

State: Arkansas **Filing Company:** ReliaStar Life Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: Compass HI
Project Name/Number: Compass HI/

Filing at a Glance

Company: ReliaStar Life Insurance Company
Product Name: Compass HI
State: Arkansas
TOI: H14G Group Health - Hospital Indemnity
Sub-TOI: H14G.000 Health - Hospital Indemnity
Filing Type: Form
Date Submitted: 11/19/2012
SERFF Tr Num: MNNP-128360400
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: RL-HI-POL-12

Implementation: On Approval
Date Requested:
Author(s): Susannah Saver-Patterson, Molly Williams
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 11/20/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: ReliaStar Life Insurance Company
 TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
 Product Name: Compass HI
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General Information

Project Name: Compass HI Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Large
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 11/20/2012
 State Status Changed: 11/20/2012 Deemer Date:
 Created By: Susannah Saver-Patterson Submitted By: Molly Williams
 Corresponding Filing Tracking Number:

Filing Description:

FORMS SUBMITTED:

- RL-HI-POL-12: Group Hospital Confinement Indemnity Policy
- RL-HI-CERT-12-AR: Group Hospital Confinement Indemnity Certificate
- RL-HI-ACD-12: Accident Benefit Rider
- RL-HI-CHR-12-AR: Children’s Hospital Confinement Indemnity Rider
- RL-HI-CIR-12: Critical Illness Rider
- RL-HI-DBR-12: Discharge Benefit Rider
- RL-HI-DGR-12: Diagnostic Test Benefit Rider
- RL-HI-EMR-12: Emergency Care Benefit Rider
- RL-HI-ICN-12: Initial Confinement Benefit Rider
- RL-HI-ROP-12: Return of Premium Rider
- RL-HI-SPR-12: Spouse Hospital Confinement Indemnity Rider
- RL-HI-SRG-12: Surgical Benefit Rider
- RL-HI-WELL-12: Wellness Benefit Rider
- RL-GRP-AR-12: Group Application
- RL-HI-IND-12-AR: Hospital Confinement Indemnity Insurance Application and Reinstatement Request
- RL-HI-IND-12-AR-GI Guaranteed Issue Hospital Confinement Indemnity Insurance Application and Reinstatement Request

We are submitting the above captioned forms for review and approval. All of these forms are new and will not replace any forms previously approved or disapproved by your Department.

The policy provides hospital confinement Indemnity insurance to eligible groups in your state. It will be primarily marketed to employer groups, but may also be marketed to union groups or multiple employer/union trust groups. It will be offered to all eligible employees/members. It will be offered as 100% employer paid, partially paid by the employer with remaining premium paid by the employee, or 100% employee paid. The policy pays an indemnity benefit upon the occurrence of any of the events described in the certificate or riders. It is a limited benefit policy that does not pay benefits for health care services or expenses.

The applications may be in written or electronic format. When presented electronically, the actual wording of the statements and questions will not change, but based on the plan design and the responses, they may appear in a slightly different order. Logic will be built into the electronic system to allow only the applicable information and questions to appear to the applicant. Please note that the Group Application referenced above is being filed concurrently with our new Accident and Critical Illness

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Company	Amount	Date Processed	Transaction #
ReliaStar Life Insurance Company	\$800.00	11/19/2012	65055779

SERFF Tracking #:

MNNP-128360400

State Tracking #:

Company Tracking #:

RL-HI-POL-12

State:

Arkansas

Filing Company:

ReliaStar Life Insurance Company

TOI/Sub-TOI:

H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name:

Compass HI

Project Name/Number:

Compass HI/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/20/2012	11/20/2012

State: Arkansas **Filing Company:** ReliaStar Life Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: Compass HI
Project Name/Number: Compass HI/

Disposition

Disposition Date: 11/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Policy	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Spouse Rider	Approved-Closed	Yes
Form	Children's Rider	Approved-Closed	Yes
Form	Wellness Rider	Approved-Closed	Yes
Form	Diagnostic Test Rider	Approved-Closed	Yes
Form	Emergency Care Rider	Approved-Closed	Yes
Form	Initial Confinement Rider	Approved-Closed	Yes
Form	Surgical Benefit Rider	Approved-Closed	Yes
Form	Discharge Benefit Rider	Approved-Closed	Yes
Form	Critical Illness Rider	Approved-Closed	Yes
Form	Accident Benefit Rider	Approved-Closed	Yes
Form	Return of Premium Rider	Approved-Closed	Yes
Form	Group Application	Approved-Closed	Yes

SERFF Tracking #:

MNNP-128360400

State Tracking #:

Company Tracking #:

RL-HI-POL-12

State:

Arkansas

Filing Company:

ReliaStar Life Insurance Company

TOI/Sub-TOI:

H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name:

Compass HI

Project Name/Number:

Compass HI/

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Employee Application	Approved-Closed	Yes
Form	Guaranteed Issue Application	Approved-Closed	Yes

State: Arkansas

Filing Company:

