

SERFF Tracking Number: INGD-126936866 State: Arkansas
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 47570
Company Tracking Number: 158230
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 158230 Children's Insurance Rider Application
Project Name/Number: 158230 Children's Insurance Rider Application/

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: 158230 Children's Insurance SERFF Tr Num: INGD-126936866 State: Arkansas

Rider Application

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 47570
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: 158230

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Wendy Paquin, Terry
Stumpf, Jackie Williams, Laura
Sampair

Disposition Date: 01/05/2011

Date Submitted: 12/22/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 158230 Children's Insurance Rider Application

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: ReliaStar Life
Insurance Company's domicile is Minnesota
and it is included as a member state in our
Interstate Insurance Compact filing of this form.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/05/2011

State Status Changed: 01/05/2011

Deemer Date:

Submitted By: Wendy Paquin

Filing Description:

December 22, 2010

Created By: Jackie Williams

Corresponding Filing Tracking Number:

Insurance Commissioner

Department of Insurance

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Compliance Life & Health

1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: ReliaStar Life Insurance Company
NAIC #67105 FEIN #41-0451140

Form Number:
158230 Children's Insurance Rider Application

Attention Policy Form Approval Division:

We submit the above referenced form for your review and approval. The form does not replace any previously approved form. The form does not contain any unusual or controversial items from the standpoint of industry standards.

We have simultaneously filed the form in Minnesota, our state of domicile.

Please note we are submitting this filing simultaneously for Security Life of Denver Insurance Company.

The Children's Insurance Rider Application will be used by the proposed Insured under the base policy to apply for insurance coverage on their child or children under a Children's Insurance Rider.

This form will be available both in a printed and electronic format. The electronic format application presented to the customer for signature will appear on screen as a pdf of the filed application form containing all information completed by the customer, in appearance identical to the printed version. If an electronic signature will be used with an application, it will be obtained in compliance with applicable State and Federal law.

This form may be used with the following previously approved application form(s) (approval date(s) provided) as well as our future life application portfolio:

153793 - Ind. Life App. (Gen. and Variable Acct. Life Insurance) - 06/08/09
154214 - Ind. Life App. (Term Life Insurance) - 11/17/09

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and any changes necessary to correct typographical errors or comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

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To the best of our knowledge, the form complies with the laws and regulations of your state.

Sincerely,

Jackie Williams
 Senior Contract Analyst
 (800) 448-9839 Ext. 4604815
 (303) 813-4815 (fax)
 jackie.williams@us.ing.com

Company and Contact

Filing Contact Information

Jackie Williams, jackie.williams@us.ing.com
 1290 Broadway 303-894-4815 [Phone]
 Denver, CO 80218 303-813-4815 [FAX]

Filing Company Information

ReliaStar Life Insurance Company CoCode: 67105 State of Domicile: Minnesota
 20 Washington Avenue South Group Code: 229 Company Type:
 Minneapolis, MN 55401 Group Name: State ID Number:
 (860) 654-8065 ext. [Phone] FEIN Number: 41-0451140

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation: \$125 Per Filing (Higher Retaliatory Fee)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$125.00	12/22/2010	43165316

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/05/2011	01/05/2011

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Disposition

Disposition Date: 01/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Children's Insurance Rider Application		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	158230	Application/Children's Insurance Enrollment Rider Application Form	Initial		50.800	158230_1213 2010_StateFiled.pdf

CHILDREN'S INSURANCE RIDER APPLICATION

ReliaStar Life Insurance Company, 20 Washington Avenue South, Minneapolis, MN 55401
 Security Life of Denver Insurance Company, 1290 Broadway, Denver, CO 80203
A member of the ING family of companies
 ("the Company")



BASE POLICY PROPOSED INSURED INFORMATION (Parent or Guardian)

1. First Name _____ MI _____ Last Name _____ 2. Birth Date _____
 3. Policy Number (if this coverage is to be added to a policy previously issued on the life of the Proposed Insured) _____
 4. Family Address (PO Boxes are not permitted.) _____
 City _____ State _____ ZIP _____

PROPOSED INSURED CHILDREN (Provide the following information regarding the children of the Proposed Insured, including stepchildren and lawfully adopted children.)

