

SERFF Tracking Number: MNNP-126492931 State: Arkansas
Filing Company: ReliaStar Life Insurance Company of New York State Tracking Number: 44904
Company Tracking Number: GCERT-NY
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: RLNY GAT
Project Name/Number: RLNY GAT/

Filing at a Glance

Company: ReliaStar Life Insurance Company of New York

Product Name: RLNY GAT

SERFF Tr Num: MNNP-126492931 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 44904

Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num: GCERT-NY

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: C.T. Brasch, Katie Onnen

Disposition Date: 02/19/2010

Date Submitted: 02/18/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: RLNY GAT

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 03/15/2002

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 02/19/2010

Explanation for Other Group Market Type:

State Status Changed: 02/19/2010

Deemer Date:

Created By: C.T. Brasch

Submitted By: Katie Onnen

Corresponding Filing Tracking Number:
GCERT-NY

Filing Description:

RE: ReliaStar Life Insurance Company of New York

NAIC #61360

FEIN No. 53-0242530

GCERT-NY Group Term Life Certificate

GCERTPD-NY Group Life Term Life Paid Up Certificate

SERFF Tracking Number: MNNP-126492931 State: Arkansas
Filing Company: ReliaStar Life Insurance Company of New York State Tracking Number: 44904
Company Tracking Number: GCERT-NY
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: RLNY GAT
Project Name/Number: RLNY GAT/

GCERT-TPD-NY Group Term Life Total and Permanent Disability Certificate
GRIDER-NY-AD Group Term Life Employee AD&D Rider
GRIDER-NY-ALB Group Term Life Employee Accelerated Benefit Rider
GRIDER-NY-DL Group Term Life Dependent Life Rider
GRIDER-NY-DAD Group Term Life Dependent AD&D Rider
GRIDER-NY-W Group Term Life Waiver of Premium Rider

The captioned certificate and attendant rider forms are being filed for your information on behalf of ReliaStar Life Insurance Company of New York ("RLNY"). These forms are intended to be used only when Group Policy GPOL-NY is issued in the State of New York but some residents of your state are included under the Policy.. All of the captioned forms were approved in New York, RLNY's state of domicile, on March 15, 2002 with the exception of Riders GRIDER-NY-AD and GRIDER-NY-DAD which were approved on June 20, 2000. This filing is in final printed form, and appears in the manner in which it will be issued

The New York Group Policy will only be issued to eligible groups as defined in New York Subsection 4216(b)(1), single employer groups, Subsection 4216(b)(2), union groups, and 4216(b)(4) multiple employer trusts. The product will be marketed by company sales representatives in New York either directly or through group producers and will generally be available to eligible employees and dependents of employees.

The Group Policyholder may elect portability, a waiver of premium benefit, an accelerated life benefit, accidental death and dismemberment coverage, dependent life coverage, and dependent accidental death and dismemberment coverage. The riders included in this filing will only be issued as attachments to the certificate and not as stand-alone benefits.

GCERTPD-NY will be issued if the Policyholder wishes to provide guaranteed lifetime coverage to its employees or retirees. In all other cases GCERT-NY will be issued. Upon termination of coverage, active employees and dependents have the option either to continue coverage under the Group Policy, elect one year of preliminary term insurance, or convert coverage to an individual life policy. Totally and permanently disabled insureds who terminate their coverage have the option to elect either "permanent" term life insurance or to convert to an individual life policy. In the event they elect term life insurance, certificate GCERT-TPD-NY, issued under the New York Group Policy, will be issued. The Group Policy will remain in effect as long as any insureds remain covered under any of the certificates.

To meet New York's readability requirements, these forms achieve the following Flesch scores after removing the insurer name, captions and subcaptions, and defined terms:

Certificate Form GCERT-NY: 50.9

Certificate Form GCERTPD-NY: 55.3

SERFF Tracking Number: MNNP-126492931 State: Arkansas
 Filing Company: ReliaStar Life Insurance Company of New York State Tracking Number: 44904
 Company Tracking Number: GCERT-NY
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: RLNY GAT
 Project Name/Number: RLNY GAT/

Certificate Form GCERT-TPD-NY: 55.6
 Rider Form GRIDER-NY-AD: 62.9
 Rider Form GRIDER-NY-ALB: 45.5
 Rider Form GRIDER-NY-DL: 50.3
 Rider Form GRIDER-NY-DAD: 60.5
 Rider Form GRIDER-NY-W: 47.3

Also included with this submission for your information is a Variable Material Chart.

Thank you for your consideration of this submission.

Company and Contact

Filing Contact Information

Katie Onnen, Compliance Analyst katie.onnen@us.ing.com
 P.O. Box 20 612-372-1048 [Phone]
 Route 7787 612-342-3695 [FAX]
 Minneapolis, MN 55440-0020

Filing Company Information

ReliaStar Life Insurance Company of New York CoCode: 61360 State of Domicile: New York
 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: 53-0242530

Filing Fees

Fee Required? Yes
 Fee Amount: \$400.00
 Retaliatory? Yes
 Fee Explanation: NY does not charge a filing fee. AR fees are \$50.00 per certificate, endorsement, etc.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company of New York	\$400.00	02/18/2010	34274389

SERFF Tracking Number: MNNP-126492931 State: Arkansas
Filing Company: ReliaStar Life Insurance Company of New York State Tracking Number: 44904
Company Tracking Number: GCERT-NY
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: RLNY GAT
Project Name/Number: RLNY GAT/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	02/19/2010	02/19/2010

SERFF Tracking Number: MNNP-126492931 *State:* Arkansas
Filing Company: ReliaStar Life Insurance Company of New York *State Tracking Number:* 44904
Company Tracking Number: GCERT-NY
TOI: L04G Group Life - Term *Sub-TOI:* L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: RLNY GAT
Project Name/Number: RLNY GAT/

Disposition

Disposition Date: 02/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNP-126492931 State: Arkansas
 Filing Company: ReliaStar Life Insurance Company of New York State Tracking Number: 44904
 Company Tracking Number: GCERT-NY
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: RLNY GAT
 Project Name/Number: RLNY GAT/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	No	No
Supporting Document	Variable Materials Chart	Yes	Yes
Supporting Document	Certification of Compliance	Yes	Yes
Form	Group Life Certificate	Yes	Yes
Form	Group Life Paid Up Certificate	Yes	Yes
Form	Group Life TPD Certificate	Yes	Yes
Form	Group Accelerated Life Rider	Yes	Yes
Form	Group AD&D Rider	Yes	Yes
Form	Group Dependent Life Rider	Yes	Yes
Form	Group Dependent AD&D Rider	Yes	Yes
Form	Group Waiver of Premium Rider	Yes	Yes

SERFF Tracking Number: MNNP-126492931 State: Arkansas
 Filing Company: ReliaStar Life Insurance Company of New York State Tracking Number: 44904
 Company Tracking Number: GCERT-NY
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: RLNY GAT
 Project Name/Number: RLNY GAT/

Form Schedule

Lead Form Number: GCERT-NY

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GCERT-NY	Certificate	Group Life Certificate	Initial		50.900	GCERT-NY.pdf
	GCERTPD-NY	Certificate	Group Life Paid Up Certificate	Initial		55.300	GCERTPD-NY.pdf
	GCERT-TPD-NY	Certificate	Group Life TPD Certificate	Initial		55.600	GCERT-TPD-NY.pdf
	GRIDER-NY-ALB	Certificate	Group Accelerated Life Rider	Initial		45.500	GRIDER-NY-ALB.pdf
	GRIDER-NY-AD	Certificate	Group AD&D Rider	Initial		62.900	GRIDER-NY-AD.pdf
	GRIDER-NY-DL	Certificate	Group Dependent Life Rider	Initial		50.300	GRIDER-NY-DL.pdf
	GRIDER-NY-DAD	Certificate	Group Dependent AD&D Rider	Initial		60.500	GRIDER-NY-DAD.pdf

SERFF Tracking Number: MNNP-126492931 *State:* Arkansas
Filing Company: ReliaStar Life Insurance Company of New York *State Tracking Number:* 44904
Company Tracking Number: GCERT-NY
TOI: L04G Group Life - Term *Sub-TOI:* L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: RLNY GAT
Project Name/Number: RLNY GAT/
GRIDER- NY-W Certificate Group Waiver of Initial 47.300 GRIDER-NY-W.pdf
Amendmen Premium Rider
t, Insert
Page,
Endorseme
nt or Rider

YOUR
GROUP
INSURANCE
PLAN

FOR EMPLOYEES OF
[ABC Company]

TABLE OF CONTENTS

	Page
Certification Page.....	1
Schedule of Benefits	2
Employee’s Insurance.....	[4]
Waiver of Premium Disability Benefit	[9]
Conversion Rights.....	[10]
General Provisions.....	[11]
Definitions	[13]

[B-5678 (04-00)]



RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 20 Washington Ave South, Minneapolis, MN 55401

Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

ReliaStar Life Insurance Company of New York (we, us, our) certifies that we have issued the Group Policy listed below to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

Group Policy Number

[GL-12345-6]

Policyholder

[ABC Company]

[RENEWABLE NONPARTICIPATING CONTRIBUTORY GROUP TERM LIFE]
[RENEWABLE NONPARTICIPATING NONCONTRIBUTORY GROUP TERM LIFE]

[The insurance included in this certificate applies to you only if you have elected and are insured for it.]

Your beneficiary is the last beneficiary you named, according to the records on file in our Home Office or Administrative Office, or on file with the Plan Administrator if applicable. You may change your beneficiary any time, according to the terms of the Group Policy.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy.

This certificate is part of the entire contract. Nothing in the Group Policy will invalidate or impair the rights granted to the insured by this certificate or by law.

This certificate replaces any other certificates we may have given you under the Group Policy.

[SPECIMEN]

Registrar

SCHEDULE OF BENEFITS

Basic Life Insurance

Class	Amount of Life Insurance
[All Eligible Employees]	[\$50,000]

Supplemental Life Insurance

Class	Amount of Life Insurance
[All Eligible Employees]	[Choice of \$100,000, \$200,000, or \$300,000]

Beginning on and after your 65th birthday, we decrease the amount of your insurance. We pay a percentage of the amount otherwise payable as follows:

- From your 65th birthday to age 70, we pay 65%.
- From your 70th birthday to age 80, we pay 50%.
- From your 80th birthday to age 85, we pay 35%.
- From your 85th birthday to age 90, we pay 25%.
- From your 90th birthday to age 95, we pay 17%.
- From your 95th birthday and after, we pay 13%.

[Basic Yearly Earnings - the yearly salary or wage you receive for work done for the **[Policyholder]**. It does not include bonuses, commissions or overtime pay.]

[To determine benefits, your amount of insurance is rounded to the **[next higher]** **[\$1,000]** multiple unless the amount equals a multiple of **[\$1,000]**.]

Evidence of Insurability

All employees must complete an Enrollment Form. Evidence of Insurability is required for amounts in excess of the limits described below.

Unless otherwise described below, employees can enroll for coverage without Evidence of Insurability only when first eligible under this Group Policy or the preceding supplemental or voluntary life insurance plan offered by the Policyholder.

Employee – Supplemental Life Insurance	Limit without Evidence
• Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan	Current amount, up to \$200,000
• Enrollment on the Group Policy Effective Date, if you answer "no" to the health question(s) on the Enrollment Form, when new coverage combined with current coverage does not exceed	\$200,000. This dollar limit reduces to 50% at age 60, and to 25% at ages 65 and over.
• Initial eligibility after the Group Policy Effective Date, if you answer "no" to the health question(s) on the Enrollment Form	\$200,000. This dollar limit reduces to 50% at age 60, and to 25% at ages 65 and over.
• Increases due to salary, job or class changes, that combined with current coverage do not exceed	\$200,000. This dollar limit reduces to 50% at age 60, and to 25% at ages 65 and over.
• If you answer "yes" to the health question(s) on the Enrollment Form	None. Evidence is required.
• Application for new or increased coverage more than 31 days after the date you become eligible for insurance	None. Evidence is required.

SCHEDULE OF BENEFITS

[this page intentionally left blank]

EMPLOYEE'S INSURANCE

We pay a death benefit to your beneficiary if written proof is received that you have died while this insurance is in force. The death benefit is the amount of Life Insurance for your class shown on the Schedule of Benefits in effect on the date of your death.

- A. [We pay the death benefit for all causes of death. However, [for Supplemental Life Insurance] if you commit suicide within [two years] of the date your insurance starts, we will refund the amount of premiums paid for your [Supplemental] Life Insurance under the Group Policy instead of paying a death benefit.]
- B. [We pay the death benefit for all causes of death.]

Beneficiary

The beneficiary is named to receive the proceeds to be paid at your death. You may name more than one beneficiary. The Policyholder cannot be the beneficiary.

You may name, add or change beneficiaries by written request as described below. You may also choose to name a beneficiary that you cannot change without his or her consent. This is an irrevocable beneficiary.

