

<i>SERFF Tracking Number:</i>	<i>MNNP-126598177</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ReliaStar Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45501</i>
<i>Company Tracking Number:</i>	<i>GATPORT06-STF</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Life LP00GP</i>		
<i>Project Name/Number:</i>	<i>Port App 2010/</i>		

## Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: Group Life LP00GP

TOI: L04G Group Life - Term

SERFF Tr Num: MNNP-126598177 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45501

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

Co Tr Num: GATPORT06-STF

State Status: Approved-Closed

Filing Type: Form

Author: Dawn Olson

Reviewer(s): Linda Bird

Date Submitted: 04/23/2010

Disposition Date: 04/27/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Port App 2010

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/27/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 04/27/2010

Created By: Dawn Olson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Dawn Olson

Filing Description:

Upon approval, new application form GATPORT06-STF will be used with our Group Life Policy/Certificate LP00GP, which was originally approved by your Department on September 1, 1998.

This new form does not replace any forms previously approved or disapproved by your Department. It is similar to a form previously approved by your Department in 2006.

This form will be used when an insured employee becomes eligible to apply for portability upon termination of active

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employee coverage. This form will be customized for each Policyholder based on the group's plan design, and therefore it is entirely variable with the exception of the health questions and the form number. This application form may be used in several formats, for example: 1) typeset and printed as a multi-sided form; 2) printed from an electronic forms library as a one-sided form; 3) as an electronic form, with information recorded on-line, printed and signed.

## Company and Contact

### Filing Contact Information

Dawn Olson, Compliance Analyst dawn.olson@us.ing.com  
 P.O. Box 20 612-342-7258 [Phone]  
 Route 7786 612-342-3695 [FAX]  
 Minneapolis, MN 55440-0020

### Filing Company Information

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

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$125.00  
 Retaliatory? Yes  
 Fee Explanation: Minnesota charges a flat \$125 for form filings.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$125.00	04/23/2010	35922017

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/27/2010	04/27/2010

*SERFF Tracking Number:* MNNP-126598177      *State:* Arkansas  
*Filing Company:* ReliaStar Life Insurance Company      *State Tracking Number:* 45501  
*Company Tracking Number:* GATPORT06-STF  
*TOI:* L04G Group Life - Term      *Sub-TOI:* L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
  
*Product Name:* Group Life LP00GP  
*Project Name/Number:* Port App 2010/

## **Disposition**

Disposition Date: 04/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: GATPORT06-STF**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GATPORT 06-STF	Application/ Enrollment Form	Group Life Portability Initial Application	Initial		40.800	GATPORT06-STF.pdf

# Group Life Portability Application

ReliaStar Life Insurance Company  
A member of the ING family of companies

**Employer / Administrator:**

Read the certificate to determine eligibility for portability. Complete and sign the Employer/Administrator section of this form. Send this form to the employee to complete, along with copies of initial and all subsequent enrollment/application form(s), beneficiary designations, and assignments.

**Employee:**

Complete the Employee section and return the form to the address shown at the end of the form. Be sure to include copies of enrollment/application form(s), beneficiary designations and assignments. **Coverage can not be ported without this information. The insurer must receive this completed form within 31 days of the coverage termination date.**

**THIS SECTION TO BE COMPLETED BY EMPLOYER/ADMINISTRATOR**

Employer or Group name	Group Policy number(s)	Account number	Date of hire	Annual Salary at Termination
Employee name	Social Security Number	Date of birth	Date last worked	Coverage termination date

Coverage Type	Coverage Effective Date (mm/dd/yyyy)	Coverage Amount at Termination
Employee Basic Life Insurance		\$
Employee Basic AD&D Insurance		\$
Employee Supplemental Life Insurance		\$
Employee Supplemental AD&D Insurance		\$
Dependent Spouse/Domestic Partner Basic Life Insurance		\$
Dependent Spouse/Domestic Partner Supplemental Life Insurance		\$
Dependent Spouse/Domestic Partner Basic AD&D Insurance		\$
Dependent Spouse/Domestic Partner Supplemental AD&D Insurance		\$
Dependent Child(ren) Basic Life Insurance		\$
Dependent Child(ren) Supplemental Life Insurance		\$
Dependent Child(ren) AD&D Insurance		\$

I certify that the above information is true and correct according to the employer's records.

This form will be <input type="checkbox"/> handed <input type="checkbox"/> mailed to employee on _____ (date)	
Authorized Signature	Company phone number
Print Name and Title	

**THIS SECTION TO BE COMPLETED BY EMPLOYEE**

Employee billing address (street, city, state, zip)	Phone Number
_____	_____
_____	_____
_____	_____

Insured dependent spouse/domestic partner name	Date of birth
_____	_____

Insured dependent child(ren) name(s)	Date(s) of Birth
_____	_____
_____	_____
_____	_____

Employee continue on page 2

Employee name	Date of birth
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To be eligible for portability, you must be able to answer "no" to all of the health questions below. To port dependent spouse/domestic partner coverage, your spouse/domestic partner must also be able to answer "no" to all of the health questions below. For any Life Insurance not eligible for portability, or if portability is not approved by ReliaStar Life Insurance Company, conversion to an individual life insurance policy may be an option. Please read the Conversion Rights in your group certificate to determine eligibility for conversion. ReliaStar Life Insurance Company will send you a description of the conversion plan, premium rates, and an application form.