ReliaStar Life Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: Compass HI

Project Name/Number: Compass HI/

Form Schedule

Lead Form Number: RL-HI-POL-12

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 11/20/2012	Policy	RL-HI-POL-12	POL	Initial		0.000	RL-HI-POL-12.pdf
2	Approved-Closed 11/20/2012	Certificate	RL-HI-CERT-12-AR	CER	Initial		0.000	RL-HI-CERT-12-AR.pdf
3	Approved-Closed 11/20/2012	Spouse Rider	RL-HI-SPR-12	CERA	Initial		0.000	RL-HI-SPR-12.pdf
4	Approved-Closed 11/20/2012	Children's Rider	RL-HI-CHR-12-AR	CERA	Initial		0.000	RL-HI-CHR-12-AR.pdf
5	Approved-Closed 11/20/2012	Wellness Rider	RL-HI-WELL-12	CERA	Initial		0.000	RL-HI-WELL-12.pdf
6	Approved-Closed 11/20/2012	Diagnostic Test Rider	RL-HI-DGR-12	CERA	Initial		0.000	RL-HI-DGR-12.pdf
7	Approved-Closed 11/20/2012	Emergency Care Rider	RL-HI-EMR-12	CERA	Initial		0.000	RL-HI-EMR-12.pdf
8	Approved-Closed 11/20/2012	Initial Confinement Rider	RL-HI-ICN-12	CERA	Initial		0.000	RL-HI-ICN-12.pdf
9	Approved-Closed 11/20/2012	Surgical Benefit Rider	RL-HI-SRG-12	CERA	Initial		0.000	RL-HI-SRG-12.pdf
10	Approved-Closed 11/20/2012	Discharge Benefit Rider	RL-HI-DBR-12	CERA	Initial		0.000	RL-HI-DBR-12.pdf
11	Approved-Closed 11/20/2012	Critical Illness Rider	RL-HI-CIR-12	CERA	Initial		0.000	RL-HI-CIR-12.pdf

State: Arkansas

Filing Company:

ReliaStar Life Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: Compass HI

Project Name/Number: Compass HI/

Lead Form Number: RL-HI-POL-12

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
12	Approved-Closed 11/20/2012	Accident Benefit Rider	RL-HI-ACD-12	CERA	Initial		0.000	RL-HI-ACD-12.pdf
13	Approved-Closed 11/20/2012	Return of Premium Rider	RL-HI-ROP-12	CERA	Initial		0.000	RL-HI-ROP-12.pdf
14	Approved-Closed 11/20/2012	Group Application	RL-GRP-AR-12	AEF	Initial		0.000	164263_RL-GRP-AR-12 05012012_StateFiling.pdf
15	Approved-Closed 11/20/2012	Employee Application	RL-HI-IND-12-AR	AEF	Initial		0.000	164633_RL-HI-IND-12-AR 06052012_StateFiling.pdf
16	Approved-Closed 11/20/2012	Guaranteed Issue Application	RL-HI-IND-12-AR-GI	AEF	Initial		0.000	165945_RI-HI-IND-12-AR-GI filing11092012.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate

SERFF Tracking #:

MNNP-128360400

State Tracking #:

Company Tracking #:

RL-HI-POL-12

State:

Arkansas

Filing Company:

ReliaStar Life Insurance Company

TOI/Sub-TOI:

H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name:

Compass HI

Project Name/Number:

Compass HI/

POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages
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GROUP HOSPITAL CONFINEMENT INDEMNITY INSURANCE POLICY

RELIASTAR LIFE INSURANCE COMPANY

[20 Washington Avenue South, Minneapolis, Minnesota 55401]

[800-955-7736]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CHI]

POLICY EFFECTIVE DATE: [January 1, 2013]

POLICY ANNIVERSARY DATE: [January 1]

GOVERNING JURISDICTION: [State]

THIS IS A LIMITED BENEFIT POLICY.

Benefits are paid for Hospital Confinements as defined in the Certificate(s).

ReliaStar Life Insurance Company (We, Us, Our) will pay the benefits according to the terms and conditions of this Policy. This Policy is issued in consideration of the Policyholder's application and payment of premiums when due.

This Policy is effective on the Policy effective date. The first Policy year ends one year after the Policy effective date; subsequent Policy anniversary dates will be annually thereafter. Policy years are determined from the Policy anniversary. Benefit periods begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address.

READ THIS POLICY CAREFULLY! This Policy is a legal contract between the Policyholder and ReliaStar Life Insurance Company, delivered in and governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

RENEWABILITY

This Policy is conditionally renewable on each Policy anniversary.

[Pre-Existing Condition limitations or exclusions and other limitations] [Limitations] or exclusions may apply. Please read the Policy carefully.

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


President


Secretary

This Policy provides Hospital Confinement Indemnity Insurance

[Contributory] [Noncontributory]

Nonparticipating

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PART A. POLICYHOLDER PROVISIONS

ENTIRE CONTRACT

The entire contract consists of all of the following:

- This Policy issued to the Policyholder including Part A and Part B.
- The Certificate(s) which are made part of Part B under this Policy.
- Any endorsements and/or riders issued.
- The Policyholder's signed application, a copy of which is attached to the Policy when issued.
- [The Employers' signed participation agreements, if any.]
- [The Insured Persons' signed [enrollment forms] [applications], if any.]

The Policy may be amended at any time by written agreement between Us and the Policyholder. No change in the Policy will be valid until approved by one of Our executive officers. Such approval must be in writing and will be endorsed or attached to the Policy. Changes requiring regulatory approval will not be valid until approved by the appropriate regulatory body.

No agent, representative or employee of Ours or of any other entity may change or waive the terms of this Policy, or of any Certificate or rider issued under it, except in a writing signed by one of Our executive officers and endorsed on or attached to this Policy.

CERTIFICATES

We will furnish the Policyholder with a Certificate of coverage which describes the benefits under the Policy. [The Policyholder will provide a Certificate to each Insured Person.] [We will also provide a Certificate to each Insured Person.]

If there is a conflict between the terms of this Policy and any Certificate or rider issued under it, this Policy controls.