You may name, add or change beneficiaries by written request if all of the following conditions are met:

- Your coverage is in force.
- We have written consent of all irrevocable beneficiaries.
- You have not assigned the ownership of your insurance. The rights of an assignee are described in the General Provisions section.

All requests are subject to our approval. A change will take effect as of the date it is signed but will not affect any payment we make or action we take before receiving your notice.

Payment of Proceeds

We pay proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date we receive proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, we pay the proceeds in the following order:

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

The person must be living on the tenth day after your death.

Settlement Options

Settlement options are alternative ways of paying the proceeds under the Group Policy. Proceeds is the amount of each benefit we pay when you die. See the General Provisions section of this certificate for more information about Settlement Options.

EMPLOYEE'S INSURANCE

A. Eligibility

You are eligible on the later of the following dates:

- The Group Policy's Effective Date, [April 1, 2000]
- The [first day of the month on or after the] date you complete [one month] of continuous service with the [Policyholder]

B. Eligibility

You are eligible on the Group Policy's Effective Date, [April 1, 2000]

You must meet all of the following conditions to become insured -

- Be eligible for the insurance.
- Be actively at work.
- For Supplemental Life, apply for the insurance.]
- Give to us evidence of insurability, which we approve, if we require it. You may be required to pay for the cost of obtaining evidence of insurability.]

[If your spouse is also eligible as an employee under the Group Policy, your spouse may be covered as an employee or as a dependent spouse, but not both.]

Effective Date of Insurance

Your insurance starts on [the first day of the month on or after] the latest of the following dates:

- The date you become eligible.
- The date you return to active work if you are not actively at work on the date insurance would otherwise start. **Exception:** Your insurance starts on a nonworking day if you were actively at work on your last scheduled working day before the nonworking day.
- The date you apply for insurance, if you have to pay any part of the premium.]
- The date we approve your evidence of insurability, if evidence is required.]
- The date your first premium is received during your lifetime, if you have to pay any part of the premium.]

A. Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your insurance, the increase will take effect on -

- the effective date of the increase, if you are actively at work on that date.
- the date you return to active work, if you are not actively at work on the date your insurance increases.
- the nonworking day on which the increase was effective, if you were actively at work on your last scheduled working day before the nonworking day.

B. Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your insurance, the increase will take effect on -

- the Policy Anniversary on or next following the date of the increase, if you are actively at work on the date of the increase.
- the date you return to active work, if you are not actively at work on the Policy Anniversary on or next following the date of the increase.
- the Policy Anniversary on or next following the date your insurance increases, if the Policy Anniversary is a nonworking day and you were actively at work on your last scheduled working day before the nonworking day.

C. **Effective Date of Change in Amount of Insurance**

If there is an increase in the amount of your insurance, the increase will take effect on -

- the first day of the month on or next following the date of the increase, if you are actively at work on the date of the increase.
- the date you return to active work if you are not actively at work on the first day of the month on or next following the date of the increase.
- the first day of the month on or next following the date of the increase, if the first day of the month is a nonworking day and you were actively at work on your last scheduled working day before the nonworking day.

[If evidence of insurability is required, the increase will take effect on the later of the dates indicated above or the date we approve your evidence of insurability.]

A decrease in the amount of your insurance will take effect on the date of the decrease.

EMPLOYEE'S INSURANCE

Termination of Insurance

Your insurance stops on the **earliest** of the following dates:

- The [date] [last day of the month during which] you are no longer actively at work for the [Policyholder.]
- The [date] [last day of the month during which] you are no longer eligible for insurance under the Group Policy.
- The date coverage is terminated for all active employees under the Group Policy.
- The [date] [last day of the month during which] you retire.]
- The end of the period for which all due premiums are paid.]

We stop providing a specific benefit to you on the date that benefit is no longer provided under the Group Policy. Refer to the Conversion Rights section of this certificate for information about conversion.

Family and Medical Leave Act of 1993

Certain employers are subject to the FMLA. If you have a leave from active work certified by your employer, then for purposes of eligibility and termination of coverage you will be considered to be actively at work. Your coverage will remain in force so long as you continue to meet the requirements set forth in the FMLA, and premium payment is continued.

Total and Permanent Disability

If you stop active work due to total and permanent disability, [and due to age you are not eligible for Waiver of Premium or your Waiver of Premium stops.] then you may elect to either convert your Life Insurance or you may elect to be covered under a new certificate of term life insurance.

If you want the new term life certificate, then you must apply for it within 31 days after your Life Insurance stops, pay the first premium to us, and submit proof of total and permanent disability. We or the [Policyholder] must be notified. We will supply you with a form to complete and return. Notice of the right to elect the new term life certificate will be given to you, or mailed to you using your last known address according to the [Policyholder's] records, within 15 days before or after your Life Insurance terminates. If notice is provided more than 15 but less than 90 days after the date your Life Insurance terminates, the time period in which you may apply for the new term life certificate will be extended for 45 days after the notice is provided. However, if notice is not provided within 90 days of the date your Life Insurance terminates, the right to apply for the new term life certificate will expire at the end of the 90 days.

Premiums must be paid for coverage under the new term life certificate. [The new term life certificate does not include Waiver of Premium, or AD&D Insurance, or the Accelerated Life Benefit, or Dependent Life Insurance, or Dependent AD&D Insurance.] Life Insurance under the new term life certificate will stop on the **earliest** of the following:

- The end of the period for which all due premiums are paid.
- The date your Life Insurance is converted.

EMPLOYEE'S INSURANCE

Portability

Portability means you may continue [up to \$500,000 of] your [Supplemental] Life insurance under the Group Policy instead of converting it, if you are under age [70] and were not totally and permanently disabled when the first of the following occurs:

- You stop active work for the [Policyholder] if coverage is in effect for active employees under the Group Policy.
- You are no longer eligible for insurance under the Group Policy.
- The Policyholder [or Plan Sponsor] terminates coverage for active employees under the Group Policy and does not replace it with a similar life insurance plan.

You must apply for portability within 31 days after the date your [Supplemental] Life Insurance terminates. We will supply you with a portability form to complete and return. Notice of the right to port coverage will be given to you, or mailed to you using your last known address according to the [Policyholder's] records, within 15 days before or after your [Supplemental] Life Insurance terminates. If notice is provided more than 15 but less than 90 days after the date your [Supplemental] Life Insurance terminates, the time period in which you may apply for portability will be extended for 45 days after the notice is provided. However, if notice is not provided within 90 days of the date your [Supplemental] Life Insurance terminates, the right to port will expire at the end of the 90 days.

Premiums must be paid. Portability is subject to all other terms of the Group Policy. Portability includes [the Waiver of Premium Disability Benefit, and the Accelerated Life Benefit, and Supplemental AD&D Insurance up to \$250,000, and Dependent Life Insurance and Dependent AD&D Insurance.] Insurance continued under the portability provision will stop on the **earliest** of the following:

- The end of the period for which all due premiums are paid.
- The date your Life Insurance is converted.
- The date you attain age [70.]

If you return to active work for the [Policyholder] and are again eligible for insurance under the Group Policy, you may do one, but not both, of the following:

- Keep your ported coverage at its current amount. You must give us evidence of insurability we accept for any increase to the amount of insurance.
- Terminate the ported coverage. You may then re-apply for insurance under the Group Policy with evidence of insurability, subject to all other terms of the Group Policy.

You may elect to convert your [Supplemental] Life Insurance at any time while it is being continued under this portability provision, or at the end of the portability period.

CONVERSION RIGHTS

You may convert Life Insurance to an individual life insurance policy if any part of your Life Insurance under the Group Policy stops. Evidence of insurability is not required.

Your conversion right will not be affected by your receipt of the Accelerated Life Benefit. However, any amount paid as an Accelerated Life Benefit will not be available for conversion. Any other changes in the amount of insurance may allow for a conversion.

Conditions for Conversion

You may convert this Life Insurance if it stops for any of the following reasons:

- You are no longer actively at work as an employee of the [Policyholder] and your insurance stops.
- You are no longer eligible for Employee's Insurance under the Group Policy and your insurance stops.
- Coverage for all active employees under the Group Policy is terminated, [or coverage for all active employees of the Plan Sponsor is terminated] and your insurance stops.
- The amount of your Life Insurance is reduced.
- You no longer meet the requirements set forth in the FMLA and your insurance stops.
- Any insurance continued under the Portability provision stops.]
- Your premium is no longer being waived under the Waiver of Premium Disability Benefit Rider, and your insurance stops.]

You may convert this insurance by applying and paying the first premium for an individual policy within 31 days after any part of your insurance stops. We or the [Policyholder] must be notified. We will supply you with a conversion form to complete and return. Notice of the right to convert will be given to you, or mailed to you using your last known address according to the [Policyholder's] records, within 15 days before or after one of the previous events occurs. If notice is provided more than 15 but less than 90 days after such event, the time period in which you may apply for a conversion policy will be extended for 45 days after the notice is provided. However, if notice is not provided within 90 days of the event, the right to convert will expire at the end of the 90 days.

Type of Converted Policy

You may purchase any individual policy offered by us for conversion. The conversion policy offers an option for one year of preliminary term insurance.

If your previous coverage included additional benefits [such as Waiver of Premium, or AD&D Insurance, or the Accelerated Life Benefit,] the new insurance will not include these benefits.

Amount of Conversion Coverage

If your Life Insurance is terminated because coverage for all active employees under the Group Policy is terminated, [or coverage for all active employees of the Plan Sponsor is terminated,] the amount of the individual policy is limited to the amount of your Life Insurance that stops, minus the amount of other group insurance for which you become eligible within 45 days of the date your insurance stops.

If your Life Insurance stops for any other reason, the amount of your individual policy may be any amount up to the amount of your Life Insurance that stopped.

Effective Date

The new policy takes effect on the first of the month following the date you apply for conversion.

If you die within the period allowed for making application to convert, we will pay a death benefit to your beneficiary in the amount you were entitled to convert.

Premiums

Premiums for the new policy are based on the class of risk to which you belong and to the form and amount of the policy at your then attained age. You may choose any premium mode we offer.

GENERAL PROVISIONS

Life Insurance Assignment

You can change the owner of your Life Insurance under the Group Policy by sending us written notice. This change is an absolute assignment. You cannot make an absolute assignment to the Policyholder. You transfer all your rights and duties as owner to the new owner. The new owner can then make any change the Group Policy allows. A request for an absolute assignment -

- Does not change the insurance or the beneficiary.
- Applies only if we receive your notice.
- Takes effect from the date signed.
- Does not affect any payment we make or action we take before receiving your notice.

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

Incontestability

Your insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, we can contest the validity of your insurance because of inaccurate or false information received relating to your insurability. Each elected increase to the amount of insurance may also be contested during the 2 year period following the effective date of the increase. After either 2 year period, we cannot contest the validity of your insurance for any reason other than non-payment of premium. Only statements that are in writing and signed by you can be used to contest the insurance. We will provide a copy of the written statement(s) to you or your beneficiary in the event we contest the validity of your insurance.

Misstatement of Age

If your age is misstated, we equitably adjust the premium according to the correct age. If the amount of insurance depends on your age, we also equitably adjust the amount of insurance according to the correct age.

Submitting a Claim

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

- Include information to identify you, like your name, address and Group Policy number.
- Be sent to us or to the authorized administrator.
- Be sent as soon as reasonably possible after the loss for which the claim is based has occurred.

We or our authorized administrator will send proof of loss claim forms within 15 days after we receive notice of claim.

Settlement Options

Payee - one to whom we pay all or part of the proceeds or interest. You can choose or cancel a settlement option by making a written agreement with us or by sending us written notice. Before death occurs, only you or an owner, if you have assigned ownership, may choose or cancel an option. After death has occurred, a beneficiary may be able to choose an option, unless you restrict that right.

A change in beneficiary cancels all chosen options. You must choose again any options you want.

We need not accept an option if less than \$3,000 will be applied to each payee. In this case, we may pay a payee's proceeds in one lump sum. Under an installment option, each payment must be at least \$50. To make each payment at least \$50, we may increase the time between payments to 3 months, 6 months, or a year.

GENERAL PROVISIONS

Settlement Options (continued)

We need not accept a settlement option for any of the following:

- A payee that is not a natural person.
- A payee who is not entitled to the proceeds in his or her own right.

When we approve your request, the settlement option will take effect on the date the written request is signed. Any request for a settlement option will not affect any payment we make before receiving the notice. We issue a supplemental contract for proceeds applied under any option.

Instead of being paid in one lump sum, the proceeds of a death claim may, upon request, be paid under one of the following options:

Option 1 - The proceeds are left with us to earn interest. The withdrawal rights, the length of time we will hold the proceeds, and any future change in option are subject to our approval.

Option 2 - We pay the proceeds with interest in equal installments at equal intervals until the proceeds and interest are all paid. You may choose intervals of a month, 3 months, 6 months, or a year. At the end of each interval, we add interest to the unpaid remainder of the proceeds. In a 12 month period, you must choose to receive at least 7% of the total amount of proceeds. The last installment will be for the remainder of the proceeds and might not be equal to the other installments.