If you do not want to apply for portability and only want to receive information about conversion, please check this box.  No Portability  
 You may then skip the next two sections of this form. Please sign and date the form and return it as directed below.

**PORTABILITY ELECTIONS**

Read your group certificate carefully to determine which coverage(s) are eligible for portability. **You may only elect to port coverage that is terminating on your coverage termination date.** You will not be able to elect or increase ported coverage in the future. Please refer to the attached sheet for portability premium rate information.

<b>Employee Basic and Supplemental Life Insurance</b>	<ul style="list-style-type: none"> <li>Minimum \$5,000</li> <li>Will not exceed the lesser of \$750,000 or 5 times Basic Yearly Earnings</li> </ul>	<input type="checkbox"/> 100% of terminated amount <input type="checkbox"/> 75% of terminated amount <input type="checkbox"/> 50% of terminated amount <input type="checkbox"/> 25% of terminated amount
<b>Employee Basic and Supplemental AD&amp;D Insurance</b>	<ul style="list-style-type: none"> <li>Same percent elected for Employee Life</li> <li>Will not exceed Employee Life amount ported</li> </ul>	<input type="checkbox"/> Elect to Port <input type="checkbox"/> Waive
<b>Dependent Spouse/Domestic Partner Basic &amp; Supplemental Life Insurance</b>	<ul style="list-style-type: none"> <li>Same percent elected for Employee Life</li> <li>Will not exceed Employee Life amount ported</li> </ul>	<input type="checkbox"/> Elect to Port <input type="checkbox"/> Waive
<b>Dependent Spouse/Domestic Partner Basic &amp; Supplemental AD&amp;D Insurance</b>	<ul style="list-style-type: none"> <li>Same percent elected for Employee Life</li> <li>Will not exceed Employee AD&amp;D amount ported</li> <li>Will not exceed Dependent Spouse/Domestic Partner Life amount ported</li> </ul>	<input type="checkbox"/> Elect to Port <input type="checkbox"/> Waive
<b>Dependent Child(ren) Basic &amp; Supplemental Life Insurance</b>	<ul style="list-style-type: none"> <li>Same percent elected for Employee Life</li> <li>Will not exceed the lesser of Employee Life amount ported or \$10,000</li> </ul>	<input type="checkbox"/> Elect to Port <input type="checkbox"/> Waive
<b>Dependent Child(ren) AD&amp;D Insurance</b>	<ul style="list-style-type: none"> <li>Same percent elected for Employee Life</li> <li>Will not exceed Employee AD&amp;D amount ported</li> <li>Will not exceed Dependent Child(ren) Life amount ported</li> </ul>	<input type="checkbox"/> Elect to Port <input type="checkbox"/> Waive

If you elect to port less than 100% of all Life coverage(s) and you also want conversion information, please check here:  Send conversion information

**ANSWER THESE QUESTIONS FOR PORTABILITY**

	Employee	Spouse / Domestic Partner
Are you terminating active employment due to a disability that has, or is expected to result in your inability to perform the regular duties of your occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the past 2 years, have you been diagnosed or treated (including taking prescribed medications) by a medical professional for any of the following: cardiovascular or liver disorder, kidney or neurological disease, drug or alcohol abuse, emphysema, cancer, stroke or diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been diagnosed or treated (including taking prescribed medications) by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or disorders of the immune system, or ever tested positive for antibodies to the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**READ THIS INFORMATION AND THEN SIGN AND DATE BELOW**

- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand that portability is subject to the approval of ReliaStar Life Insurance Company.
- I have received ReliaStar Life Insurance Company's Consumer Privacy Notice and Insurance Information Practices Notice.

**Any person who, knowingly with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.**

Signature of insured employee	Date
Signature of insured spouse/domestic partner	Date

Mail this form and all other documentation within 31 days of coverage termination to:

ReliaStar Life Insurance Company  
 Route 6999  
 20 Washington Avenue South  
 Minneapolis, MN 55401

Questions? Call Customer Service at 800-955-7736

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## Supporting Document Schedules

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

ar\_flesch.pdf

**Item Status:**

**Status  
Date:**

**Bypassed - Item:** Application

**Bypass Reason:** not applicable

**Comments:**

ReliaStar Life Insurance Company  
Minneapolis, Minnesota

**READABILITY CERTIFICATION**

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

ReliaStar Life Insurance Company hereby certifies that GATPORT06-STF has achieved a Flesch Reading Ease Score of 40.8 and complies with the requirements of the Life and Disability Insurance Policy Language Simplification Act.



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Susannah Saver-Patterson  
Assistant Secretary

April 23, 2010  
Date