ELIGIBLE NEW INSURED PERSONS

Eligible new Insured Persons will become covered under this Policy according to the terms and provisions of the Policy.

MAINTAINING RECORDS

The Policyholder must provide Us with detailed information about persons who are eligible to become insured under the Policy, information about Insured Persons, and any other information that may be reasonably required.

Policyholder [and Employer] records that have a bearing, in Our opinion, on the Policy will be available for review by Us at any reasonable time as determined by Us.

REPRESENTATIONS NOT WARRANTIES

A copy of the Policyholder's application will be attached to the Policy when issued. All statements made by the Policyholder [and Employer] are considered representations and not warranties.

INCONTESTABILITY

The validity of the Policy can not be contested by Us after it has been in force for two years from the Policy effective date, except for nonpayment of premiums.

PREMIUM RATES

The initial premium for this Policy is based on the initial rate(s) shown below.

[Hospital Confinement Indemnity Insurance \$ xx per \$100]

[Hospital Confinement Indemnity Insurance per \$100 based on the [attained] [issue] age of the [Employee/Member]:

Age	[Tobacco]	[No Tobacco]
[Under 25.....	\$.xx.....	\$.xx
25-29.....	\$.xx.....	\$.xx
30-34.....	\$.xx.....	\$.xx
35-39.....	\$.xx.....	\$.xx
40-44.....	\$.xx.....	\$.xx
45-49.....	\$.xx.....	\$.xx
50-54.....	\$.xx.....	\$.xx
55-59.....	\$.xx.....	\$.xx
60-64.....	\$.xx.....	\$.xx
65-69.....	\$.xx.....	\$.xx
70 and over].....	\$.xx.....	\$.xx]

[Spouse Hospital Confinement Indemnity Rider \$xx per \$100]

[Spouse Hospital Confinement Indemnity Rider per \$100 based on the [attained] [issue] age of the [Employee/Member][Spouse]:

Age	[Tobacco]	[No Tobacco]
[Under 25.....	\$.xx.....	\$.xx
25-29.....	\$.xx.....	\$.xx
30-34.....	\$.xx.....	\$.xx
35-39.....	\$.xx.....	\$.xx
40-44.....	\$.xx.....	\$.xx
45-49.....	\$.xx.....	\$.xx
50-54.....	\$.xx.....	\$.xx
55-59.....	\$.xx.....	\$.xx
60-64.....	\$.xx.....	\$.xx
65-69.....	\$.xx.....	\$.xx
70 and over].....	\$.xx.....	\$.xx]

[Children's Hospital Confinement Indemnity Rider \$ xx per \$100]

[Initial Confinement Benefit Rider \$ xx per [Employee/Member]]
[Initial Confinement Benefit Rider \$ xx per \$100]

[Discharge Benefit Rider \$ xx per [Employee/Member]]
[Discharge Benefit Rider \$ xx per \$100]

[Wellness Benefit Rider \$ xx per [Employee/Member]]
[Wellness Benefit Rider \$ xx per Rider]

[Diagnostic Test Benefit Rider \$ xx per [Employee/Member]]
[Diagnostic Test Benefit Rider \$ xx per \$100]

[Emergency Care Benefit Rider \$ xx per [Employee/Member]]
[Emergency Care Benefit Rider \$ xx per \$100]

[Surgical Benefit Rider \$ xx per [Employee/Member]]
[Surgical Benefit Rider \$ xx per \$100]

[Critical Illness Rider \$ xx per \$100]
 [Critical Illness Rider per \$100 based on the [attained] [issue] age of the [Employee/Member]:

Age	[Tobacco]	[No Tobacco]
[Under 25.....	\$.xx.....	[\$.xx
25-29.....	\$.xx.....	\$.xx
30-34.....	\$.xx.....	\$.xx
35-39.....	\$.xx.....	\$.xx
40-44.....	\$.xx.....	\$.xx
45-49.....	\$.xx.....	\$.xx
50-54.....	\$.xx.....	\$.xx
55-59.....	\$.xx.....	\$.xx
60-64.....	\$.xx.....	\$.xx
65-69.....	\$.xx.....	\$.xx
70 and over].....	\$.xx.....	\$.xx]

[Accident Benefit Rider \$ xx per \$100]

[Return of Premium Rider \$ xx per [Employee/Member]]
 [Return of Premium Rider \$ xx per \$100]

PREMIUM PAYMENTS

Premium Due Dates: [01/01/2013] and the [first-last] day of each [calendar month] [quarter] thereafter. The Policyholder must send all premiums to Us on or before their respective due dates. The premium must be paid in United States dollars to Our home office.

INITIAL RATE GUARANTEE AND RATE CHANGES

A change in premium rates will not take effect before [January 1, 2014].

However, We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to any of these:

- A change occurs in the policy design.
- The number of Insured Persons changes by [10-25%] or more.
- A new law or a change in any existing law is enacted which applies to the Policy.

We will notify the Policyholder in writing at least [30-365] days before a premium rate is changed. A change in premium rates may take effect on an earlier date when both the Policyholder and We agree.

GRACE PERIOD

The Policyholder has a grace period of [31-90] days for the payment of any premium due except the first. During the grace period the Policy will remain in force. If full payment is not received by Us by the end of the grace period, the Policy will automatically terminate at the end of the grace period. The Policyholder is required to pay a pro rata premium for any period the Policy was in force during the grace period. There is no grace period if the Policyholder gives Us advance written notice of termination, or if We have given the Policyholder advance written notice of termination as described under the POLICY TERMINATION provision.