Option 3 - We pay the proceeds in equal installments at equal intervals for the number of years chosen by you. The interval may be a month, 3 months, 6 months or a year.

If the payee dies, the terms of the option agreement determine whether another payee receives the payments or a lump sum for the remaining proceeds. The person choosing the settlement option has the right to name the payee or payees.

Unless we have agreed otherwise, a payee cannot do any of the following:

- Withdraw any part of the proceeds or interest.
- Change the payment period.
- Change the option.
- Change the amount of the payment.
- Surrender the supplemental contract for cash.
- Borrow against the supplemental contract.

DEFINITIONS

Active Work, Actively at Work - you are physically present at your customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of your job on that day.

Employee – [an active employee residing in the United States who is employed by the Policyholder and is regularly scheduled to work on at least a 30-hour-per-week, 48 week per year basis. Such employees of companies and affiliates controlled by the Policyholder are included. Temporary and seasonal employees are excluded.]

Group Policy - the written group insurance contract between ReliaStar Life Insurance Company of New York and the Policyholder.

Nonworking Day - a day on which the employee is not regularly scheduled to work, including time off for the following:

- Vacations.
- Personal holidays.
- Weekends and holidays.
- Approved nonmedical leave of absence.

Nonworking day does not include time off for any of the following:

- Medical leave of absence.
- Temporary layoff.
- The [Policyholder] suspending its operations, in part or total.
- Strike.

[**Plan Sponsor** – an employer or union participating under the Policyholder's plan of insurance.]

Policyholder – [ABC Company]

Total and Permanent Disability - your inability, due to injury or disease, to engage in any occupation for pay or profit.

We, Us, Our - ReliaStar Life Insurance Company of New York, at its Home Office in Woodbury, New York or at its Administrative Office in Minneapolis, Minnesota.

Written, In Writing - signed, dated and received at our Home Office or Administrative Office in a form we accept.

You, Your - an employee insured for insurance under the Group Policy.

YOUR
GROUP
INSURANCE
PLAN

FOR [RETIRED] EMPLOYEES OF
[ABC Company]

TABLE OF CONTENTS

	Page
Certification Page.....	1
Schedule of Benefits.....	2
Definitions.....	2
Employee's Insurance.....	3
General Provisions.....	4

[B-5700 (08-00)]



RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 20 Washington Ave South, Minneapolis, MN 55401

Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

ReliaStar Life Insurance Company of New York (we, us, our) certifies that we have issued the Group Policy listed below to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

Group Policy Number

[GL-12500-9]

Policyholder

[ABC Company]

RENEWABLE NONPARTICIPATING NONCONTRIBUTORY GROUP TERM LIFE

Sufficient premium has been deposited by the Policyholder with us to guarantee coverage under this certificate according to its terms during the lifetime of the insured employee.

Your beneficiary is the last beneficiary you named, according to the records on file in our Home Office or Administrative Office, or on file with the Plan Administrator if applicable. You may change your beneficiary any time, according to the terms of the Group Policy.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy.

This certificate is part of the entire contract. Nothing in the Group Policy will invalidate or impair the rights granted to the insured by this certificate or by law.

This certificate replaces any other certificates we may have given you under the Group Policy.

[SPECIMEN]

Registrar

SCHEDULE OF BENEFITS

Life Insurance

Class	Amount of Life Insurance
[All Eligible Employees]	See below.

[John S. Doe
\$6,852.00
August 1, 2000]

DEFINITIONS

Employee - [a retiree receiving benefits under the ABC Company pension benefit plan who retired between June 1, 1976 and December 31, 1989.]

Group Policy - the written group insurance contract between ReliaStar Life Insurance Company of New York and the Policyholder.

Policyholder - [ABC Company]

We, Us, Our - ReliaStar Life Insurance Company of New York, at its Home Office in Woodbury, New York or at its Administrative Office in Minneapolis, Minnesota.

Written, In Writing - signed, dated and received at our Home Office or Administrative Office in a form we accept.

You, Your - an employee insured for insurance under the Group Policy.

EMPLOYEE'S INSURANCE

Effective Date of Insurance

The Group Policy Effective Date is [August 1, 2000.] The effective date of your coverage under this Group Policy is indicated on the Schedule of Benefits.

Benefit

We pay a death benefit to your beneficiary if written proof is received that you have died while this insurance is in force. The death benefit is the amount of Life Insurance for your class shown on the Schedule of Benefits in effect on the date of your death.

We pay the death benefit for all causes of death.

Beneficiary

The beneficiary is named to receive the proceeds to be paid at your death. You may name more than one beneficiary. The Policyholder cannot be the beneficiary.

You may name, add or change beneficiaries by written request as described below. You may also choose to name a beneficiary that you cannot change without his or her consent. This is an irrevocable beneficiary.

You may name, add or change beneficiaries by written request if all of the following conditions are met:

- Your coverage is in force.
- We have written consent of all irrevocable beneficiaries.
- You have not assigned the ownership of your insurance. The rights of an assignee are described in the General Provisions section.

All requests are subject to our approval. A change will take effect as of the date it is signed but will not affect any payment we make or action we take before receiving your notice.

Payment of Proceeds

We pay proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date we receive proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, we pay the proceeds in the following order:

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

The person must be living on the tenth day after your death.

Settlement Options

Settlement options are alternative ways of paying the proceeds under the Group Policy. Proceeds is the amount of each benefit we pay when you die. See the General Provisions section of this certificate for more information about Settlement Options.

GENERAL PROVISIONS

Life Insurance Assignment

You can change the owner of your Life Insurance under the Group Policy by sending us written notice. This change is an absolute assignment. You cannot make an absolute assignment to the Policyholder. You transfer all your rights and duties as owner to the new owner. The new owner can then make any change the Group Policy allows. A request for an absolute assignment -

- Does not change the insurance or the beneficiary.
- Applies only if we receive your notice.
- Takes effect from the date signed.
- Does not affect any payment we make or action we take before receiving your notice.

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

Incontestability

Your insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, we can contest the validity of your insurance because of inaccurate or false information received relating to your insurability. After 2 years, we cannot contest the validity of your insurance for any reason other than non-payment of premium. Only statements that are in writing and signed by you can be used to contest the insurance. We will provide a copy of the written statement(s) to you or your beneficiary in the event we contest the validity of your insurance.

Misstatement of Age

If your age is misstated, we equitably adjust the premium according to the correct age. If the amount of insurance depends on your age, we also equitably adjust the amount of insurance according to the correct age.

Submitting a Claim

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

- Include information to identify you, like your name, address and Group Policy number.
- Be sent to us or to the authorized administrator.
- Be sent as soon as reasonably possible after the loss for which the claim is based has occurred.

We or our authorized administrator will send proof of loss claim forms within 15 days after we receive notice of claim.

Settlement Options

Payee - one to whom we pay all or part of the proceeds or interest. You can choose or cancel a settlement option by making a written agreement with us or by sending us written notice. Before death occurs, only you or an owner, if you have assigned ownership, may choose or cancel an option. After death has occurred, a beneficiary may be able to choose an option, unless you restrict that right.

A change in beneficiary cancels all chosen options. You must choose again any options you want.

We need not accept an option if less than \$3,000 will be applied to each payee. In this case, we may pay a payee's proceeds in one lump sum. Under an installment option, each payment must be at least \$50. To make each payment at least \$50, we may increase the time between payments to 3 months, 6 months, or a year.

GENERAL PROVISIONS

Settlement Options (continued)

We need not accept a settlement option for any of the following:

- A payee that is not a natural person.
- A payee who is not entitled to the proceeds in his or her own right.

When we approve your request, the settlement option will take effect on the date the written request is signed. Any request for a settlement option will not affect any payment we make before receiving the notice. We issue a supplemental contract for proceeds applied under any option.

Instead of being paid in one lump sum, the proceeds of a death claim may, upon request, be paid under one of the following options:

Option 1 - The proceeds are left with us to earn interest. The withdrawal rights, the length of time we will hold the proceeds, and any future change in option are subject to our approval.

Option 2 - We pay the proceeds with interest in equal installments at equal intervals until the proceeds and interest are all paid. You may choose intervals of a month, 3 months, 6 months, or a year. At the end of each interval, we add interest to the unpaid remainder of the proceeds. In a 12 month period, you must choose to receive at least 7% of the total amount of proceeds. The last installment will be for the remainder of the proceeds and might not be equal to the other installments.

Option 3 - We pay the proceeds in equal installments at equal intervals for the number of years chosen by you. The interval may be a month, 3 months, 6 months or a year.

If the payee dies, the terms of the option agreement determine whether another payee receives the payments or a lump sum for the remaining proceeds. The person choosing the settlement option has the right to name the payee or payees.

Unless we have agreed otherwise, a payee cannot do any of the following:

- Withdraw any part of the proceeds or interest.
- Change the payment period.
- Change the option.
- Change the amount of the payment.
- Surrender the supplemental contract for cash.
- Borrow against the supplemental contract.

YOUR
GROUP
INSURANCE
PLAN

FOR TOTALLY AND PERMANENTLY DISABLED
EMPLOYEES OF [ABC Company]

TABLE OF CONTENTS

	Page
Certification Page.....	1
Schedule of Benefits.....	2
Definitions.....	2
Life Insurance.....	3
General Provisions.....	5

[B-5900 (04-00)]



RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 20 Washington Ave South, Minneapolis, MN 55401

Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

ReliaStar Life Insurance Company of New York (we, us, our) certifies that we have issued the Group Policy listed below to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

Group Policy Number

[GL-12345-6]

Policyholder

[ABC Company]

RENEWABLE NONPARTICIPATING CONTRIBUTORY GROUP TERM LIFE

The insurance included in this certificate applies to you only if you have elected and are insured for it.

Your beneficiary is the last beneficiary you named, according to the records on file in our Home Office or Administrative Office, or on file with the Plan Administrator if applicable. You may change your beneficiary any time, according to the terms of the Group Policy.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy.

This certificate is part of the entire contract. Nothing in the Group Policy will invalidate or impair the rights granted to the insured by this certificate or by law.

This certificate replaces any other certificates we may have given you under the Group Policy.

[SPECIMEN]

Registrar

SCHEDULE OF BENEFITS

Amount of Life Insurance

Jane Q. Doe
\$50,000
March 1, 2002

DEFINITIONS

Group Policy - the written group insurance contract between ReliaStar Life Insurance Company of New York and the Policyholder.

Policyholder - [ABC Company.]

Total and Permanent Disability - your inability, due to injury or disease, to engage in any occupation for pay or profit.

We, Us, Our - ReliaStar Life Insurance Company of New York, at its Home Office in Woodbury, New York or at its Administrative Office in Minneapolis, Minnesota.

Written, In Writing - signed, dated and received at our Home Office or Administrative Office in a form we accept.

You, Your - the individual named above, who is insured for Life Insurance under the Group Policy.

LIFE INSURANCE

We pay a death benefit to your beneficiary if written proof is received that you have died while this Life Insurance is in force. The death benefit is the amount of Life Insurance shown on the Schedule of Benefits in effect on the date of your death.

- A. [We pay the death benefit for all causes of death. However, for any amount of Life Insurance that you elected as an Employee under the Group Policy, if you commit suicide within [two years] of the date your elected amount of insurance starts, we will refund the amount of premiums paid for that elected amount of insurance under the Group Policy instead of paying a death benefit.]
- B. [We pay the death benefit for all causes of death.]

Beneficiary

The beneficiary is named to receive the proceeds to be paid at your death. You may name more than one beneficiary. The Policyholder cannot be the beneficiary.

You may name, add or change beneficiaries by written request as described below. You may also choose to name a beneficiary that you cannot change without his or her consent. This is an irrevocable beneficiary.

You may name, add or change beneficiaries by written request if all of the following conditions are met:

- Your coverage is in force.
- We have written consent of all irrevocable beneficiaries.
- You have not assigned the ownership of your insurance. The rights of an assignee are described in the General Provisions section.

All requests are subject to our approval. A change will take effect as of the date it is signed but will not affect any payment we make or action we take before receiving your notice.

Payment of Proceeds

We pay proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date we receive proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, we pay the proceeds in the following order:

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

The person must be living on the tenth day after your death.

Settlement Options

Settlement options are alternative ways of paying the proceeds under the Group Policy. Proceeds is the amount of each benefit we pay when you die. See the General Provisions section of this certificate for more information about Settlement Options.

LIFE INSURANCE

Eligibility

You must meet all of the following conditions to become insured under this certificate -

- You were insured for Employee's Insurance under the Group Policy on the date before the effective date of your Life Insurance under this certificate.
- Your Employee's Insurance under the Group Policy stopped due to total and permanent disability on the date before the effective date of your Life Insurance under this certificate.
- Your application for Life Insurance under this certificate and your proof of total and permanent disability are approved by us.

Effective Date of Insurance

The Group Policy Effective Date is [April 1, 2000.] The effective date of your Life Insurance under this certificate is shown on the Schedule of Benefits.

Termination of Insurance

Your Life Insurance stops at the end of the period for which all due premiums are paid.

