefits option is determined as follows:**

- 1. The initial Death Benefit, less all prior extended benefit payments and any loans and excluding benefits from riders, divided by**
- 2. The Number of Months of Extended Benefits Payable.**

**Following an Extension of Benefits payment, the Number of Months of Extended Benefits Payable will be decreased by one.**

**Change in Care and/or Services:**

**If there is a change in the type of care, the Number of Months of Extended Benefits Payable will be reset in the following manner:**

- 1. For a change from Home Health Care or Adult Day Care services to confinement in a Long Term Care Facility, the Number of Months of Extended Benefits Payable will equal one-half of the remaining Number of Months of Extended Benefits Payable, rounded down.**
- 2. For a change from confinement in a Long Term Care Facility to Home Health Care or Adult Day Care services, the Number of Months of Extended Benefits Payable will equal two times the remaining Number of Months of Extended Benefits Payable.**

**The Extension of Benefits option will terminate on the earliest of:**

- 1. The Number of Months of Extended Benefits Payable equals zero; or**
- 2. The Insured no longer qualifies to receive benefits, as defined in this Rider.**

**Terminal Benefit Option:**

**A \$10,000 lump sum payment will be paid to the named beneficiary of the Policy if the Insured dies while qualifying for benefits under the terms of this Rider:**

**To qualify for the Terminal Benefit, the following conditions must first be satisfied:**

- 1. The Number of Months of Extended Benefits Payable equals zero; and**
- 2. The Insured otherwise continues to qualify for benefits under the terms of the Rider at the time of the Insured's death.**

## **EXCLUSIONS AND LIMITATIONS**

**This Rider does not pay benefits for loss:**

- 1. Due to Mental or Nervous Disorders; however, this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's Disease or related degenerative and dementing illnesses.**
- 2. Incurred outside the United States.**
- 3. Due to chronic alcohol or drug addiction unless the addiction results from administration of the prescribed dosage of drugs from treatment prescribed by a Physician.**
- 4. Due to illness, treatment or medical condition arising out of:**
  - a. War or act of war (whether declared or undeclared);**
  - b. Participation in a felony, riot or insurrection;**
  - c. Service in the armed forces or units auxiliary thereto;**

- d. **Suicide (sane or insane), attempted suicide or intentionally self-inflicted Injury;**
  - e. **Aviation (this exclusion applies only to non-fare-paying passengers); or**
  - f. **Normal pregnancy and childbirth. However, complications resulting from pregnancy are considered Sickness under this Rider.**
- 5. **For which treatment is provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the Immediate Family and services for which no charge is normally made.**
  - 6. **Which does not satisfy all the conditions listed in the provision captioned "Eligibility for the Payment of Benefits".**

## **CLAIMS**

**NOTICE OF CLAIM.** Written notice of claim must be given within 20 days after a covered loss starts, or as soon as reasonably possible. The notice can be given to the Company at its administrative office, or to the Company's agent. Notice should include the Owner's name and the Policy number.

The notice should identify the Insured and be sent to the Company's Administrative Office at 100 South Washington Avenue, P.O. Box 1548, Minneapolis, MN 55440.

**CLAIM FORMS.** When the Company receives the Notice of Claim, it will send the Owner forms for filing proof of loss. If these forms are not given to the Owner within 15 days, the Owner will have met the proof of loss requirements by giving the Company a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss section.

**PROOFS OF LOSS.** If the Rider provides for periodic payment for a continuing loss, written proof of loss must be given the Company within 90 days after the end of each period for which the Company is liable. If it was not reasonably possible to give written proof in the time required, the Company shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the Owner was legally incapacitated.

**RIGHTS NOT WAIVED.** None of the following actions shall waive or reduce the Company's rights in defense of a claim under this Rider:

- 1. **The acknowledgement by the Company of receipt of Notice of Claim under this Rider;**
- 2. **The furnishing of forms for filing Proof of Loss, or the acceptance of such proof; or**
- 3. **The investigation of any claim under this Rider.**

**TIME OF PAYMENT OF CLAIMS.** After receiving written proof of loss, the Company will pay monthly all benefits then due for a covered loss under the Rider. Benefits for other loss covered by this Rider will be paid as soon as the Company receives proper written proof. The Company will require periodic proof of continued eligibility during a claim.

**PAYMENT OF CLAIMS.** Benefits will be paid to the Owner. Benefits under this Rider cannot be assigned. Loss of life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Owner's estate. Any other benefits unpaid at death may be paid, at the Company's option, either to the Owner's beneficiary or to the Owner's estate.

**PHYSICAL EXAMINATIONS & AUTOPSY.** The Company, at its expense, has the right to have the Insured examined as often as reasonably necessary while a claim is pending. It may also have an autopsy made unless prohibited by law.

**LEGAL ACTIONS.** No legal action may be brought to recover on this Rider within 60 days after the date written proof of loss has been given as required by this Rider. No action may be brought after three (3) years from the time written proof of loss is required to be given.

## **APPEALS**

If the Owner or Insured feels a claim should not have been denied, the Owner or Insured has the right, at his or her own expense to send a written request to:

1. Examine all non-confidential pertinent documents in such claim file;
2. Get copies of such documents; and
3. Submit written information which the Company will consider in reviewing the appeal.

### **Claim Review on Appeal**

An Insured has the right to appeal an unfavorable claim decision within 180 days of the date the decision is made. If no response has been given to a claim within 60 days after it has been filed, the Insured may assume such claim has been denied and proceed with an appeal.

An Insured must make a written appeal to the Company and should include the following:

1. The Owner's and the Insured's Name, Social Security Number, and the Policy Number;
2. The specific reasons for the appeal and/or the disagreement with the Company's decision; and
3. Any new or additional evidence or other documentation to support the appeal.

The Owner or Insured will be advised of a decision in writing, setting out the reasons for the decision, with specific references to pertinent provisions of the Policy or Rider on which the decision is based. If an extension is needed, the Owner or Insured will be provided notice within 15 days after receipt of the written appeal. This notice will state the reason for the extension, any additional information needed, and the date by which a determination is expected to be made. If additional information is needed, the Owner or Insured will have 45 days to provide it. A written decision will be sent to the Owner or Insured within 30 days of the date the additional information is submitted.

## **WAIVER OF PREMIUM**

Premiums for the Policy and its riders will be waived as long as the Insured qualifies to receive Monthly Benefits. Waiver of Premium will continue after all benefits have been paid so long as the Insured continues to meet the Eligibility for the Payment of Benefits. If the Insured no longer meets the Eligibility for the Payment of Benefits, premium payments must resume as of the next premium due date.

## **GENERAL PROVISIONS**

1. All of the Policy provisions apply to this Rider, unless changed by this Rider. If any provision of the Policy is inconsistent with this Rider, the Policy language will prevail.
2. The Company may not cancel or reduce the coverage under this Rider other than reductions that result from reductions in the Death Benefit of the Policy.
3. Except for nonpayment of premiums, the validity of this Rider will not be contestable after it has been in force during the lifetime of the Insured for two years from the Rider Effective Date or date of reinstatement, whichever is later.

## **TERMINATION**

This Rider will terminate on the earliest of:

1. The Extension of Benefits option terminates; or
2. The Policy or Rider lapses or is surrendered.

Termination of the Policy or Rider will not affect payment of the Monthly Benefit if the Benefit Period began while the Rider was in force. In this case, the Benefit Period must continue without interruption after termination of the Policy or Rider.

#### REINSTATEMENT

If the Policy lapses, the Owner can reinstate this Rider if:

1. This Rider was in effect when the Policy lapsed; and
2. The Owner provides proof, within five (5) months following a lapse, that Cognitive Impairment or loss of functional capacity occurred before the end of the Policy's Grace Period.

The Owner is responsible for payment of all premiums from the date of default. Except for any new Policy provisions added due to reinstatement, both the Owner's rights and the Company's will be the same as before the Policy or Rider lapsed.

#### AMENDMENTS

The Company may amend this Rider so that it is in compliance with all applicable laws, rules, regulations, interpretations, holdings and orders. When required by law, the Company will obtain the Owner's approval of these changes and obtain approval from any appropriate regulatory authority.

#### NONPARTICIPATING

This Rider does not entitle the Owner to participate in the Company's surplus.

RELIASTAR LIFE INSURANCE COMPANY

  
Secretary

# ReliaStar Life Insurance Company

## LONG TERM CARE RIDER

**FEDERAL TAX IMPLICATIONS OF THIS RIDER. THIS RIDER IS NOT INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE. BENEFITS RECEIVED UNDER THE RIDER MAY BE TAXABLE AS INCOME. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.**

**NOTICE TO OWNER:** This Rider may not cover all of the costs associated with long-term care incurred by the Insured during the period of coverage. The Owner is advised to review carefully all Rider limitations.

**WHO IS COVERED.** This Rider provides coverage for the Insured under the Policy. It does not cover other persons.

**PREMIUMS.** The premium for this Rider is as shown on the Policy Data Page or the Supplemental Policy Data Page. The premiums are payable during the lifetime of the Insured until the Policy Anniversary Date following the Insured's 121st birthday. Premiums for this Rider are payable under the same terms and in the same manner as stated in the Policy. The first premium for this Rider is due on the Rider Effective Date.

**EFFECTIVE DATE.** If this Rider is requested in the original application and approved by the Company, the effective date of coverage will be the Policy Date. If it is added to the Policy after the Policy Effective Date, the effective date will be the date the Company approves the supplemental application.

**30-DAY RIGHT TO EXAMINE RIDER.** Within thirty (30) days after this Rider is first received, the Owner may cancel it for any reason by delivering or mailing it to the Representative through whom it was purchased or the Home Office of the Company. Upon cancellation, the Company will return any premium paid.

**RENEWABILITY: NONCANCELLABLE.** This means you have the right, subject to the terms of your Rider, to continue this Rider as long as you pay your premiums on time. ReliaStar Life Insurance Company cannot change any of the terms of your Rider on its own and cannot change the premium you currently pay.

### DEFINITIONS:

#### ACTIVITIES OF DAILY LIVING:

The basic human functional abilities required for the Insured to remain independent:

- 1. Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- 2. Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including catheter or colostomy bag).
- 3. Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- 4. Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- 5. Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- 6. Transferring:** Moving into or out of bed, chair, or wheelchair.

- ADULT DAY CARE:** A program for six (6) or more individuals, of social and health-related services provided during the day in a community group setting to support frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home. For such Adult Day Care:
1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider.
  2. The services must be provided in an Adult Day Care Center.
- ADULT DAY CARE CENTER:** A facility which provides Adult Day Care and meets the following test:
1. It is licensed, accredited or certified by the appropriate governing body, if required by the law of the jurisdiction in which it is located;
  2. It operates at least five (5) days a week for at least six (6) hours a day;
  3. It maintains a written record for each client which includes a plan of care and a record of all services provided;
  4. It has established procedures for obtaining appropriate aid in the event of a medical emergency;
  5. It has formal arrangements for providing services of a Physician, a dietitian, a licensed physical therapist, a licensed speech therapist, and licensed occupational therapist;
  6. Its staff includes enough full-time staff members to maintain a client-to-staff ratio of eight (8) or less to one (1); and
  7. Is not a place owned or operated by the Owner, the Insured, or a member of the Immediate Family.
- BENEFIT PERIOD:** Continuous or successive Long Term Care Facility confinement or receipt of Home Health or Adult Day Care services which: (1) is not interrupted by more than 90 days; and (2) occurs while this Rider is in force.
- COGNITIVE IMPAIRMENT:** A deficiency in a person's short- or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.
- ELIMINATION PERIOD:** The first 90 days of a Benefit Period for which no benefits are payable.
- HANDS-ON ASSISTANCE:** Physical assistance (minimal, moderate or maximal) without which the individual would not be able to perform at least two Activities of Daily Living.
- HOME HEALTH CARE:** Medical and non-medical services provided to ill, disabled, or infirm persons in their residences. For such Home Health Care services:
1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider;
  2. Services must be given according to a written diagnosis and plan of care or individual assessment and plan of care; and
  3. Services must be provided outside of a Hospital or Long Term Care Facility.
- Services may include assistance with Activities of Daily Living and respite care services as well as nursing services under the direction of a registered nurse, including the service of a home health aide; physical, speech,

respiratory and occupational therapy; nutritional services provided by a registered dietitian; personal care services, homemaker services, and similar non-medical services; medical social services; and other similar medical services and health-related support services.

**HOME HEALTH CARE AGENCY:**

An entity which provides care and services at the Insured's residence, is primarily engaged in providing home health care services under policies and procedures established by a group of professionals, including at least one Physician and one nurse and:

1. Is licensed by the appropriate licensing authority within the jurisdiction in which it is located;
2. Is accredited as either a Home Health Care Agency or as a provider of Home Health Care services by the National League of Nursing, American Public Health Association or Joint Commission on Accreditation of Health Care Organizations or their successor organization; or
3. Is certified by Medicare as a Home Health Care Agency; and
4. Is not an agency owned or operated by the Owner, the Insured, or a member of the Immediate Family.

**HOSPITAL:**

A facility which:

1. Is licensed, if required, and operated as a Hospital according to the law of the jurisdiction in which it is located;
2. Operates primarily for the care and treatment of sick or injured persons as inpatients; and
3. Provides continuous 24 hours-a-day nursing service by or under the supervision of a registered graduate professional nurse (RN).

**IMMEDIATE FAMILY:**

A spouse, children, parents, grandparents, grandchildren, and brothers or sisters of the Owner or the Insured and their respective spouses.

**INITIAL DEATH BENEFIT:**

The Amount of Insurance referenced on the Policy Data Page.

**INTERMEDIATE NURSING CARE:**

Active nursing and/or restorative rehabilitation services which may be given on less than a daily basis to treat a stabilized health condition. For such Intermediate Nursing Care:

1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider;
2. Such services must require the skills of licensed technical or professional personnel; and
3. The care must be provided in an Intermediate Nursing Care Facility.

**INTERMEDIATE NURSING CARE FACILITY:**

A facility which:

1. Is licensed, if required, and operated as an Intermediate Nursing Care Facility according to the law of the jurisdiction in which it is located;
2. Provides continuous 24 hours-a-day nursing care by or under the supervision of a registered graduate professional nurse (RN) or a licensed practical nurse (LPN);
3. Maintains a daily medical record of each patient; and

**4. Is not a facility owned by the Owner, the Insured, or a member of the Immediate Family.**

**LICENSED HEALTHCARE PRACTITIONER:**

**An individual, other than the Owner, the Insured or a member of the Immediate Family, who is a licensed or certified professional recognized by the American Medical Association, such as a doctor, nurse or social worker.**

**LONG TERM CARE FACILITY: A Skilled Nursing Facility, or an Intermediate Nursing Care Facility or a Residential Care Facility. Long Term Care Facility does not mean:**

- 1. A Hospital;**
- 2. A place that primarily treats drug addicts or alcoholics;**
- 3. A home for the aged or mentally ill;**
- 4. A community living center;**
- 5. A place that primarily provides domiciliary, residency or retirement care; or**
- 6. A place owned or operated by the Owner, the Insured, or a member of the Immediate Family.**

**MEDICARE:**

**Title XVIII of the Social Security Act, as amended.**

**MENTAL OR NERVOUS DISORDER:**

**Includes neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.**

**NUMBER OF MONTHS OF BENEFITS PAYABLE:**

**The basis upon which the Monthly Benefit is paid under the provisions of this Rider.**

**NUMBER OF MONTHS OF EXTENDED BENEFITS PAYABLE:**

**The basis upon which the Monthly Benefit is paid under the Extension of Benefits option of this Rider.**

**PERSONAL CARE:**

**The provision of hands-on services to assist an individual with Activities of Daily Living.**

**PHYSICIAN:**

**An individual, other than the Owner, the Insured, or a member of the Immediate Family, who is licensed and is recognized by the American Medical Association to practice the healing arts in the jurisdiction in which the individual is located to practice and is serving in that capacity.**

**POLICY:**

**The Policy to which this Rider is attached. If the Policy includes a term insurance rider on the Insured, that rider is not included in the benefit calculations under this Rider.**

**QUALIFIED CARE:**

**Includes:**

- 1. Adult Day Care or Home Health Care services that are received in an Adult Day Care Center or through a Home Health Care Agency; or**
- 2. Intermediate Nursing Care, Residential Nursing Care or Skilled Nursing Care provided in a Long Term Care Facility.**

**RESIDENTIAL NURSING CARE:**

**Care designed mainly to help a person in the Activities of Daily Living which does not require the continuous attention of trained medical or paramedical personnel. A Licensed Healthcare Practitioner must certify that the Insured suffers a Sickness or Injury, as defined in the Rider. Such care must be**

provided in a Residential Care Facility and may involve:

1. The preparation of special diets; and
2. The supervision or assistance in the Activities of Daily Living.

**RESIDENTIAL CARE FACILITY:**

A facility which:

1. Is licensed, if required, and operated as a Residential Care Facility according to the law of the jurisdiction in which it is located;
2. Provides nursing care under the supervision of a registered graduate professional nurse (RN);
3. Maintains a daily medical record of each patient; and
4. Is not a facility owned or operated by the Owner, the Insured, or a member of the Immediate Family.

**SICKNESS OR INJURY:**

Disease or accidental injury of an Insured. A Licensed Healthcare Practitioner must certify:

1. The Insured being unable to perform, without Hands-On Assistance from another individual, at least two Activities of Daily Living; or
2. The Insured requiring the supervision or verbal cueing from another individual to protect the insured or others due to Cognitive Impairment.

**SKILLED NURSING CARE:**

Active nursing care and/or restorative rehabilitation services given to treat an unstable health condition. For such Skilled Nursing Care:

1. A Licensed Healthcare Practitioner must certify that the Insured suffers a Sickness or Injury, as defined in the Rider;
2. There must be a care plan developed by a Licensed Healthcare Practitioner or Physician for the Insured's recovery carried out on a daily basis;
3. Pending institutionalization, the services must require the skills of licensed technical or professional personnel recognized by the American Medical Association; and
4. The care must be provided in a Skilled Nursing Facility.

**SKILLED NURSING FACILITY: A facility which:**

1. Is licensed, if required, and operated as a Skilled Nursing Facility according to the law of the jurisdiction in which it is located;
2. Provides Skilled Nursing Care under the supervision of a licensed physician;
3. Provides continuous 24 hours-a-day nursing service by or under the supervision of a registered graduate professional nurse (RN);
4. Maintains a daily medical record of each patient; and
5. Is not a facility owned or operated by the Owner, the Insured, or a member of the Immediate Family.

## **ELIGIBILITY/BENEFITS**

### **Eligibility for the Payment of Benefits:**

**For benefits to be payable, the Insured must:**

- 1. Suffer from a Sickness or Injury, as defined in this Rider;**
- 2. Have satisfied the Elimination Period;**
- 3. Currently be receiving Qualified Care; and**
- 4. Provide a Licensed Healthcare Practitioner's certification of Sickness or Injury.**

**If an Insured no longer meets the conditions for Sickness or Injury or stops receiving Qualified Care, the Monthly Benefit will stop. If the Insured later suffers from Sickness or Injury and is again receiving Qualified Care, the Elimination Period must be met before benefits are payable. The resumption of the Monthly Benefit will be considered a new Benefit Period and the Number of Months of Benefits Payable will be reset based on the type of care being received.**

**However, if within 90 days of the last Benefit Period, the Insured again suffers from Sickness or Injury and begins receiving Qualified Care, the Elimination Period will be waived. In this case, the Number of Months of Benefits Payable will not be reset.**

### **LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS**

**The Company will not pay the Monthly Benefit until the Insured has met the Eligibility for the Payment of Benefits and satisfies the following conditions, if appropriate:**

- 1. The Company has received written consent from all irrevocable beneficiaries or residents in community property states, if applicable, waiving their rights; and**
- 2. The Company has received proper Written Proof of Loss.**

**The Monthly Benefit is subject to and will be reduced by any assignment or partial assignment of the Death Benefit.**

## **BENEFITS**

### **Benefit for Confinement in a Long Term Care Facility:**

**The Number of Months of Benefits Payable will initially be set at twenty-five (25).**

**If the Insured is eligible for Monthly Benefits and the Number of Months of Benefits Payable is greater than zero, each month the Monthly Benefit will be calculated as (a) - (b), where:**

**(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable.**

**(b) = The current outstanding Policy Loan divided by the Number of Months of Benefits Payable.**

**Payment of the Monthly Benefit will reduce the Death Benefit, Cash Value, and Policy Loan, as well as decrease the Number of Months of Benefits Payable.**

**Benefit for Home Health Care and Adult Day Care Services:**

The Number of Months of Benefits Payable will be initially set at fifty (50).

If the Insured is eligible for Monthly Benefits and the Number of Months of Benefits Payable is greater than zero, each month the Monthly Benefit will be calculated as (a) - (b), where:

(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable.

(b) = The current outstanding Policy Loan divided by the Number of Months of Benefits Payable.

Payment of the Monthly Benefit will reduce the Death Benefit, Cash Value, and Policy Loan, as well as decrease the Number of Months of Benefits Payable.

No benefit is payable for Home Health Care or Adult Day Care services if a benefit is being paid for confinement in a Long Term Care Facility.

**Reduction of Policy Values:**

After a Monthly Benefit Payment has been made, the following will occur:

1. The Death Benefit will be decreased by amount (a) calculated above;
2. The Premium for the Policy, excluding any policy fee, will be adjusted to reflect the revised Death Benefit;
3. The Cash Value of the Policy will be determined using the original cash value provision of the Policy multiplied by the ratio of the new Death Benefit to the initial Death Benefit;
4. The outstanding Policy Loan will be decreased by amount (b) calculated above;
5. Any modal premium due for the Policy and attached riders will be waived; and
6. The Number of Months of Benefits Payable will decrease by one.

**Benefit When There is a Change in Care and/or Services:**

If there is a change in the type of care, the Number of Months of Benefits will be reset in the following manner:

1. For a change from Home Health Care or Adult Day Care services to confinement in a Long Term Care Facility, the Number of Months of Benefits Payable will equal one-half of the current number, rounded down.
2. For a change from confinement in a Long Term Facility to Home Health Care or Adult Day Care services, the Number of Months of Benefits Payable will equal two times the current number.

**Restoration of Benefits:**

After the Monthly Benefit payment, Policy Values will be restored each month as follows:

1. The Death Benefit will be increased by amount (a) calculated above;
2. The Premium for the Policy, excluding any Policy fee, will be adjusted to reflect the revised Death Benefit; and
3. The Cash Value of the Policy will be determined using the original cash value provision of the Policy multiplied by the ratio of the new Death Benefit to the initial Death Benefit.
4. The Number of Months of Benefits Payable will increase by one.

The Restoration of Benefits option will terminate when the total amount of restored Monthly Benefits paid is greater than or equal to the initial Death Benefit, excluding benefits from riders.

#### **Extension of Benefits:**

The Extension of Benefits option will begin after the Restoration of Benefits option terminates. The Insured must otherwise continue to qualify for benefits under the terms of this Rider.

The Number of Months of Extended Benefits will be set at:

1. Twenty-five (25) months for Long Term Care Confinement; or
2. Fifty (50) months for Home Health Care and Adult Day Care Services.

The Monthly Benefit under the Extension of Benefits option is determined as follows:

1. The initial Death Benefit, less all prior Monthly Benefit payments and loans and excluding benefits from riders, divided by
2. The Number of Months of Extended Benefits Payable.

Following an Extension of Benefits payment, the Number of Months of Extended Benefits Payable will be decreased by one.