[POLICY TERMINATION

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

We may terminate the Policy for any of the following reasons:

- [There is less than [5-100%] participation of those eligible persons who pay all or part of their premium for the Policy.]
- [There is less than 100% participation of those eligible persons for a Policyholder paid plan.]
- The Policyholder does not promptly provide Us with information that is reasonably required.
- Fewer than [10-100] persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es) as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its persons.
- [We stop providing the type of coverage under this Policy to all groups in the Policy issue state.]

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least [60-90] days prior to the termination date.

The Policyholder may terminate the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy is terminated, the termination will not affect a payable claim.]

[POLICY TERMINATION

The Policy or an Employer's Plan of Coverage under the Policy can be terminated either by Us or by the Policyholder.

We may terminate the Policy or an Employer's Plan of Coverage under the Policy for any of the following reasons:

- The Policyholder or Employer does not promptly provide Us with information that is reasonably required.
- Fewer than [10-100] persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es).
- [We stop providing the type of coverage under this Policy to all groups in the Policy issue state.]

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy or an Employer's Plan of Coverage under the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least [60-90] days prior to the termination date.

The Policyholder may terminate the Policy or an Employer's Plan of Coverage under the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy or an Employer's Plan of Coverage under the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy or an Employer's Plan of Coverage under the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy or an Employer's Plan of Coverage under the Policy is terminated, the termination will not affect a payable claim.]

[PORTABILITY

If there are any Insured Persons on portability, as described in the Certificate, when the Policy [or an Employer's Plan of Coverage under the Policy] would otherwise terminate, the Policy will remain in force to cover those Insured Persons on portability until the date there are no Insured Persons on portability.

[Exception: If We terminate the Policy due to Our termination of all similar policies in the Policy issue state, then coverage for all Insured Persons on portability will also terminate. We will send a termination notice to each Insured Person on portability.]]

REINSTATEMENT

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

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on the Policy effective date and each subsequent Policy anniversary date, conflicts with any law that applies in the jurisdiction where the Policy is issued, is automatically amended to conform to the minimum requirements of such law.

**[DIVISIONS, SUBSIDIARIES OR AFFILIATED COMPANIES INCLUDED]
[PARTICIPATING EMPLOYERS]**

NAME	LOCATION (CITY AND STATE)
[None]	
[XYZ Company]	[Columbus, Ohio]

PART B. INSURED PERSONS' PROVISIONS

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CHI]

The Certificates specified in the Certificate Index below are made a part of the Policy.

Riders and endorsements, if any, amending the provisions of the Certificates are also made a part of the Policy. The Certificates, riders and endorsements are made a part of the Policy from the effective date(s) listed below. The class(es) of Insured Persons to whom provisions apply are also listed in the Certificate Index.

CERTIFICATE INDEX

Class of Insured Persons	Certificate Number	Effective Date
[All eligible [Employees/Members]	B-65432	January 1, 2013]

[RIDER/ENDORSEMENT INDEX

Class of Insured Persons	Certificate Number	Rider / Endorsement Number	Effective Date
All eligible [Employees/Members]	B-65432	SP-65432	January 1, 2013
All eligible [Employees/Members]	B-65432	CH-65432	January 1, 2013
All eligible [Employees/Members]	B-65432	ACD-65432	January 1, 2013
All eligible [Employees/Members]	B-65432	CIR-65432	January 1, 2013
All eligible [Employees/Members]	B-65432	DGR-65432	January 1, 2013
All eligible [Employees/Members]	B-65432	DBR-65432	January 1, 2013
All eligible [Employees/Members]	B-65432	EMR-65432	January 1, 2013
[Hourly Employees]	B-65432	ICN-65432	January 1, 2013
[Salaried Employees]	B-65432	SRG-65432	January 1, 2013
All eligible [Employees/Members]	B-65432	WEL-65432	January 1, 2013
All eligible [Employees/Members]	B-65432	RPR-65432	January 1, 2014]

**GROUP HOSPITAL CONFINEMENT INDEMNITY INSURANCE
CERTIFICATE OF COVERAGE**

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]
Claims: [855-730-2902] Customer Service: [800-537-5024]

POLICYHOLDER: [ABC Company]
GROUP POLICY NUMBER: [12345-6CHI]
POLICY EFFECTIVE DATE: [January 1, 2013]
[EMPLOYER: [XYZ Employer]]
[EMPLOYER PLAN EFFECTIVE DATE: [January 1, 2013]
GOVERNING JURISDICTION: Arkansas

THIS IS LIMITED BENEFIT COVERAGE.

Benefits are paid for Hospital Confinements as defined in the Certificate.

ReliaStar Life Insurance Company (We, Us, Our) certifies that We have issued the group Policy listed above to the Policyholder. The Policy is available for You to review if You contact the Policyholder for more information. **This is Your Certificate as long as You are eligible for coverage and You become insured. Please read it carefully and keep it in a safe place.** This Certificate replaces any other Certificates We may have given You under the Policy.

This Certificate summarizes and explains the parts of the Policy which apply to You. The Certificate is part of the group Policy but by itself is not a policy. Your coverage may be changed under the terms and conditions of the Policy. The Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

For purposes of effective dates and ending dates under the Policy, all days begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address.

The coverage under the Policy is conditionally renewable according to the terms and provisions of the Policy.

Notice to buyer: This is a Hospital Confinement indemnity Certificate. This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.

[Pre-Existing Condition limitations or exclusions and other limitations] [Limitations] or exclusions may apply. Please read Your Certificate carefully.