Conversion Rights

You may convert Life Insurance to an individual life insurance policy if any part of your Life Insurance under the Group Policy stops. Evidence of insurability is not required. You may convert your Life Insurance if it stops for any reason.

You may convert your Life Insurance by applying and paying the first premium for an individual policy within 31 days after your insurance stops. We or the [Policyholder] must be notified. We will supply you with a conversion form to complete and return. Notice of the right to convert will be given to you, or mailed to you using your last known address according to the [Policyholder's] records, within 15 days before or after your Life Insurance stops. If notice is provided more than 15 but less than 90 days after that date, the time period in which you may apply for a conversion policy will be extended for 45 days after the notice is provided. However, if notice is not provided within 90 days of the date your Life Insurance stops, the right to convert will expire at the end of the 90 days.

You may purchase any individual policy offered by us for conversion. The conversion policy offers an option for one year of preliminary term insurance.

The amount of your individual policy may be any amount up to the amount of your Life Insurance that stopped.

The new policy takes effect on the first of the month following the date you apply for conversion.

If you die within the period allowed for making application to convert, we will pay a death benefit to your beneficiary in the amount you were entitled to convert.

Premiums for the new policy are based on the class of risk to which you belong and to the form and amount of the policy at your then attained age. You may choose any premium mode we offer.

GENERAL PROVISIONS

Life Insurance Assignment

You can change the owner of your Life Insurance under the Group Policy by sending us written notice. This change is an absolute assignment. You cannot make an absolute assignment to the Policyholder. You transfer all your rights and duties as owner to the new owner. The new owner can then make any change the Group Policy allows. A request for an absolute assignment -

- Does not change the insurance or the beneficiary.
- Applies only if we receive your notice.
- Takes effect from the date signed.
- Does not affect any payment we make or action we take before receiving your notice.

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

Incontestability

Your insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, we can contest the validity of your insurance because of inaccurate or false information received relating to your insurability. After 2 years, we cannot contest the validity of your insurance for any reason other than non-payment of premium. Only statements that are in writing and signed by you can be used to contest the insurance. We will provide a copy of the written statement(s) to you or your beneficiary in the event we contest the validity of your insurance.

Misstatement of Age

If your age is misstated, we equitably adjust the premium according to the correct age. If the amount of insurance depends on your age, we also equitably adjust the amount of insurance according to the correct age.

Submitting a Claim

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

- Include information to identify you, like your name, address and Group Policy number.
- Be sent to us or to the authorized administrator.
- Be sent as soon as reasonably possible after the loss for which the claim is based has occurred.

We or our authorized administrator will send proof of loss claim forms within 15 days after we receive notice of claim.

Settlement Options

Payee - one to whom we pay all or part of the proceeds or interest. You can choose or cancel a settlement option by making a written agreement with us or by sending us written notice. Before death occurs, only you or an owner, if you have assigned ownership, may choose or cancel an option. After death has occurred, a beneficiary may be able to choose an option, unless you restrict that right.

A change in beneficiary cancels all chosen options. You must choose again any options you want.

We need not accept an option if less than \$3,000 will be applied to each payee. In this case, we may pay a payee's proceeds in one lump sum. Under an installment option, each payment must be at least \$50. To make each payment at least \$50, we may increase the time between payments to 3 months, 6 months, or a year.

GENERAL PROVISIONS

Settlement Options (continued)

We need not accept a settlement option for any of the following:

- A payee that is not a natural person.
- A payee who is not entitled to the proceeds in his or her own right.

When we approve your request, the settlement option will take effect on the date the written request is signed. Any request for a settlement option will not affect any payment we make before receiving the notice. We issue a supplemental contract for proceeds applied under any option.

Instead of being paid in one lump sum, the proceeds of a death claim may, upon request, be paid under one of the following options:

Option 1 - The proceeds are left with us to earn interest. The withdrawal rights, the length of time we will hold the proceeds, and any future change in option are subject to our approval.

Option 2 - We pay the proceeds with interest in equal installments at equal intervals until the proceeds and interest are all paid. You may choose intervals of a month, 3 months, 6 months, or a year. At the end of each interval, we add interest to the unpaid remainder of the proceeds. In a 12 month period, you must choose to receive at least 7% of the total amount of proceeds. The last installment will be for the remainder of the proceeds and might not be equal to the other installments.

Option 3 - We pay the proceeds in equal installments at equal intervals for the number of years chosen by you. The interval may be a month, 3 months, 6 months or a year.

If the payee dies, the terms of the option agreement determine whether another payee receives the payments or a lump sum for the remaining proceeds. The person choosing the settlement option has the right to name the payee or payees.

Unless we have agreed otherwise, a payee cannot do any of the following:

- Withdraw any part of the proceeds or interest.
- Change the payment period.
- Change the option.
- Change the amount of the payment.
- Surrender the supplemental contract for cash.
- Borrow against the supplemental contract.

ACCELERATED LIFE BENEFIT RIDER

THIS RIDER IS PART OF THE GROUP POLICY AND CERTIFICATE TO WHICH IT IS ATTACHED.

Group Policy Number: 12345-LIFENY
Policyholder: ABC Company
Rider Number: R-67575
Effective Date: April 1, 2010

NOTE: Receipt of an Accelerated Life Benefit may affect eligibility for public assistance programs and may be taxable. YOUR AMOUNT OF LIFE INSURANCE WILL BE REDUCED IF YOU RECEIVE AN ACCELERATED LIFE BENEFIT. Your conversion right will not be affected by receipt of the Accelerated Life Benefit. However, any amount paid as an accelerated life benefit will not be available for conversion.

Definition(s)

Terminal Condition – an injury or sickness that is expected to result in your death within 12 months and from which there is no reasonable chance of recovery. We, or a qualified party chosen by us, will make this determination.

Benefit

Accelerated Life Benefit proceeds is the amount we pay to you, while you are living, when it has been determined that you have a terminal condition. The Accelerated Life Benefit proceeds are paid only once. This benefit is equal to 50% of your amount of Basic and Supplemental Life Insurance in force, or \$250,000, whichever is less. This benefit is available to employees only. You must have at least \$10,000 in Life Insurance coverage in force to qualify for this benefit.

To receive the Accelerated Life Benefit, all of the following conditions must be met. You must:

- Request this benefit in writing while you are living. If legally incapacitated, your legal representative may request it for you.
- Be insured for Life Insurance benefits under the Group Policy.
- Have Life Insurance coverage of at least \$10,000 as shown in the certificate.
- Provide to us a doctor's statement which gives the diagnosis of your medical condition, and states that because of the nature and severity of such condition, your life expectancy is no more than 12 months. We may require that you be examined by a doctor of our choosing. If we require this, we pay for the exam.
- Provide to us written consent from any irrevocable beneficiary, assignee, and, in community property states, from your spouse.

Benefit Payment

We pay the Accelerated Life Benefit proceeds to you. If a legal guardian is appointed because you are legally incapacitated, then we pay the proceeds instead to the representative appointed by the courts to act on your behalf.

Accelerated Life Benefit Exclusions

We do not pay benefits for a terminal condition if either of the following apply:

- Any required Accelerated Life Benefit premium or Life Insurance premium is due and unpaid.
- The terminal condition is directly or indirectly caused by attempted suicide or intentionally self-inflicted injury.

Effects on Coverage

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

- Your total available Life Insurance benefit equals your amount of Life Insurance shown in the certificate at the time your application for the Accelerated Life Benefit is approved.
- Your Life Insurance benefit is then reduced by the Accelerated Life Benefit proceeds paid out under this rider.
- Your Life Insurance benefit amount that you may convert is reduced by the Accelerated Life Benefit proceeds paid out under this rider.
- You will not be able to increase your Life Insurance benefit after we approve you to receive the Accelerated Life Benefit.
- A. [Your premium is based upon the Life Insurance benefit amount in force prior to any proceeds paid under this rider. Such premium must be paid, unless waived, to keep the Life Insurance coverage in force.]
- B. [Your premium is reduced based upon the remaining amount of your Life Insurance benefit. Such premium must be paid, unless waived, to keep your Life Insurance coverage in force.]
 - Your remaining Life Insurance benefit is subject to future age reductions, if any, according to the certificate.
 - You will not be able to reinstate your coverage to its full amount in the event of a recovery from a terminal condition.

[The Waiver of Premium Disability Benefit Rider also applies to this rider.]

Settlement Options

Settlement options are alternative ways of paying the proceeds under the Group Policy. Proceeds is the amount of each benefit we pay when you die or when you request and are eligible for the Accelerated Life Benefit. We will send a statement with a lump sum payment or any periodic payment of the Accelerated Life Benefit showing the new in force amount of insurance. See the General Provisions section of the certificate for more information about Settlement Options.

Termination of Rider

This rider will terminate on the **earliest** of the following dates:

- The date an Accelerated Life Benefit is paid to you under this rider.
- The date your Employee's Insurance under the Group Policy stops.
- The date the Accelerated Life Benefit is no longer provided under the Group Policy.

Conversion

There are no conversion rights contained in this rider. Any amount paid as an Accelerated Life Benefit will not be available for conversion.

ReliaStar Life Insurance Company of New York has executed this rider at its Home Office in Woodbury, New York on the Effective Date shown above.



Secretary

EMPLOYEE AD&D INSURANCE RIDER

THIS RIDER IS PART OF THE GROUP POLICY AND CERTIFICATE TO WHICH IT IS ATTACHED.
This rider applies to you only if you are insured for AD&D Insurance.

Group Policy Number: 12345-LIFENY
 Policyholder: ABC Company
 Rider Number: R-69565
 Effective Date: April 1, 2010

Definition(s)

Accident – an unexpected and sudden event.
Full Amount – the maximum amount payable in your lifetime.

Basic Accidental Death and Dismemberment (AD&D) Insurance

Class All Eligible Employees	Full Amount of AD&D Insurance \$50,000
---------------------------------	---

Supplemental Accidental Death and Dismemberment (AD&D) Insurance

Class All Eligible Employees	Full Amount of AD&D Insurance* 1 times your Basic Yearly Earnings but the total amount of Basic and Supplemental AD&D will not be over \$50,000
---------------------------------	--

Beginning on and after your 65th birthday, we decrease the amount of your Supplemental AD&D insurance. We pay a percentage of the amount otherwise payable as follows:

- From your 65th birthday to age 70, we pay 65%,
- From your 70th birthday to age 80, we pay 50%.

*To determine benefits, your amount of insurance is rounded to the next higher \$1,000 multiple unless the amount equals a multiple of 1,000.

Benefit

We pay an Accidental Death and Dismemberment (AD&D) benefit if you lose your life, limb, sight, or speech or hearing or are paralyzed due to an accident.

All of the following conditions must be met:

- You are covered for AD&D Insurance on the date of the accident.
- The loss occurs within 90 days of the date of the accident.
- The cause of the loss is not excluded.

The loss occurs before the first premium due date following your 70th birthday.

We pay the benefit shown below if you suffer any of the losses listed. We pay only one Full Amount while this rider is in effect. If you have a loss for which we paid 1/2 of the Full Amount, we pay no more than 1/2 of the Full Amount for the next loss.

For:	The benefit is:
Loss of life	Full Amount
Loss of both hands, both feet or sight of both eyes	Full Amount
Loss of one hand and one foot	Full Amount
Loss of speech and hearing in both ears	Full Amount
Loss of one hand or one foot and sight of one eye	Full Amount
Loss of one hand or one foot or sight of one eye	1/2 Full Amount
Loss of speech	1/4 Full Amount

Loss of hearing in both ears	1/4 Full Amount
Loss of thumb and index finger of same hand	1/4 Full Amount
Quadriplegia	Full Amount
Paraplegia	1/2 Full Amount
Hemiplegia	1/2 Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Quadriplegia means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Paralysis must be the result of a spinal cord injury that is due to an accident. We do not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by competent medical authority to be permanent, complete and irreversible.

We do not pay a benefit for loss of use of the hand or foot, or thumb and index finger.

Death benefits are paid to your beneficiary. All other benefits are paid to you.

Exclusions

We do not pay benefits for loss directly or indirectly caused by any of the following:

- An accident occurring before the Effective Date of your coverage under this rider.
- Suicide or intentionally self-inflicted injury.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Aviation. **Exception:** A fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
 - Any armed conflict, whether declared as war or not, involving any country or government.
 - An accident which occurs while in the military service for any country or government.
 - An accident which occurs when you commit or attempt to commit a crime.
 - Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer.
- An accident that occurs while doing anything related to your occupation or employment for wages or profit. **Exception:** We pay benefits for a person who is not covered by Workers' Compensation and lawfully chose not to be.

Eligibility

You are eligible for AD&D insurance under this rider on the **latest** of the following dates:

- The Group Policy's Effective Date.
- This rider's Effective Date.
- The date your Life Insurance under the Group Policy is effective.

Effective Date of Insurance

Your AD&D insurance starts on the **latest** of the following dates:

- The date you become eligible.
- The date you return to active work if you are not actively at work on the date AD&D insurance would otherwise start. **Exception:** Your insurance starts on a nonworking day if you were actively at work on your last scheduled working day before the nonworking day.
- The first day of the month on or after the date you apply for AD&D Insurance, if you have to pay any part of the premium.