The Extension of Benefits option will terminate on the earliest of:

1. The Number of Months of Extended Benefits Payable equals zero; or
2. The Insured no longer qualifies to receive benefits, as defined in this Rider.

#### **Change in Care and/or Services:**

If there is a change in the type of care, the Number of Months of Extended Benefits Payable will be reset in the following manner:

1. For a change from Home Health Care or Adult Day Care services to confinement in a Long Term Care Facility, the Number of Months of Extended Benefits Payable will equal one-half of the remaining Number of Months of Extended Benefits Payable, rounded down.
2. For a change from confinement in a Long Term Care Facility to Home Health Care or Adult Day Care services, the Number of Months of Extended Benefits Payable will equal two times the remaining Number of Months of Extended Benefits Payable.

The Extension of Benefits option will terminate on the earliest of:

1. The Number of Months of Extended Benefits Payable equals zero; or
2. The Insured no longer qualifies to receive benefits, as defined in this Rider.

#### **EXCLUSIONS AND LIMITATIONS**

This Rider does not pay benefits for loss:

1. Due to Mental or Nervous Disorders; however, this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's Disease or related degenerative and dementing illnesses.
2. Incurred outside the United States.
3. Due to chronic alcohol or drug addiction unless the addiction results from administration of the prescribed dosage of drugs from treatment prescribed by a Physician.

4. Due to illness, treatment or medical condition arising out of:
  - a. War or act of war (whether declared or undeclared);
  - b. Participation in a felony, riot or insurrection;
  - c. Service in the armed forces or units auxiliary thereto;
  - d. Suicide (sane or insane), attempted suicide or intentionally self-inflicted Injury;
  - e. Aviation (this exclusion applies only to non-fare-paying passengers); or
  - f. Normal pregnancy and childbirth. However, complications resulting from pregnancy are considered Sickness under this Rider.
5. For which treatment is provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the Immediate Family and services for which no charge is normally made in the absence of insurance.
6. Which does not satisfy all the conditions listed in the provision captioned "Eligibility for the Payment of Benefits".

## CLAIMS

**NOTICE OF CLAIM.** Written notice of claim must be given within 20 days after a covered loss starts, or as soon as reasonably possible. The notice can be given to the Company at its administrative office, or to the Company's agent. Notice should include the Owner's name and the Policy number.

The notice should identify the Insured and be sent to the Company's Administrative Office at 100 South Washington Avenue, P.O. Box 1548, Minneapolis, MN 55440.

**CLAIM FORMS.** When the Company receives the Notice of Claim, it will send the Owner forms for filing proof of loss. If these forms are not given to the Owner within 15 days, the Owner will have met the proof of loss requirements by giving the Company a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss section.

**PROOFS OF LOSS.** If the Rider provides for periodic payment for a continuing loss, written proof of loss must be given the Company within 90 days after the end of each period for which the Company is liable. If it was not reasonably possible to give written proof in the time required, the Company shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the Owner was legally incapacitated.

**RIGHTS NOT WAIVED.** None of the following actions shall waive or reduce the Company's rights in defense of a claim under this Rider:

1. The acknowledgement by the Company of receipt of Notice of Claim under this Rider;
2. The furnishing of forms for filing Proof of Loss, or the acceptance of such proof; or
3. The investigation of any claim under this Rider.

**TIME OF PAYMENT OF CLAIMS.** After receiving written proof of loss, the Company will pay monthly all benefits then due for a covered loss under the Rider. Benefits for other loss covered by this Rider will be paid as soon as the Company receives proper written proof. The Company will require periodic proof of continued eligibility during a claim.

**PAYMENT OF CLAIMS.** Benefits will be paid to the Owner. Benefits under this Rider cannot be assigned. Loss of life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Owner's estate. Any other benefits unpaid at death may be paid, at

the Company's option, either to the Owner's beneficiary or to the Owner's estate.

**PHYSICAL EXAMINATIONS & AUTOPSY.** The Company, at its expense, has the right to have the Insured examined as often as reasonably necessary while a claim is pending. It may also have an autopsy made unless prohibited by law.

**LEGAL ACTIONS.** No legal action may be brought to recover on this Rider within 60 days after the date written proof of loss has been given as required by this Rider. No action may be brought after three (3) years from the time written proof of loss is required to be given.

#### **APPEALS**

If the Owner or Insured feels a claim should not have been denied, the Owner or Insured has the right, at his or her own expense to send a written request to:

1. Examine all non-confidential pertinent documents in such claim file;
2. Get copies of such documents; and
3. Submit written information which the Company will consider in reviewing the appeal.

#### **Claim Review on Appeal**

An Insured has the right to appeal an unfavorable claim decision within 180 days of the date the decision is made. If no response has been given to a claim within 60 days after it has been filed, the Insured may assume such claim has been denied and proceed with an appeal.

An Insured must make a written appeal to the Company and should include the following:

1. The Owner's and the Insured's Name, Social Security Number, and the Policy Number;
2. The specific reasons for the appeal and/or the disagreement with the Company's decision; and
3. Any new or additional evidence or other documentation to support the appeal.

The Owner or Insured will be advised of a decision in writing, setting out the reasons for the decision, with specific references to pertinent provisions of the Policy or Rider on which the decision is based. If an extension is needed, the Owner or Insured will be provided notice within 15 days after receipt of the written appeal. This notice will state the reason for the extension, any additional information needed, and the date by which a determination is expected to be made. If additional information is needed, the Owner or Insured will have 45 days to provide it. A written decision will be sent to the Owner or Insured within 30 days of the date the additional information is submitted.

#### **WAIVER OF PREMIUM**

Premiums for the Policy and its riders will be waived as long as the Insured qualifies to receive Monthly Benefits. Waiver of Premium will continue after all benefits have been paid so long as the Insured continues to meet the Eligibility for the Payment of Benefits. If the Insured no longer meets the Eligibility for the Payment of Benefits, premium payments must resume as of the next premium due date.

#### **GENERAL PROVISIONS**

1. All of the Policy provisions apply to this Rider, unless changed by this Rider. If any provision of the Policy is inconsistent with this Rider, the Policy language will prevail.
2. The Company may not cancel or reduce the coverage under this Rider other than reductions that result from reductions in the Death Benefit of the Policy.
3. Except for nonpayment of premiums, the validity of this Rider will not be contestable after it has been in force during the lifetime of the Insured for two years from the Rider Effective Date or date of reinstatement, whichever is later.

## TERMINATION

This Rider will terminate on the earliest of:

1. The Restoration of Benefits option terminates and the Insured no longer qualifies for benefits under the Extension of Benefits option; or
2. The Policy or Rider lapses or is surrendered.

However, termination of the Policy or Rider will not affect payment of the Monthly Benefit if the Benefit Period began while the Rider was in force. In this case, the Benefit Period must continue without interruption after termination of the Policy or Rider.

## REINSTATEMENT

If the Policy lapses, the Owner can reinstate this Rider if:

1. This Rider was in effect when the Policy lapsed; and
2. The Owner provides proof, within five (5) months following a lapse, that Cognitive Impairment or loss of functional capacity occurred before the end of the Policy's Grace Period.

The Owner is responsible for payment of all premiums from the date of default. Except for any new Policy provisions added due to reinstatement, both the Owner's rights and the Company's will be the same as before the Policy or Rider lapsed.

## AMENDMENTS

The Company may amend this Rider so that it is in compliance with all applicable laws, rules, regulations, interpretations, holdings and orders. When required by law, the Company will obtain the Owner's approval of these changes and obtain approval from any appropriate regulatory authority.

## NONPARTICIPATING

This Rider does not entitle the Owner to participate in the Company's surplus.

RELIASTAR LIFE INSURANCE COMPANY

  
Secretary

# ReliaStar Life Insurance Company

## LONG TERM CARE RIDER

**FEDERAL TAX IMPLICATIONS OF THIS RIDER. THIS RIDER IS NOT INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE. BENEFITS RECEIVED UNDER THE RIDER MAY BE TAXABLE AS INCOME. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.**

**NOTICE TO OWNER:** This Rider may not cover all of the costs associated with long-term care incurred by the Insured during the period of coverage. The Owner is advised to review carefully all Rider limitations.

**WHO IS COVERED.** This Rider provides coverage for the Insured under the Policy. It does not cover other persons.

**PREMIUMS.** The premium for this Rider is as shown on the Policy Data Page or the Supplemental Policy Data Page. The premiums are payable during the lifetime of the Insured until the Policy Anniversary Date following the Insured's 121st birthday. Premiums for this Rider are payable under the same terms and in the same manner as stated in the Policy. The first premium for this Rider is due on the Rider Effective Date.

**EFFECTIVE DATE.** If this Rider is requested in the original application and approved by the Company, the effective date of coverage will be the Policy Date. If it is added to the Policy after the Policy Effective Date, the effective date will be the date the Company approves the supplemental application.

**30-DAY RIGHT TO EXAMINE RIDER.** Within thirty (30) days after this Rider is first received, the Owner may cancel it for any reason by delivering or mailing it to the Representative through whom it was purchased or the Home Office of the Company. Upon cancellation, the Company will return any premium paid.

**RENEWABILITY: NONCANCELLABLE.** This means you have the right, subject to the terms of your Rider, to continue this Rider as long as you pay your premiums on time. ReliaStar Life Insurance Company cannot change any of the terms of your Rider on its own and cannot change the premium you currently pay.

### DEFINITIONS:

#### ACTIVITIES OF DAILY LIVING:

The basic human functional abilities required for the Insured to remain independent:

- 1. Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- 2. Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including catheter or colostomy bag).
- 3. Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- 4. Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- 5. Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- 6. Transferring:** Moving into or out of bed, chair, or wheelchair.

- ADULT DAY CARE:** A program for six (6) or more individuals, of social and health-related services provided during the day in a community group setting to support frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home. For such Adult Day Care:
1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider.
  2. The services must be provided in an Adult Day Care Center.
- ADULT DAY CARE CENTER:** A facility which provides Adult Day Care and meets the following test:
1. It is licensed, accredited or certified by the appropriate governing body, if required by the law of the jurisdiction in which it is located;
  2. It operates at least five (5) days a week for at least six (6) hours a day;
  3. It maintains a written record for each client which includes a plan of care and a record of all services provided;
  4. It has established procedures for obtaining appropriate aid in the event of a medical emergency;
  5. It has formal arrangements for providing services of a Physician, a dietitian, a licensed physical therapist, a licensed speech therapist, and licensed occupational therapist;
  6. Its staff includes enough full-time staff members to maintain a client-to-staff ratio of eight (8) or less to one (1); and
  7. Is not a place owned or operated by the Owner, the Insured, or a member of the Immediate Family.
- BENEFIT PERIOD:** Continuous or successive Long Term Care Facility confinement or receipt of Home Health or Adult Day Care services which: (1) is not interrupted by more than 90 days; and (2) occurs while this Rider is in force.
- COGNITIVE IMPAIRMENT:** A deficiency in a person's short- or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.
- ELIMINATION PERIOD:** The first 90 days of a Benefit Period for which no benefits are payable.
- HANDS-ON ASSISTANCE:** Physical assistance (minimal, moderate or maximal) without which the individual would not be able to perform at least two Activities of Daily Living.
- HOME HEALTH CARE:** Medical and non-medical services provided to ill, disabled, or infirm persons in their residences. For such Home Health Care services:
1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider;
  2. Services must be given according to a written diagnosis and plan of care or individual assessment and plan of care; and
  3. Services must be provided outside of a Hospital or Long Term Care Facility.
- Services may include assistance with Activities of Daily Living and respite care services as well as nursing services under the direction of a registered nurse, including the service of a home health aide; physical, speech,

respiratory and occupational therapy; nutritional services provided by a registered dietitian; personal care services, homemaker services, and similar non-medical services; medical social services; and other similar medical services and health-related support services.

**HOME HEALTH CARE AGENCY:**

An entity which provides care and services at the Insured's residence, is primarily engaged in providing home health care services under policies and procedures established by a group of professionals, including at least one Physician and one nurse and:

1. Is licensed by the appropriate licensing authority within the jurisdiction in which it is located;
2. Is accredited as either a Home Health Care Agency or as a provider of Home Health Care services by the National League of Nursing, American Public Health Association or Joint Commission on Accreditation of Health Care Organizations or their successor organization; or
3. Is certified by Medicare as a Home Health Care Agency; and
4. Is not an agency owned or operated by the Owner, the Insured, or a member of the Immediate Family.

**HOSPITAL:**

A facility which:

1. Is licensed, if required, and operated as a Hospital according to the law of the jurisdiction in which it is located;
2. Operates primarily for the care and treatment of sick or injured persons as inpatients; and
3. Provides continuous 24 hours-a-day nursing service by or under the supervision of a registered graduate professional nurse (RN).

**IMMEDIATE FAMILY:**

A spouse, children, parents, grandparents, grandchildren, and brothers or sisters of the Owner or the Insured and their respective spouses.

**INITIAL DEATH BENEFIT:**

The Amount of Insurance referenced on the Policy Data Page.

**INTERMEDIATE NURSING CARE:**

Active nursing and/or restorative rehabilitation services which may be given on less than a daily basis to treat a stabilized health condition. For such Intermediate Nursing Care:

1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider;
2. Such services must require the skills of licensed technical or professional personnel; and
3. The care must be provided in an Intermediate Nursing Care Facility.

**INTERMEDIATE NURSING CARE FACILITY:**

A facility which:

1. Is licensed, if required, and operated as an Intermediate Nursing Care Facility according to the law of the jurisdiction in which it is located;
2. Provides continuous 24 hours-a-day nursing care by or under the supervision of a registered graduate professional nurse (RN) or a licensed practical nurse (LPN);
3. Maintains a daily medical record of each patient; and

**3. Maintains a daily medical record of each patient; and**

**4. Is not a facility owned by the Owner, the Insured, or a member of the Immediate Family.**

**LICENSED HEALTHCARE PRACTITIONER:**

**An individual, other than the Owner, the Insured or a member of the Immediate Family, who is a licensed or certified professional recognized by the American Medical Association, such as a doctor, nurse or social worker.**

**LONG TERM CARE FACILITY: A Skilled Nursing Facility, or an Intermediate Nursing Care Facility or a Residential Care Facility. Long Term Care Facility does not mean:**

**1. A Hospital;**

**2. A place that primarily treats drug addicts or alcoholics;**

**3. A home for the aged or mentally ill;**

**4. A community living center;**

**5. A place that primarily provides domiciliary, residency or retirement care; or**

**6. A place owned or operated by the Owner, the Insured, or a member of the Immediate Family.**

**MEDICARE:**

**Title XVIII of the Social Security Act, as amended.**

**MENTAL OR NERVOUS DISORDER:**

**Includes neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.**

**NUMBER OF MONTHS OF BENEFITS PAYABLE:**

**The basis upon which the Monthly Benefit is paid under the provisions of this Rider.**

**PERSONAL CARE:**

**The provision of hands-on services to assist an individual with Activities of Daily Living.**

**PHYSICIAN:**

**An individual, other than the Owner, the Insured, or a member of the Immediate Family, who is licensed and recognized by the American Medical Association to practice the healing arts in the jurisdiction in which the individual is located to practice and is serving in that capacity.**

**POLICY:**

**The Policy to which this Rider is attached. If the Policy includes a term insurance rider on the Insured, that rider is not included in the benefit calculations under this Rider.**

**QUALIFIED CARE:**

**Includes:**

**1. Adult Day Care or Home Health Care services that are received in an Adult Day Care Center or through a Home Health Care Agency; or**

**2. Intermediate Nursing Care, Residential Nursing Care or Skilled Nursing Care provided in a Long Term Care Facility.**

**RESIDENTIAL NURSING CARE:**

**Care designed mainly to help a person in the Activities of Daily Living which does not require the continuous attention of trained medical or paramedical personnel. A Licensed Healthcare Practitioner must certify that the Insured suffers a Sickness or Injury, as defined in the Rider. Such care must be provided in a Residential Care Facility and may involve:**

1. The preparation of special diets; and
2. The supervision or assistance in the Activities of Daily Living.

**RESIDENTIAL CARE FACILITY:**

A facility which:

1. Is licensed, if required, and operated as a Residential Care Facility according to the law of the jurisdiction in which it is located;
2. Provides nursing care under the supervision of a registered graduate professional nurse (RN);
3. Maintains a daily medical record of each patient; and
4. Is not a facility owned or operated by the Owner, the Insured, or a member of the Immediate Family.

**SICKNESS OR INJURY:**

Disease or accidental injury of the Insured. A Licensed Healthcare Practitioner must certify:

1. The Insured being unable to perform, without Hands-On Assistance from another individual, at least two Activities of Daily Living; or
2. The Insured requiring the supervision or verbal cueing from another individual to protect the Insured or others due to Cognitive Impairment.

**SKILLED NURSING CARE:**

Active nursing care and/or restorative rehabilitation services given to treat an unstable health condition. For such Skilled Nursing Care:

1. A Licensed Healthcare Practitioner must certify that the Insured suffers a Sickness or Injury, as defined in the Rider;
2. There must be a care plan developed by a Licensed Healthcare Practitioner for the Insured's recovery carried out on a daily basis;
3. Pending institutionalization, the services must require the skills of licensed technical or professional personnel recognized by the American Medical Association; and
4. The care must be provided in a Skilled Nursing Facility.

**SKILLED NURSING FACILITY: A facility which:**

1. Is licensed, if required, and operated as a Skilled Nursing Facility according to the law of the jurisdiction in which it is located;
2. Provides Skilled Nursing Care under the supervision of a licensed physician;
3. Provides continuous 24 hours-a-day nursing service by or under the supervision of a registered graduate professional nurse (RN);
4. Maintains a daily medical record of each patient; and
5. Is not a facility owned or operated by the Owner, the Insured, or a member of the Immediate Family.

## **ELIGIBILITY/BENEFITS**

### **Eligibility for the Payment of Benefits:**

**For benefits to be payable, the Insured must:**

- 1. Suffer from a Sickness or Injury, as defined in this Rider;**
- 2. Have satisfied the Elimination Period;**
- 3. Currently be receiving Qualified Care; and**
- 4. Provide a Licensed Healthcare Practitioner's certification of Sickness or Injury.**

**If an Insured no longer meets the conditions for Sickness or Injury or stops receiving Qualified Care, the Monthly Benefit will stop. If the Insured later suffers from Sickness or Injury and is again receiving Qualified Care, the Elimination Period must be met before benefits are payable. The resumption of the Monthly Benefit will be considered a new Benefit Period and the Number of Months of Benefits Payable will be reset based on the type of care being received.**

**However, if within 90 days of the last Benefit Period, the Insured again suffers from Sickness or Injury and begins receiving Qualified Care, the Elimination Period will be waived. In this case, the Number of Months of Benefits Payable will not be reset.**

## **LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS**

**The Company will not pay the Monthly Benefit until the Insured has met the Eligibility for the Payment of Benefits and satisfies the following conditions, if appropriate:**

- 1. The Company has received written consent from all irrevocable beneficiaries or residents in community property states, if applicable, waiving their rights; and**
- 2. The Company has received proper Written Proof of Loss.**

**The Monthly Benefit is subject to and will be reduced by any assignment or partial assignment of the Death Benefit.**

## **BENEFITS**

### **Benefit for Confinement in a Long Term Care Facility:**

**The Number of Months of Benefits Payable will initially be set at twenty-five (25).**

**If the Insured is eligible for Monthly Benefits and the Number of Months of Benefits Payable is greater than zero, each month the Monthly Benefit will be calculated as (a) - (b), where:**

**(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable.**

**(b) = The current outstanding Policy Loan divided by the Number of Months of Benefits Payable.**

**Payment of the Monthly Benefit will reduce the Death Benefit, Cash Value, and Policy Loan, as well as decrease the Number of Months of Benefits Payable.**

**Benefit for Home Health Care and Adult Day Care Services:**

The Number of Months of Benefits Payable will be initially set at fifty (50).

If the Insured is eligible for Monthly Benefits and the Number of Months of Benefits Payable is greater than zero, each month the Monthly Benefit will be calculated as (a) - (b), where:

(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable.

(b) = The current outstanding Policy Loan divided by the Number of Months of Benefits Payable.

Payment of the Monthly Benefit will reduce the Death Benefit, Cash Value, and Policy Loan, as well as decrease the Number of Months of Benefits Payable.

No benefit is payable for Home Health Care or Adult Day Care services if a benefit is being paid for confinement in a Long Term Care Facility.

**Reduction of Policy Values:**

After a Monthly Benefit Payment has been made, the following will occur:

1. The Death Benefit will be decreased by amount (a) calculated above;
2. The Premium for the Policy, excluding any policy fee, will be adjusted to reflect the revised Death Benefit;
3. The Cash Value of the Policy will be determined using the original cash value provision of the Policy multiplied by the ratio of the new Death Benefit to the initial Death Benefit;
4. The outstanding Policy Loan will be decreased by amount (b) calculated above;
5. Any modal premium due for the Policy and attached riders will be waived; and
6. The Number of Months of Benefits Payable will decrease by one.

**Benefit When There is a Change in Care and/or Services:**

If there is a change in the type of care, the Number of Months of Benefits will be reset in the following manner:

1. For a change from Home Health Care or Adult Day Care services to confinement in a Long Term Care Facility, the Number of Months of Benefits Payable will equal one-half of the current number, rounded down.
2. For a change from confinement in a Long Term Facility to Home Health Care or Adult Day Care services, the Number of Months of Benefits Payable will equal two times the current number.

**Restoration of Benefits:**

After the Monthly Benefit payment, Policy Values will be restored each month as follows:

1. The Death Benefit will be increased by amount (a) calculated above;
2. The Premium for the Policy, excluding any Policy fee, will be adjusted to reflect the revised Death Benefit; and
3. The Cash Value of the Policy will be determined using the original cash value provision of the Policy multiplied by the ratio of the new Death Benefit to the initial Death Benefit.
4. The Number of Months of Benefits Payable will increase by one.

The Restoration of Benefits option will terminate when the total amount of restored Monthly Benefits paid is greater than or equal to the initial Death Benefit, excluding benefits from riders.

## **EXCLUSIONS AND LIMITATIONS**

**This Rider does not pay benefits for loss:**

- 1. Due to Mental or Nervous Disorders; however, this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's Disease or related degenerative and dementing illnesses.**
- 2. Incurred outside the United States.**
- 3. Due to chronic alcohol or drug addiction unless the addiction results from administration of the prescribed dosage of drugs from treatment prescribed by a Physician.**
- 4. Due to illness, treatment or medical condition arising out of:**
  - a. War or act of war (whether declared or undeclared);**
  - b. Participation in a felony, riot or insurrection;**
  - c. Service in the armed forces or units auxiliary thereto;**
  - d. Suicide (sane or insane), attempted suicide or intentionally self-inflicted Injury;**
  - e. Aviation (this exclusion applies only to non-fare-paying passengers); or**
  - f. Normal pregnancy and childbirth. However, complications resulting from pregnancy are considered Sickness under this Rider.**
- 5. For which treatment is provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the Immediate Family and services for which no charge is normally made.**
- 6. Which does not satisfy all the conditions listed in the provision captioned "Eligibility for the Payment of Benefits".**

## **CLAIMS**

**NOTICE OF CLAIM.** Written notice of claim must be given within 20 days after a covered loss starts, or as soon as reasonably possible. The notice can be given to the Company at its administrative office, or to the Company's agent. Notice should include the Owner's name and the Policy number.