1. Requested Child Rider Amount \$ _____ (This amount applies to all children.)

2. Children of the Proposed Insured							
Full Name	Gender	Birth Date	SSN	Birth State	Height	Weight	Total Life Insurance now Inforce

Provide details to "Yes" answers for questions #3-14 in space provided in question #15.

- 3. a. Has an application on any child for any life, accident or health insurance not been granted as applied for in kind, amount, or rate? . . . Yes No
- b. Has any insurance issued on the life of any child been cancelled or the renewal or reinstatement thereof refused? Yes No
- 4. Has any child in the past five years made or does any child anticipate in the next two years making flights in an aircraft OTHER than as a passenger on a scheduled airline? (If "Yes," complete Aviation Questionnaire.) Yes No
- 5. Does any child participate in hang gliding, soaring, sky diving, ballooning, skin or scuba diving, mountain climbing, competitive skiing, rodeos, or any other hazardous sport or activity? (If "Yes" complete appropriate questionnaire.) Yes No
- 6. Does any child race, test or stunt drive automobiles, motorcycles, motor boats or jet powered vehicles, or use or race snowmobiles, dirt bikes, dune buggies, etc.? (If "Yes," complete Motor Sports or Avocations and Professional Sports Questionnaires.) Yes No
- 7. Within the past 5 years, has any child consulted a member of the medical profession or health practitioner ("health care provider") or visited a hospital or other health care facility as a patient? Yes No
- 8. Does any child plan to consult a health care provider or be seen as a patient at a clinic or hospital within the next 30 days? Yes No

PROPOSED INSURED CHILDREN (Continued)

- 9. Has any child ever received medical advice or treatment for chest pain, shortness of breath, tumor or cancer, brain, heart, lung, liver or kidney disorder, diabetes, stroke, high blood pressure, mental or nervous disorders, or use of alcohol or drugs? Yes No
- 10. In the past 10 years has any child ever been treated for or been diagnosed by a health care provider as having a positive HIV (Human Immunodeficiency Virus) test, AIDS (Acquired Immunodeficiency Syndrome), or any other disease or disorder of the immune system? Yes No
- 11. Does any child listed above not reside with the Base Policy Proposed Insured (Parent or Guardian)? Yes No
- 12. Does any child currently have life insurance inforce or applied for? (If "Yes," provide details below. Complete state required replacement form for Model Replacement Regulation States ONLY.) Yes No
- 13. Is any Proposed Insured or Owner considering using funds from existing policies or contracts to pay premiums due on the new policy or contract? (If "Yes," complete state required replacement form and provide details below.) Yes No
- 14. Is any Proposed Insured or Owner considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating an existing policy or contract? (If "Yes," complete state required replacement form and provide details below.) Yes No

Insured _____ Company _____ Amount \$ _____

Insured _____ Company _____ Amount \$ _____

15. Remarks and details for "YES" answers to questions #3-14.

Qu. #	Child Name	Condition	Diagnosis	Dates/Duration of Condition/Treatment	Physician Name	Physician Address

AUTHORIZATION AND ACKNOWLEDGEMENT

Verification. By signing this form, I acknowledge that I have read this application and I agree with the statements in this application and declare that all questions have been truthfully answered to the best of my knowledge and belief. The Company may seek to rescind the life insurance coverage if it determines that any question was not answered truthfully. This application consists of all pages of the Application, appendices, and supplemental questionnaires. It will be the basis for any life insurance coverage issued and no information will be considered to have been given by me to the Company or authorized by me unless it is stated herein. The Company will have no liability under this Rider Application until all requirements are met, a Children's Insurance Rider is delivered to and accepted by me, and the first premium is received by the Company while the proposed insured(s)/child/children are alive. The producer does not have the authority—unless permitted by law—to waive the answer to any question in the application, to accept risk or pass on insurability, to make or alter any contract, or to waive any of the Company's rights or requirements. No change in the amount, classification, age at issue, insurance plan, or benefits shown on this application will be effective unless both the Company and I agree in writing. I understand that by signing this application, I am applying for life insurance coverage issued by the Company.