A. Effective Date of Change in Amount of AD&D Insurance

If there is an increase in the amount of your AD&D insurance, the increase will take effect on –

- The effective date of the increase, if you are actively at work on that date.
- The date you return to active work, if you are not actively at work on the date your insurance increases.
- The nonworking day on which the increase was effective, if you were actively at work on your last scheduled working day before the nonworking day.

B. Effective Date of Change in Amount of AD&D Insurance

If there is an increase in the amount of your AD&D insurance, the increase will take effect on –

- The Policy Anniversary on or next following the date of the increase, if you are actively at work on the date of the increase.
- The date you return to active work, if you are not actively at work on the Policy Anniversary on or next following the date of the increase.
- The Policy Anniversary on or next following the date your insurance increases, if the Policy Anniversary is a nonworking day and you were actively at work on your last scheduled working day before the nonworking day.

C. Effective Date of Change in Amount of AD&D Insurance

If there is an increase in the amount of your AD&D insurance, the increase will take effect on –

- The first day of the month on or next following the date of the increase, if you are actively at work on the date of the increase.
- The date you return to active work if you are not actively at work on the first day of the month on or next following the date of the increase.
- The first day of the month on or next following the date of the increase, if the first day of the month is

a nonworking day and you were actively at work on your last scheduled working day before the non-working day.

A decrease in the amount of your AD&D insurance will take effect on the date of the decrease.

Termination of AD&D Insurance

Your AD&D insurance under this rider stops on the date this Employee AD&D Insurance Rider terminates.

If you are required to pay premiums for any part of your AD&D Insurance, that coverage will stop at the end of the period for which you paid premiums, if you do not make the next required premium contribution when due.

We stop providing a specific benefit under this rider on the date that benefit is no longer provided under the Group Policy.

Family and Medical Leave Act of 1993

If your Employee's Insurance remains in force due to a certified leave under the FMLA, then your AD&D Insurance will also remain in force so long as you continue to meet the requirements as set forth in the FMLA.

ADDITIONAL AD&D BENEFITS

Safe Driver Benefit

We pay a **Safe Driver** benefit in addition to the AD&D benefit and subject to the exclusions listed below if you were:

- killed due to an automobile accident, and
- wearing a properly fastened safety belt at the time of the accident.

For loss of:

The benefit is:

Life An additional 10% of Full Amount of Supplemental AD&D Insurance up to a maximum of \$25,000

Automobile means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which you were riding.

We will not pay the Safe Driver benefit if the loss of life was caused directly or indirectly by any use of alcohol by you or by the driver of the automobile in which you were riding.

Safe Driver benefits are paid to your beneficiary.

Common Carrier Benefit

We pay a **Common Carrier** benefit in addition to the AD&D benefit if you suffer a covered loss due to an accident, and the loss occurs while traveling:

- as a fare paying passenger,
- in or on or entering into or alighting from a public conveyance, and
- the public conveyance is operated by a licensed common carrier for passenger service.

For:

The benefit is:

Common Carrier An additional AD&D Amount equal to 50% of the Supplemental AD&D amount otherwise payable for this loss up to a maximum of \$50,000

Common Carrier benefits are paid to you if living, otherwise to your beneficiary.

Exam

When reasonably necessary, we may have you examined while a claim is pending under this rider. We pay for the initial exam.

Other Group Policy Benefits and Riders

Your AD&D Insurance will be unaffected by any benefits paid to you under the Group Policy or any of its riders.

Termination of Rider

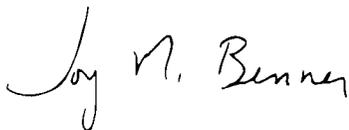
This rider terminates on the earliest of the following dates:

- The date your Employee's Insurance under the Group Policy stops.
- The date Employee AD&D Insurance is no longer provided under the Group Policy.
- The date the Group Policy terminates.
- The date your premiums are waived under the Waiver of Premium Disability Benefit Rider.]
- The end of the period for which you made your last premium contribution for AD&D Insurance if you do not make the next required contribution when due.]

Conversion

There are no conversion rights contained in this rider.

ReliaStar Life Insurance Company of New York has executed this rider at its Home Office in Woodbury, New York on the Effective Date shown above.



Secretary

DEPENDENT LIFE INSURANCE RIDER

THIS RIDER IS PART OF THE GROUP POLICY AND CERTIFICATE TO WHICH IT IS ATTACHED.
This rider applies to you only if you are insured for Dependent Life Insurance.

Group Policy Number: 12345-LIFENY
Policyholder: ABC Company
Rider Number: R-64965
Effective Date: April 1, 2010

Definition(s)

Child – your natural or adopted child, who is dependent on you for support and maintenance.

Dependent –

- Your lawful spouse.
- Your unmarried child age 14 days but less than 19 years of age.
- Your unmarried child age 19 but less than 25 years who is a student dependent.

The term "dependent" does not include –

- A married child.
- A spouse or child living outside the United States.
- A spouse or child on active military duty.
- A spouse or child eligible for Employee's Insurance under the Group Policy.
- A parent of you or your spouse.
- A spouse or child who does not give evidence of insurability when asked, or whose evidence is not accepted by us.

Spouse – your legal husband or wife.

Student Dependent – a dependent who has his or her chief place of residence with you, does not have a regular full-time job and is a full-time student physically attending classes at a school with a regular teaching staff, curriculum and student body.

We consider full-time to be the number of credits or courses required for full-time students by the school your dependent is attending.

Dependent Life Insurance

Class

Spouse

Amount of Insurance

\$40,000

Child (each)

– 14 days but less than 6 months of age

\$800

– 6 months but less than 19 years of age,
student dependent age 19 but less than 25
years of age

\$4,000

The amount of insurance for a spouse can be no more than 100% of your Employee's Insurance amount.

Beginning on and after your spouse's 65th birthday, we decrease the amount of Dependent Spouse insurance. We pay a percentage of the amount otherwise payable as follows:

- From your spouse's 65th birthday to age 70, we pay 65%.
- From your spouse's 70th birthday to age 80, we pay 50%.
- From your spouse's 80th birthday to age 85, we pay 35%.
- From your spouse's 85th birthday to age 90, we pay 25%.
- From your spouse's 90th birthday to age 95, we pay 17%.
- From your spouse's 95th birthday and after, we pay 13%.

Evidence of Insurability

Evidence of Insurability for each of your dependents is required for amounts in excess of the limits described below. Coverage is subject to the Group Policy's evidence of insurability requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Group Policy's evidence of insurability requirements that are in force on the effective date of the increase. For evidence of insurability, a completed Evidence of Insurability form must be submitted to us for approval.

Dependent Life Insurance-Spouse

Limit without Evidence

- | | |
|--|--|
| <ul style="list-style-type: none"> • Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan..... • Application for new dependent spouse coverage more than 31 days after the date you become eligible for dependent spouse coverage... | <p>Current amount, up to \$20,000</p> <p>None. Evidence is required.</p> |
|--|--|

Dependent Life Insurance-Child(ren)

Limit without Evidence

- | | |
|--|------------------------------------|
| <ul style="list-style-type: none"> • Applications for new coverage more than 31 days after the date you become eligible for dependent's insurance on your child(ren)... | <p>None. Evidence is required.</p> |
|--|------------------------------------|

Benefit

We pay a death benefit according to the Dependent Life Insurance amount in effect on the date your insured dependent dies.

We pay the proceeds to you, if you are living on the earlier of the following:

- The day we receive proof of your insured dependent's death at our Home Office.
- The tenth day after your insured dependent's death.

If you are not living on either of these dates, we pay the proceeds to the following in the order listed:

1. Your spouse, if living.
2. Your estate.

A. We pay the death benefit for all causes of death. However, if your insured dependent commits suicide within two years from the date his or her coverage starts, we will refund the amount of premiums already paid for Dependent Life Insurance instead of paying a death benefit.

B. We pay the death benefit for all causes of death.

Eligibility

You are eligible for Dependent Life Insurance on the **later** of the following dates:

- The date you are eligible for Employee's Insurance.
- The date you first acquire a dependent as defined.

A. You must be insured for Employee's Insurance in order to become insured for Dependent Life Insurance.

B. You must meet **all** of the following conditions to become insured for Dependent Life Insurance:

- Be insured for Employee's Insurance.

- Apply for Dependent Life Insurance, if you must pay any part of the premium. You must apply for all dependents you have within 31 days of the date you are eligible for Dependent Life Insurance.
- Give us evidence of insurability for your dependent, which we approve, if we require it. You may be required to pay for the cost of obtaining evidence of insurability.]

If your spouse is also eligible as an employee under the Group Policy, your spouse may be covered as an employee or as a dependent spouse, but not both.

[If you and your spouse are insured as employees under the Group Policy, either you or your spouse, but not both, can apply for Dependent Life Insurance for your dependent children. If the spouse carrying the Dependent Life Insurance stops being insured as an employee, the other spouse may become insured for Dependent Life Insurance by applying within 31 days.]

Effective Date of Dependent's Insurance

Your dependent's life insurance starts on the **latest** of the following dates:

- The date you become eligible for Dependent Life Insurance.
- The date we approve your dependent's evidence of insurability, if we require it.
- The date you apply for Dependent Life Insurance, if you have to pay any part of the premium.
- The date we receive your first premium for Dependent Life Insurance, if you have to pay any part of the premium.

A. [If you acquire a new dependent while insured for Dependent Life Insurance, that dependent becomes insured automatically.]

B. [If you acquire a new dependent child while insured for Dependent Life Insurance on your children, that child becomes insured automatically.]

[**Effective Date of Change in Amount of Insurance**

If there is an increase in the amount of Dependent Life Insurance, the increase will take effect on the **latest** of the following dates –

- The effective date of the increase, unless your dependent is hospital confined in a facility for care and treatment of sickness or accidental injury on that date.
- The date of your insured dependent's final discharge from such facility, if your insured dependent is confined to such facility on the date of the increase.
- The date we approve your dependent's evidence of insurability, if we require it.]

A decrease in the amount of Dependent Life Insurance will take effect on the date of the decrease.

Termination of Insurance

Your dependent's life insurance under this rider stops on the **earliest** of the following dates:

- The date this Dependent Life Insurance Rider terminates.
- For each insured dependent, the [date] the last day of the month during which] your dependent no longer meets the definition of dependent.
- For your insured dependent spouse, the date you divorce.
- For each insured dependent, the date your dependent's life insurance is converted.

We stop providing a specific benefit under this rider on the date that benefit is no longer provided under the Group Policy.

[**Termination of Eligibility as a Student Dependent**

Your student dependent is no longer an eligible student on the **earliest** of the following dates:

- The date of graduation.
- The date he or she voluntarily stops attending school full-time.
- Thirty-one days following the date he or she involuntarily stops attending school full-time and does not return to school full-time within that 31 days.
- At the end of any 12 month period during which the student dependent did not complete at least 8 months of full-time attendance, unless he or she is attending school full-time on that date.

Insurance does not stop solely due to school vacations. If your insured student dependent is unable to attend school full-time because of sickness or accidental injury, we will continue the insurance until the first day of the next regular semester or quarter following your student dependent's recovery from sick-

ness or accidental injury, or until your student dependent does not meet the definition of dependent, whichever comes first.

Family and Medical Leave Act of 1993

If your Employee's Insurance remains in force due to a certified leave under the FMLA, then your Dependent Life Insurance will also remain in force so long as you continue to meet the requirements as set forth in the FMLA, and premium payment is continued.

Handicapped Dependent Child

If your insured dependent child is physically handicapped or mentally retarded and reaches the maximum age for Dependent Life Insurance, you may continue this child's insurance. You must give us proof of all of these –

- The child is handicapped and not self-supporting.
- The child became handicapped before reaching the maximum age for Dependent Life Insurance.
- The child is dependent on you for support.

Proof must be given within 31 days after the date the child reaches the maximum age for insurance. Before granting a continuation of this child's insurance, we may require that a doctor examine the child. We will specify the doctor and pay the fee for all exams we require. During the 2 years after the child reaches the maximum age, we may ask for regular proof of the child's continued handicap. After the 2 year period, we will not ask for proof, including doctor's exams, more often than once a year.

This handicapped child's continuation stops on the **earliest** of the following dates:

- The date the child becomes covered under any other group plan.
- The date the child is no longer handicapped.
- The date you do not give us proof of the child's handicap when requested.
- The end of the period for which you paid premiums for this continuation, if you do not make the next required premium contribution when due.
- The date your Dependent Life Insurance would otherwise stop under the Group Policy.

Conversion will be available to your insured dependent child when all continuation is exhausted.

Conversion of Dependent Life Insurance

Your insured dependent may convert Dependent Life Insurance to an individual life insurance policy, without evidence of insurability, if it stops for any of the following reasons:

- This Dependent Life Insurance Rider terminates.
- Your dependent's life insurance terminates.
- You no longer meet the requirements set forth in the FMLA and your dependent's life insurance stops.
- The Dependent Life Insurance amount shown on this rider is reduced.