The notice should identify the Insured and be sent to the Company's Administrative Office at 100 South Washington Avenue, P.O. Box 1548, Minneapolis, MN 55440.

**CLAIM FORMS.** When the Company receives the Notice of Claim, it will send the Owner forms for filing proof of loss. If these forms are not given to the Owner within 15 days, the Owner will have met the proof of loss requirements by giving the Company a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss section.

**PROOFS OF LOSS.** If the Rider provides for periodic payment for a continuing loss, written proof of loss must be given the Company within 90 days after the end of each period for which the Company is liable. If it was not reasonably possible to give written proof in the time required, the Company shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the Owner was legally incapacitated.

**RIGHTS NOT WAIVED.** None of the following actions shall waive or reduce the Company's rights in defense of a claim under this Rider:

- 1. The acknowledgement by the Company of receipt of Notice of Claim under this Rider;**

2. The furnishing of forms for filing Proof of Loss, or the acceptance of such proof; or
3. The investigation of any claim under this Rider.

**TIME OF PAYMENT OF CLAIMS.** After receiving written proof of loss, the Company will pay monthly all benefits then due for a covered loss under the Rider. Benefits for other loss covered by this Rider will be paid as soon as the Company receives proper written proof. The Company will require periodic proof of continued eligibility during a claim.

**PAYMENT OF CLAIMS.** Benefits will be paid to the Owner. Benefits under this Rider cannot be assigned. Loss of life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Owner's estate. Any other benefits unpaid at death may be paid, at the Company's option, either to the Owner's beneficiary or to the Owner's estate.

**PHYSICAL EXAMINATIONS & AUTOPSY.** The Company, at its expense, has the right to have the Insured examined as often as reasonably necessary while a claim is pending. It may also have an autopsy made unless prohibited by law.

**LEGAL ACTIONS.** No legal action may be brought to recover on this Rider within 60 days after the date written proof of loss has been given as required by this Rider. No action may be brought after three (3) years from the time written proof of loss is required to be given.

#### **APPEALS**

If the Owner or Insured feels a claim should not have been denied, the Owner or Insured has the right, at his or her own expense to send a written request to:

1. Examine all non-confidential pertinent documents in such claim file;
2. Get copies of such documents; and
3. Submit written information which the Company will consider in reviewing the appeal.

#### **Claim Review on Appeal**

An Insured has the right to appeal an unfavorable claim decision within 180 days of the date the decision is made. If no response has been given to a claim within 60 days after it has been filed, the Insured may assume such claim has been denied and proceed with an appeal.

An Insured must make a written appeal to the Company and should include the following:

1. The Owner's and the Insured's Name, Social Security Number, and the Policy Number;
2. The specific reasons for the appeal and/or the disagreement with the Company's decision; and
3. Any new or additional evidence or other documentation to support the appeal.

The Owner or Insured will be advised of a decision in writing, setting out the reasons for the decision, with specific references to pertinent provisions of the Policy or Rider on which the decision is based. If an extension is needed, the Owner or Insured will be provided notice within 15 days after receipt of the written appeal. This notice will state the reason for the extension, any additional information needed, and the date by which a determination is expected to be made. If additional information is needed, the Owner or Insured will have 45 days to provide it. A written decision will be sent to the Owner or Insured within 30 days of the date the additional information is submitted.

#### **WAIVER OF PREMIUM**

Premiums for the Policy and its riders will be waived as long as the Insured qualifies to receive Monthly Benefits. Waiver of Premium will continue after all benefits have been paid so long as the Insured continues to meet the Eligibility for the Payment of Benefits. If the Insured no longer meets the Eligibility for the Payment of Benefits, premium payments must resume as of the next premium due date.

## GENERAL PROVISIONS

1. All of the Policy provisions apply to this Rider, unless changed by this Rider. If any provision of the Policy is inconsistent with this Rider, the Policy language will prevail.
2. The Company may not cancel or reduce the coverage under this Rider other than reductions that result from reductions in the Death Benefit of the Policy.
3. Except for nonpayment of premiums, the validity of this Rider will not be contestable after it has been in force during the lifetime of the Insured for two years from the Rider Effective Date or date of reinstatement, whichever is later.

## TERMINATION

This Rider will terminate on the earliest of:

1. The Restoration of Benefits option terminates; or
2. The Policy or Rider lapses or is surrendered.

However, termination of the Policy or Rider will not affect payment of the Monthly Benefit if the Benefit Period began while the Rider was in force. In this case, the Benefit Period must continue without interruption after termination of the Policy or Rider.

## REINSTATEMENT

If the Policy lapses, the Owner can reinstate this Rider if:

1. This Rider was in effect when the Policy lapsed; and
2. The Owner provides proof, within five (5) months following a lapse, that Cognitive Impairment or loss of functional capacity occurred before the end of the Policy's Grace Period.

The Owner is responsible for payment of all premiums from the date of default. Except for any new Policy provisions added due to reinstatement, both the Owner's rights and the Company's will be the same as before the Policy or Rider lapsed.

## AMENDMENTS

The Company may amend this Rider so that it is in compliance with all applicable laws, rules, regulations, interpretations, holdings and orders. When required by law, the Company will obtain the Owner's approval of these changes and obtain approval from any appropriate regulatory authority.

## NONPARTICIPATING

This Rider does not entitle the Owner to participate in the Company's surplus.

RELIASTAR LIFE INSURANCE COMPANY

  
Secretary

# ReliaStar Life Insurance Company

## LONG TERM CARE RIDER

**FEDERAL TAX IMPLICATIONS OF THIS RIDER. THIS RIDER IS NOT INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE. BENEFITS RECEIVED UNDER THE RIDER MAY BE TAXABLE AS INCOME. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.**

**NOTICE TO OWNER:** This Rider may not cover all of the costs associated with long-term care incurred by the Insured during the period of coverage. The Owner is advised to review carefully all Rider limitations.

**WHO IS COVERED.** This Rider provides coverage for the Insured under the Policy. It does not cover other persons.

**PREMIUMS.** The premium for this Rider is as shown on the Policy Data Page or Supplemental Policy Data Page. The premiums are payable during the lifetime of the Insured until the Policy Anniversary Date following the Insured's 121st birthday. Premiums for this Rider are payable under the same terms and in the same manner as stated in the Policy. The first premium for this Rider is due on the Rider Effective Date.

**EFFECTIVE DATE.** If this Rider is requested in the original application and approved by the Company, the effective date of coverage will be the Policy Date. If it is added to the Policy after the Policy Effective Date, the effective date will be the date the Company approves the supplemental application.

**30-DAY RIGHT TO EXAMINE RIDER.** Within thirty (30) days after this Rider is first received, the Owner may cancel it for any reason by delivering or mailing it to the Representative through whom it was purchased or the Home Office of the Company. Upon cancellation, the Company will return any premium paid.

**RENEWABILITY: NONCANCELLABLE.** This means you have the right, subject to the terms of your Rider, to continue this Rider as long as you pay your premiums on time. ReliaStar Life Insurance Company cannot change any of the terms of your Rider on its own and cannot change the premium you currently pay.

### DEFINITIONS:

#### ACTIVITIES OF DAILY LIVING:

The basic human functional abilities required for the Insured to remain independent:

- 1. Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- 2. Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including catheter or colostomy bag).
- 3. Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- 4. Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- 5. Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- 6. Transferring:** Moving into or out of bed, chair, or wheelchair.

- ADULT DAY CARE:** A program for six (6) or more individuals, of social and health-related services provided during the day in a community group setting to support frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home. For such Adult Day Care:
1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider.
  2. The services must be provided in an Adult Day Care Center.
- ADULT DAY CARE CENTER:** A facility which provides Adult Day Care and meets the following test:
1. It is licensed, accredited or certified by the appropriate governing body, if required by the law of the jurisdiction in which it is located;
  2. It operates at least five (5) days a week for at least six (6) hours a day;
  3. It maintains a written record for each client which includes a plan of care and a record of all services provided;
  4. It has established procedures for obtaining appropriate aid in the event of a medical emergency;
  5. It has formal arrangements for providing services of a Physician, a dietitian, a licensed physical therapist, a licensed speech therapist, and licensed occupational therapist;
  6. Its staff includes enough full-time staff members to maintain a client-to-staff ratio of eight (8) or less to one (1); and
  7. Is not a place owned or operated by the Owner, the Insured, or a member of the Immediate Family.
- BENEFIT PERIOD:** Continuous or successive Long Term Care Facility confinement or receipt of Home Health or Adult Day Care services which: (1) is not interrupted by more than 90 days; and (2) occurs while this Rider is in force.
- COGNITIVE IMPAIRMENT:** A deficiency in a person's short- or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.
- ELIMINATION PERIOD:** The first 90 days of a Benefit Period for which no benefits are payable.
- HANDS-ON ASSISTANCE:** Physical assistance (minimal, moderate or maximal) without which the individual would not be able to perform at least two Activities of Daily Living.
- HOME HEALTH CARE:** Medical and non-medical services provided to ill, disabled, or infirm persons in their residences. For such Home Health Care services:
1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider;
  2. Services must be given according to a written diagnosis and plan of care or individual assessment and plan of care; and
  3. Services must be provided outside of a Hospital or Long Term Care Facility.
- Services may include assistance with Activities of Daily Living and respite care services as well as nursing services under the direction of a registered nurse, including the service of a home health aide; physical, speech,

respiratory and occupational therapy; nutritional services provided by a registered dietitian; personal care services, homemaker services, and similar non-medical services; medical social services; and other similar medical services and health-related support services.

**HOME HEALTH CARE AGENCY:**

An entity which provides care and services at the Insured's residence, is primarily engaged in providing home health care services under policies and procedures established by a group of professionals, including at least one Physician and one nurse and:

1. Is licensed by the appropriate licensing authority within the jurisdiction in which it is located;
2. Is accredited as either a Home Health Care Agency or as a provider of Home Health Care services by the National League of Nursing, American Public Health Association or Joint Commission on Accreditation of Health Care Organizations or their successor organization; or
3. Is certified by Medicare as a Home Health Care Agency; and
4. Is not an agency owned or operated by the Owner, the Insured, or a member of the Immediate Family.

**HOSPITAL:**

A facility which:

1. Is licensed, if required, and operated as a Hospital according to the law of the jurisdiction in which it is located;
2. Operates primarily for the care and treatment of sick or injured persons as inpatients; and
3. Provides continuous 24 hours-a-day nursing service by or under the supervision of a registered graduate professional nurse (RN).

**IMMEDIATE FAMILY:**

A spouse, children, parents, grandparents, grandchildren, and brothers or sisters of the Owner or the Insured and their respective spouses.

**INITIAL DEATH BENEFIT:**

The Amount of Insurance referenced on the Policy Data Page.

**INTERMEDIATE NURSING CARE:**

Active nursing and/or restorative rehabilitation services which may be given on less than a daily basis to treat a stabilized health condition. For such Intermediate Nursing Care:

1. A Licensed Healthcare Practitioner must certify that the Insured has a Sickness or Injury, as defined in the Rider;
2. Such services must require the skills of licensed technical or professional personnel; and
3. The care must be provided in an Intermediate Nursing Care Facility.

**INTERMEDIATE NURSING CARE FACILITY:**

A facility which:

1. Is licensed, if required, and operated as an Intermediate Nursing Care Facility according to the law of the jurisdiction in which it is located;
2. Provides continuous 24 hours-a-day nursing care by or under the supervision of a registered graduate professional nurse (RN) or a licensed practical nurse (LPN);

**3. Maintains a daily medical record of each patient; and**

**4. Is not a facility owned by the Owner, the Insured, or a member of the Immediate Family.**

**LICENSED HEALTHCARE PRACTITIONER:**

**An individual, other than the Owner, the Insured or a member of the Immediate Family, who is a licensed or certified professional recognized by the American Medical Association, such as a doctor, nurse or social worker.**

**LONG TERM CARE FACILITY: A Skilled Nursing Facility, or an Intermediate Nursing Care Facility or a Residential Care Facility. Long Term Care Facility does not mean:**

**1. A Hospital;**

**2. A place that primarily treats drug addicts or alcoholics;**

**3. A home for the aged or mentally ill;**

**4. A community living center;**

**5. A place that primarily provides domiciliary, residency or retirement care; or**

**6. A place owned or operated by the Owner, the Insured, or a member of the Immediate Family.**

**MEDICARE:**

**Title XVIII of the Social Security Act, as amended.**

**MENTAL OR NERVOUS DISORDER:**

**Includes neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.**

**NUMBER OF MONTHS OF BENEFITS PAYABLE:**

**The basis upon which the Monthly Benefit is paid under the provisions of this Rider.**

**PERSONAL CARE:**

**The provision of hands-on services to assist an individual with Activities of Daily Living.**

**PHYSICIAN:**

**An individual, other than the Owner, the Insured, or a member of the Immediate Family, who is licensed and is recognized by the American Medical Association to practice the healing arts in the jurisdiction in which the individual is located to practice and is serving in that capacity.**

**POLICY:**

**The Policy to which this Rider is attached. If the Policy includes a term insurance rider on the Insured, that rider is not included in the benefit calculations under this Rider.**

**QUALIFIED CARE:**

**Includes:**

**1. Adult Day Care or Home Health Care services that are received in an Adult Day Care Center or through a Home Health Care Agency; or**

**2. Intermediate Nursing Care, Residential Nursing Care or Skilled Nursing Care provided in a Long Term Care Facility.**

**RESIDENTIAL NURSING CARE:**

**Care designed mainly to help a person in the Activities of Daily Living which does not require the continuous attention of trained medical or paramedical personnel. A Licensed Healthcare Practitioner must certify that the Insured suffers a Sickness or Injury, as defined in the Rider. Such care must be provided in a Residential Care Facility and may involve:**

1. The preparation of special diets; and
2. The supervision or assistance in the Activities of Daily Living.

**RESIDENTIAL CARE FACILITY:**

A facility which:

1. Is licensed, if required, and operated as a Residential Care Facility according to the law of the jurisdiction in which it is located;
2. Provides nursing care under the supervision of a registered graduate professional nurse (RN);
3. Maintains a daily medical record of each patient; and
4. Is not a facility owned or operated by the Owner, the Insured, or a member of the Immediate Family.

**SICKNESS OR INJURY:**

Disease or accidental injury of an Insured. A Licensed Healthcare Practitioner must certify:

1. The Insured being unable to perform, without Hands-On Assistance from another individual, at least two Activities of Daily Living; or
2. The Insured requiring the supervision or verbal cueing from another individual to protect the Insured or others due to Cognitive Impairment.

**SKILLED NURSING CARE:**

Active nursing care and/or restorative rehabilitation services given to treat an unstable health condition. For such Skilled Nursing Care:

1. A Licensed Healthcare Practitioner must certify that the Insured suffers a Sickness or Injury, as defined in the Rider;
2. There must be a care plan developed by a Licensed Healthcare Practitioner or Physician for the Insured's recovery carried out on a daily basis;
3. Pending institutionalization, the services must require the skills of licensed technical or professional personnel recognized by the American Medical Association; and
4. The care must be provided in a Skilled Nursing Facility.

**SKILLED NURSING FACILITY: A facility which:**

1. Is licensed, if required, and operated as a Skilled Nursing Facility according to the law of the jurisdiction in which it is located;
2. Provides Skilled Nursing Care under the supervision of a licensed physician;
3. Provides continuous 24 hours-a-day nursing service by or under the supervision of a registered graduate professional nurse (RN);
4. Maintains a daily medical record of each patient; and
5. Is not a facility owned or operated by the Owner, the Insured, or a member of the Immediate Family.

## **ELIGIBILITY/BENEFITS**

### **Eligibility for the Payment of Benefits:**

**For benefits to be payable, the Insured must:**

- 1. Suffer from a Sickness or Injury, as defined in this Rider;**
- 2. Have satisfied the Elimination Period;**
- 3. Currently be receiving Qualified Care; and**
- 4. Provide a Licensed Healthcare Practitioner's certification of Sickness or Injury.**

**If an Insured no longer meets the conditions for Sickness or Injury or stops receiving Qualified Care, the Monthly Benefit will stop. If the Insured later suffers from Sickness or Injury and is again receiving Qualified Care, the Elimination Period must be met before benefits are payable. The resumption of the Monthly Benefit will be considered a new Benefit Period and the Number of Months of Benefits Payable will be reset based on the type of care being received.**

**However, if within 90 days of the last Benefit Period, the Insured again suffers from Sickness or Injury and begins receiving Qualified Care, the Elimination Period will be waived. In this case, the Number of Months of Benefits Payable will not be reset.**

### **LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS**

**The Company will not pay the Monthly Benefit until the Insured has met the Eligibility for the Payment of Benefits and satisfies the following conditions, if appropriate:**

- 1. The Company has received written consent from all irrevocable beneficiaries or residents in community property states, if applicable, waiving their rights; and**
- 2. The Company has received proper Written Proof of Loss.**

**The Monthly Benefit is subject to and will be reduced by any assignment or partial assignment of the Death Benefit.**

## **BENEFITS**

### **Benefit for Confinement in a Long Term Care Facility:**

**The Number of Months of Benefits Payable will initially be set at twenty-five (25).**

**If the Insured is eligible for Monthly Benefits and the Number of Months of Benefits Payable is greater than zero, each month the Monthly Benefit will be calculated as (a) - (b), where:**

**(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable.**

**(b) = The current outstanding Policy Loan divided by the Number of Months of Benefits Payable.**

**Payment of the Monthly Benefit will reduce the Death Benefit, Cash Value, and Policy Loan, as well as decrease the Number of Months of Benefits Payable.**

**Benefit for Home Health Care and Adult Day Care Services:**

**The Number of Months of Benefits Payable will be initially set at fifty (50).**

**If the Insured is eligible for Monthly Benefits and the Number of Months of Benefits Payable is greater than zero, each month the Monthly Benefit will be calculated as (a) - (b), where:**

**(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable.**

**(b) = The current outstanding Policy Loan divided by the Number of Months of Benefits Payable.**

**Payment of the Monthly Benefit will reduce the Death Benefit, Cash Value, and Policy Loan, as well as decrease the Number of Months of Benefits Payable.**

**No benefit is payable for Home Health Care or Adult Day Care services if a benefit is being paid for confinement in a Long Term Care Facility.**

**Reduction of Policy Values:**

**After a Monthly Benefit Payment has been made, the following will occur:**

- 1. The Death Benefit will be decreased by amount (a) calculated above;**
- 2. The Premium for the Policy, excluding any policy fee, will be adjusted to reflect the revised Death Benefit;**
- 3. The Cash Value of the Policy will be determined using the original cash value provision of the Policy multiplied by the ratio of the new Death Benefit to the initial Death Benefit;**
- 4. The outstanding Policy Loan will be decreased by amount (b) calculated above;**
- 5. Any modal premium due for the Policy and attached riders will be waived; and**
- 6. The Number of Months of Benefits Payable will decrease by one.**

**Benefit When There is a Change in Care and/or Services:**

**If there is a change in the type of care, the Number of Months of Benefits will be reset in the following manner:**

- 1. For a change from Home Health Care or Adult Day Care services to confinement in a Long Term Care Facility, the Number of Months of Benefits Payable will equal one-half of the current number, rounded down.**
- 2. For a change from confinement in a Long Term Facility to Home Health Care or Adult Day Care services, the Number of Months of Benefits Payable will equal two times the current number.**

**Terminal Benefit Option:**

**A \$10,000 lump sum payment will be paid to the named beneficiary of the Policy if the Insured dies while qualifying for benefits under the terms of this Rider:**

**To qualify for the terminal benefit, the following conditions must first be satisfied:**

- 1. The Number of Months of Benefits Payable equals zero; and**
- 2. The Insured otherwise continues to qualify for benefits under the terms of the Rider at the time of the Insured's death.**

## **EXCLUSIONS AND LIMITATIONS**

**This Rider does not pay benefits for loss:**

- 1. Due to Mental or Nervous Disorders; however, this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's Disease or related degenerative and dementing illnesses.**
- 2. Incurred outside the United States.**
- 3. Due to chronic alcohol or drug addiction unless the addiction results from administration of the prescribed dosage of drugs from treatment prescribed by a Physician.**
- 4. Due to illness, treatment or medical condition arising out of:**
  - a. War or act of war (whether declared or undeclared);**
  - b. Participation in a felony, riot or insurrection;**
  - c. Service in the armed forces or units auxiliary thereto;**
  - d. Suicide (sane or insane), attempted suicide or intentionally self-inflicted Injury;**
  - e. Aviation (this exclusion applies only to non-fare-paying passengers); or**
  - f. Normal pregnancy and childbirth. However, complications resulting from pregnancy are considered Sickness under this Rider.**
- 5. For which treatment is provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the Immediate Family and services for which no charge is normally made.**
- 6. Which does not satisfy all the conditions listed in the provision captioned "Eligibility for the Payment of Benefits".**

## **CLAIMS**

**NOTICE OF CLAIM.** Written notice of claim must be given within 20 days after a covered loss starts, or as soon as reasonably possible. The notice can be given to the Company at its administrative office, or to the Company's agent. Notice should include the Owner's name and the Policy number.

The notice should identify the Insured and be sent to the Company's Administrative Office at 100 South Washington Avenue, P.O. Box 1548, Minneapolis, MN 55440.

**CLAIM FORMS.** When the Company receives the Notice of Claim, it will send the Owner forms for filing proof of loss. If these forms are not given to the Owner within 15 days, the Owner will have met the proof of loss requirements by giving the Company a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss section.

**PROOFS OF LOSS.** If the Rider provides for periodic payment for a continuing loss, written proof of loss must be given the Company within 90 days after the end of each period for which the Company is liable. If it was not reasonably possible to give written proof in the time required, the Company shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time specified unless the Owner was legally incapacitated.

**RIGHTS NOT WAIVED.** None of the following actions shall waive or reduce the Company's rights in defense of a claim under this Rider:

- 1. The acknowledgement by the Company of receipt of Notice of Claim under this Rider;**

2. The furnishing of forms for filing Proof of Loss, or the acceptance of such proof; or
3. The investigation of any claim under this Rider.

**TIME OF PAYMENT OF CLAIMS.** After receiving written proof of loss, the Company will pay monthly all benefits then due for a covered loss under the Rider. Benefits for other loss covered by this Rider will be paid as soon as the Company receives proper written proof. The Company will require periodic proof of continued eligibility during a claim.

**PAYMENT OF CLAIMS.** Benefits will be paid to the Owner. Benefits under this Rider cannot be assigned. Loss of life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Owner's estate. Any other benefits unpaid at death may be paid, at the Company's option, either to the Owner's beneficiary or to the Owner's estate.

**PHYSICAL EXAMINATIONS & AUTOPSY.** The Company, at its expense, has the right to have the Insured examined as often as reasonably necessary while a claim is pending. It may also have an autopsy made unless prohibited by law.

**LEGAL ACTIONS.** No legal action may be brought to recover on this Rider within 60 days after the date written proof of loss has been given as required by this Rider. No action may be brought after three (3) years from the time written proof of loss is required to be given.

#### **APPEALS**

If the Owner or Insured feels a claim should not have been denied, the Owner or Insured has the right, at his or her own expense to send a written request to:

1. Examine all non-confidential pertinent documents in such claim file;
2. Get copies of such documents; and
3. Submit written information which the Company will consider in reviewing the appeal.

#### **Claim Review on Appeal**

An Insured has the right to appeal an unfavorable claim decision within 180 days of the date the decision is made. If no response has been given to a claim within 60 days after it has been filed, the Insured may assume such claim has been denied and proceed with an appeal.