AUTHORIZATION AND ACKNOWLEDGEMENT (Continued)

Statements of Understanding. I understand that this authorization will be valid for 24 months from the date of signature on this application. I have the right to receive a copy of this authorization, and a photocopy will be as valid as the original. I give my permission to the Company and other insurance companies affiliated with the company to collect medical record information and consumer or investigative consumer reports about me and/or the proposed insured child/children for the purposes described in this application. I authorize any organization or medically related facility to release to the Company or its authorized representatives all requested information about me and any minor children who are to be insured. I give my permission to the Company to send any information obtained to MIB, Inc., reinsurers, the producer who solicited my application and his or her principals, employees or contractors who process transactions regarding insurance coverage for which I have applied.

I acknowledge receipt of the following disclosures and notices: Notice Regarding Consumer Reports, Notice Regarding MIB, Inc., and Notice Regarding Collection of Information and Information Practices. I certify, under penalty of perjury, that the Social Security Number(s)/tax identification number(s) are shown and are correct is shown and is correct and that I am not subject to back-up withholding.

I agree that this application will form part of any Policy with a Children’s Insurance Rider that may be issued, or will form part of any Policy already in force for which a Children’s Insurance Rider is issued in response to this application; that no Agent or Medical Examiner is authorized to waive the answers to any questions in this application, decide on insurability, change any of the Company’s underwriting requirements or make any change to any contract provision. Further, I agree that no such Children’s Insurance Rider will take effect unless during the lifetime and continued insurability, as stated in the application of the Proposed Insured and the Children listed: (1) the Agent has delivered a Policy with the Rider attached or has delivered the Rider for attachment to a Policy already in force, to the Owner of the Policy, (2) the Owner has accepted such Policy with Rider attached or such Rider for attachment to a Policy already in force, and (3) the first premium for the Rider and any Policy of which the Rider is a part has been paid.

If an investigative consumer report is prepared, I request to be interviewed. Yes No

Daytime phone number: (_____)_____.
Contact me between the hours of ___ a.m./p.m. **and** ___ a.m./p.m.

By signing below I acknowledge and agree that any Rider issued in relation to this Application (the "Rider") shall be subject to the following Governing Law and Jurisdiction provisions:

Governing Law. The Rider shall be governed in all respects, including validity, interpretation and effect, without regard to principles of conflicts of law, by the laws of the state in which it is delivered, which shall be deemed to be the state in which this Application is executed as shown below.

Jurisdiction. Any dispute, claim, demand, controversy, action or proceeding, however characterized, relating to, arising under, in connection with, or incident to the Rider or sale of the Rider ("Action or Proceeding") shall be filed and heard in the state or federal courts located in the state in which the Rider is delivered. The state and federal courts located in the state in which the Rider is delivered shall have jurisdiction over the parties to the Action or Proceeding.

All completed materials must be sent to the ING Customer Service Center at: 2000 21st Ave. NW, Minot, ND 58703

I understand and agree that any person who knowingly provides false, incomplete or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company commits a fraudulent insurance act, which is a crime, and may be subject to criminal and civil penalties and denial of insurance benefits. Penalties may include imprisonment and/or fines.

Proposed Owner Signed at (City, State) _____ Date _____

 Proposed Owner Signature¹ _____

 Parent/Guardian Signature _____ Date _____

 Agent Signature _____ Agent ID Number _____ Date _____

¹ The Proposed Owner is the same owner as on the base policy.

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

RS Flesch Readability Certification.pdf

AR Certification Reg 19 (RS).pdf

**RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota**

FLESCH READABILITY CERTIFICATE

I certify that the form included in this submission has been printed in not less than ten point type.

The style, arrangement and overall appearance of the form gives no undue prominence to any portion of the text of the form.

The section titles are captioned in bold face type. The layout and spacing of the form separate the paragraphs from each other and from the border of the paper.

Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in this form.

Flesch Scale Reading Ease Score

I have supervised the computation of the Flesch scale reading ease score of this form, using the complete text of the form except for headings, indexes and tabular material, and the score is listed below.

Form Number
158230

Flesch Reading Ease Scores
50.8

Signed



Terry Stumpf
Assistant Secretary

Date:

December 8, 2010

**ARKANSAS
CERTIFICATION**

RE: 158230 Children's Insurance Rider Application

As an officer of ReliaStar Life Insurance Company, I certify that this submission meet the provisions of Regulation 19 (unfair sex discrimination in the sale of life insurance) and all applicable requirements of the Arkansas Insurance Department.

RELIASTAR LIFE INSURANCE COMPANY

By: 

Terry Stumpf
Assistant Secretary

Date: December 15, 2010