Your insured dependent may convert this insurance by applying and paying the first premium for an individual policy within 31 days after any part of your insured dependent's life insurance stops. We or the [Policyholder] must be notified. We will supply your insured dependent with a conversion form to complete and return. Notice of the right to convert will be given to your insured dependent, or mailed to your insured dependent's last known address according to the [Policyholder's] records, within 15 days before or after one of the previous events occurs. If notice is provided more than 15 but less than 90 days after such event, the time period in which your insured dependent may apply for a conversion policy will be extended for 45 days after the notice is provided. However, if notice is not provided within 90 days of the event, the right to convert will expire at the end of the 90 days.

If your insured dependent's life insurance is terminated because coverage for active employees under the Group Policy is terminated, the amount of the individual policy is limited to the amount of your insured dependent's life insurance which stops, minus the amount of other group insurance for which your insured dependent becomes eligible within 45 days of that date.

If your insured dependent's life insurance stops for any other reason, the amount of your insured dependent's individual policy may be any amount up to the amount of your insured dependent's life insurance that stopped.

Your insured dependent may purchase any individual policy offered by us. The new policy takes effect on the date your insured dependent applies for conversion. Premiums for the new policy are based on

the class of risk to which your insured dependent belongs. Your insured dependent may choose any premium mode we offer.

If your insured dependent dies within the period allowed for making application to convert, we will pay a death benefit to your insured dependent's beneficiary in the amount your insured dependent was entitled to convert.

Incontestability

Your dependent's life insurance has a contestable period starting with the effective date of your dependent's life insurance and continuing for 2 years while your insured dependent is living. During that 2 years, we can contest the validity of your dependent's life insurance because of inaccurate or false information received relating to your dependent's insurability. Each elected increase to the amount of insurance may also be contested during the 2 year period following the effective date of the increase. After either 2 year period, we cannot contest the validity of your dependent's life insurance for any reason other than non-payment of premium. Only statements that are in writing and signed by you or your insured dependent can be used to contest the insurance. We will provide a copy of the written statement(s) to you in the event we contest the validity of your dependent's life insurance.

Other Group Policy Benefits and Riders

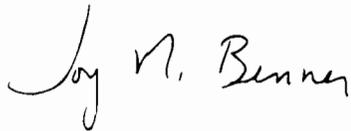
Your Dependent Life Insurance will be unaffected by any benefits paid to you under the Group Policy or any of its riders.

Termination of Rider

This rider will terminate on the **earliest** of the following dates:

- The date your Employee's Insurance under the Group Policy stops.
- The date Dependent Life Insurance is no longer provided under the Group Policy.
- The date you no longer have any eligible dependents insured under this rider.
- The date your premiums are waived under the Waiver of Premium Disability Benefit Rider.]
- The end of the period for which you made your last premium contribution for Dependent Life Insurance if you do not make the next required contribution when due.]

ReliaStar Life Insurance Company of New York has executed this rider at its Home Office in Woodbury, New York on the Effective Date shown above.



Secretary

DEPENDENT AD&D INSURANCE RIDER

THIS RIDER IS PART OF THE GROUP POLICY AND CERTIFICATE TO WHICH IT IS ATTACHED.
This rider applies to you only if you are insured for Dependent AD&D Insurance.

Group Policy Number: 12345-LIFENY
Policyholder: ABC Company
Rider Number: R-69545
Effective Date: April 1, 2010

The same dependents that are insured under the Dependent Life Insurance Rider are those insured under this Dependent AD&D Insurance Rider.

Definition(s)

Accident – an unexpected and sudden event.

Full Amount – the maximum amount payable in your insured dependent's lifetime.

Dependent Accidental Death and Dismemberment (AD&D) Insurance

Class	Full Amount of AD&D Insurance
Spouse	\$40,000
Child (each)	
– birth but less than 14 days of age	\$500
– 14 days but less than 19 years of age, student dependent age 19 but less than 25 years of age	\$4,000

The amount of AD&D insurance for a spouse can be no more than your Employee AD&D Insurance amount.

- Beginning on and after your spouse's 65th birthday, we decrease the amount of Dependent Spouse insurance. We pay a percentage of the amount otherwise payable as follows:
- From your spouse's 65th birthday to age 70, we pay 65%.
 - From your spouse's 70th birthday and after, we pay 50%.

Benefit

We pay an Accidental Death and Dismemberment (AD&D) benefit if your insured dependent loses his or her life, limb, sight, or speech or hearing, or is paralyzed due to an accident. All of the following conditions must be met:

- Your insured dependent is covered for Dependent AD&D Insurance on the date of the accident.
- The loss occurs within 90 days of the date of the accident.
- The cause of the loss is not excluded.
- The loss occurs before the first premium due date following your 70th birthday.

We pay the benefit shown below if your insured dependent suffers any of the losses listed. We pay only one Full Amount while this rider is in effect. If your insured dependent has a loss for which we paid 1/2 of the Full Amount, we pay no more than 1/2 of the Full Amount for the next loss.

For:	The benefit is:
Loss of life	Full Amount
Loss of both hands, both feet or sight of both eyes	Full Amount
Loss of one hand and one foot	Full Amount
Loss of speech and hearing in both ears	Full Amount
Loss of one hand or one foot and sight of one eye	Full Amount

Loss of one hand or one foot or sight of one eye	1/2 Full Amount
Loss of speech	1/4 Full Amount
Loss of hearing in both ears	1/4 Full Amount
Loss of thumb and index finger of same hand	1/4 Full Amount
Quadriplegia	Full Amount
Paraplegia	1/2 Full Amount
Hemiplegia	1/2 Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Quadriplegia means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Paralysis must be the result of a spinal cord injury that is due to an accident. We do not pay a Dependent AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by competent medical authority to be permanent, complete and irreversible.

We do not pay a benefit for loss of use of the hand or foot, or thumb and index finger.

We pay all death, dismemberment and paralysis benefits for your insured dependent to you.

Exclusions

We do not pay benefits for loss directly or indirectly caused by any of the following:

- An accident occurring before the Effective Date of your coverage under this rider.
- Suicide or intentionally self-inflicted injury.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Aviation. **Exception:** A fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- Any armed conflict, whether declared as war or not, involving any country or government.
- An accident which occurs while in the military service for any country or government.
- An accident which occurs when your insured dependent commits or attempts to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer.
- Accidental injury arising out of or in the course of work for pay, profit, or gain. **Exception:** We pay benefits for a person who is not covered by Workers' Compensation and lawfully chose not to be.

Eligibility

You are eligible for Dependent AD&D insurance under this rider on the **latest** of the following dates:

- The Group Policy's Effective Date.
- This rider's Effective Date.
- The date your Dependent Life Insurance under the Group Policy is effective.

A. You must be insured for Dependent Life Insurance in order to become insured for Dependent AD&D Insurance.

B. You must meet **all** of the following conditions to become insured for Dependent AD&D Insurance.

- Be insured for Dependent Life Insurance.
- Apply for Dependent AD&D Insurance, if you must pay any part of the premium. You must apply for all dependents you have within 31 days of the date you are eligible for Dependent AD&D Insurance.

Effective Date of Dependent AD&D Insurance

Your Dependent AD&D insurance starts on the **latest** of the following dates:

- The date you become eligible for Dependent AD&D Insurance.
- The date you return to active work if you are not actively at work on the date Dependent AD&D insurance would otherwise start. **Exception:** Your Dependent AD&D Insurance starts on a nonworking day if you were actively at work on your last scheduled working day before the nonworking day.
- The [first day of the month on or after the] date you apply for Dependent AD&D Insurance, if you have to pay any part of the premium.]

Effective Date of Change in Amount of Dependent AD&D Insurance

If there is an increase in the amount of Dependent AD&D insurance, the increase will take effect on –

- The effective date of the increase, unless your dependent is hospital confined in a facility for care and treatment of sickness or accidental injury on that date.
- The date of your insured dependent's final discharge from such facility, if your insured dependent is confined to such facility on the date of the increase.]

A decrease in the amount of Dependent AD&D insurance will take effect on the date of the decrease.

Termination of Dependent AD&D Insurance

Your dependent's AD&D insurance under this rider stops on the **earliest** of the following dates:

- The date this Dependent AD&D Insurance Rider terminates.
- The date the Dependent Life Insurance Rider terminates.

If you are required to pay premiums for any part of Dependent AD&D Insurance, that coverage will stop at the end of the period for which you paid premiums, if you do not make the next required premium contribution when due.]

We stop providing a specific benefit under this rider on the date that benefit is no longer provided under the Group Policy.

Family and Medical Leave Act of 1993

If your Employee's Insurance and Dependent Life Insurance remain in force due to a certified leave under the FMLA, then your Dependent AD&D Insurance will also remain in force so long as you continue to meet the requirements as set forth in the FMLA.

ADDITIONAL DEPENDENT AD&D BENEFITS

Safe Driver Benefit

We pay a **Safe Driver** benefit in addition to the Dependent AD&D benefit and subject to the exclusions listed below if your insured dependent spouse was:

- Killed due to an automobile accident, and
- Wearing a properly fastened safety belt at the time of the accident.

Your dependent spouse must be insured for at least [\$25,000] Dependent AD&D Insurance in order to be eligible for a Safe Driver benefit.

For loss of:

The benefit is:

Life	An additional 10% of Full Amount of Dependent AD&D Insurance up to a maximum of \$25,000]
------------	---

Automobile means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which your insured dependent spouse was riding.

We will not pay the Safe Driver benefit if the loss of life was caused directly or indirectly by any use of alcohol by your insured dependent spouse or by the driver of the automobile in which your insured dependent spouse was riding.]

Common Carrier Benefit

We pay a **Common Carrier** benefit in addition to the Dependent AD&D benefit if your insured dependent spouse suffers a covered loss due to an accident, and the loss occurs while traveling:

- As a fare paying passenger,
- In or on or entering into or alighting from a public conveyance, and
- The public conveyance is operated by a licensed common carrier for passenger service.

For:

The benefit is:

Common Carrier An additional AD&D Amount equal to
 [50%] of the Dependent AD&D amount
 otherwise payable for this loss
 [up to a maximum of \$50,000]

Common Carrier benefits for your insured dependent spouse are paid to you.

Exam

When reasonably necessary, we may have your insured dependent examined while a claim is pending under this rider. We pay for the initial exam.

Other Group Policy Benefits and Riders

Your Dependent AD&D Insurance will be unaffected by any benefits paid to you under the Group Policy or any of its riders, except under the Dependent Life Insurance Rider.

Termination of Rider

This rider terminates on the earliest of the following dates:

- The date your Dependent Life Insurance under the Group Policy stops.
- The date Dependent AD&D Insurance is no longer provided under the Group Policy.
- The date the Group Policy terminates.
- The date you no longer have any eligible dependents insured under this rider.
- [• The date your premiums are waived under the Waiver of Premium Disability Benefit Rider.]
- [• The end of the period for which you made your last premium contribution for Dependent AD&D Insurance if you do not make the next required contribution when due.]

Conversion

There are no conversion rights contained in this rider.

ReliaStar Life Insurance Company of New York has executed this rider at its Home Office in Woodbury, New York on the Effective Date shown above.

Secretary

WAIVER OF PREMIUM DISABILITY BENEFIT RIDER

THIS RIDER IS PART OF THE GROUP POLICY AND CERTIFICATE TO WHICH IT IS ATTACHED.

Group Policy Number: 12345-LIFENY

Policyholder: ABC Company

Rider Number: R-64922

Effective Date: April 1, 2010

Definition(s)

Total Disability, Totally Disabled – your inability, due to sickness or accidental injury, to engage in any occupation for remuneration or profit.

Benefit

We waive your Life Insurance premium that becomes due after we have determined that you are totally disabled. The premium will be waived if you satisfy certain conditions. When we waive a premium, the amount of Life Insurance equals the amount for which you were insured on the date you were last actively at work. This amount will not be subject to further reductions due to age.

The Waiver of Premium Disability Benefit Rider only applies to other riders attached to the Group Policy and certificate if specified in those riders.

Conditions, Notice and Proof of Total Disability

We require written notice of claim and proof of total disability to waive your premium. All of the following conditions must also be met:

- Total disability must begin before your 60th birthday.
- You are insured under this rider when you suffer the sickness or accidental injury causing the total disability.
- You are insured under this rider on the date you stop active work due to total disability.
- You must be continuously totally disabled for at least 6 months.
- You continue to be totally disabled.
- All premiums are paid up to the date your claim is approved by us.

We need written notice of claim before we waive any premium. This notice must be received –

- While you are living,
- While you are totally disabled, and
- Within one year from the date total disability begins unless legally incapacitated. If you cannot give us notice within one year, your claim may still be considered if you show you gave us notice as soon as reasonably possible.

We need proof of your total disability before any premium will be waived. We may require you to have a physical exam by a doctor we choose, but no more frequently than once every 3 months. We pay for that exam. We can only require one exam a year after premium has been waived for 2 full years.