[RIGHT TO EXAMINE CERTIFICATE

[If You contribute to the cost of Your coverage,] You may cancel Your coverage for any reason within [10-30] days after Your receipt of Your initial Certificate of coverage under the Policy, provided no benefits have been paid. Contact [the Policyholder] [Us] to cancel Your coverage and receive any premium refund.]

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


President

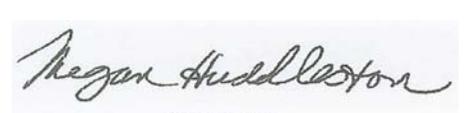

Secretary

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SCHEDULE OF BENEFITS

EMPLOYER: [XYZ Employer]

GROUP POLICY NUMBER: [12345-6CHI]

[ACCOUNT NUMBER: [2]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

ELIGIBLE CLASS(ES)

[All Employees/Members] in Active Employment with the Employer in the United States [or at an Employer location in [Canada or Mexico]].

You must be [an Employee/Member] of the Employer and in an eligible class.
Temporary and seasonal workers are excluded from coverage.

MINIMUM HOURS REQUIREMENT

[[10-30] hours per week]

ELIGIBILITY WAITING PERIOD

For persons in an eligible class on or before the Policy effective date: [None] [A continuous period of [1-365] days of Active Employment.] [End of the month in which You complete a continuous period of [1-365] days of Active Employment.] [End of the month in which You begin Active Employment.]

For persons entering an eligible class after the Policy effective date: [None] [A continuous period of [1-365] days of Active Employment.] [End of the month in which You complete a continuous period of [1-365] days of Active Employment.] [End of the month in which You begin Active Employment.]

[REHIRE

If Your employment with the Employer ends and You are rehired within [1-12] months, Your previous Active Employment while in an eligible class will apply toward the Eligibility Waiting Period. All other Policy provisions apply.]

[WAIVER OF ELIGIBILITY WAITING PERIOD

If You have been continuously employed by the Employer for a period of time equal to Your Eligibility Waiting Period, We will waive Your Eligibility Waiting Period when You enter an eligible class.]

[CREDIT PRIOR SERVICE

We will apply any prior period of work with the Employer toward the Eligibility Waiting Period to determine Your eligibility date.]

WHO PAYS FOR THE COVERAGE

[The Employer pays the cost of Your coverage.]

[You and the Employer share the cost of Your coverage.]

[You pay the cost of Your coverage.]

[[Option 1/Core]: The Employer pays the cost of Your coverage.]

[[Option 2/Buyup]: You and the Employer share the cost of Your coverage.]

[BENEFIT WAITING PERIOD

[None] [A continuous period of [1-60] days.]

DAILY BENEFIT AMOUNT

[\$50-5,000]

[Choice of [\$50-5,000] or [\$50-5,000] [or] [\$50-5,000]]

[Choice of [\$50-4,500] to [\$100-5,000] in [\$50-1,000] increments]

[[Option 1/Core]: [\$50-5,000]]

[[Option 2/Buyup]: [\$100-5,000]]

[GUARANTEED ISSUE AMOUNT

[\$50-5,000]]

HOSPITAL CONFINEMENT INDEMNITY BENEFITS

Hospital Confinement: [1-5] times the daily benefit amount for up to [10-90] days

[Critical Care Unit (CCU) Confinement: [2-10] times the daily benefit amount for up to [10-90] days]

[Rehabilitation Facility Confinement: [$\frac{1}{2}$ -2 $\frac{1}{2}$] of the daily benefit amount for up to [10-90] days.]

[Benefits reduce 50% on [Your 70th birthday] [the Policy anniversary following Your 70th birthday]; however, premiums do not reduce as a result of this benefit change.]

DEFINITIONS

Accident or **Accidental** means an unforeseen event that results in a bodily Injury.

Active Employment means [You are working for the Employer for earnings that are paid regularly and You are performing the material and substantial duties of your regular occupation. You must be working at least the minimum number of hours as described under the MINIMUM HOURS REQUIREMENT shown in the SCHEDULE OF BENEFITS.

Your work site must be one of the following:

- The Employer's usual place of business;
- An alternative work site at the direction of the Employer, including Your home; or
- A location to which Your job requires You to travel.

Normal vacation is considered Active Employment.

Temporary and seasonal workers are excluded from coverage.]

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that You must be insured under the Policy before any benefits are payable.]

Certificate means the document that explains the parts of the Policy which apply to eligible Insured Persons. It may include riders, endorsements or amendments.

Confined or **Confinement** means that on the advice of a Doctor, Your assignment to a bed as a resident inpatient in a Hospital [or Critical Care Unit (CCU)] [or Rehabilitation Facility]. There must be a charge for room and board.

[Critical Care Unit means a specifically designated part of a Hospital commonly referred to as an intensive care unit which meets all of the following requirements:

- It provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care.
- It is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement.
- It is permanently equipped with special lifesaving equipment for the care of the critically ill or injured.
- It is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis.
- It is assigned a Doctor on a full-time basis.

Critical Care Unit does not include a sub-acute intensive care unit that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward such as a step-down unit.]

Doctor means a person other than You or any family member, who is licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical doctor. If so, then this definition includes persons recognized as qualified to treat the condition for which claim is made by the state in which treatment is received.

Eligibility Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that You must be in Active Employment in an eligible class before You are eligible for coverage under the Policy.

[Employee/Member] [means a person who is a citizen or legal resident of the United States in Active Employment with the Employer in the United States [or at an Employer location in [Canada or Mexico]].]