An Insured must make a written appeal to the Company and should include the following:

1. The Owner's and the Insured's Name, Social Security Number, and the Policy Number;
2. The specific reasons for the appeal and/or the disagreement with the Company's decision; and
3. Any new or additional evidence or other documentation to support the appeal.

The Owner or Insured will be advised of a decision in writing, setting out the reasons for the decision, with specific references to pertinent provisions of the Policy or Rider on which the decision is based. If an extension is needed, the Owner or Insured will be provided notice within 15 days after receipt of the written appeal. This notice will state the reason for the extension, any additional information needed, and the date by which a determination is expected to be made. If additional information is needed, the Owner or Insured will have 45 days to provide it. A written decision will be sent to the Owner or Insured within 30 days of the date the additional information is submitted.

#### **WAIVER OF PREMIUM**

Premiums for the Policy and its riders will be waived as long as the Insured qualifies to receive Monthly Benefits. Waiver of Premium will continue after all benefits have been paid so long as the Insured continues to meet the Eligibility for the Payment of Benefits. If the Insured no longer meets the Eligibility for the Payment of Benefits, premium payments must resume as of the next premium due date.

## GENERAL PROVISIONS

1. All of the Policy provisions apply to this Rider, unless changed by this Rider. If any provision of the Policy is inconsistent with this Rider, the Policy language will prevail.
2. The Company may not cancel or reduce the coverage under this Rider other than reductions that result from reductions in the Death Benefit of the Policy.
3. Except for nonpayment of premiums, the validity of this Rider will not be contestable after it has been in force during the lifetime of the Insured for two years from the Rider Effective Date or date of reinstatement, whichever is later.

## TERMINATION

This Rider will terminate on the earliest of:

1. The Number of Months of Benefits Payable equals zero and the Insured no longer qualifies for benefits under the terms of this Rider; or
2. The Policy or Rider lapses or is surrendered.

Termination of the Policy or Rider will not affect payment of the Monthly Benefit if the Benefit Period began while the Rider was in force. In this case, the Benefit Period must continue without interruption after termination of the Policy or Rider.

## REINSTATEMENT

If the Policy lapses, the Owner can reinstate this Rider if:

1. This Rider was in effect when the Policy lapsed; and
2. The Owner provides proof, within five (5) months following a lapse, that Cognitive Impairment or loss of functional capacity occurred before the end of the Policy's Grace Period.

The Owner is responsible for payment of all premiums from the date of default. Except for any new Policy provisions added due to reinstatement, both the Owner's rights and the Company's will be the same as before the Policy or Rider lapsed.

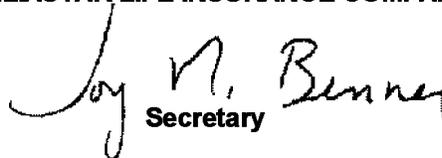
## AMENDMENTS

The Company may amend this Rider so that it is in compliance with all applicable laws, rules, regulations, interpretations, holdings and orders. When required by law, the Company will obtain the Owner's approval of these changes and obtain approval from any appropriate regulatory authority.

## NONPARTICIPATING

This Rider does not entitle the Owner to participate in the Company's surplus.

RELIASTAR LIFE INSURANCE COMPANY

  
Secretary

*SERFF Tracking Number:* MNNP-125386761      *State:* Arkansas  
*Filing Company:* ReliaStar Life Insurance Company      *State Tracking Number:* 38113  
*Company Tracking Number:* RL-WL2-LTC-07  
*TOI:* LTC03I Individual Long Term Care      *Sub-TOI:* LTC03I.003 Other  
*Product Name:* Whole Life Insurance  
*Project Name/Number:* Premier Whole Life LTC Riders/RL-WL2-LTC-07

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNP-125386761 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38113  
Company Tracking Number: RL-WL2-LTC-07  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
Product Name: Whole Life Insurance  
Project Name/Number: Premier Whole Life LTC Riders/RL-WL2-LTC-07

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 12/13/2007  
**Comments:**  
**Attachment:**  
ARcertcomp.pdf

**Review Status:**  
**Satisfied -Name:** Application 12/13/2007  
**Comments:**  
Whole Life Long Term Care Supplemental Application Form Number RL-LTC-05-MULTI-1 was approved by your Department on 3-16-06

**Review Status:**  
**Satisfied -Name:** Health - Actuarial Justification 12/13/2007  
**Comments:**  
see below, imported as a template so had to be separate

**Review Status:**  
**Satisfied -Name:** Outline of Coverage 12/13/2007  
**Comments:**  
The following Outlines of Coverage were approved by your Department on 3-16-06 and will be used with the submitted Riders;  
B-LTC-ET-05, B-LTC-RE-05,B-LTC-RO-05, and B-LTC-TB-05.

**Review Status:**  
**Satisfied -Name:** Actuarial Memo ET 01/28/2008  
**Comments:**  
used with form #: RL-WL2-LTC-ET-07  
**Attachment:**  
ActMemo ET 20080125\_v1.pdf

**Review Status:**

SERFF Tracking Number: MNNP-125386761 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38113  
Company Tracking Number: RL-WL2-LTC-07  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
Product Name: Whole Life Insurance  
Project Name/Number: Premier Whole Life LTC Riders/RL-WL2-LTC-07

**Satisfied -Name:** Actuarial Memo RE

01/28/2008

**Comments:**

used with form #: RL-WL2-LTC-RE-07

**Attachment:**

ActMemo RE 20080125\_v1.pdf

SERFF Tracking Number: MNNP-125386761 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38113  
Company Tracking Number: RL-WL2-LTC-07  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
Product Name: Whole Life Insurance  
Project Name/Number: Premier Whole Life LTC Riders/RL-WL2-LTC-07

**Review Status:**

**Satisfied -Name:** Actuarial Memo RO 01/28/2008

**Comments:**

used with form #: RL-WL2-LTC-RO-07

**Attachment:**

ActMemo RO 20080125\_v1.pdf

**Review Status:**

**Satisfied -Name:** Actuarial Memo TB 01/28/2008

**Comments:**

used with form #: RL-WL2-LTC-TB-07

**Attachment:**

ActMemo TB 20080125\_v1.pdf

**Review Status:**

**Satisfied -Name:** RL-WL2-POL-07 01/28/2008

**Comments:**

Page is updated to reflect the addition of the Long Term Care Rider if elected

**Attachment:**

DATA PAGE 4 WITH LTC.pdf

**Review Status:**

**Satisfied -Name:** ET Long Term Care Rider Brochure 01/28/2008

**Comments:**

**Attachment:**

ET 0712016 FINAL 147032 PD P PA 53 5.pdf

**Review Status:**

**Satisfied -Name:** RE Long Term Care Rider Brochure 01/28/2008

**Comments:**

**Attachment:**

RE 0712014 FINAL 147030 PD P PA 51 7.pdf

SERFF Tracking Number: MNNP-125386761 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38113  
Company Tracking Number: RL-WL2-LTC-07  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other  
Product Name: Whole Life Insurance  
Project Name/Number: Premier Whole Life LTC Riders/RL-WL2-LTC-07

**Review Status:**

**Satisfied -Name:** RO Long Term Care Rider Brochure 01/28/2008

**Comments:**

**Attachment:**

RO 0712015 FINAL 147029 PD P PA 50 7.pdf

**Review Status:**

**Satisfied -Name:** TB Long Term Care Rider Brochure 01/28/2008

**Comments:**

**Attachment:**

TB 0712013 FINAL 147031 PD P PA 52 6.pdf

**Review Status:**

**Satisfied -Name:** Statement of Policy Cost and Benefit Information 01/28/2008

**Comments:**

Page is updated to reflect Long Term Care Rider inclusion

**Attachment:**

STATEMENT WITH LTC.pdf

**Review Status:**

**Satisfied -Name:** Readability 02/06/2008

**Comments:**

**Attachment:**

AR READABILITY CERTIFICATION.pdf

**Review Status:**

**Satisfied -Name:** Cover Letter 02/06/2008

**Comments:**

**Attachment:**

AR Cover Letter.pdf

**CERTIFICATION OF COMPLIANCE**  
Arkansas Rule and Regulation 19  
Unfair Sex Discrimination in the Sale of Insurance

ReliaStar Life Insurance Company hereby certifies that it is in compliance with Rule and Regulation 19 - Unfair Sex Discrimination in the Sale of Insurance.

*S. Saver-Patterson*

---

S. Saver-Patterson  
Assistant Secretary

February 5, 2008

---

Date

# Reliastar Life Insurance Company

Address: P.O. Box 122, Minneapolis, MN 55440-0122

## Actuarial Memorandum

January 2008

Product or Rider

Long Term Care Rider

Form Number

RL-WL2-LTC-ET-07

This is a new filing of a rider that accelerates benefits under a Whole Life insurance policy for long term care services and extends benefits for long term care services beyond the death benefit when the death benefit is fully accelerated. It can be attached to a payroll deduction nonparticipating Whole Life policy and is available at issue. The benefits and rates on the above-referenced form are unchanged from that of the similar previously approved form NP-B-LTC-ET-05; however, this filing reflects changes to the net investment earnings rate, the active life reserve mortality assumption, the sales distribution and the anticipated loss ratio. The new form is necessary to be compliant with the 2001 CSO Mortality Table.

### 1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of seeking approval of the Department of Insurance to sell this rider to residents of your state by demonstrating that this rider complies with all laws of the State and the rules of the Department of Insurance. It may not be suitable for other purposes.

### 2. Description of Benefits

The LTC Rider provides an acceleration of the payment of the death benefit of the policy to which the rider is attached. This acceleration is designed to provide financial assistance to Insureds facing serious long term care needs.

Payment of benefits is triggered by the following eligibility criteria:

- The Insured has suffered from a Sickness or Injury, as defined in the Rider;
- The Elimination Period has been satisfied;
- The Insured is receiving Qualified Care, as defined in the Rider;
- A Licensed Healthcare Provider's Certification of Sickness or Injury is provided.

The benefit amount at any time is determined as the difference between the current death benefit and any policy loan divided by remaining number of months of benefits payable. The number of months of benefits payable is initially 25 for long term care confinement and 50 for home care and adult day care services.

Payment of each monthly benefit will decrease the death benefit, cash value, any policy loan and the number of months of benefits payable. While the Insured qualifies to receive benefits any modal premium due for the policy and attached riders is waived.

The Elimination Period must be met if an Insured suffers from Sickness or Injury 90 days after the last Benefit Period. However, the Elimination period will be waived if the new benefit period is within 90 days of the last benefit period and the Insured's Sickness or Injury is due to the same or related condition.

The rider also provides Extension of Benefits and a Terminal Benefit. Extension of Benefits provides benefits beyond when number of months of benefits payable has reached zero. The number of months of extended benefits payable will be 25 for long term care confinement and 50 for home care and adult day care services. The Terminal Benefit provides a \$10,000 lump sum payment to the named beneficiary if the Insured dies while qualifying for benefits. To qualify for the Terminal Benefit, the number of months of extended benefits payable must equal zero and the Insured must otherwise qualify to receive benefits.

### **3. Renewability**

This is a fully guaranteed Individual rider. The policy to which this rider is attached must remain in force for the LTC rider to remain in force.

### **4. Applicability**

The Company expects new issues of this rider with the issuance of new Whole Life policies. The rider may also be attached to an existing in force Whole Life policy.

### **5. Actuarial Assumptions**

- a. Expected Claim Costs. The claim costs are developed from utilization and claim continuation data from the 2002 Milliman *Long Term Care Guidelines*.

Admission rates vary by gender, attained age and for institutional care versus non-institutional care. Admission rates are adjusted by selection factors, which vary by issue age and duration, to reflect that the rider is underwritten on a guaranteed issue or qualified/simplified issue basis. Admission rates were also adjusted for marital status at issue where the adjustment factors vary by issue age and are assumed to "wear-off" over 20 years.

Separate claim termination rates for death and recovery were developed from the claim continuance data in the *Guidelines* assuming disabled life mortality of 2 to 4 times, depending on age, the 1979-81 US Population table.

Because the *Guidelines* are developed from insured data for stand-alone LTC policies where death benefit coverage is not a motivation for owning the policy, an adjustment to reflect reduced utilization due to the insured's desire to maintain a death benefit is also made. This adjustment multiplier is 65%.

- b. Mortality. Active life mortality is assumed to be the same as that for the base policy which is based on sex distinct tables developed from company experience on other guaranteed and qualified/simplified issue Whole Life products.
- c. Voluntary Termination Rates. Voluntary termination rates are shown below.

Voluntary Termination Rates by Issue Age (Non-Smoker)							
Duration	< 25	25-34	35-44	45-54	55-64	65-69	70+
1	28.0%	23.0%	18.0%	16.0%	15.0%	14.0%	12.0%
2	25.0%	20.0%	15.0%	12.0%	12.0%	11.0%	9.0%
3	20.0%	14.0%	11.0%	9.0%	9.0%	9.0%	8.0%
4	16.0%	12.0%	8.0%	8.0%	8.0%	7.0%	7.0%
5	12.0%	10.0%	7.0%	7.0%	7.0%	6.0%	6.0%
6	8.0%	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%
7	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%
8	6.0%	6.0%	5.0%	5.0%	5.0%	5.0%	4.0%
9	5.0%	5.0%	5.0%	4.0%	4.0%	4.0%	4.0%
10+	4.4%	4.4%	3.5%	3.5%	3.5%	3.5%	3.5%

Voluntary Termination Rates by Issue Age (Smoker)							
Duration	< 25	25-34	35-44	45-54	55-64	65-69	70+
1	27.0%	29.0%	24.0%	22.0%	25.0%	20.0%	12.0%
2	24.0%	24.0%	19.0%	17.0%	16.0%	14.0%	11.0%
3	17.0%	17.0%	14.0%	13.0%	13.0%	12.0%	9.0%
4	13.0%	14.0%	11.0%	11.0%	11.0%	10.0%	8.0%
5	11.0%	12.0%	10.0%	10.0%	10.0%	8.0%	7.0%
6	8.0%	9.0%	8.0%	7.0%	8.0%	7.0%	6.0%
7	8.0%	8.0%	7.0%	7.0%	7.0%	7.0%	6.0%
8	7.0%	7.0%	6.0%	6.0%	6.0%	6.0%	6.0%
9	6.0%	7.0%	6.0%	6.0%	6.0%	6.0%	6.0%
10+	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%

- d. Interest. Net investment earnings of 5.75% are assumed. Policy reserves are calculated at the maximum valuation interest rate. The loss ratio demonstration assumes discounting at 5.25%, reflecting a 50 basis point margin from the net investment earnings rate.
- e. Expenses. Rider expenses include a \$300 per policy claim set-up cost and \$15 per month administrative cost while the insured is receiving benefit payments.
- f. Commissions Including Bonuses.

Year 1	97.0 %
Years 2-10	6.0
Years 11+	2.0

## 6. Marketing Method

The Whole Life policy and this rider have been designed for sale in the worksite marketplace through payroll deduction provided by the employer.

## **7. Underwriting Description**

Underwriting is limited. The Company expects that 64% of the Whole Life policies (and hence the attached LTC rider) will be issued on the basis of a guaranteed issue format. The remaining 36% will be issued using some additional simplified issue questions.

## **8. Premiums**

Premiums are unisex, level and payable for life and are distinct by issue age. There is no distinction by tobacco use or other rating criterion. The rider is non-cancellable and premiums are guaranteed at issue.

## **9. Issue Age Range**

The issue ages for the Whole Life policy and the rider are 0 to 70.

## **10. Area Factors**

Area factors are not used for this product.

## **11. Premium Modalization Rules**

For payroll deducted policies, there are no modalization factors or fees on any mode of payment.

## **12. Active Life Reserves**

The Company will establish active life reserves for this rider in addition to the Whole Life policy reserves for the long term care benefits. This component is calculated according to the following assumptions:

Interest:	Maximum interest rate allowed in Standard Valuation Law (currently 4.0%)
Mortality:	2001 CSO – ALB, Unisex (60% male/40% female), Smoker and Nonsmoker, Ultimate Table
Morbidity:	110% of Expected Experience
Lapse:	None

## **13. Claim Liability and Reserves**

There are no claim liabilities for this rider since this is a new filing. As claims occur, a standard actuarial method will be used employing the pricing morbidity claim continuance tables to determine the liability.

## **14. Trend Assumptions**

As this is not medical insurance, we have not included any explicit medical cost trends in the pricing.

**15. Average Annual Premium**

The average annual level premium expected is \$1.87 per \$1,000 of Whole Life death benefit. This is based on the age distribution described below (see Item 17).

**16. Anticipated Loss Ratio**

The rider produces an anticipated loss ratio of 71%. The loss ratio demonstration assumes discounting at 5.25%, reflecting a 50 basis point margin from the net investment earnings rate. The anticipated loss ratio is calculated as the present value of benefits incurred, excluding increase in active life reserve, divided by the present value of annualized earned premiums. The expected distribution of business in Item 17 was used to determine the composite anticipated loss ratio.

**17. Issue Age Distribution**

Sales are assumed to be distributed to age brackets as follows:

<b>Central Age</b>	<b>Distribution Percent</b>
25	29%
35	34%
45	28%
55	8%
65	1%

**18. Experience on the Form (Past and Future Anticipated)**

This is a new filing so there is no experience on this form.

**19. Lifetime Loss Ratio**

This is a new filing so there is no experience on this form.

**20. History of Rate Adjustments**

This is a new filing so there is no experience on this form.

**21. Number of Policy Holders**

This is a new filing so there is no experience on this form.

**22. Proposed Effective Date**

This rider shall be made available for sale upon approval from the Department of Insurance in the state in which it has been filed.

### 23. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings. I have been retained by Reliastar Life Insurance Company to prepare this memorandum on the company's behalf. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

I believe this rate filing is in compliance with the applicable laws of the State and with the rules of the Department. In providing this opinion, I have relied on information supplied to me by the company.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits.

In preparing this actuarial memorandum, I relied on data provided to me by Reliastar Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



---

Amy Pahl, FSA, MAAA  
Consulting Actuary

Date: January 25, 2008

Exhibit 1 to Actuarial Memorandum  
Reliastar Life Insurance Company  
Example of Calculation of Initial Monthly Benefit for LTC Confinement  
Rider Form RL-WL2-LTC-ET-07

Basic LTC Benefit:

Number of Benefits Payable	25
Death Benefit at the end of the Elimination Period	\$100,000
Policy Loan at the end of the Elimination Period	\$10,000
1 <sup>st</sup> Monthly Benefit = (a) – (b)	\$4,000 - \$400 = \$3,600
Revised Death Benefit	\$100,000 - \$4,000 = \$96,000
Revised Policy Loan	\$10,000 - \$400 = \$9,600

Where:

(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable, less

(b) = The current Policy Loan divided by the Number of Months of Benefits Payable

Exhibit 2 to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Reserve Demonstration  
 Rider Form RL-WL2-LTC-ET-07

35 Year Old Male  
 Per 50,000 Face Amount

<u>Policy Duration</u>	<u>Statutory Reserve</u>	<u>Policy Duration</u>	<u>Statutory Reserve</u>	<u>Policy Duration</u>	<u>Statutory Reserve</u>
1	\$80	31	8,996	61	30,173
2	162	32	9,563	62	29,745
3	329	33	10,168	63	29,336
4	503	34	10,809	64	28,784
5	683	35	11,485	65	28,114
6	869	36	12,201	66	27,423
7	1,062	37	12,968	67	26,728
8	1,263	38	13,797	68	26,025
9	1,472	39	14,671	69	25,330
10	1,690	40	15,567	70	24,671
11	1,916	41	16,496	71	24,081
12	2,151	42	17,469	72	23,573
13	2,394	43	18,499	73	23,146
14	2,646	44	19,572	74	22,794
15	2,908	45	20,673	75	22,530
16	3,179	46	21,816	76	22,378
17	3,460	47	23,019	77	22,333
18	3,751	48	24,292	78	22,329
19	4,054	49	25,567	79	22,243
20	4,370	50	26,778	80	22,140
21	4,699	51	27,915	81	22,094
22	5,043	52	28,980	82	22,042
23	5,402	53	30,000	83	22,053
24	5,777	54	30,930	84	22,108
25	6,170	55	31,703	85	21,844
26	6,583	56	32,238	86	10,822
27	7,016	57	32,387		
28	7,473	58	32,028		
29	7,955	59	31,369		
30	8,462	60	30,725		

Exhibit 3 to Actuarial Memorandum  
Reliastar Life Insurance Company  
Anticipated Loss Ratio  
Rider Form RL-WL2-LTC-ET-07

<u>Policy Duration</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio By Demonstration</u>	<u>Loss Ratio*N</u>
1	1.67	0.06	4%	71%
2	1.39	0.06	4%	81%
3	1.20	0.07	5%	91%
4	1.08	0.07	7%	102%
5	0.98	0.09	9%	114%
6	0.91	0.10	11%	126%
7	0.86	0.11	13%	140%
8	0.80	0.11	14%	155%
9	0.76	0.12	16%	171%
10	0.72	0.13	17%	189%
11	0.68	0.13	20%	209%
12	0.65	0.15	23%	231%
13	0.62	0.16	26%	255%
14	0.58	0.18	31%	282%
15	0.55	0.20	35%	312%
16	0.52	0.21	40%	346%
17	0.49	0.22	46%	383%
18	0.46	0.24	51%	424%
19	0.44	0.27	61%	470%
20	0.41	0.29	71%	521%
21	0.39	0.30	77%	577%
22	0.36	0.31	85%	640%
23	0.34	0.31	92%	711%
24	0.32	0.34	107%	789%
25	0.30	0.37	122%	876%
26	0.28	0.38	137%	973%
27	0.26	0.39	151%	1,080%
28	0.24	0.41	168%	1,199%
29	0.23	0.48	212%	1,330%
30	0.21	0.58	277%	1,471%
31	0.19	0.72	369%	1,621%
32	0.18	0.79	428%	1,777%
33	0.17	0.85	485%	1,948%
34	0.17	0.95	576%	2,136%
35	0.16	1.05	672%	2,340%
36	0.15	1.13	770%	2,561%
37	0.14	1.21	872%	2,803%
38	0.13	1.28	980%	3,067%
39	0.12	1.41	1,155%	3,359%
40	0.11	1.53	1,343%	3,672%
41	0.11	1.65	1,546%	4,009%
42	0.10	1.74	1,753%	4,372%
43	0.09	1.82	1,972%	4,765%
44	0.09	1.94	2,265%	5,191%
45	0.08	2.04	2,570%	5,646%
46	0.07	2.12	2,893%	6,133%
47	0.07	2.18	3,232%	6,654%
48	0.06	2.23	3,602%	7,215%

Exhibit 3 to Actuarial Memorandum  
Reliastar Life Insurance Company  
Anticipated Loss Ratio  
Rider Form RL-WL2-LTC-ET-07