When we approve your claim, premium is waived as of the sixth month following the date you became totally disabled. We refund any premium paid for the period during which premium payment is not required under this rider.

Termination of Waiver of Premium

We stop waiving premium on the **earliest** of the following dates:

- The date you are no longer totally disabled.
- The date you do not give us proof of total disability when asked.
- The date you attain age **65.**

If we stop waiving your premium, then your Life Insurance will only stay in force if you are eligible for Employee's Insurance under the Group Policy and premium payments are resumed, if you convert your insurance to an individual policy, or if you receive a new term life certificate due to total and permanent disability. Refer to the Employee's Insurance section of the certificate.

If you apply for and are issued an individual policy under the Conversion Right of the Group Policy, then Waiver of Premium under the Group Policy is not available unless:

1. You surrender the individual conversion policy to us,
2. Total disability commenced while you were insured under the Group Policy, and
3. All other conditions under this rider are met.

We will then refund all premiums paid for the individual conversion policy.

Termination of Rider

This rider will terminate on the **earliest** of the following dates:

- The date your Employee's Insurance under the Group Policy stops.
- The date the Waiver of Premium Disability Benefit is no longer provided under the Group Policy.

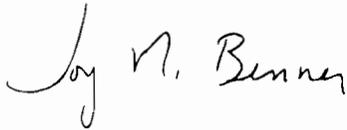
Termination of Group Policy

Termination of coverage for active employees under the Group Policy will not automatically terminate your Life Insurance or this rider if your premium is being waived under this rider. All provisions of this rider will continue to apply.

Conversion

There are no conversion rights contained in this rider.

ReliaStar Life Insurance Company of New York has executed this rider at its Home Office in Woodbury, New York on the Effective Date shown above.



Secretary

SERFF Tracking Number: MNNP-126492931 State: Arkansas
 Filing Company: ReliaStar Life Insurance Company of New York State Tracking Number: 44904
 Company Tracking Number: GCERT-NY
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: RLNY GAT
 Project Name/Number: RLNY GAT/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Cert Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: This is an informational filing of certificates to be used under a group policy issued in New York. The group application has been filed and approved in the state of New York. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Variable Materials Chart Comments: Attachment: Variable Materials_file.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification of Compliance Comments: Attachment: AR Cert Compliance.pdf		

READABILITY CERTIFICATION

Arkansas Statutes, Title 23, Chapter 80, Subchapter 2
Life and Disability Insurance Policy Language Simplification Act

ReliaStar Life Insurance Company of New York hereby certifies that GCERT-NY, et al. has achieved a Flesch Reading Ease Score of (see below) and complies with the requirements of the Life and Disability Insurance Policy Language Simplification Act.

Certificate Form GCERT-NY:	50.9
Certificate Form GCERTPD-NY:	55.3
Certificate Form GCERT-TPD-NY:	55.6
Rider Form GRIDER-NY-AD:	62.9
Rider Form GRIDER-NY-ALB:	45.5
Rider Form GRIDER-NY-DL:	50.3
Rider Form GRIDER-NY-DAD:	60.5
Rider Form GRIDER-NY-W:	47.3



S. Saver-Patterson
Assistant Secretary

February 18, 2010

Date

VARIABLE MATERIAL CHART

Group Life Certificate GCERT-NY

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
cover	ABC Company	The policyholder name will be specific to each group. The group policyholder may also want to include their company logo on this cover. The cover may also indicate if this particular book only applies to a certain class of employees (e.g. hourly employees).
Table of Contents	<ul style="list-style-type: none"> page numbers B-5678 (04-00) 	<ul style="list-style-type: none"> The page numbers will be filled in accordingly. The certificate number and printing date will be specific to each group.
1	<ul style="list-style-type: none"> 12345-LIFENY ABC Company 	The group number and policyholder will be specific to each group.
	RENEWABLE NONPAR CONTRIB	This line will be used if the plan is contributory.
	RENEWABLE NONPAR NONCONTRIB	This line will be used if the plan is noncontributory.
	The insurance included in this certificate...	This statement may be removed.
	SPECIMEN	The appropriate Registrar signature will be printed on this page.
2	Basic Life Insurance	This paragraph will be used if the group elects Basic Life coverage. The amount may be based on flat amount(s) or salary increments. The amounts available and the maximum will vary by group. There will be no more than 15 levels available if the insured elects coverage. Additional classes of insureds and amounts may be listed.
	Supplemental Life Insurance	This paragraph will be used if the group elects Supplemental Life coverage. The amount may be based on flat amount(s) or salary increments. The amounts available and the maximum will vary by group. There will be no more than 15 levels available for the insured to elect. Additional classes of insureds and amounts may be listed.
	Beginning on and after your 65th birthday...	This paragraph will be used if the insurance amounts reduce according to age. The number of age reductions will vary, based on actuarially justified benefit reductions in accordance with ADEA. See attached chart for the maximum age reductions.
	Basic Yearly Earnings - ...	This statement may be removed. If used, the definition of Basic Yearly Earnings will depend on the employer's definition. Also, the term Policyholder may be changed to Plan Sponsor.
	To determine benefits, your amount...	This line will be removed if insurance amounts are not rounded. If used, the rounding may be to the nearest or next higher increment, and the increments may be between \$500 and \$5,000.
	Evidence of Insurability provision	This entire provision will be removed if the plan does not require evidence of insurability. If used, it may include provisions for Basic Life and/or Supplemental Life, and may vary based on whether the plan has a Guaranteed Issue Limit, a Simplified Issue Limit, or is Fully Underwritten. The language shown is an example of the provisions for Supplemental Life with a Simplified Issue Limit.
3	SCHEDULE OF BENEFITS blank page	This page is left intentionally blank for filing, in case more space is needed for a group's Schedule of Benefits information. If not used, the subsequent certificate page numbers will be adjusted accordingly.

Variables for Certificate GCERT-NY continued

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
4	We pay the death benefit for all causes of death. However, for Supplemental... - paragraph A	This paragraph will be used instead of statement B if the plan has a suicide exclusion.
	for Supplemental Life Insurance,	These words may be removed.
	two years	This may be “one year” or “two years.”
	Supplemental	This word may be removed.
	We pay the death benefit for all causes of death. – statement B	This statement will be used instead of paragraph A if the plan does not have a suicide exclusion.
	1. Your spouse. 2. Your natural and adopted children. 3. Your parents. 4. Your estate.	This listing may be modified to include other payees, if requested by the policyholder (for example, siblings and/or grandchildren).
5	Eligibility – paragraph A	This paragraph will be used instead of statement B if the plan includes a waiting period. The effective date will be specific for each group.
	first day of the month on or after the	These words may be removed.
	one month	This time period may vary between 1 day and 12 months.
	Policyholder	This term may be changed to Plan Sponsor.
	Eligibility – statement B	This statement will be used instead of paragraph A if the plan does not include a waiting period. The effective date will be specific for each group.
	For Supplemental Life, apply for the insurance.	This bullet may be removed.
	Give to us evidence of insurability, ...	This bullet may be removed.
	If your spouse is also eligible as an employee ...	This paragraph will be removed if the plan does not include coverage for dependents.
	the first day of the month on or after	These words may be removed.
	The date you apply for insurance, ...	This bullet may be removed.
	The date we approve your evidence ...	This bullet may be removed.
	The date your first premium is received during your lifetime, ...	This bullet may be removed.
	Effective Date of Change in Amount of Insurance – paragraphs A, B and C	One or none of these paragraphs may be used.
6	If evidence of insurability is required, the increase will take effect on the later of the dates indicated above or the date we approve your evidence of insurability.	This statement may be removed.
7	[date][last day of the month during which] – within first 2 bulleted items	Termination will occur either on the date or the last day of the month. The other reference will be deleted.
	Policyholder	This term may be changed to Plan Sponsor.
	The [date][last day of the month during which] you retire.	This entire bullet may be removed. If used, either “date” or “last day of the month during which” will be used and the other deleted.

Variables for Certificate GCERT-NY continued

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
7 continued	The end of the period for which all due premiums are paid.	This bullet may be removed.
	and due to age you are not eligible for Waiver of Premium...	This will be removed if the plan does not include the optional Waiver of Premium rider.
	Policyholder (twice in paragraph)	This term may be changed to Plan Sponsor.
	The new term life certificate does not include...	This entire statement may be removed, or it may be used but specific coverages will be removed if they are not provided under the Group Policy.
8	entire page with Portability provision	This entire page will be deleted if the Policyholder does not elect optional portability.
	up to \$500,000 of	These words may be removed, or the amount adjusted, according to the underwriter's requirements.
	Supplemental – every time within provision	This word may be removed.
	[70] - every time within provision	The age will be between 70 and 80.
	Policyholder – every time within provision	This term may be changed to Plan Sponsor.
	or Plan Sponsor	These words will only be used for §4216(b)(4) groups.
	the Waiver of Premium Disability Benefit, and the Accelerated Life...	These terms may be used or deleted based on what coverages are provided under the policy.
9	Your conversion right will not be affected by your receipt ...	This paragraph will be removed if the plan does not include the Accelerated Life Benefit rider.
	Policyholder - every time on page	This term may be changed to Plan Sponsor.
	or coverage for all active employees of the Plan Sponsor is terminated,	This statement will only be used for §4216(b)(4) groups.
	Any insurance continued under the Portability provision stops.	This bullet will be removed if the plan does not include optional portability.
	Your premium is no longer being waived under the...	This bullet will be removed if the plan does not include the optional Waiver of Premium rider.
	such as Waiver of Premium, or AD&D Insurance, or the Accelerated Life Benefit	Reference to specific benefits will be removed if they are not covered under the group policy; or all these words will be removed if none are covered.
	or coverage for all active employees of the Plan Sponsor is terminated,	This statement will only be used for §4216(b)(4) groups.
12	Employee definition	This term will be defined as determined by the employer.
	[Policyholder] - within Nonworking Day	This term may be changed to Plan Sponsor.
	Plan Sponsor definition	This term will only be included for §4216(b)(4) groups.
	[ABC Company]	The specific group policyholder name will be inserted.

VARIABLE MATERIAL CHART

Group Life Certificate GCERT-TPD-NY

(This certificate will be issued under the same group policy as Certificate GCERT-NY, for totally and permanently disabled employees only.)

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
cover	ABC Company	The policyholder name will be specific to each group. The group policyholder may also want to include their company logo on this cover.
Table of Contents	B-5900 (04-00)	The certificate number and printing date will be specific to each group.
1	<ul style="list-style-type: none"> • 12345-LIFENY • ABC Company 	The group number and policyholder will be specific to each group.
	SPECIMEN	The appropriate Registrar signature will be printed on this page.
2	Jane Q. Doe \$50,000 March 1, 2002	The name of the insured, the amount of coverage, and the effective date of coverage will be attached to this certificate page, and will vary.
	ABC Company	The policyholder name will be specific to each group.
3	We pay the death benefit for all causes of death. However, for any amount of Life Insurance... - paragraph A	This paragraph will be used instead of statement B if the plan has a suicide exclusion.
	two years	This may be "one year" or "two years."
	We pay the death benefit for all causes of death. – statement B	This statement will be used instead of paragraph A if the plan does not have a suicide exclusion.
	<ol style="list-style-type: none"> 1. Your spouse. 2. Your natural and adopted children. 3. Your parents. 4. Your estate. 	This listing may be modified to include other payees, if requested by the policyholder (for example, siblings and/or grandchildren).
4	April 1, 2000	The effective date will be specific to each group.
	Policyholder (twice in paragraph)	This term may be changed to Plan Sponsor.

VARIABLE MATERIAL CHART

Group Life Certificate GCERTPD-NY

(This certificate will be issued under a group policy for paid-up insurance.)

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
cover	<ul style="list-style-type: none"> • RETIRED • ABC Company 	<ul style="list-style-type: none"> • The policyholder may want to be more specific on the cover about what type of employees are covered (e.g. retirees), so this term may vary or be removed. • The policyholder name will be specific to each group. The group policyholder may also want to include their company logo on this cover.
Table of Contents	B-5700 (08-00)	The certificate number and printing date will be specific to each group.
1	<ul style="list-style-type: none"> • GL-12500-9 • ABC Company 	The group number and policyholder will be specific to each group.
	SPECIMEN	The appropriate Registrar signature will be printed on this page
2	All Eligible Employees	The identifying name for this class of insureds may vary, and/or additional classes may be listed.
	<ul style="list-style-type: none"> • John S. Doe • \$6,852.00 • August 1, 2000 	The name of the insured, the amount of coverage, and the effective date of coverage will be attached to this certificate page, and will vary.
	Employee definition	This definition will vary according to the group's requirements.
	ABC Company	The policyholder name will be specific to each group.
3	August 1, 2000	The effective date will be specific to each group.
	<ol style="list-style-type: none"> 1. Your spouse. 2. Your natural and adopted children. 3. Your parents. 4. Your estate. 	This listing may be modified to include other payees, if requested by the policyholder (for example, siblings and/or grandchildren).