[Employer] means the Policyholder and includes any division, subsidiary or affiliated company named in the Policy.]

[Employer] means the entity that has been approved by Us for coverage under the Policy issued to the Policyholder. Approval by Us of an Employer's Plan of Coverage under the Policy is recorded and maintained in Our underwriting file(s) for the Policy.]

[Evidence of Insurability] means a statement of Your medical history that We will use to determine if You are approved for coverage.]

[Guaranteed Issue Amount] means the benefit amount (shown on the SCHEDULE OF BENEFITS) for which You are eligible to apply without providing Evidence of Insurability, when You are first eligible for coverage under the Policy [or during a future [annual] enrollment period if We allow a guaranteed issue offer].]

Hospital means an institution that is run for the care and treatment of sick or injured persons as in-patients and which, on its premises or in facilities available to the Hospital on a pre-arranged basis, fully meets each of the following requirements:

- It is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located.
- It is under the supervision of a medical staff and has one or more Doctors available at all times.
- It provides 24 hours a day service by registered graduate nurses (RNs).
- It is not an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Injury means a bodily Injury that is the direct result of an Accident and not related to any other cause. Injuries must be independent of Sickness, disease, bodily infirmity and other causes.

Insured Person means a person who is eligible for coverage under the Policy, becomes covered according to the terms of the Policy, and whose coverage remains in effect according to the terms of the Policy.

[Leave of Absence] means You are absent from Active Employment for a period of time under a leave granted in writing by the Employer that is in accordance with the Employer's formal leave policies. Your normal vacation time is not considered a Leave of Absence.]

Observation Unit means a specified area within a Hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a Doctor, and that fully meets each of the following requirements:

- It is under the direct supervision of a Doctor or registered nurse.
- It is staffed by nurses assigned specifically to that unit.
- It provides care seven days per week, 24 hours per day.

[Plan of Coverage] means the Employer's benefit plan under the Policy as described by this Certificate.]

Policy means the written group insurance contract between Us and the Policyholder.

[Policyholder] means the Employer to whom the Policy is issued and who sponsors the coverage for its [Employees/Members].]

[Policyholder] means the entity to whom the Policy is issued.]

[Pre-Existing Condition] means a Sickness, Injury or physical condition which, within the [3-12] month period prior to Your coverage effective date, resulted in You receiving medical treatment, consultation, care or services (including diagnostic measures).]

[Rehabilitation Facility] means a free-standing facility providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Doctor knowledgeable and experienced in rehabilitative medicine. A Rehabilitative Facility must meet all the following requirements:

- It is licensed and operated pursuant to law.
- It provides treatment and care for ill and injured persons on an inpatient basis.
- It provides 24 hours a day service by registered graduate nurses (RNs).
- It is not an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Rehabilitation Facility includes a unit of a Hospital with beds set up and staffed and specifically designated for rehabilitative medicine.]

Sickness means illness, infection, disease or any other abnormal physical condition that is not due to an Injury. Sickness includes pregnancy, infection and any other abnormal physical condition that is not caused by an Accident.

[Temporary Layoff] means You are absent from Active Employment for a period of time that has been agreed to in advance in writing by the Employer. Your normal vacation time is not considered a Temporary Layoff.]

We, Us and **Our** means ReliaStar Life Insurance Company.

You and **Your** means [an Employee/Member] who is eligible for coverage under the Policy.

GENERAL PROVISIONS

ELIGIBILITY

If You are working for the Employer in an eligible class (shown on the SCHEDULE OF BENEFITS), the date You are eligible for coverage is the later of the following:

- The Policy effective date.
- The day after You complete Your Eligibility Waiting Period[, unless waived.]

EFFECTIVE DATE OF COVERAGE

[[When the Employer pays 100% of the cost of Your coverage under the Policy,] You will be covered at 12:01 a.m. standard time at the Policyholder's address on the date You are eligible for coverage.]

[[When You and the Employer share the cost of Your coverage under the Policy or when You pay 100% of the cost Yourself,] You will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date You are eligible for coverage, if You apply for coverage on or before that date.
- The [first day of the month following the] date You apply for coverage[, if You apply within [31-60] days after the date You become eligible for coverage].
- [The [first day of the month following the] date We approve Your Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[[Option 1 coverage:] The Employer pays 100% of the cost of [Option 1 coverage]. You will automatically be covered for the [Option 1] amount shown in the SCHEDULE OF BENEFITS at 12:01 a.m. standard time at the Policyholder's address on the date You are eligible for coverage.]

[Option 2 coverage:] You and the Employer share the cost of [Option 2 coverage.] If You are eligible for and apply for [Option 2 coverage,] then [Option 2 coverage] will be effective at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date You are eligible for [Option 2 coverage], if You apply for [Option 2 coverage] before that date.
- The [first day of the month following the] date You apply for [Option 2 coverage][, if You apply on or within [31-60] days after the date You become eligible for [Option 2 coverage]].
- [The [first day of the month following the] date We approve Your Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

EFFECTIVE DATE OF CHANGES TO COVERAGE

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

- The [first day of the month following the] date of the increased or additional coverage, if You are in Active Employment [or if You are on a covered [Temporary Layoff or] Leave of Absence].
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment due to Injury or Sickness.
- [The [first day of the month following the] date We approve Your Evidence of Insurability, if Evidence of Insurability is required.]

Any decrease in coverage will take effect [immediately] [at the end of the month] but will not affect a payable claim that occurs prior to the decrease.