<u>Policy Duration</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio By Demonstration</u>	<u>Loss Ratio*N</u>
49	0.06	2.27	4,009%	7,818%
50	0.05	2.30	4,449%	8,465%
51	0.05	2.34	4,954%	9,160%
52	0.04	2.35	5,489%	9,900%
53	0.04	2.36	6,080%	10,690%
54	0.03	2.37	6,770%	11,530%
55	0.03	2.36	7,506%	12,411%
56	0.03	2.34	8,306%	13,333%
57	0.03	2.31	9,170%	14,292%
58	0.02	2.28	10,132%	15,281%
59	0.02	2.17	10,860%	16,289%
60	0.02	2.06	11,611%	17,365%
61	0.02	1.96	12,467%	18,518%
62	0.01	1.86	13,392%	19,746%
63	0.01	1.77	14,436%	21,052%
64	0.01	1.67	15,490%	22,429%
65	0.01	1.58	16,643%	23,892%
66	0.01	1.50	17,929%	25,443%
67	0.01	1.36	19,080%	27,076%
68	0.01	1.29	20,563%	28,795%
69	0.01	1.20	21,935%	30,589%
70	0.00	1.12	23,414%	32,506%
71	0.00	1.05	25,080%	34,559%
72	0.00	0.99	26,936%	36,751%
73	0.00	0.93	29,035%	39,086%
74	0.00	0.88	31,275%	41,563%
75	0.00	0.83	33,800%	44,212%
76	0.00	0.79	36,661%	47,047%
77	0.00	0.55	36,851%	50,086%
78	0.00	0.50	38,577%	53,234%
79	0.00	0.48	41,875%	56,843%
80	0.00	0.45	45,607%	60,695%
81	0.00	0.43	49,831%	64,803%
82	0.00	0.42	54,610%	69,185%
83	0.00	0.40	60,017%	73,874%
84	0.00	0.39	66,134%	78,941%
85	0.00	0.37	73,053%	84,542%
86	0.00	0.36	80,879%	91,122%
87	0.00	0.10	90,463%	100,456%
88	0.00	0.07	76,161%	103,037%
89	0.00	0.07	83,606%	110,304%
90	0.00	0.06	92,019%	117,963%
91	0.00	0.06	101,526%	126,002%
92	0.00	0.06	112,268%	134,402%
93	0.00	0.06	124,407%	143,144%
94	0.00	0.05	138,124%	152,201%
95	0.00	0.05	153,623%	161,543%
96	0.00	0.05	171,136%	171,136%

Exhibit 4(Base) to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Rates per \$1,000 of Death Benefit  
 Rider Form RL-WL2-LTC-ET-07

Base Rider			
Issue Age	LTC Rider	Issue Age	LTC Rider
0	0.50	36	0.94
1	0.50	37	0.99
2	0.50	38	1.04
3	0.50	39	1.10
4	0.50	40	1.16
5	0.50	41	1.22
6	0.50	42	1.28
7	0.50	43	1.35
8	0.50	44	1.42
9	0.50	45	1.50
10	0.50	46	1.59
11	0.50	47	1.69
12	0.50	48	1.80
13	0.50	49	1.92
14	0.50	50	2.04
15	0.50	51	2.17
16	0.50	52	2.29
17	0.50	53	2.41
18	0.50	54	2.53
19	0.50	55	2.65
20	0.50	56	2.76
21	0.50	57	2.86
22	0.50	58	2.96
23	0.50	59	3.06
24	0.50	60	3.15
25	0.50	61	3.24
26	0.53	62	3.33
27	0.56	63	3.42
28	0.60	64	3.51
29	0.64	65	3.60
30	0.68	66	3.69
31	0.72	67	3.77
32	0.76	68	3.85
33	0.80	69	3.93
34	0.85	70	4.00
35	0.90		

Exhibit 4(Extension) to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Rates per \$1,000 of Death Benefit  
 Rider Form RL-WL2-LTC-ET-07

Extension of Benefits			
<u>Issue</u> <u>Age</u>	<u>LTC</u> <u>Rider</u>	<u>Issue</u> <u>Age</u>	<u>LTC</u> <u>Rider</u>
0	0.30	36	0.59
1	0.30	37	0.63
2	0.30	38	0.67
3	0.30	39	0.71
4	0.30	40	0.75
5	0.30	41	0.80
6	0.30	42	0.85
7	0.30	43	0.90
8	0.30	44	0.95
9	0.30	45	1.00
10	0.30	46	1.05
11	0.30	47	1.11
12	0.30	48	1.18
13	0.30	49	1.26
14	0.30	50	1.32
15	0.30	51	1.36
16	0.30	52	1.40
17	0.30	53	1.44
18	0.30	54	1.47
19	0.30	55	1.50
20	0.30	56	1.51
21	0.30	57	1.50
22	0.30	58	1.47
23	0.30	59	1.41
24	0.30	60	1.36
25	0.30	61	1.31
26	0.32	62	1.26
27	0.34	63	1.21
28	0.35	64	1.16
29	0.37	65	1.11
30	0.40	66	1.06
31	0.42	67	1.02
32	0.45	68	0.98
33	0.49	69	0.94
34	0.52	70	0.91
35	0.55		

Exhibit 4(Terminal) to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Rates per \$1,000 of Death Benefit  
 Rider Form RL-WL2-LTC-ET-07

Terminal Benefit			
Issue Age	LTC Rider	Issue Age	LTC Rider
0	0.05	36	0.05
1	0.05	37	0.05
2	0.05	38	0.05
3	0.05	39	0.05
4	0.05	40	0.04
5	0.05	41	0.05
6	0.05	42	0.05
7	0.05	43	0.05
8	0.05	44	0.05
9	0.05	45	0.05
10	0.05	46	0.05
11	0.05	47	0.05
12	0.05	48	0.05
13	0.05	49	0.05
14	0.05	50	0.06
15	0.05	51	0.07
16	0.05	52	0.09
17	0.05	53	0.10
18	0.05	54	0.12
19	0.05	55	0.15
20	0.05	56	0.18
21	0.05	57	0.22
22	0.05	58	0.26
23	0.05	59	0.31
24	0.05	60	0.37
25	0.05	61	0.43
26	0.05	62	0.49
27	0.05	63	0.56
28	0.05	64	0.63
29	0.05	65	0.70
30	0.05	66	0.77
31	0.05	67	0.86
32	0.05	68	0.95
33	0.05	69	1.04
34	0.05	70	1.14
35	0.05		

## Reliastar Life Insurance Company

Address: P.O. Box 122, Minneapolis, MN 55440-0122

### Actuarial Memorandum

January 2008

Product or Rider

Long Term Care Rider

Form Number

RL-WL2-LTC-RE-07

This is a new filing of a rider that accelerates benefits under a Whole Life insurance policy for long term care services and extends benefits for long term care services beyond the death benefit when the death benefit is fully accelerated. It can be attached to a payroll deduction nonparticipating Whole Life policy and is available at issue. The benefits and rates on the above-referenced form are unchanged from that of the similar previously approved form NP-B-LTC-RE-05; however, this filing reflects changes to the net investment earnings rate, the active life reserve mortality assumption, the sales distribution and the anticipated loss ratio. The new form is necessary to be compliant with the 2001 CSO Mortality Table.

#### 1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of seeking approval of the Department of Insurance to sell this rider to residents of your state by demonstrating that this rider complies with all laws of the State and the rules of the Department of Insurance. It may not be suitable for other purposes.

#### 2. Description of Benefits

The LTC Rider provides an acceleration of the payment of the death benefit of the policy to which the rider is attached. This acceleration is designed to provide financial assistance to Insureds facing serious long term care needs.

Payment of benefits is triggered by the following eligibility criteria:

- The Insured has suffered from a Sickness or Injury, as defined in the Rider;
- The Elimination Period has been satisfied;
- The Insured is receiving Qualified Care, as defined in the Rider;
- A Licensed Healthcare Provider's Certification of Sickness or Injury is provided.

The benefit amount at any time is determined as the difference between the current death benefit and any policy loan divided by remaining number of months of benefits payable. The number of months of benefits payable is initially 25 for long term care confinement and 50 for home care and adult day care services.

Payment of each monthly benefit will decrease the death benefit, cash value, any policy loan and the number of months of benefits payable. While the Insured qualifies to receive benefits any modal premium due for the policy and attached riders is waived.

The Elimination Period must be met if an Insured suffers from Sickness or Injury 90 days after the last Benefit Period. However, the Elimination period will be waived if the new benefit period is within 90 days of the last benefit period and the Insured's Sickness or Injury is due to the same or related condition.

The rider also provides Restoration of Benefits and Extension of Benefits. Restoration of Benefits allows for the death benefit and cash value to be restored after each monthly benefit payment. Extension of Benefits provides benefits beyond when number of months of benefits payable has reached zero. The number of months of extended benefits payable will be 25 for long term care confinement and 50 for home care and adult day care services.

### **3. Renewability**

This is a fully guaranteed Individual rider. The policy to which this rider is attached must remain in force for the LTC rider to remain in force.

### **4. Applicability**

The Company expects new issues of this rider with the issuance of new Whole Life policies. The rider may also be attached to an existing in force Whole Life policy.

### **5. Actuarial Assumptions**

- a. Expected Claim Costs. The claim costs are developed from utilization and claim continuation data from the 2002 Milliman *Long Term Care Guidelines*.

Admission rates vary by gender, attained age and for institutional care versus non-institutional care. Admission rates are adjusted by selection factors, which vary by issue age and duration, to reflect that the rider is underwritten on a guaranteed issue or qualified/simplified issue basis. Admission rates were also adjusted for marital status at issue where the adjustment factors vary by issue age and are assumed to "wear-off" over 20 years.

Separate claim termination rates for death and recovery were developed from the claim continuance data in the *Guidelines* assuming disabled life mortality of 2 to 4 times, depending on age, the 1979-81 US Population table.

Because the *Guidelines* are developed from insured data for stand-alone LTC policies where death benefit coverage is not a motivation for owning the policy, an adjustment to reflect reduced utilization due to the insured's desire to maintain a death benefit is also made. This adjustment multiplier is 65%.

- b. Mortality. Active life mortality is assumed to be the same as that for the base policy which is based on sex distinct tables developed from company experience on other guaranteed and qualified/simplified issue Whole Life products.
- c. Voluntary Termination Rates. Voluntary termination rates are shown below.

Voluntary Termination Rates by Issue Age (Non-Smoker)							
Duration	< 25	25-34	35-44	45-54	55-64	65-69	70+
1	28.0%	23.0%	18.0%	16.0%	15.0%	14.0%	12.0%
2	25.0%	20.0%	15.0%	12.0%	12.0%	11.0%	9.0%
3	20.0%	14.0%	11.0%	9.0%	9.0%	9.0%	8.0%
4	16.0%	12.0%	8.0%	8.0%	8.0%	7.0%	7.0%
5	12.0%	10.0%	7.0%	7.0%	7.0%	6.0%	6.0%
6	8.0%	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%
7	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%
8	6.0%	6.0%	5.0%	5.0%	5.0%	5.0%	4.0%
9	5.0%	5.0%	5.0%	4.0%	4.0%	4.0%	4.0%
10+	4.4%	4.4%	3.5%	3.5%	3.5%	3.5%	3.5%

Voluntary Termination Rates by Issue Age (Smoker)							
Duration	< 25	25-34	35-44	45-54	55-64	65-69	70+
1	27.0%	29.0%	24.0%	22.0%	25.0%	20.0%	12.0%
2	24.0%	24.0%	19.0%	17.0%	16.0%	14.0%	11.0%
3	17.0%	17.0%	14.0%	13.0%	13.0%	12.0%	9.0%
4	13.0%	14.0%	11.0%	11.0%	11.0%	10.0%	8.0%
5	11.0%	12.0%	10.0%	10.0%	10.0%	8.0%	7.0%
6	8.0%	9.0%	8.0%	7.0%	8.0%	7.0%	6.0%
7	8.0%	8.0%	7.0%	7.0%	7.0%	7.0%	6.0%
8	7.0%	7.0%	6.0%	6.0%	6.0%	6.0%	6.0%
9	6.0%	7.0%	6.0%	6.0%	6.0%	6.0%	6.0%
10+	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%

- d. Interest. Net investment earnings of 5.75% are assumed. Policy reserves are calculated at the maximum valuation interest rate. The loss ratio demonstration assumes discounting at 5.25%, reflecting a 50 basis point margin from the net investment earnings rate.
- e. Expenses. Rider expenses include a \$300 per policy claim set-up cost and \$15 per month administrative cost while the insured is receiving benefit payments.
- f. Commissions Including Bonuses.

Year 1	97.0 %
Years 2-10	6.0
Years 11+	2.0

## 6. Marketing Method

The Whole Life policy and this rider have been designed for sale in the worksite marketplace through payroll deduction provided by the employer.

## **7. Underwriting Description**

Underwriting is limited. The Company expects that 64% of the Whole Life policies (and hence the attached LTC rider) will be issued on the basis of a guaranteed issue format. The remaining 36% will be issued using some additional simplified issue questions.

## **8. Premiums**

Premiums are unisex, level and payable for life and are distinct by issue age. There is no distinction by tobacco use or other rating criterion. The rider is non-cancellable and premiums are guaranteed at issue.

## **9. Issue Age Range**

The issue ages for the Whole Life policy and the rider are 0 to 70.

## **10. Area Factors**

Area factors are not used for this product.

## **11. Premium Modalization Rules**

For payroll deducted policies, there are no modalization factors or fees on any mode of payment.

## **12. Active Life Reserves**

The Company will establish active life reserves for this rider in addition to the Whole Life policy reserves for the long term care benefits. This component is calculated according to the following assumptions:

Interest:	Maximum interest rate allowed in Standard Valuation Law (currently 4.0%)
Mortality:	2001 CSO – ALB, Unisex (60% male/40% female), Smoker and Nonsmoker, Ultimate Table
Morbidity:	110% of Expected Experience
Lapse:	None

## **13. Claim Liability and Reserves**

There are no claim liabilities for this rider since this is a new filing. As claims occur, a standard actuarial method will be used employing the pricing morbidity claim continuance tables to determine the liability.

## **14. Trend Assumptions**

As this is not medical insurance, we have not included any explicit medical cost trends in the pricing.

## 15. Average Annual Premium

The average annual level premium expected is \$2.04 per \$1,000 of Whole Life death benefit. This is based on the age distribution described below (see Item 17).

## 16. Anticipated Loss Ratio

The rider produces an anticipated loss ratio of 72%. The loss ratio demonstration assumes discounting at 5.25%, reflecting a 50 basis point margin from the net investment earnings rate. The anticipated loss ratio is calculated as the present value of benefits incurred, excluding increase in active life reserve, divided by the present value of annualized earned premiums. The expected distribution of business in Item 17 was used to determine the composite anticipated loss ratio.

## 17. Issue Age Distribution

Sales are assumed to be distributed to age brackets as follows:

Central Age	Distribution Percent
25	29%
35	34%
45	28%
55	8%
65	1%

## 18. Experience on the Form (Past and Future Anticipated)

This is a new filing so there is no experience on this form.

## 19. Lifetime Loss Ratio

This is a new filing so there is no experience on this form.

## 20. History of Rate Adjustments

This is a new filing so there is no experience on this form.

## 21. Number of Policy Holders

This is a new filing so there is no experience on this form.

## 22. Proposed Effective Date

This rider shall be made available for sale upon approval from the Department of Insurance in the state in which it has been filed.

### 23. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings. I have been retained by Reliastar Life Insurance Company to prepare this memorandum on the company's behalf. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

I believe this rate filing is in compliance with the applicable laws of the State and with the rules of the Department. In providing this opinion, I have relied on information supplied to me by the company.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits.

In preparing this actuarial memorandum, I relied on data provided to me by Reliastar Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



---

Amy Pahl, FSA, MAAA  
Consulting Actuary

Date: January 25, 2008

Exhibit 1 to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Example of Calculation of Initial Monthly Benefit for LTC Confinement  
 Rider Form RL-WL2-LTC-RE-07

Basic LTC Benefit:

Number of Benefits Payable	25
Death Benefit at the end of the Elimination Period	\$100,000
Policy Loan at the end of the Elimination Period	\$10,000
1 <sup>st</sup> Monthly Benefit = (a) – (b)	$\$4,000 - \$400 = \$3,600$
Revised Death Benefit	$\$100,000 - \$4,000 = \$96,000$
Revised Policy Loan	$\$10,000 - \$400 = \$9,600$

Where:

(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable, less

(b) = The current Policy Loan divided by the Number of Months of Benefits Payable

Restoration of Benefits:

Number of Benefits Payable	$25 - 1 = 24$
Death Benefit	$\$96,000 + \$4,000 = \$100,000$
Number of Benefits Payable	$24 + 1 = 25$
Amount of Restored Benefits	\$4,000

The ROB terminates when the amount of restored Monthly Benefits paid accumulates to the initial Death Benefit.

Exhibit 2 to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Reserve Demonstration  
 Rider Form RL-WL2-LTC-RE-07

35 Year Old Male  
 Per 50,000 Face Amount

<u>Policy Duration</u>	<u>Statutory Reserve</u>	<u>Policy Duration</u>	<u>Statutory Reserve</u>	<u>Policy Duration</u>	<u>Statutory Reserve</u>
1	\$86	31	9,704	61	32,578
2	174	32	10,320	62	32,049
3	353	33	10,978	63	31,538
4	539	34	11,676	64	30,872
5	732	35	12,412	65	30,082
6	932	36	13,194	66	29,271
7	1,140	37	14,031	67	28,459
8	1,355	38	14,939	68	27,640
9	1,580	39	15,896	69	26,833
10	1,813	40	16,881	70	26,068
11	2,056	41	17,905	71	25,378
12	2,308	42	18,979	72	24,777
13	2,570	43	20,116	73	24,265
14	2,841	44	21,301	74	23,834
15	3,122	45	22,521	75	23,498
16	3,414	46	23,785	76	23,280
17	3,716	47	25,109	77	23,176
18	4,030	48	26,511	78	23,116
19	4,357	49	27,917	79	22,974
20	4,697	50	29,253	80	22,816
21	5,052	51	30,508	81	22,720
22	5,423	52	31,677	82	22,621
23	5,811	53	32,776	83	22,588
24	6,217	54	33,758	84	22,602
25	6,642	55	34,563	85	22,293
26	7,087	56	35,102	86	11,037
27	7,556	57	35,216		
28	8,052	58	34,771		
29	8,574	59	33,997		
30	9,124	60	33,239		

Exhibit 3 to Actuarial Memorandum  
Reliastar Life Insurance Company  
Anticipated Loss Ratio  
Rider Form RL-WL2-LTC-RE-07

<u>Policy Duration</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio By Demonstration</u>	<u>Loss Ratio*N</u>
1	1.83	0.06	3%	72%
2	1.52	0.06	4%	82%
3	1.32	0.07	5%	93%
4	1.18	0.07	6%	104%
5	1.08	0.09	8%	116%
6	1.00	0.10	10%	129%
7	0.94	0.11	12%	143%
8	0.88	0.11	13%	158%
9	0.83	0.12	14%	175%
10	0.79	0.12	16%	193%
11	0.75	0.13	18%	214%
12	0.71	0.15	21%	237%
13	0.67	0.16	24%	263%
14	0.64	0.18	28%	292%
15	0.60	0.19	32%	324%
16	0.57	0.21	37%	359%
17	0.54	0.23	42%	399%
18	0.51	0.24	47%	443%
19	0.48	0.27	56%	492%
20	0.45	0.29	65%	546%
21	0.42	0.30	71%	607%
22	0.40	0.31	79%	675%
23	0.37	0.32	86%	751%
24	0.35	0.35	101%	837%
25	0.32	0.38	116%	932%
26	0.30	0.40	133%	1,037%
27	0.28	0.42	149%	1,154%
28	0.26	0.44	170%	1,284%
29	0.24	0.54	221%	1,427%
30	0.22	0.67	300%	1,581%
31	0.21	0.86	411%	1,742%
32	0.20	0.96	483%	1,910%
33	0.19	1.04	555%	2,092%
34	0.18	1.16	658%	2,291%
35	0.17	1.27	763%	2,506%
36	0.16	1.38	880%	2,739%
37	0.15	1.47	993%	2,992%
38	0.14	1.55	1,115%	3,268%
39	0.13	1.69	1,300%	3,571%
40	0.12	1.82	1,499%	3,896%
41	0.11	1.95	1,718%	4,246%
42	0.11	2.05	1,944%	4,621%
43	0.10	2.15	2,192%	5,026%
44	0.09	2.27	2,502%	5,461%
45	0.08	2.37	2,823%	5,925%
46	0.08	2.45	3,167%	6,419%
47	0.07	2.50	3,523%	6,945%
48	0.07	2.55	3,911%	7,510%

Exhibit 3 to Actuarial Memorandum  
Reliastar Life Insurance Company  
Anticipated Loss Ratio  
Rider Form RL-WL2-LTC-RE-07

<u>Policy Duration</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio By Demonstration</u>	<u>Loss Ratio*N</u>
49	0.06	2.58	4,321%	8,114%
50	0.05	2.59	4,764%	8,761%
51	0.05	2.61	5,275%	9,456%
52	0.04	2.62	5,820%	10,196%
53	0.04	2.61	6,430%	10,983%
54	0.04	2.61	7,124%	11,816%
55	0.03	2.59	7,862%	12,688%
56	0.03	2.56	8,667%	13,598%
57	0.03	2.52	9,533%	14,541%
58	0.02	2.47	10,498%	15,512%
59	0.02	2.34	11,214%	16,497%
60	0.02	2.21	11,950%	17,547%
61	0.02	2.10	12,790%	18,672%
62	0.01	1.98	13,695%	19,870%
63	0.01	1.88	14,719%	21,143%
64	0.01	1.77	15,742%	22,485%
65	0.01	1.67	16,860%	23,913%
66	0.01	1.57	18,105%	25,430%
67	0.01	1.43	19,282%	27,032%
68	0.01	1.35	20,718%	28,700%
69	0.01	1.25	22,045%	30,444%
70	0.00	1.17	23,473%	32,309%
71	0.00	1.09	25,081%	34,312%
72	0.00	1.03	26,870%	36,456%
73	0.00	0.96	28,893%	38,750%
74	0.00	0.91	31,048%	41,196%
75	0.00	0.86	33,476%	43,833%
76	0.00	0.81	36,228%	46,688%
77	0.00	0.56	36,864%	49,798%
78	0.00	0.51	38,514%	52,875%
79	0.00	0.49	41,734%	56,416%
80	0.00	0.46	45,378%	60,200%
81	0.00	0.44	49,501%	64,243%
82	0.00	0.42	54,165%	68,570%
83	0.00	0.41	59,442%	73,222%
84	0.00	0.39	65,411%	78,287%
85	0.00	0.38	72,163%	83,963%
86	0.00	0.37	79,798%	90,804%
87	0.00	0.10	91,266%	101,078%
88	0.00	0.07	76,736%	103,612%
89	0.00	0.07	84,181%	110,879%
90	0.00	0.06	92,593%	118,538%
91	0.00	0.06	102,100%	126,576%
92	0.00	0.06	112,843%	134,977%
93	0.00	0.06	124,982%	143,719%
94	0.00	0.05	138,698%	152,776%
95	0.00	0.05	154,198%	162,118%
96	0.00	0.05	171,711%	171,711%

Exhibit 4(Base) to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Rates per \$1,000 of Death Benefit  
 Rider Form RL-WL2-LTC-RE-07

Base Rider			
Issue Age	LTC Rider	Issue Age	LTC Rider
0	0.50	36	0.94
1	0.50	37	0.99
2	0.50	38	1.04
3	0.50	39	1.10
4	0.50	40	1.16
5	0.50	41	1.22
6	0.50	42	1.28
7	0.50	43	1.35
8	0.50	44	1.42
9	0.50	45	1.50
10	0.50	46	1.59
11	0.50	47	1.69
12	0.50	48	1.80
13	0.50	49	1.92
14	0.50	50	2.04
15	0.50	51	2.17
16	0.50	52	2.29
17	0.50	53	2.41
18	0.50	54	2.53
19	0.50	55	2.65
20	0.50	56	2.76
21	0.50	57	2.86
22	0.50	58	2.96
23	0.50	59	3.06
24	0.50	60	3.15
25	0.50	61	3.24
26	0.53	62	3.33
27	0.56	63	3.42
28	0.60	64	3.51
29	0.64	65	3.60
30	0.68	66	3.69
31	0.72	67	3.77
32	0.76	68	3.85
33	0.80	69	3.93
34	0.85	70	4.00
35	0.90		