VARIABLE MATERIAL CHART

Accelerated Life Benefit Rider GRIDER-NY-ALB

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
1	12345-LIFENY ABC Company R-67575 April 1, 2010	The policy number, policyholder, rider number and effective date will be specific to each group.
	6 – twice on page	The time period may range between 6 and 12 months.
	50%	This percentage will be 25% or 50%.
	Basic and Supplemental	All three words may be removed, or “Basic and” may be removed, or “and Supplemental” may be removed.
	\$100,000	This amount may range between \$50,000 and the maximum benefit provided under the plan.
	\$10,000 - twice on page	This amount may range between \$5,000 and \$50,000.
2	Your premium is based upon the Life Insurance benefit amount in force prior to any proceeds paid under this rider. Such premium must be paid, unless waived, to keep the Life Insurance coverage in force. – bullet A	This bullet or bullet B will be used for each group.
	Your premium is reduced based upon the remaining amount of your Life Insurance benefit. Such premium must be paid, unless waived, to keep your Life Insurance coverage in force. – bullet B	This bullet or bullet A will be used for each group.
	The Waiver of Premium Disability Benefit Rider also applies to this rider.	This statement may be removed.

VARIABLE MATERIAL CHART

Waiver of Premium Disability Benefit Rider GRIDER-NY-W

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
1	12345-LIFENY ABC Company R-64922 April 1, 2010	The policy number, policyholder, rider number and effective date will be specific to each group.
	60th	The age may range between 55 and 70.
	You must be continuously totally disabled for at least [6] months.	This bullet may be removed. If used, the time period may range between 3 and 12 months.
	sixth month following the	These words may be removed. If used, the time period may be altered to match the time period used in the previous variable.
2	65	The age may range between 65 and 75.

VARIABLE MATERIAL CHART

Dependent Life Insurance Rider GRIDER-NY-DL

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
1	12345-LIFENY ABC Company R-64965 April 1, 201000	The policy number, policyholder, rider number and effective date will be specific to each group.
	Child definition	This definition will be removed if only dependent spouses are covered.
	Your unmarried child [age 14 days but] less than [19] years of age.	This bullet may be removed. If used, the ages may range between birth and age 25.
	Your unmarried child age [19] but less than [25] years who is a student dependent.	This bullet may be removed. If used, the ages may range between 18 and 25.
	A married child.	This bullet may be removed.
	A spouse or child living outside the United States.	This bullet may be removed. If used, “or child” may be removed.
	A spouse or child on active military duty.	This bullet may be removed. If used, “or child” may be removed.
	[or child] – twice	These words may be removed.
	Student Dependent definition	This paragraph may be removed.
	amounts of insurance in table	Spouse coverage may be any amount not to exceed the employee’s amount. Child coverage may be any amount up to \$4,000 (or the statutory limit), but will not exceed this limit.
	Child reference	The entire child reference in this paragraph may be removed.
	14 days but less than 6 months of age	This line may be removed. If used, it may alternatively be from birth to 14 days, or from birth to 6 months.
	6 months but	These words could be removed, or changed to “14 days but”
	19	This may range between 18 and 25.
	student dependent age [19] but less than [25] years of age	This line may be removed. If used, the ages may range between 18 and 25.
	100% of	These words may be removed, or may be modified to some percentage less than 100%
2	Beginning on and after your spouse’s 65th birthday...	This paragraph will be used if the insurance amounts reduce according to age. The number of age reductions will vary, based on actuarially justified benefit reductions in accordance with ADEA. .
	Evidence of Insurability – entire provision	This entire provision may be removed. If used, it may vary based on whether spouse coverage has a Guaranteed Issue Limit, a Simplified Issue Limit, or is Fully Underwritten. The language shown is an example of the provisions for Dependent Spouse coverage with a Guaranteed Issue Limit.
	section for Child coverage within Evidence of Insurability provision	This section may be removed if dependent children are not covered, or there are no evidence requirements for child coverage.

Variables for Rider GRIDER-NY-DL continued

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
2 continued	We pay the death benefit for all causes of death. However, if your insured dependent commits suicide within [two years] from the date his or her coverage starts, we will refund... - paragraph A	This paragraph will be used instead of statement B if the plan includes a suicide exclusion. The exclusion will be one year or two years.
	We pay the death benefit for all causes of death. – statement B	This statement will be used instead of paragraph A if the plan does not include a suicide exclusion.
	You must be insured for Employee’s Insurance in order to become eligible for Dependent Life insurance.– statement A	Either this statement or paragraph B will be used for each group.
	You must meet all of the following conditions to become insured... - paragraph B	Either this paragraph or statement A will be used for each group.
3	If you and your spouse are insured as employees ...	This entire paragraph may be removed.
	If you acquire a new dependent while insured ... - statement A	Either this statement or statement B will be used for each group.
	If you acquire a new dependent child while insured ... - statement B	Either this statement or statement A will be used for each group.
	Effective Date of Change in Amount of Insurance – entire paragraph	This entire paragraph may be removed.
	[date] [last day of the month during which]	One bracketed statement or the other will be used for each group.
	Termination of Eligibility as a Student Dependent – entire provision	This entire provision may be removed.
4	Handicapped Dependent Child – entire provision	This entire provision may be removed.
	Policyholder – both times in paragraph	This term may changed to Plan Sponsor.
5	The date your premiums are waived under the Waiver of Premium Disability Benefit Rider.	This bullet may be removed.
	The end of the period for which you made your last premium contribution...	This bullet may be removed.

VARIABLE MATERIAL CHART

Employee AD&D Insurance Rider GRIDER-NY-AD

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
1	12345-LIFENY ABC Company R-69565 April 1, 2010	The policy number, policyholder, rider number and effective date will be specific to each group.
	Basic Accidental Death and Dismemberment (AD&D) Insurance – entire paragraph	This paragraph will be removed if the plan does not include Basic AD&D. The amount may be based on flat amount(s) or salary increments. The amounts available and the maximum will vary by group. There will be no more than 15 levels available for the insured to elect. Additional classes of insureds and amounts may be listed.
	Supplemental Accidental Death and Dismemberment (AD&D) Insurance - entire paragraph	This paragraph will be removed if the plan does not include Supplemental AD&D. The amount may be based on flat amount(s) or salary increments. The amounts available and the maximum will vary by group. There will be no more than 15 levels available for the insured to elect. Additional classes of insureds and amounts may be listed.
	Beginning on and after your 65 th birthday, we decrease...	This paragraph will be used if the insurance amounts reduce according to age. There may be one, two, three or more age reductions, based on actuarially justified benefit reductions in accordance with ADEA.
	To determine benefits, your amount of insurance is rounded to the [next higher] [\$1,000] multiple unless the amount equals a multiple of [\$1,000].	This statement may be removed. If used, “next higher” may be revised to nearest and both instances of “\$1,000” may range between \$500 and \$10,000.
	[or] - twice	These words may be removed.
	or are paralyzed	This may be removed.
	90 days	The time period may range between 90 and 365 days.
	The loss occurs before the first premium due date following your 70 th birthday.	This bullet may be removed.
	amounts in table	These amounts may range between 1/8 and Full Amount.
2	Quadriplegia, Paraplegia and Hemiplegia lines in table	These lines may be removed from the table.
	Quadriplegia means...– entire paragraph	This paragraph will be removed if quadriplegia is not included in the table above.
	Paraplegia means...	This statement will be removed if paraplegia is not included in the table above.
	Hemiplegia means...	This statement will be removed if hemiplegia is not included in the table above.
3	Aviation: Exception: A fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	This bullet may be removed.

Variables for Rider GRIDER-NY-AD continued

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
3 continued	An accident that occurs while doing anything related to your occupation or employment for wages or profit. Exception: We pay benefits for a person who is not covered by Workers' Compensation and lawfully chose not to be.	This bullet may be removed.
	The [first day of the month on or after the] date you apply for AD&D Insurance, if you have to pay any part of the premium.	This bullet may be removed. If used, "first day of the month on or after the" may be removed.
	Effective Date of Change in Amount of AD&D Insurance – paragraphs A, B and C	One of these paragraphs may be used for the plan, or none.
4	If you are required to pay premiums for any part of your AD&D Insurance, that coverage will stop at the end of the period for which you paid premiums, if you do not make the next required premium contribution when due.	This statement may be removed.
	Continuation of AD&D Insurance – entire paragraph	This paragraph may be removed.
	ADDITIONAL AD&D BENEFITS	This header may be removed.
	Safe Driver Benefit – entire provision	This entire provision may be removed.
	Supplemental	This may be removed.
	up to a maximum of \$25,000	This entire statement may be removed. If used, the amount may range between \$25,000 and \$250,000.
	Common Carrier Benefit – entire provision	This entire provision may be removed.
	50% of	This may be removed. If used, the percentage may range between 10 and 100%.
	Supplemental	This may be removed.
	up to a maximum of \$50,000	This entire statement may be removed. If used, the amount may range between \$20,000 and \$250,000.
5	The date your premiums are waived under the Waiver of Premium Disability Benefit Rider.	This bullet may be removed.
	The end of the period for which you made your last premium contribution for AD&D Insurance if you do not make the next required contribution when due.	This bullet may be removed.

VARIABLE MATERIAL CHART

Dependent AD&D Insurance Rider GRIDER-NY-DAD

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
1	12345-LIFENY ABC Company R-69545 April 1, 2010	The policy number, policyholder, rider number and effective date will be specific to each group.
	amounts in table	Spouse coverage may be any amount up to and including the employee amount. Child coverage may be any amount up to \$4,000 (or the statutory limit), but will not exceed this limit.
	child reference in table	This may be removed if children are not covered.
	birth but less than 14 days of age	This line may be removed.
	14 days but	These words may be removed.
	19	This may range between 18 and 25.
	student dependent age [19] but less than [25] years of age	This line may be removed. If used, the ages may range between 18 and 25.
	Beginning on and after your spouse's 65 th birthday, we decrease...	This paragraph will be used if the insurance amounts reduce according to age. There may be one, two, three or more age reductions, based on actuarially justified benefit reductions in accordance with ADEA. See attached chart for the maximum age reductions.
	[or] – twice	These words may be removed.
	or is paralyzed	This may be removed.
	90	This may range between 90 and 365 days.
	The loss occurs before the first premium due date following your 70 th birthday.	This bullet may be removed.
2	amounts in table	The amounts may range between 1/8 and Full Amount.
	Quadriplegia, Paraplegia and Hemiplegia lines in table	These lines may be removed from the table.
	Quadriplegia means... – entire paragraph	This entire paragraph will be removed if none of the benefits are listed in the table above.
	Paraplegia means...	This statement will be removed if paraplegia is not listed in the table above.
	Hemiplegia means...	This statement will be removed if hemiplegia is not listed in the table above.
	and paralysis	These words may be removed.
	Accidental injury arising out of or in the course of work for pay, profit, or gain...	This bullet may be removed.
	You must be insured for Dependent Life Insurance in order to become insured for Dependent AD&D Insurance. – statement A	Either this statement or paragraph B will be used for each group.
	You must meet all of the following conditions to become insured... - paragraph B	Either this paragraph or statement A will be used for each group.

Variables for Rider GRIDER-NY-DAD continued

PAGE NUMBER	BRACKETED MATERIAL	EXPLANATION
3	The [first day of the month on or after the] date you apply for Dependent AD&D Insurance, if you have to pay any part of the premium.	This bullet may be removed. If used, “first day of the month on or after the” may be removed.
	Effective Date of Change in Amount of Dependent AD&D Insurance – entire paragraph	This entire paragraph may be removed.
	If you are required to pay premiums for any part of Dependent AD&D Insurance, that coverage will stop at the end of the period for which you paid premiums, if you do not make the next required premium contribution when due.	This statement may be removed.
	ADDITIONAL DEPENDENT AD&D BENEFITS	This header may be removed.
	Safe Driver Benefit – entire provision	This entire provision may be removed.
	\$25,000	This amount may range between \$5,000 and \$50,000.
	up to a maximum of \$25,000	This statement may be removed. If used, the amount may range between \$25,000 and \$250,000.
4	Common Carrier Benefit – entire provision	This entire provision may be removed.
	50% of	This may be removed. If used, the percentage may range between 10 and 100%.
	up to a maximum of \$50,000	This statement may be removed. If used, the maximum may range between \$20,000 and \$250,000.
	The date your premiums are waived under the Waiver of Premium Disability Benefit Rider.	This bullet may be removed.
	The end of the period for which you made your last premium contribution for Dependent AD&D Insurance if you do not make the next required contribution when due.	This bullet may be removed.

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

ReliaStar Life Insurance Company of New York 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 18, 2010

Date

Consent to Submit Rates
and/or Cost Bases for Approval

ReliaStar Life Insurance Company ("Company") of Minneapolis, Minnesota, does hereby consent and agree that all premium rates and/or cost bases both "maximum" and "current or projected", used in relation to policy form number _____ must be filed with the Insurance Commissioner of the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

ReliaStar Life Insurance Company

By _____

Date _____