[EVIDENCE OF INSURABILITY]

Evidence of Insurability is required in any of these situations:

- [You are a late enrollee, which means You apply for coverage more than [31-60] days after the date You first become eligible for coverage under the Policy.]
- [You voluntarily canceled Your coverage and are reapplying.]
- [Your coverage lapsed for non-payment of premium and you are applying for reinstatement.]
- [You apply for more than the Guaranteed Issue Amount shown on the SCHEDULE OF BENEFITS when You first become eligible for coverage under the Policy.]
- [You apply to increase Your coverage by any amount during the Policy year.]
- [You apply to increase Your coverage by more than [\$50-2,500] during [an annual] [a scheduled] enrollment period.]
- [You apply to increase Your coverage by more than [one-two] benefit level[s] during [an annual] [a scheduled] enrollment period.]]

[CHANGE OF INSURANCE CARRIERS]

If You are not in Active Employment due to Injury or Sickness [or Leave of Absence] [or Temporary Layoff] on the date the Employer changes insurance carriers to Our Policy, and You were covered under the prior policy [for at least [30-90] days] at the time the Employer's coverage under Our Policy became effective, We will provide continuity of coverage under Our Policy. In order for this provision to apply, the prior policy's coverage must be similar to Our Policy.

If You are not in Active Employment due to Injury or Sickness [or Leave of Absence] [or Temporary Layoff] on the effective date of Our Policy, and You would otherwise be eligible to become insured under Our Policy, We will provide limited coverage under Our Policy. Coverage under this provision will begin on Our Policy effective date and will continue until the earliest of the following:

- The [end of the month following the] date You return to Active Employment.
- The end of any period of continuance or extension provided under the prior policy.
- The date coverage would otherwise end, according to the provisions of Our Policy.

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

Any benefits payable under this provision will be paid as if the prior policy had remained in force. We will reduce Our payment by any amount for which the prior carrier is liable.

If Your coverage ends under this provision, or if You were not covered under the Employer's prior policy on the date that policy terminated, the EFFECTIVE DATE OF COVERAGE provision under Our Policy will apply.]

[CREDIT FOR PRE-EXISTING CONDITIONS]

We may pay benefits if Your Hospital Confinement results from a Pre-Existing Condition if both of the following are true:

- You were insured for hospital confinement indemnity insurance under the Employer's prior policy at the time the Employer changed insurance carriers to Our Policy.
- You have been continuously covered under Our Policy from Our Policy effective date through the date the loss occurs.

In order to receive benefits, You must satisfy the Pre-Existing Condition provision under either Our Policy or under the prior policy, if benefits would have been paid had that policy remained in force.

If You satisfy the Pre-Existing Condition provision of Our Policy, We will determine Your benefits according to Our Policy's provisions.

If You do not satisfy the Pre-Existing Condition provision of Our Policy, but You do satisfy the prior policy's pre-existing condition provision, then both of the following apply:

- The benefit will be the lesser of:
 - the benefit that would have been payable under the terms of the prior policy had it remained in force.
 - the benefit under Our Policy.
- Benefits will end on the earlier of:
 - the date benefits end under Our Policy, as described under the TERMINATION OF COVERAGE provision.
 - the date benefits would have ended under the prior policy if it had remained in force.

If You do not satisfy either Our Policy's or the prior policy's Pre-Existing Condition provision, We will not make any payments.

We will require proof that You were insured under the prior policy. All other provisions of Our Policy will apply.]]

[LEAVE OF ABSENCE

If You are on an Employer-approved Leave of Absence after coverage becomes effective under the Policy, and if premiums are paid, Your coverage may be continued beyond the date You are no longer in Active Employment, limited to the time periods described below.

[If You are on a Leave of Absence as described under the Family and Medical Leave Act of 1993 ("FMLA") or applicable state family and medical leave law ("State FML"), and the Employer's Human Resource Policy provides for continuation of the type of coverage provided under the Policy during an FMLA or State FML Leave of Absence, Your coverage will be continued until the end of the later of:

- The leave period permitted by the federal Family and Medical Leave Act of 1993 and any amendments.
- The leave period permitted by applicable state law.]

If You are on a Leave of Absence [other than an FMLA or State FML Leave of Absence,] and if premium is paid, Your coverage will be continued through the end of the [month] [1-12 months] [that immediately follows the month] in which the Leave of Absence begins.

[If You are on a Leave of Absence for active military service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law, Your coverage may be continued until the end of the later of:

- The length of time Your coverage may be continued under the Certificate for an FMLA or State FML Leave of Absence.
- The length of time Your coverage may be continued under the Certificate for a Leave of Absence other than an FMLA or State FML Leave of Absence.]

[If the Employer has approved more than one type of Leave of Absence for You during any one period that You are not in Active Employment, We will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the Policy.]

[If Your coverage is not continued during an FMLA or State FML Leave of Absence, and You return to Active Employment immediately following the end of the FMLA or State FML Leave of Absence, Your coverage will be reinstated effective the date You return to Active Employment. [We will not apply a new Eligibility Waiting Period, [or require Evidence of Insurability,] [or apply a new Pre-Existing Condition limitation].]]

[If Your coverage is not continued during a Leave of Absence for active military service, and You return to Active Employment, Your coverage may be reinstated in accordance with USERRA and applicable state law.]

In no event will Your coverage under the Policy be continued beyond the date Your coverage would otherwise end according to the terms of the TERMINATION OF COVERAGE provision.]

[TEMPORARY LAYOFF [OR LABOR STRIKE]

After Your coverage becomes effective under the Policy, if You are not in Active Employment due to a Temporary Layoff, and if premium is paid, You will be covered through the end of the [month] [1-12 months] [that immediately follows the month] in which the Temporary Layoff begins.