Exhibit 4(Restoration) to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Rates per \$1,000 of Death Benefit  
 Rider Form RL-WL2-LTC-RE-07

Restoration of Benefits			
Issue Age	LTC Rider	Issue Age	LTC Rider
0	0.05	36	0.11
1	0.05	37	0.11
2	0.05	38	0.12
3	0.05	39	0.13
4	0.05	40	0.14
5	0.05	41	0.17
6	0.05	42	0.20
7	0.05	43	0.23
8	0.05	44	0.27
9	0.05	45	0.30
10	0.05	46	0.34
11	0.05	47	0.39
12	0.05	48	0.45
13	0.05	49	0.53
14	0.05	50	0.63
15	0.05	51	0.72
16	0.05	52	0.82
17	0.05	53	0.93
18	0.05	54	1.04
19	0.05	55	1.15
20	0.05	56	1.25
21	0.05	57	1.33
22	0.05	58	1.38
23	0.05	59	1.41
24	0.05	60	1.44
25	0.05	61	1.46
26	0.05	62	1.48
27	0.05	63	1.51
28	0.05	64	1.53
29	0.05	65	1.55
30	0.05	66	1.56
31	0.06	67	1.57
32	0.07	68	1.58
33	0.08	69	1.58
34	0.09	70	1.59
35	0.10		

Exhibit 4(Extension) to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Rates per \$1,000 of Death Benefit  
 Rider Form RL-WL2-LTC-RE-07

Extension of Benefits			
Issue Age	LTC Rider	Issue Age	LTC Rider
0	0.30	36	0.59
1	0.30	37	0.63
2	0.30	38	0.67
3	0.30	39	0.71
4	0.30	40	0.75
5	0.30	41	0.80
6	0.30	42	0.85
7	0.30	43	0.90
8	0.30	44	0.95
9	0.30	45	1.00
10	0.30	46	1.05
11	0.30	47	1.11
12	0.30	48	1.18
13	0.30	49	1.26
14	0.30	50	1.32
15	0.30	51	1.36
16	0.30	52	1.40
17	0.30	53	1.44
18	0.30	54	1.47
19	0.30	55	1.50
20	0.30	56	1.51
21	0.30	57	1.50
22	0.30	58	1.47
23	0.30	59	1.41
24	0.30	60	1.36
25	0.30	61	1.31
26	0.32	62	1.26
27	0.34	63	1.21
28	0.35	64	1.16
29	0.37	65	1.11
30	0.40	66	1.06
31	0.42	67	1.02
32	0.45	68	0.98
33	0.49	69	0.94
34	0.52	70	0.91
35	0.55		

**Reliastar Life Insurance Company**

Address: P.O. Box 122, Minneapolis, MN 55440-0122

**Actuarial Memorandum**

January 2008

Product or Rider

Long Term Care Rider

Form Number

RL-WL2-LTC-RO-07

This is a new filing of a rider that accelerates benefits under a Whole Life insurance policy for long term care services. It can be attached to a payroll deduction nonparticipating Whole Life policy and is available at issue. The benefits and rates on the above-referenced form are unchanged from that of the similar previously approved form NP-B-LTC-RO-05; however, this filing reflects changes to the net investment earnings rate, the active life reserve mortality assumption, the sales distribution and the anticipated loss ratio. The new form is necessary to be compliant with the 2001 CSO Mortality Table.

**1. Purpose of Filing**

This actuarial memorandum has been prepared for the purpose of seeking approval of the Department of Insurance to sell this rider to residents of your state by demonstrating that this rider complies with all laws of the State and the rules of the Department of Insurance. It may not be suitable for other purposes.

**2. Description of Benefits**

The LTC Rider provides an acceleration of the payment of the death benefit of the policy to which the rider is attached. This acceleration is designed to provide financial assistance to Insureds facing serious long term care needs.

Payment of benefits is triggered by the following eligibility criteria:

- The Insured has suffered from a Sickness or Injury, as defined in the Rider;
- The Elimination Period has been satisfied;
- The Insured is receiving Qualified Care, as defined in the Rider;
- A Licensed Healthcare Provider's Certification of Sickness or Injury is provided.

The benefit amount at any time is determined as the difference between the current death benefit and any policy loan divided by remaining number of months of benefits payable. The number of months of benefits payable is initially 25 for long term care confinement and 50 for home care and adult day care services.

Payment of each monthly benefit will decrease the death benefit, cash value, any policy loan and the number of months of benefits payable. While the Insured qualifies to receive benefits any modal premium due for the policy and attached riders is waived.

The Elimination Period must be met if an Insured suffers from Sickness or Injury 90 days after the last Benefit Period. However, the Elimination period will be waived if the new benefit period is within 90 days of the last benefit period and the Insured's Sickness or Injury is due to the same or related condition.

The rider also provides Restoration of Benefits. Restoration of Benefits allows for the death benefit and cash value to be restored after each monthly benefit payment.

### **3. Renewability**

This is a fully guaranteed Individual rider. The policy to which this rider is attached must remain in force for the LTC rider to remain in force.

### **4. Applicability**

The Company expects new issues of this rider with the issuance of new Whole Life policies. The rider may also be attached to an existing in force Whole Life policy.

### **5. Actuarial Assumptions**

- a. Expected Claim Costs. The claim costs are developed from utilization and claim continuation data from the 2002 Milliman *Long Term Care Guidelines*.

Admission rates vary by gender, attained age and for institutional care versus non-institutional care. Admission rates are adjusted by selection factors, which vary by issue age and duration, to reflect that the rider is underwritten on a guaranteed issue or qualified/simplified issue basis. Admission rates were also adjusted for marital status at issue where the adjustment factors vary by issue age and are assumed to “wear-off” over 20 years.

Separate claim termination rates for death and recovery were developed from the claim continuance data in the *Guidelines* assuming disabled life mortality of 2 to 4 times, depending on age, the 1979-81 US Population table.

Because the *Guidelines* are developed from insured data for stand-alone LTC policies where death benefit coverage is not a motivation for owning the policy, an adjustment to reflect reduced utilization due to the insured’s desire to maintain a death benefit is also made. This adjustment multiplier is 65%.

- b. Mortality. Active life mortality is assumed to be the same as that for the base policy which is based on sex distinct tables developed from company experience on other guaranteed and qualified/simplified issue Whole Life products.
- c. Voluntary Termination Rates. Voluntary termination rates are shown below.

Voluntary Termination Rates by Issue Age (Non-Smoker)							
Duration	< 25	25-34	35-44	45-54	55-64	65-69	70+
1	28.0%	23.0%	18.0%	16.0%	15.0%	14.0%	12.0%
2	25.0%	20.0%	15.0%	12.0%	12.0%	11.0%	9.0%
3	20.0%	14.0%	11.0%	9.0%	9.0%	9.0%	8.0%
4	16.0%	12.0%	8.0%	8.0%	8.0%	7.0%	7.0%
5	12.0%	10.0%	7.0%	7.0%	7.0%	6.0%	6.0%
6	8.0%	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%
7	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%
8	6.0%	6.0%	5.0%	5.0%	5.0%	5.0%	4.0%
9	5.0%	5.0%	5.0%	4.0%	4.0%	4.0%	4.0%
10+	4.4%	4.4%	3.5%	3.5%	3.5%	3.5%	3.5%

Voluntary Termination Rates by Issue Age (Smoker)							
Duration	< 25	25-34	35-44	45-54	55-64	65-69	70+
1	27.0%	29.0%	24.0%	22.0%	25.0%	20.0%	12.0%
2	24.0%	24.0%	19.0%	17.0%	16.0%	14.0%	11.0%
3	17.0%	17.0%	14.0%	13.0%	13.0%	12.0%	9.0%
4	13.0%	14.0%	11.0%	11.0%	11.0%	10.0%	8.0%
5	11.0%	12.0%	10.0%	10.0%	10.0%	8.0%	7.0%
6	8.0%	9.0%	8.0%	7.0%	8.0%	7.0%	6.0%
7	8.0%	8.0%	7.0%	7.0%	7.0%	7.0%	6.0%
8	7.0%	7.0%	6.0%	6.0%	6.0%	6.0%	6.0%
9	6.0%	7.0%	6.0%	6.0%	6.0%	6.0%	6.0%
10+	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%

- d. Interest. Net investment earnings of 5.75% are assumed. Policy reserves are calculated at the maximum valuation interest rate. The loss ratio demonstration assumes discounting at 5.25%, reflecting a 50 basis point margin from the net investment earnings rate.
- e. Expenses. Rider expenses include a \$300 per policy claim set-up cost and \$15 per month administrative cost while the insured is receiving benefit payments.
- f. Commissions Including Bonuses.

Year 1	97.0 %
Years 2-10	6.0
Years 11+	2.0

## 6. Marketing Method

The Whole Life policy and this rider have been designed for sale in the worksite marketplace through payroll deduction provided by the employer.

## **7. Underwriting Description**

Underwriting is limited. The Company expects that 64% of the Whole Life policies (and hence the attached LTC rider) will be issued on the basis of a guaranteed issue format. The remaining 36% will be issued using some additional simplified issue questions.

## **8. Premiums**

Premiums are unisex, level and payable for life and are distinct by issue age. There is no distinction by tobacco use or other rating criterion. The rider is non-cancellable and premiums are guaranteed at issue.

## **9. Issue Age Range**

The issue ages for the Whole Life policy and the rider are 0 to 70.

## **10. Area Factors**

Area factors are not used for this product.

## **11. Premium Modalization Rules**

For payroll deducted policies, there are no modalization factors or fees on any mode of payment.

## **12. Active Life Reserves**

The Company will establish active life reserves for this rider in addition to the Whole Life policy reserves for the long term care benefits. This component is calculated according to the following assumptions:

Interest:	Maximum interest rate allowed in Standard Valuation Law (currently 4.0%)
Mortality:	2001 CSO – ALB, Unisex (60% male/40% female), Smoker and Nonsmoker, Ultimate Table
Morbidity:	110% of Expected Experience
Lapse:	None

## **13. Claim Liability and Reserves**

There are no claim liabilities for this rider since this is a new filing. As claims occur, a standard actuarial method will be used employing the pricing morbidity claim continuance tables to determine the liability.

## **14. Trend Assumptions**

As this is not medical insurance, we have not included any explicit medical cost trends in the pricing.

**15. Average Annual Premium**

The average annual level premium expected is \$1.35 per \$1,000 of Whole Life death benefit. This is based on the age distribution described below (see Item 17).

**16. Anticipated Loss Ratio**

The rider produces an anticipated loss ratio of 72%. The loss ratio demonstration assumes discounting at 5.25%, reflecting a 50 basis point margin from the net investment earnings rate. The anticipated loss ratio is calculated as the present value of benefits incurred, excluding increase in active life reserve, divided by the present value of annualized earned premiums. The expected distribution of business in Item 17 was used to determine the composite anticipated loss ratio.

**17. Issue Age Distribution**

Sales are assumed to be distributed to age brackets as follows:

<b>Central Age</b>	<b>Distribution Percent</b>
25	29%
35	34%
45	28%
55	8%
65	1%

**18. Experience on the Form (Past and Future Anticipated)**

This is a new filing so there is no experience on this form.

**19. Lifetime Loss Ratio**

This is a new filing so there is no experience on this form.

**20. History of Rate Adjustments**

This is a new filing so there is no experience on this form.

**21. Number of Policy Holders**

This is a new filing so there is no experience on this form.

**22. Proposed Effective Date**

This rider shall be made available for sale upon approval from the Department of Insurance in the state in which it has been filed.

### 23. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings. I have been retained by Reliastar Life Insurance Company to prepare this memorandum on the company's behalf. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

I believe this rate filing is in compliance with the applicable laws of the State and with the rules of the Department. In providing this opinion, I have relied on information supplied to me by the company.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits.

In preparing this actuarial memorandum, I relied on data provided to me by Reliastar Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



---

Amy Pahl, FSA, MAAA  
Consulting Actuary

Date: January 25, 2008

Exhibit 1 to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Example of Calculation of Initial Monthly Benefit for LTC Confinement  
 Rider Form RL-WL2-LTC-RO-07

Basic LTC Benefit:

Number of Benefits Payable	25
Death Benefit at the end of the Elimination Period	\$100,000
Policy Loan at the end of the Elimination Period	\$10,000
1 <sup>st</sup> Monthly Benefit = (a) – (b)	$\$4,000 - \$400 = \$3,600$
Revised Death Benefit	$\$100,000 - \$4,000 = \$96,000$
Revised Policy Loan	$\$10,000 - \$400 = \$9,600$

Where:

(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable, less

(b) = The current Policy Loan divided by the Number of Months of Benefits Payable

Restoration of Benefits:

Number of Benefits Payable	$25 - 1 = 24$
Death Benefit	$\$96,000 + \$4,000 = \$100,000$
Number of Benefits Payable	$24 + 1 = 25$
Amount of Restored Benefits	\$4,000

The ROB terminates when the amount of restored Monthly Benefits paid accumulates to the initial Death Benefit.

Exhibit 2 to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Reserve Demonstration  
 Rider Form RL-WL2-LTC-RO-07

35 Year Old Male  
 Per 50,000 Face Amount

<u>Policy Duration</u>	<u>Statutory Reserve</u>	<u>Policy Duration</u>	<u>Statutory Reserve</u>	<u>Policy Duration</u>	<u>Statutory Reserve</u>
1	\$55	31	6,076	61	18,762
2	111	32	6,452	62	18,424
3	225	33	6,852	63	18,098
4	343	34	7,275	64	17,683
5	465	35	7,720	65	17,198
6	592	36	8,190	66	16,702
7	724	37	8,693	67	16,206
8	861	38	9,238	68	15,707
9	1,003	39	9,809	69	15,216
10	1,151	40	10,388	70	14,750
11	1,305	41	10,983	71	14,328
12	1,465	42	11,599	72	13,957
13	1,630	43	12,242	73	13,637
14	1,801	44	12,906	74	13,365
15	1,979	45	13,583	75	13,146
16	2,163	46	14,281	76	12,994
17	2,353	47	15,011	77	12,907
18	2,551	48	15,790	78	12,845
19	2,756	49	16,571	79	12,738
20	2,970	50	17,305	80	12,624
21	3,193	51	17,988	81	12,544
22	3,425	52	18,619	82	12,464
23	3,667	53	19,208	83	12,422
24	3,920	54	19,729	84	12,406
25	4,185	55	20,145	85	12,215
26	4,461	56	20,406	86	6,046
27	4,752	57	20,422		
28	5,059	58	20,126		
29	5,382	59	19,646		
30	5,720	60	19,175		

Exhibit 3 to Actuarial Memorandum  
Reliastar Life Insurance Company  
Anticipated Loss Ratio  
Rider Form RL-WL2-LTC-RO-07

<u>Policy Duration</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio By Demonstration</u>	<u>Loss Ratio*N</u>
1	1.22	0.05	4%	72%
2	1.01	0.05	5%	83%
3	0.88	0.05	6%	94%
4	0.79	0.06	7%	105%
5	0.72	0.07	9%	117%
6	0.67	0.07	11%	130%
7	0.62	0.08	13%	144%
8	0.59	0.09	15%	159%
9	0.55	0.09	16%	176%
10	0.52	0.10	18%	195%
11	0.50	0.10	21%	216%
12	0.47	0.11	24%	239%
13	0.45	0.12	27%	265%
14	0.42	0.14	32%	293%
15	0.40	0.15	38%	325%
16	0.38	0.16	43%	360%
17	0.36	0.17	48%	400%
18	0.33	0.18	54%	443%
19	0.32	0.21	65%	492%
20	0.30	0.23	76%	546%
21	0.28	0.23	84%	606%
22	0.26	0.24	93%	673%
23	0.24	0.25	102%	747%
24	0.23	0.27	119%	831%
25	0.21	0.29	137%	923%
26	0.20	0.31	156%	1,025%
27	0.18	0.32	175%	1,138%
28	0.17	0.34	197%	1,263%
29	0.16	0.40	250%	1,401%
30	0.15	0.48	330%	1,548%
31	0.14	0.61	449%	1,703%
32	0.13	0.68	527%	1,861%
33	0.12	0.74	606%	2,032%
34	0.12	0.82	711%	2,217%
35	0.11	0.89	817%	2,416%
36	0.10	0.96	934%	2,631%
37	0.10	1.00	1,044%	2,862%
38	0.09	1.04	1,158%	3,114%
39	0.08	1.13	1,339%	3,390%
40	0.08	1.21	1,533%	3,684%
41	0.07	1.28	1,743%	3,998%
42	0.07	1.34	1,961%	4,334%
43	0.06	1.40	2,199%	4,693%
44	0.06	1.47	2,489%	5,077%
45	0.05	1.52	2,786%	5,483%
46	0.05	1.55	3,100%	5,913%
47	0.05	1.57	3,417%	6,369%
48	0.04	1.59	3,753%	6,856%

Exhibit 3 to Actuarial Memorandum  
Reliastar Life Insurance Company  
Anticipated Loss Ratio  
Rider Form RL-WL2-LTC-RO-07

<u>Policy Duration</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio By Demonstration</u>	<u>Loss Ratio*N</u>
49	0.04	1.59	4,121%	7,377%
50	0.04	1.59	4,515%	7,934%
51	0.03	1.59	4,964%	8,528%
52	0.03	1.58	5,440%	9,159%
53	0.03	1.57	5,969%	9,829%
54	0.02	1.56	6,571%	10,535%
55	0.02	1.54	7,211%	11,272%
56	0.02	1.51	7,899%	12,038%
57	0.02	1.47	8,636%	12,830%
58	0.02	1.44	9,444%	13,644%
59	0.01	1.36	10,054%	14,469%
60	0.01	1.28	10,678%	15,347%
61	0.01	1.21	11,386%	16,286%
62	0.01	1.14	12,145%	17,285%
63	0.01	1.08	12,997%	18,347%
64	0.01	1.01	13,851%	19,467%
65	0.01	0.95	14,783%	20,658%
66	0.01	0.89	15,820%	21,925%
67	0.00	0.81	16,832%	23,265%
68	0.00	0.76	18,019%	24,649%
69	0.00	0.70	19,126%	26,097%
70	0.00	0.65	20,318%	27,646%
71	0.00	0.61	21,658%	29,306%
72	0.00	0.57	23,149%	31,082%
73	0.00	0.53	24,834%	32,980%
74	0.00	0.50	26,627%	35,001%
75	0.00	0.47	28,647%	37,176%
76	0.00	0.45	30,935%	39,524%
77	0.00	0.31	31,378%	42,075%
78	0.00	0.28	32,720%	44,620%
79	0.00	0.27	35,393%	47,554%
80	0.00	0.25	38,416%	50,688%
81	0.00	0.24	41,837%	54,035%
82	0.00	0.23	45,705%	57,614%
83	0.00	0.22	50,079%	61,459%
84	0.00	0.21	55,026%	65,640%
85	0.00	0.21	60,620%	70,316%
86	0.00	0.20	66,944%	75,930%
87	0.00	0.05	76,371%	84,300%
88	0.00	0.04	64,144%	86,348%
89	0.00	0.04	70,299%	92,352%
90	0.00	0.03	77,252%	98,679%
91	0.00	0.03	85,106%	105,317%
92	0.00	0.03	93,980%	112,254%
93	0.00	0.03	104,004%	119,471%
94	0.00	0.03	115,329%	126,948%
95	0.00	0.03	128,122%	134,658%
96	0.00	0.03	142,575%	142,575%

Exhibit 4(Base) to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Rates per \$1,000 of Death Benefit  
 Rider Form RL-WL2-LTC-RO-07

Base Rider			
Issue Age	LTC Rider	Issue Age	LTC Rider
0	0.50	36	0.94
1	0.50	37	0.99
2	0.50	38	1.04
3	0.50	39	1.10
4	0.50	40	1.16
5	0.50	41	1.22
6	0.50	42	1.28
7	0.50	43	1.35
8	0.50	44	1.42
9	0.50	45	1.50
10	0.50	46	1.59
11	0.50	47	1.69
12	0.50	48	1.80
13	0.50	49	1.92
14	0.50	50	2.04
15	0.50	51	2.17
16	0.50	52	2.29
17	0.50	53	2.41
18	0.50	54	2.53
19	0.50	55	2.65
20	0.50	56	2.76
21	0.50	57	2.86
22	0.50	58	2.96
23	0.50	59	3.06
24	0.50	60	3.15
25	0.50	61	3.24
26	0.53	62	3.33
27	0.56	63	3.42
28	0.60	64	3.51
29	0.64	65	3.60
30	0.68	66	3.69
31	0.72	67	3.77
32	0.76	68	3.85
33	0.80	69	3.93
34	0.85	70	4.00
35	0.90		

Exhibit 4(Restoration) to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Rates per \$1,000 of Death Benefit  
 Rider Form RL-WL2-LTC-RO-07

Restoration of Benefits			
Issue Age	LTC Rider	Issue Age	LTC Rider
0	0.05	36	0.11
1	0.05	37	0.11
2	0.05	38	0.12
3	0.05	39	0.13
4	0.05	40	0.14
5	0.05	41	0.17
6	0.05	42	0.20
7	0.05	43	0.23
8	0.05	44	0.27
9	0.05	45	0.30
10	0.05	46	0.34
11	0.05	47	0.39
12	0.05	48	0.45
13	0.05	49	0.53
14	0.05	50	0.63
15	0.05	51	0.72
16	0.05	52	0.82
17	0.05	53	0.93
18	0.05	54	1.04
19	0.05	55	1.15
20	0.05	56	1.25
21	0.05	57	1.33
22	0.05	58	1.38
23	0.05	59	1.41
24	0.05	60	1.44
25	0.05	61	1.46
26	0.05	62	1.48
27	0.05	63	1.51
28	0.05	64	1.53
29	0.05	65	1.55
30	0.05	66	1.56
31	0.06	67	1.57
32	0.07	68	1.58
33	0.08	69	1.58
34	0.09	70	1.59
35	0.10		

# Reliastar Life Insurance Company

Address: P.O. Box 122, Minneapolis, MN 55440-0122

## Actuarial Memorandum

January 2008

Product or Rider

Long Term Care Rider

Form Number

RL-WL2-LTC-TB-07

This is a new filing of a rider that accelerates benefits under a Whole Life insurance policy for long term care services. It can be attached to a payroll deduction nonparticipating Whole Life policy and is available at issue. The benefits and rates on the above-referenced form are unchanged from that of the similar previously approved form NP-B-LTC-TB-05; however, this filing reflects changes to the net investment earnings rate, the active life reserve mortality assumption, the sales distribution and the anticipated loss ratio. The new form is necessary to be compliant with the 2001 CSO Mortality Table.

### 1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of seeking approval of the Department of Insurance to sell this rider to residents of your state by demonstrating that this rider complies with all laws of the State and the rules of the Department of Insurance. It may not be suitable for other purposes.

### 2. Description of Benefits

The LTC Rider provides an acceleration of the payment of the death benefit of the policy to which the rider is attached. This acceleration is designed to provide financial assistance to Insureds facing serious long term care needs.

Payment of benefits is triggered by the following eligibility criteria:

- The Insured has suffered from a Sickness or Injury, as defined in the Rider;
- The Elimination Period has been satisfied;
- The Insured is receiving Qualified Care, as defined in the Rider;
- A Licensed Healthcare Provider's Certification of Sickness or Injury is provided.

The benefit amount at any time is determined as the difference between the current death benefit and any policy loan divided by remaining number of months of benefits payable. The number of months of benefits payable is initially 25 for long term care confinement and 50 for home care and adult day care services.

Payment of each monthly benefit will decrease the death benefit, cash value, any policy loan and the number of months of benefits payable. While the Insured qualifies to receive benefits any modal premium due for the policy and attached riders is waived.

The Elimination Period must be met if an Insured suffers from Sickness or Injury 90 days after the last Benefit Period. However, the Elimination period will be waived if the new benefit period is within 90 days of the last benefit period and the Insured's Sickness or Injury is due to the same or related condition.

The rider also provides a Terminal Benefit. The Terminal Benefit provides a \$10,000 lump sum payment to the named beneficiary if the Insured dies while qualifying for benefits. To

qualify for the Terminal Benefit, the number of months of benefits payable must equal zero and the Insured must otherwise qualify to receive benefits.

### **3. Renewability**

This is a fully guaranteed Individual rider. The policy to which this rider is attached must remain in force for the LTC rider to remain in force.

### **4. Applicability**

The Company expects new issues of this rider with the issuance of new Whole Life policies. The rider may also be attached to an existing in force Whole Life policy.

### **5. Actuarial Assumptions**

- a. Expected Claim Costs. The claim costs are developed from utilization and claim continuation data from the 2002 Milliman *Long Term Care Guidelines*.

Admission rates vary by gender, attained age and for institutional care versus non-institutional care. Admission rates are adjusted by selection factors, which vary by issue age and duration, to reflect that the rider is underwritten on a guaranteed issue or qualified/simplified issue basis. Admission rates were also adjusted for marital status at issue where the adjustment factors vary by issue age and are assumed to "wear-off" over 20 years.

Separate claim termination rates for death and recovery were developed from the claim continuance data in the *Guidelines* assuming disabled life mortality of 2 to 4 times, depending on age, the 1979-81 US Population table.

Because the *Guidelines* are developed from insured data for stand-alone LTC policies where death benefit coverage is not a motivation for owning the policy, an adjustment to reflect reduced utilization due to the insured's desire to maintain a death benefit is also made. This adjustment multiplier is 65%.

- b. Mortality. Active life mortality is assumed to be the same as that for the base policy which is based on sex distinct tables developed from company experience on other guaranteed and qualified/simplified issue Whole Life products.
- c. Voluntary Termination Rates. Voluntary termination rates are shown below.

Voluntary Termination Rates by Issue Age (Non-Smoker)							
Duration	< 25	25-34	35-44	45-54	55-64	65-69	70+
1	28.0%	23.0%	18.0%	16.0%	15.0%	14.0%	12.0%
2	25.0%	20.0%	15.0%	12.0%	12.0%	11.0%	9.0%
3	20.0%	14.0%	11.0%	9.0%	9.0%	9.0%	8.0%
4	16.0%	12.0%	8.0%	8.0%	8.0%	7.0%	7.0%
5	12.0%	10.0%	7.0%	7.0%	7.0%	6.0%	6.0%
6	8.0%	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%
7	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%
8	6.0%	6.0%	5.0%	5.0%	5.0%	5.0%	4.0%
9	5.0%	5.0%	5.0%	4.0%	4.0%	4.0%	4.0%
10+	4.4%	4.4%	3.5%	3.5%	3.5%	3.5%	3.5%

Voluntary Termination Rates by Issue Age (Smoker)							
Duration	< 25	25-34	35-44	45-54	55-64	65-69	70+
1	27.0%	29.0%	24.0%	22.0%	25.0%	20.0%	12.0%
2	24.0%	24.0%	19.0%	17.0%	16.0%	14.0%	11.0%
3	17.0%	17.0%	14.0%	13.0%	13.0%	12.0%	9.0%
4	13.0%	14.0%	11.0%	11.0%	11.0%	10.0%	8.0%
5	11.0%	12.0%	10.0%	10.0%	10.0%	8.0%	7.0%
6	8.0%	9.0%	8.0%	7.0%	8.0%	7.0%	6.0%
7	8.0%	8.0%	7.0%	7.0%	7.0%	7.0%	6.0%
8	7.0%	7.0%	6.0%	6.0%	6.0%	6.0%	6.0%
9	6.0%	7.0%	6.0%	6.0%	6.0%	6.0%	6.0%
10+	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%

- d. Interest. Net investment earnings of 5.75% are assumed. Policy reserves are calculated at the maximum valuation interest rate. The loss ratio demonstration assumes discounting at 5.25%, reflecting a 50 basis point margin from the net investment earnings rate.
- e. Expenses. Rider expenses include a \$300 per policy claim set-up cost and \$15 per month administrative cost while the insured is receiving benefit payments.
- f. Commissions Including Bonuses.

Year 1	97.0 %
Years 2-10	6.0
Years 11+	2.0

## 6. Marketing Method

The Whole Life policy and this rider have been designed for sale in the worksite marketplace through payroll deduction provided by the employer.

## **7. Underwriting Description**

Underwriting is limited. The Company expects that 64% of the Whole Life policies (and hence the attached LTC rider) will be issued on the basis of a guaranteed issue format. The remaining 36% will be issued using some additional simplified issue questions.

## **8. Premiums**

Premiums are unisex, level and payable for life and are distinct by issue age. There is no distinction by tobacco use or other rating criterion. The rider is non-cancellable and premiums are guaranteed at issue.

## **9. Issue Age Range**

The issue ages for the Whole Life policy and the rider are 0 to 70.

## **10. Area Factors**

Area factors are not used for this product.

## **11. Premium Modalization Rules**

For payroll deducted policies, there are no modalization factors or fees on any mode of payment.

## **12. Active Life Reserves**

The Company will establish active life reserves for this rider in addition to the Whole Life policy reserves for the long term care benefits. This component is calculated according to the following assumptions:

Interest:	Maximum interest rate allowed in Standard Valuation Law (currently 4.0%)
Mortality:	2001 CSO – ALB, Unisex (60% male/40% female), Smoker and Nonsmoker, Ultimate Table
Morbidity:	110% of Expected Experience
Lapse:	None

## **13. Claim Liability and Reserves**

There are no claim liabilities for this rider since this is a new filing. As claims occur, a standard actuarial method will be used employing the pricing morbidity claim continuance tables to determine the liability.

## **14. Trend Assumptions**

As this is not medical insurance, we have not included any explicit medical cost trends in the pricing.

**15. Average Annual Premium**

The average annual level premium expected is \$1.18 per \$1,000 of Whole Life death benefit. This is based on the age distribution described below (see Item 17).

**16. Anticipated Loss Ratio**

The rider produces an anticipated loss ratio of 69%. The loss ratio demonstration assumes discounting at 5.25%, reflecting a 50 basis point margin from the net investment earnings rate. The anticipated loss ratio is calculated as the present value of benefits incurred, excluding increase in active life reserve, divided by the present value of annualized earned premiums. The expected distribution of business in Item 17 was used to determine the composite anticipated loss ratio.

**17. Issue Age Distribution**

Sales are assumed to be distributed to age brackets as follows:

<b>Central Age</b>	<b>Distribution Percent</b>
25	29%
35	34%
45	28%
55	8%
65	1%

**18. Experience on the Form (Past and Future Anticipated)**

This is a new filing so there is no experience on this form.

**19. Lifetime Loss Ratio**

This is a new filing so there is no experience on this form.

**20. History of Rate Adjustments**

This is a new filing so there is no experience on this form.

**21. Number of Policy Holders**

This is a new filing so there is no experience on this form.

**22. Proposed Effective Date**

This rider shall be made available for sale upon approval from the Department of Insurance in the state in which it has been filed.

### 23. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings. I have been retained by Reliastar Life Insurance Company to prepare this memorandum on the company's behalf. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

I believe this rate filing is in compliance with the applicable laws of the State and with the rules of the Department. In providing this opinion, I have relied on information supplied to me by the company.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits.

In preparing this actuarial memorandum, I relied on data provided to me by Reliastar Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



---

Amy Pahl, FSA, MAAA  
Consulting Actuary

Date: January 25, 2008

Exhibit 1 to Actuarial Memorandum  
Reliastar Life Insurance Company  
Example of Calculation of Initial Monthly Benefit for LTC Confinement  
Rider Form RL-WL2-LTC-TB-07

Basic LTC Benefit:

Number of Benefits Payable	25
Death Benefit at the end of the Elimination Period	\$100,000
Policy Loan at the end of the Elimination Period	\$10,000
1 <sup>st</sup> Monthly Benefit = (a) – (b)	\$4,000 - \$400 = \$3,600
Revised Death Benefit	\$100,000 - \$4,000 = \$96,000
Revised Policy Loan	\$10,000 - \$400 = \$9,600

Where:

(a) = The current Death Benefit, excluding benefits from riders, divided by the Number of Months of Benefits Payable, less

(b) = The current Policy Loan divided by the Number of Months of Benefits Payable

Exhibit 2 to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Reserve Demonstration  
 Rider Form RL-WL2-LTC-TB-07

35 Year Old Male  
 Per 50,000 Face Amount

<u>Policy Duration</u>	<u>Statutory Reserve</u>	<u>Policy Duration</u>	<u>Statutory Reserve</u>	<u>Policy Duration</u>	<u>Statutory Reserve</u>
1	\$48	31	5,310	61	15,978
2	98	32	5,633	62	15,727
3	199	33	5,976	63	15,488
4	304	34	6,338	64	15,173
5	412	35	6,717	65	14,797
6	524	36	7,116	66	14,410
7	641	37	7,543	67	14,022
8	761	38	8,004	68	13,628
9	887	39	8,484	69	13,240
10	1,017	40	8,968	70	12,871
11	1,153	41	9,459	71	12,539
12	1,294	42	9,965	72	12,249
13	1,440	43	10,492	73	12,002
14	1,591	44	11,034	74	11,795
15	1,747	45	11,582	75	11,633
16	1,909	46	12,147	76	11,529
17	2,076	47	12,742	77	11,481
18	2,249	48	13,379	78	11,453
19	2,429	49	14,015	79	11,384
20	2,616	50	14,608	80	11,306
21	2,810	51	15,158	81	11,258
22	3,013	52	15,669	82	11,207
23	3,225	53	16,164	83	11,188
24	3,445	54	16,616	84	11,193
25	3,675	55	16,983	85	11,036
26	3,915	56	17,224	86	5,466
27	4,167	57	17,262		
28	4,433	58	17,039		
29	4,712	59	16,664		
30	5,004	60	16,296		

Exhibit 3 to Actuarial Memorandum  
Reliastar Life Insurance Company  
Anticipated Loss Ratio  
Rider Form RL-WL2-LTC-TB-07

<u>Policy Duration</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio By Demonstration</u>	<u>Loss Ratio*N</u>
1	1.06	0.04	4%	69%
2	0.88	0.04	5%	80%
3	0.76	0.05	6%	90%
4	0.68	0.05	8%	101%
5	0.62	0.06	10%	112%
6	0.58	0.07	13%	124%
7	0.54	0.08	15%	137%
8	0.51	0.08	16%	151%
9	0.48	0.09	19%	167%
10	0.46	0.09	21%	184%
11	0.43	0.10	23%	203%
12	0.41	0.11	27%	224%
13	0.39	0.12	31%	247%
14	0.37	0.14	37%	273%
15	0.35	0.15	43%	302%
16	0.33	0.16	48%	333%
17	0.31	0.17	55%	368%
18	0.29	0.18	61%	406%
19	0.28	0.20	73%	449%
20	0.26	0.22	86%	495%
21	0.24	0.23	94%	547%
22	0.23	0.24	103%	604%
23	0.22	0.24	112%	667%
24	0.20	0.26	130%	738%
25	0.19	0.28	147%	815%
26	0.18	0.29	164%	901%
27	0.16	0.29	179%	995%
28	0.15	0.30	194%	1,099%
29	0.14	0.33	235%	1,215%
30	0.13	0.38	292%	1,338%
31	0.12	0.46	377%	1,469%
32	0.12	0.50	433%	1,606%
33	0.11	0.53	486%	1,754%
34	0.10	0.59	572%	1,917%
35	0.10	0.65	660%	2,093%
36	0.09	0.69	747%	2,283%
37	0.09	0.72	835%	2,489%
38	0.08	0.75	925%	2,716%
39	0.08	0.83	1,087%	2,965%
40	0.07	0.90	1,259%	3,232%
41	0.07	0.97	1,442%	3,517%
42	0.06	1.01	1,625%	3,821%
43	0.06	1.05	1,813%	4,150%
44	0.05	1.11	2,070%	4,506%
45	0.05	1.16	2,337%	4,884%
46	0.05	1.20	2,608%	5,286%
47	0.04	1.22	2,889%	5,716%
48	0.04	1.24	3,186%	6,177%

Exhibit 3 to Actuarial Memorandum  
Reliastar Life Insurance Company  
Anticipated Loss Ratio  
Rider Form RL-WL2-LTC-TB-07

<u>Policy Duration</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio By Demonstration</u>	<u>Loss Ratio*N</u>
49	0.04	1.26	3,540%	6,675%
50	0.03	1.28	3,919%	7,207%
51	0.03	1.29	4,345%	7,774%
52	0.03	1.29	4,791%	8,377%
53	0.02	1.29	5,273%	9,018%
54	0.02	1.29	5,849%	9,699%
55	0.02	1.28	6,463%	10,410%
56	0.02	1.27	7,119%	11,151%
57	0.02	1.25	7,823%	11,919%
58	0.01	1.22	8,593%	12,710%
59	0.01	1.16	9,190%	13,515%
60	0.01	1.10	9,803%	14,371%
61	0.01	1.04	10,496%	15,286%
62	0.01	0.99	11,237%	16,257%
63	0.01	0.93	12,067%	17,289%
64	0.01	0.88	12,913%	18,375%
65	0.01	0.83	13,836%	19,526%
66	0.01	0.78	14,860%	20,743%
67	0.00	0.71	15,797%	22,022%
68	0.00	0.67	16,968%	23,358%
69	0.00	0.62	18,046%	24,749%
70	0.00	0.58	19,205%	26,231%
71	0.00	0.54	20,507%	27,814%
72	0.00	0.51	21,954%	29,498%
73	0.00	0.48	23,589%	31,287%
74	0.00	0.45	25,328%	33,174%
75	0.00	0.42	27,286%	35,182%
76	0.00	0.40	29,504%	37,316%
77	0.00	0.28	29,478%	39,579%
78	0.00	0.26	30,783%	41,980%
79	0.00	0.24	33,308%	44,736%
80	0.00	0.23	36,164%	47,674%
81	0.00	0.22	39,393%	50,803%
82	0.00	0.21	43,045%	54,136%
83	0.00	0.20	47,173%	57,696%
84	0.00	0.19	51,839%	61,530%
85	0.00	0.19	57,113%	65,748%
86	0.00	0.18	63,075%	70,652%
87	0.00	0.05	70,174%	77,451%
88	0.00	0.04	59,169%	79,330%
89	0.00	0.03	64,764%	84,782%
90	0.00	0.03	71,082%	90,524%
91	0.00	0.03	78,215%	96,548%
92	0.00	0.03	86,269%	102,840%
93	0.00	0.03	95,364%	109,384%
94	0.00	0.03	105,632%	116,161%
95	0.00	0.03	117,228%	123,149%
96	0.00	0.03	130,321%	130,321%

Exhibit 4(Base) to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Rates per \$1,000 of Death Benefit  
 Rider Form RL-WL2-LTC-TB-07

Base Rider			
Issue Age	LTC Rider	Issue Age	LTC Rider
0	0.50	36	0.94
1	0.50	37	0.99
2	0.50	38	1.04
3	0.50	39	1.10
4	0.50	40	1.16
5	0.50	41	1.22
6	0.50	42	1.28
7	0.50	43	1.35
8	0.50	44	1.42
9	0.50	45	1.50
10	0.50	46	1.59
11	0.50	47	1.69
12	0.50	48	1.80
13	0.50	49	1.92
14	0.50	50	2.04
15	0.50	51	2.17
16	0.50	52	2.29
17	0.50	53	2.41
18	0.50	54	2.53
19	0.50	55	2.65
20	0.50	56	2.76
21	0.50	57	2.86
22	0.50	58	2.96
23	0.50	59	3.06
24	0.50	60	3.15
25	0.50	61	3.24
26	0.53	62	3.33
27	0.56	63	3.42
28	0.60	64	3.51
29	0.64	65	3.60
30	0.68	66	3.69
31	0.72	67	3.77
32	0.76	68	3.85
33	0.80	69	3.93
34	0.85	70	4.00
35	0.90		

Exhibit 4(Terminal) to Actuarial Memorandum  
 Reliastar Life Insurance Company  
 Rates per \$1,000 of Death Benefit  
 Rider Form RL-WL2-LTC-TB-07

Terminal Benefit			
<u>Issue Age</u>	<u>LTC Rider</u>	<u>Issue Age</u>	<u>LTC Rider</u>
0	0.05	36	0.05
1	0.05	37	0.05
2	0.05	38	0.05
3	0.05	39	0.05
4	0.05	40	0.04
5	0.05	41	0.05
6	0.05	42	0.05
7	0.05	43	0.05
8	0.05	44	0.05
9	0.05	45	0.05
10	0.05	46	0.05
11	0.05	47	0.05
12	0.05	48	0.05
13	0.05	49	0.05
14	0.05	50	0.06
15	0.05	51	0.07
16	0.05	52	0.09
17	0.05	53	0.10
18	0.05	54	0.12
19	0.05	55	0.15
20	0.05	56	0.18
21	0.05	57	0.22
22	0.05	58	0.26
23	0.05	59	0.31
24	0.05	60	0.37
25	0.05	61	0.43
26	0.05	62	0.49
27	0.05	63	0.56
28	0.05	64	0.63
29	0.05	65	0.70
30	0.05	66	0.77
31	0.05	67	0.86
32	0.05	68	0.95
33	0.05	69	1.04
34	0.05	70	1.14
35	0.05		

**ReliaStar Life Insurance Company**

**BENEFITS AND PREMIUMS**

**AGE:** [ 35 ]

<b>COVERAGE DESCRIPTION</b>	<b>AMOUNT OF INSURANCE</b>	<b>ANNUAL PREMIUM</b>	<b>PAYABLE FOR</b>
<b>WHOLE LIFE</b>	<b>[\$10,000 ]</b>	<b>[\$121.90 ]</b>	<b>[86 yrs ]</b>
<b>WAIVER OF PREMIUM</b>	<b>[N/A ]</b>	<b>[\$ 7.80 ]</b>	<b>[25 yrs ]</b>
<b>CHILDREN'S TERM INSURANCE [UNITS]</b>	<b>[\$ 2,000 ]</b>	<b>[\$ 14.56 ]</b>	<b>[30 yrs ]</b>
<b>ACCIDENTAL DEATH BENEFIT RIDER</b>	<b>[\$10,000 ]</b>	<b>[\$ 10.40 ]</b>	<b>[30 yrs ]</b>
<b>ACCELERATED BENEFIT RIDER</b>	<b>SEE RIDER*</b>	<b>[N/A ]</b>	<b>[N/A ]</b>

**\* THE ACCELERATED BENEFIT RIDER IS 50% OF THE AMOUNT OF INSURANCE ON THE POLICY.**

<b>WHOLE LIFE RIDER</b>	<b>[N/A ]</b>	<b>[N/A ]</b>	<b>[N/A ]</b>
<b>LONG TERM CARE RIDER</b>	<b>SEE RIDER**</b>	<b>[\$ XX.XX ]</b>	<b>SEE RIDER</b>
<b>WITH:</b>			
<b>RESTORATION OF BENEFITS</b>	<b>[YES/NO]</b>		
<b>EXTENSION OF BENEFITS</b>	<b>[YES/NO]</b>		
<b>TERMINAL BENEFIT</b>	<b>[YES/NO]</b>		

**\*\* PAYMENT OF BENEFITS REDUCES THE AMOUNT OF INSURANCE ON THE POLICY.**

<b>TOTAL PREMIUM</b>	<b>[\$154.66 ]</b>
<b>MODE OF PREMIUM PAYMENT ELECTED: Special Monthly Premium</b>	<b>[\$ 12.89 ]</b>
<b>FIRST PREMIUM DUE:</b>	<b>[January 1, 2009]</b>



# Long Term Care Rider with Extension of Benefits and Terminal Benefit

Help protect your assets with Long Term Care (LTC) insurance.

Whether you are managing your family finances or planning for your retirement, you want to do all you can to protect your assets. Your life insurance policy can protect your assets by offering a death benefit to help cover final expenses or medical expenses in the event you die. Unfortunately, death is not the only event that can deplete your assets...

If you become seriously injured or ill, the costs of treatment and recovery can far exceed the amount of your life savings or retirement investments. To help offset the costs and protect your assets, you and your spouse are now eligible to apply for **Long Term Care coverage**.

### What is Long Term Care coverage?

Available as a rider to your life insurance policy, Long Term Care coverage provides monthly payments in the event that you require assistance with activities of daily living. Qualifying care includes home health care, adult daycare, or confinement to a long term care facility.

Would you like to see how this works?

Example with extension of benefits and terminal benefit on reverse side.

### Why do you need Long Term Care coverage?

While the need for long term care is unpredictable, the likelihood increases with age. Close to 40 percent of people with long term care needs are under the age of 65.\*

The *good news* is that, should you become injured or ill, medical advances have increased your chances of survival. The *bad news* is that in addition to the emotional stress, a serious injury or illness can also have a grim financial effect on you and your family.

Long Term Care coverage can help offset the costs associated with such an event. This is especially important because many health and disability income insurance policies do not cover most long term care services. And, no matter what your specific life stage or situation – Long Term Care coverage offers important benefits to suit your circumstances.

\*Source: Long-Term Care over an Uncertain Future: What Can Current Retirees Expect? November 2004.



## LONG TERM CARE RIDER – WITH EXTENSION OF BENEFITS AND TERMINAL BENEFIT

### How does the rider work?

Long Term Care benefits are paid through an acceleration of the life insurance death benefit.\* The duration and amount of Long Term Care benefits will vary based on the type of care required:

- A **monthly benefit of 4%** of the life insurance death benefit is available when the insured is confined to a **long term care facility**. The benefit is payable for up to 25 months.
- A **monthly benefit of 2%** of the life insurance death benefit is available when the insured is receiving **home health care** or **adult day care**. The benefit is payable for up to 50 months.

Once the death benefit of the life policy has been paid for Long Term Care benefits, the insured may be eligible to receive an additional benefit up to 100% of the death benefit for Long Term Care benefits in **extended** monthly payments.

In addition to the Long Term Care benefit, beneficiaries will be eligible to receive a \$10,000 **terminal benefit** if death occurs after the entire death benefit of the life policy has been paid for Long Term Care benefits. For this benefit to be paid, the insured must have been receiving qualified care at the time of death.

The benefit level can be adjusted if the level of care changes. And, life insurance premiums are waived when the insured is receiving qualifying care.

\*Benefit payments are reduced by proportionate amounts of any outstanding policy loan.

### Example LTC Rider with Extension of Benefits and Terminal Benefit:

Suzanne Smith has purchased a \$50,000 Whole Life Insurance policy. At age 46, Suzanne suffers a stroke. Because she is confined to a long term care facility, Suzanne is eligible for a monthly benefit of 4% of the face amount of her policy for 25 months.

If, after that 25 months, Suzanne continues to be confined to a long term care facility, she will be eligible to receive another 25 months of **extended** payments.

After 50 months, if Suzanne was receiving qualified care at the time of her death, her beneficiary will be eligible to receive a \$10,000 **terminal benefit**.

- > \$50,000 death benefit x 4% per month = Monthly benefit of \$2,000 for the first 25 months.
- > After the first 25 months, Suzanne is eligible to receive another 100% of the face amount: \$50,000 death benefit x 4% per month = an **extended** monthly benefit of \$2,000 for next 25 months.
- > After the second 25 months, Suzanne's beneficiary will be eligible to receive a \$10,000 death benefit if she is still receiving qualified care at the time of her death.
- > Total Potential Benefit: \$110,000

This rider has exclusions and terms under which it may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or ING Employee Benefits. You may also refer to the Outline of Coverage.



[www.ing.com/us](http://www.ing.com/us) [www.ingemployeebenefits-us.com/payroll](http://www.ingemployeebenefits-us.com/payroll)

Issued by ReliaStar Life Insurance Company, a member of ING. Administrative & Home Office: 20 Washington Avenue South, Minneapolis, MN 55401  
Rider Form #: RW-WL2-LTC-ET-07. Form number may vary by state.



[WWW.ING.COM/US](http://WWW.ING.COM/US)



Premier Whole Life Insurance

# Long Term Care Rider with Restoration and Extension of Benefits

Help protect your assets with Long Term Care (LTC) insurance.

Whether you are managing your family finances or planning for your retirement, you want to do all you can to protect your assets. Your life insurance policy can protect your assets by offering a death benefit to help cover final expenses or medical expenses in the event you die. Unfortunately, death is not the only event that can deplete your assets...

If you become seriously injured or ill, the costs of treatment and recovery can far exceed the amount of your life savings or retirement investments. To help offset the costs and protect your assets, you and your spouse are now eligible to apply for **Long Term Care coverage**.

### What is Long Term Care coverage?

Available as a rider to your life insurance policy, Long Term Care coverage provides monthly payments in the event that you require assistance with activities of daily living. Qualifying care includes home health care, adult daycare, or confinement to a long term care facility.

Would you like to  
**see how this works?**

Example with restoration and extension of benefits on reverse side.

### Why do you need Long Term Care coverage?

While the need for long term care is unpredictable, the likelihood increases with age. Close to 40 percent of people with long term care needs are under the age of 65.\*

The *good news* is that, should you become injured or ill, medical advances have increased your chances of survival. The *bad news* is that in addition to the emotional stress, a serious injury or illness can also have a grim financial effect on you and your family.

Long Term Care coverage can help offset the costs associated with such an event. This is especially important because many health and disability income insurance policies do not cover most long term care services. And, no matter what your specific life stage or situation – Long Term Care coverage offers important benefits to suit your circumstances.

\*Source: Long-Term Care over an Uncertain Future: What Can Current Retirees Expect? November 2004.



EMPLOYEE BENEFITS



Your future. Made easier.<sup>SM</sup>

## LONG TERM CARE RIDER – WITH RESTORATION AND EXTENSION OF BENEFITS

### How does the rider work?

Long Term Care benefits are paid through an acceleration of the life insurance death benefit.\* The duration and amount of Long Term Care benefits will vary based on the type of care required:

- A **monthly benefit of 4%** of the life insurance death benefit is available when the insured is confined to a **long term care facility**. The benefit is payable for up to 25 months.
- A **monthly benefit of 2%** of the life insurance death benefit is available when the insured is receiving **home health care** or **adult day care**. The benefit is payable for up to 50 months.

Each month a long term care payment is made, the life insurance death benefit will be **restored**. The full insurance amount remains available after the Long Term Care benefit has been paid.

Once the face amount of the life policy has been paid for Long Term Care benefits, the insured is eligible to receive up to an additional 100% of the death benefit for Long Term Care benefits in **extended** monthly payments (25 or 50 months), based on the type of care required.

The benefit level can be adjusted if the level of care changes. And, life insurance premiums are waived when the insured is receiving qualifying care.

\* Benefit payments are reduced by proportionate amounts of any outstanding policy loan.

This rider has exclusions and terms under which it may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or ING Employee Benefits. You may also refer to the Outline of Coverage.

### Example LTC Rider with Restoration and Extension of Benefits:

Suzanne Smith has purchased a \$50,000 Whole Life Insurance policy. At age 46, Suzanne suffers a stroke. Because she is confined to a long term care facility, Suzanne is eligible for a monthly benefit of 4% of the death benefit of her policy for up to 25 months.

Each month a long term care benefit payment is made, an equal amount will be **restored** to the life insurance death benefit.

If, after that 25 months, Suzanne continues to be confined to a long term care facility, she will be eligible to receive up to another 25 months of payments.

- > \$50,000 death benefit x 4% per month = Monthly benefit of \$2,000 for 25 months.
- > Each month a payment is made, \$2,000 will be **restored** to the life insurance death benefit. The \$50,000 death benefit remains available in the event of death.
- > After the first 25 months, Suzanne is eligible to receive another 100% of the face amount: \$50,000 face amount x 4% per month = an **extended** monthly benefit of \$2,000 for up to another 25 months.
- > Total Potential Benefit: \$150,000



[www.ing.com/us](http://www.ing.com/us) [www.ingemployeebenefits-us.com/payroll](http://www.ingemployeebenefits-us.com/payroll)

Issued by ReliaStar Life Insurance Company, a member of ING. Administrative & Home Office: 20 Washington Avenue South, Minneapolis, MN 55401  
Rider Form #: RL-WL2-LTC-RE-07. Form number may vary by state.



[WWW.ING.COM/US](http://WWW.ING.COM/US)



Premier Whole Life Insurance

# Long Term Care Rider with Restoration of Benefits

Help protect your assets with Long Term Care (LTC) insurance.

Whether you are managing your family finances or planning for your retirement, you want to do all you can to protect your assets. Your life insurance policy can protect your assets by offering a death benefit to help cover final expenses or medical expenses in the event you die. Unfortunately, death is not the only event that can deplete your assets...

If you become seriously injured or ill, the costs of treatment and recovery can far exceed the amount of your life savings or retirement investments. To help offset the costs and protect your assets, you and your spouse are now eligible to apply for **Long Term Care coverage**.

### What is Long Term Care coverage?

Available as a rider to your life insurance policy, Long Term Care coverage provides monthly payments in the event that you require assistance with activities of daily living. Qualifying care includes home health care, adult daycare, or confinement to a long term care facility.

### Why do you need Long Term Care coverage?

While the need for long term care is unpredictable, the

likelihood increases with age. Close to 40 percent of people with long term care needs are under the age of 65.\*

The *good news* is that, should you become injured or ill, medical advances have increased your chances of survival. The *bad news* is that in addition to the emotional stress, a serious injury or illness can also have a grim financial effect on you and your family.

Long Term Care coverage can help offset the costs associated with such an event. This is especially important because many health and disability income insurance policies do not cover most long term care services. And, no matter what your specific life stage or situation – Long Term Care coverage offers important benefits to suit your circumstances.

\*Source: Long-Term Care over an Uncertain Future: What Can Current Retirees Expect? November 2004.



Would you like to  
**see how this works?**

Example with restoration of  
benefits on reverse side.

EMPLOYEE BENEFITS



Your future. Made easier.<sup>SM</sup>

## LONG TERM CARE RIDER – WITH RESTORATION OF BENEFITS

### How does the rider work?

Long Term Care benefits are paid through an acceleration of the life insurance death benefit.\* The duration and amount of Long Term Care benefits will vary based on the type of care required:

- A **monthly benefit of 4%** of the life insurance death benefit is available when the insured is confined to a **long term care facility**. The benefit is payable for up to 25 months.
- A **monthly benefit of 2%** of the life insurance death benefit is available when the insured is receiving **home health care** or **adult day care**. The benefit is payable for up to 50 months.

Each month a long term care payment is made, the life insurance death benefit will be **restored**. The full insurance amount remains available after the Long Term Care benefit has been paid.

The benefit level can be adjusted if the level of care changes. And, life insurance premiums are waived when the insured is receiving qualifying care

\* Benefit payments are reduced by proportionate amounts of any outstanding policy loan.

### Example LTC Rider with Restoration of Benefits:

Suzanne Smith has purchased a \$50,000 Whole Life insurance policy. At age 46, Suzanne suffers a stroke. Because she is confined to a long term care facility, Suzanne is eligible for a monthly benefit of 4% of the death benefit of her policy for 25 months.

- > Each month a long term care benefit payment is made, an equal amount will be **restored** to the life insurance death benefit.
- > \$50,000 death benefit x 4% per month = Monthly benefit of \$2,000 for 25 months.
- > Each month a payment is made, \$2,000 will be **restored** to the life insurance death benefit. The \$50,000 death benefit remains available in the event of death.
- > Total potential benefit: \$100,000

This rider has exclusions and terms under which it may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or ING Employee Benefits. You may also refer to the Outline of Coverage.

[www.ing.com/us](http://www.ing.com/us) [www.ingemployeebenefits-us.com/payroll](http://www.ingemployeebenefits-us.com/payroll)

Issued by ReliaStar Life Insurance Company, a member of ING. Administrative & Home Office: 20 Washington Avenue South, Minneapolis, MN 55401  
Rider Form #: RL-WL2-LTC-RO-07. Form number may vary by state.



[WWW.ING.COM/US](http://WWW.ING.COM/US)



Premier Whole Life Insurance

# Long Term Care Rider with Terminal Benefit

Help protect your assets with Long Term Care (LTC) insurance.

Whether you are managing your family finances or planning for your retirement, you want to do all you can to protect your assets. Your life insurance policy can protect your assets by offering a death benefit to help cover final expenses or medical expenses in the event you die. Unfortunately, death is not the only event that can deplete your assets...

If you become seriously injured or ill, the costs of treatment and recovery can far exceed the amount of your life savings or retirement investments. To help offset the costs and protect your assets, you and your spouse are now eligible to apply for **Long Term Care coverage**.

### What is Long Term Care coverage?

Available as a rider to your life insurance policy, Long Term Care coverage provides monthly payments in the event that you require assistance with activities of daily living. Qualifying care includes home health care, adult daycare, or confinement to a long term care facility.

### Why do you need Long Term Care coverage?

While the need for long term care is unpredictable, the

likelihood increases with age. Close to 40 percent of people with long term care needs are under the age of 65.\*

The *good news* is that, should you become injured or ill, medical advances have increased your chances of survival. The *bad news* is that in addition to the emotional stress, a serious injury or illness can also have a grim financial effect on you and your family.

Long Term Care coverage can help offset the costs associated with such an event. This is especially important because many health and disability income insurance policies do not cover most long term care services. And, no matter what your specific life stage or situation – Long Term Care coverage offers important benefits to suit your circumstances.

\*Source: Long-Term Care over an Uncertain Future: What Can Current Retirees Expect? November 2004.



Would you like to  
**see how this works?**

Example with terminal benefit  
on reverse side.

EMPLOYEE BENEFITS



Your future. Made easier.<sup>SM</sup>

## LONG TERM CARE RIDER – WITH TERMINAL BENEFIT

### How does the rider work?

Long Term Care benefits are paid through an acceleration of the life insurance death benefit.\* The duration and amount of Long Term Care benefits will vary based on the type of care required:

- A **monthly benefit of 4%** of the life insurance death benefit is available when the insured is confined to a **long term care facility**. The benefit is payable for up to 25 months.
- A **monthly benefit of 2%** of the life insurance death benefit is available when the insured is receiving **home health care** or **adult day care**. The benefit is payable for up to 50 months.

In addition to the Long Term Care benefit, beneficiaries will be eligible to receive a \$10,000 **terminal benefit** if death occurs after the entire death benefit of the life policy has been paid for Long Term Care benefits. For this benefit to be paid, the insured must have been receiving qualified care at the time of death.

The benefit level can be adjusted if the level of care changes. And, life insurance premiums are waived when the insured is receiving qualifying care.

\* Benefit payments are reduced by proportionate amounts of any outstanding policy loan.

This rider has exclusions and terms under which it may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or ING Employee Benefits. You may also refer to the Outline of Coverage.

### Example LTC Rider with Terminal Benefit:

Suzanne Smith has purchased a \$50,000 Whole Life Insurance policy. At age 46, Suzanne suffers a stroke. Because she is confined to a long term care facility, Suzanne is eligible for a monthly benefit of 4% of the **terminal benefit** of her policy for 25 months. After 25 months, if Suzanne was receiving qualified care at the time of her death, her beneficiary will be eligible to receive a \$10,000 **terminal benefit**.

- > \$50,000 death benefit x 4% per month = Monthly benefit of \$2,000 for 25 months.
- > After 25 months, Suzanne's beneficiary will be eligible to receive a \$10,000 death benefit if she was receiving qualified care at the time of her death.
- > Total potential benefit: \$60,000



[www.ing.com/us](http://www.ing.com/us) [www.ingemployeebenefits-us.com/payroll](http://www.ingemployeebenefits-us.com/payroll)

Issued by ReliaStar Life Insurance Company, a member of ING. Administrative & Home Office: 20 Washington Avenue South, Minneapolis, MN 55401  
Rider Form #: RL-WL2-LTC-TB-07. Form number may vary by state.



[WWW.ING.COM/US](http://WWW.ING.COM/US)

**STATEMENT OF POLICY COST AND BENEFIT INFORMATION**

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

**PREMIER WHOLE LIFE INSURANCE**

<b>PREPARED FOR:</b> [JOHN DOE ]		<b>ANNUAL</b>	
[123 MAIN STREET]		<b>AMOUNT</b>	<b>PREMIUM</b>
[ANYTOWN, PA	<b>WHOLE LIFE POLICY</b>	[\$10,000]	[\$121.90]
00000]	<b>ACCIDENTAL DEATH RIDER</b>	[\$10,000]	[\$ 10.40]
	<b>CHILD TERM RIDER</b>	[\$ 2,000]	[\$ 14.56]
<b>PREPARED BY:</b> [HOWARD AGENT]	<b>WAIVER OF PREMIUM RIDER</b>	[N/A ]	[\$ 7.80]
[111 HERE AVE]	<b>ACCELERATED BENEFIT RIDER</b>	[N/A]	[N/A]
[ANYTOWN, PA	<b>WHOLE LIFE INSURANCE RIDER</b>	[N/A]	[N/A]
00000]	<b>LONG TERM CARE RIDER</b>	[ XXX ]	[XXX]
<b>POLICY NUMBER:</b> [PWLQI00000 ]	<b>SCHEDULED [MONTHLY] PREMIUM</b>		[\$ 12.89]

-----BASE POLICY-----

<b>END OF YR AGE</b>	<b>ANNUAL PREMIUM</b>	<b>GUAR CASH VALUE</b>	<b>GUAR DEATH BENEFIT</b>
== ==	=====	=====	=====
1 [36 ]	[\$154.66]	[\$0.00]	[\$10,000]
2 [37 ]	[\$154.66]	[\$0.00]	[\$10,000]
3 [38 ]	[\$154.66]	[25.90]	[\$10,000]
4 [39 ]	[\$154.66]	[105.70]	[\$10,000]
5 [40 ]	[\$154.66]	[188.80]	[\$10,000]
6 [41 ]	[\$154.66]	[275.30]	[\$10,000]
7 [42 ]	[\$154.66]	[365.10]	[\$10,000]
8 [43 ]	[\$154.66]	[458.30]	[\$10,000]
9 [44 ]	[\$154.66]	[554.90]	[\$10,000]
10 [45 ]	[\$154.66]	[654.80]	[\$10,000]
11 [46 ]	[\$154.66]	[758.10]	[\$10,000]
12 [47 ]	[\$154.66]	[864.80]	[\$10,000]
13 [48 ]	[\$154.66]	[975.50]	[\$10,000]
14 [49 ]	[\$154.66]	[1,090.20]	[\$10,000]
15 [50 ]	[\$154.66]	[1,209.20]	[\$10,000]
16 [51 ]	[\$154.66]	[1,332.00]	[\$10,000]
17 [52 ]	[\$154.66]	[1,458.80]	[\$10,000]
18 [53 ]	[\$154.66]	[1,589.10]	[\$10,000]
19 [54 ]	[\$154.66]	[1,722.90]	[\$10,000]
20 [55 ]	[\$154.66]	[1,859.90]	[\$10,000]
@60	[\$154.66]	[2,593.60]	[\$10,000]
@65	[\$154.66]	[3,403.00]	[\$10,000]
@70	[\$154.66]	[4,274.60]	[\$10,000]

**AN EXPLANATION OF THE INTENDED USE OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.**

<b>10 YEAR SURRENDER COST INDEX</b>	<b>[9.03]</b>
<b>YEAR 20 SURRENDER COST INDEX</b>	<b>[8.63]</b>
<b>10 YEAR NET PAYMENT INDEX</b>	<b>[13.99]</b>
<b>20 YEAR NET PAYMENT INDEX</b>	<b>[13.99]</b>

**POLICY LOAN INTEREST IS [7.4%] PAYABLE IN ADVANCE.**

## **READABILITY CERTIFICATION**

Arkansas Statutes, Title 23, Chapter 80, Subchapter 2  
Life and Disability Insurance Policy Language Simplification Act

ReliaStar Life Insurance Company hereby certifies that RI-WL2-LTC-RE-07, et al has achieved a Flesch Reading Ease Score of 49.9 and complies with the requirements of the Life and Disability Insurance Policy Language Simplification Act.



---

S. Saver-Patterson  
Assistant Secretary

February 5, 2008  
Date

**ReliaStar Life Insurance Company**

20 Washington Avenue South  
Minneapolis, MN 55401  
Tel.: 612.342-7233  
Toll Free: 1-800-537-5024 X 27233  
Fax: 612.342.3695  
Email: molly.williams@us.ing.com

Molly Williams  
Compliance Analyst

February 6, 2008

Arkansas Insurance Department  
Compliance - Life and Health Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: ReliaStar Life Insurance Company  
NAIC #: 0229-67105  
FEIN 41-0451140  
Long Term Care (LTC) Riders (for use with Individual Whole Life Insurance Policy) and attendant forms:  
LTC Rider with Extension of Benefits and Restoration of Benefits RL-WL2-LTC-RE-07  
LTC Rider with Extension of Benefits and Terminal Benefit RL-WL2-LTC-ET-07  
LTC Rider with Restoration of Benefits RL-WL2-LTC-RO-07  
LTC Rider with Terminal Benefit RL-WL2-LTC-TB-07  
Rates  
Actuarial Memos

Dear Sir or Madam:

We are submitting the above captioned forms and rates for review and approval. Upon approval, the forms will be used with our Individual Whole Life Policy which was filed to implement the use of the 2001 CSO Mortality Table, Form Number: RL-WL2-POL-07, approved by your department on 9/28/07. The forms are new and do not replace any forms previously approved by your department. However, they are almost word for word the same as rider forms NP-B-LTC-RE-05, NP-B-LTC-ET-05, NP-B-LTC-RO-05, and NP-B-LTC-TB-05 approved by your Department on 3/16/06. The only differences are 1. the form number and 2. the premiums are payable until the Policy Anniversary Date following the Insured's 121<sup>st</sup> birthday vs. 100<sup>th</sup> birthday. Also enclosed for your information are: a revised policy data page, a revised statement page, actuarial memorandum and marketing materials.

For these new Riders, we plan to use the following Outlines of Coverage, Summaries, Replacement Form and Supplemental Application which were approved by your department on 3/16/06, when we filed the previous version of these riders.

Outlines - B-LTC-RE-05, B-LTC-ET-05, B-LTC-RO-05, and B-LTC-TB-05  
Summaries – LTCSUMMARY-RE, LTCSUMMARY-ET, LTCSUMMARY-RO, and LTCSUMMARY-TB  
Replacement Form – RL-LTC-NOTICE-02  
Supplemental Application – RL-LTC-05-MULTI-1

Licensed producers will market these Riders as voluntary payroll deduct benefits, which will be individually solicited along with the approved Whole Life Insurance Policy. The schedule of premiums that are applicable will depend upon the Rider selected and the age of the applicant at the time of application. The selection of the Rider will be made at the case level.

**Form RL-WL2-LTC-RE-07** is a long term care rider with a restoration of benefits and extension of benefits option that can be issued from ages 15 years through 64 years for employees and 15 years through 64 years for spouses. With this rider, the current death benefit can be accelerated by 2% or 4% if a licensed healthcare practitioner certifies that the insured requires the hands-on assistance of another in at least two activities of daily living or requires supervision or verbal cueing due to cognitive impairment. The insured must also be receiving qualified care. The minimum death benefit of the Whole Life Insurance Policy that includes this rider will be \$12,500 for both employees and spouses. There are no variable fields in this rider. At application, *Outline of Coverage B-LTC-RE-05* will be used and at policy issue *LTCSummary-RE* will be used with this rider.

February 6, 2008

Page 2

**Form RL-WL2-LTC-ET-07** is a long term care rider with an extension of benefits and terminal benefit option that can be issued from ages 15 years through 64 years for employees and 15 years through 64 years for spouses. With this rider, the current death benefit can be accelerated by 2% or 4% if a licensed healthcare practitioner certifies that the insured requires the hands-on assistance of another in at least two activities of daily living or requires the supervision or verbal cueing due to cognitive impairment. The insured must also be receiving qualified care. The minimum death benefit of the Whole Life Insurance Policy that includes this rider will be \$12,500 for both employees and spouses. There are no variable fields in this rider. At application, Outline of Coverage *B-LTC-ET-05* will be used and at policy issue *LTCSUMMARY-ET* will be used with this rider.

**Form RL-WL2-LTC-RO-07** is a long term care rider with restoration of benefits option that can be issued from ages 15 years through 64 years for employees and 15 years through 64 years for spouses. With this rider, the current death benefit can be accelerated by 2% or 4% if a licensed healthcare practitioner certifies that the insured requires the hands-on assistance of another in at least two activities of daily living or requires the supervision or verbal cueing due to cognitive impairment. The insured must also be receiving qualified care. The minimum death benefit of the Whole Life Insurance Policy that includes this rider will be \$12,500 for both employees and spouses. There are no variable fields in this rider. At application, Outline of Coverage *B-LTC-RO-05* will be used and at policy issue *LTCSUMMARY-RO* will be used with this rider.

**Form RL-WL2-LTC-TB-07** is a long term care rider with terminal benefit option that can be issued from ages 15 years through 64 years for employees and 15 years through 64 years for spouses. With this rider, the current death benefit can be accelerated by 2% or 4% if a licensed healthcare practitioner certifies that the insured requires the hands-on assistance of another in at least two activities of daily living or requires the supervision or verbal cueing due to cognitive impairment. The insured must also be receiving qualified care. The minimum death benefit of the Whole Life Insurance Policy that includes this rider will be \$12,500 for both employees and spouses. There are no variable fields in this rider. At application, Outline of Coverage *B-LTC-TB-05* will be used and at policy issue *LTCSUMMARY-TB* will be used with this rider.

These forms have been submitted to Minnesota, the domicile state for ReliaStar Life Insurance Company but approval is still pending.

To the best of my knowledge and belief, this submission complies with the laws, regulations and bulletins of your state. Thank you in advance for your prompt review and consideration of this submission. Please contact me at the number listed above if you have any questions or if you need any additional information in order to complete your review.

Very truly yours,



Molly Williams

/maw

Enclosure