[After Your coverage becomes effective under the Policy, if You are not in Active Employment due to a labor strike, and if premium is paid, You will be covered through the end of the [month] [1-12 months] [that immediately follows the month] in which the labor strike begins.]]

TERMINATION OF COVERAGE

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

- The date the Policy terminates.
- The date You are no longer in an eligible class.
- The date Your eligible class is no longer covered.
- [The date You voluntarily cancel Your coverage.]
- [The end of the period for which You paid premiums, if You stop making a required premium contribution, subject to the grace period.]
- The end of the Policyholder's grace period, if the Policyholder does not remit premium to Us by the end of such period.
- The last day You are in Active Employment [except as provided under a covered Leave of Absence [or Temporary Layoff] [or labor strike].]

We will provide coverage for a payable claim that occurs while You are covered under the Policy.

[POLICY TERMINATION

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

We may terminate the Policy for any of the following reasons:

- [There is less than [5-100%] participation of those eligible persons who pay all or part of their premium for the Policy.]
- [There is less than 100% participation of those eligible persons for a Policyholder paid plan.]
- The Policyholder does not promptly provide Us with information that is reasonably required.
- Fewer than [10-100] persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es) as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its persons.
- [We stop providing the type of coverage under this Policy to all groups in the Policy issue state.]

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least [60-90] days prior to the termination date.

The Policyholder may terminate the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy is terminated, the termination will not affect a payable claim.]]

[POLICY TERMINATION

The Policy or an Employer's Plan of Coverage under the Policy can be terminated either by Us or by the Policyholder.

We may terminate the Policy or an Employer's Plan of Coverage under the Policy for any of the following reasons:

- The Policyholder or Employer does not promptly provide Us with information that is reasonably required.
- Fewer than [10-100] persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es).
- [We stop providing the type of coverage under this Policy to all groups in the Policy issue state.]

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy or an Employer's Plan of Coverage under the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least [60-90] days prior to the termination date.

The Policyholder may terminate the Policy or an Employer's Plan of Coverage under the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy or an Employer's Plan of Coverage under the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy or an Employer's Plan of Coverage under the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy or an Employer's Plan of Coverage under the Policy is terminated, the termination will not affect a payable claim.]

[PORTABILITY

Portability means You have the option to continue Your coverage after it would otherwise terminate, if certain conditions are met. [You must elect portability before You reach age [60-85].] [You must have been continuously covered for [3-12] consecutive months under the Policy in order to apply for portability.]

To continue Your coverage, You must apply for portability and pay the first premium within [31-90] days of the date Your coverage would otherwise terminate due to any of the following:

- You [retire or] terminate employment with the Employer, if coverage remains in effect under the Policy for other Insured Persons.
- The Policyholder terminates coverage under the Policy for all Insured Persons, and does not replace it with a similar insurance plan.
- You are no longer eligible for coverage under the Policy.

[You can decrease but not increase the ported coverage amount.] Ported coverage is subject to all the terms of the Policy and this Certificate [except that the Certificate's REINSTATEMENT provision does not apply].

Premiums will be billed directly to You. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time You apply for portability. We may change the portability premium rates at any time upon [31-90] days written notice to You.

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

- The end of the period for which You paid premiums, if You stop making a required premium contribution, subject to the grace period.
- The date You die.
- [The date the Policy terminates and coverage for all Insured Persons under the Policy terminates, upon [60-90] days written notice of termination.]]

GRACE PERIOD

The Policyholder has a grace period of [31-90] days for the payment of any premium due except the first. During the grace period the Policy will remain in force. If full payment is not received by Us by the end of the grace period, the Policy will automatically terminate at the end of the grace period. The Policyholder is required to pay a pro rata premium for any period the Policy was in force during the grace period. There is no grace period if the Policyholder gives Us advance written notice of termination, or if We have given the Policyholder advance written notice of termination as described under the POLICY TERMINATION provision.

[If You are on portability,] [You also have a grace period of [31-90] days for the payment of any premium due. During the grace period Your coverage will remain in force. If full payment is not received by Us by the end of the grace period, Your coverage will automatically terminate at the end of the grace period. A pro rata premium payment is required for any period Your coverage was in force during the grace period.]

[REINSTATEMENT

If [You are on portability and] Your coverage terminates for nonpayment of premiums, You may apply for reinstatement to have Your coverage put back in force. Such application must be received by Us within [3-12] months of the date Your coverage terminated. [Evidence of Insurability acceptable to Us will be required.] If We approve the application, We will reinstate Your coverage with a new effective date of reinstatement. Payment of any unpaid premiums that were due before the original termination date will be required. The reinstated coverage will only pay benefits for a Confinement that begins after the effective date of reinstatement. Benefits are not payable for a Confinement that occurs between the coverage termination date and the date We approve Your application for reinstatement.]

REPRESENTATIONS NOT WARRANTIES

We consider any statements the Policyholder [and the Employer] and You make in an application to be representations and not warranties. No statements made by You will be used to reduce or deny any claim or to cancel Your coverage unless both of the following are true:

- The statement is in writing and is signed by You.
- A copy of that statement is given to You, Your beneficiary or Your personal representative.

INCONTESTABILITY

Except in the case of fraud, no statement made by You in an application relating to Your insurability will be used to contest the insurance for which the statement was made after the coverage has been in force for two years during Your lifetime.

[After Your coverage has been in force during Your lifetime for two years from the effective date of any reinstatement, except in the case of fraud, no statement made by You in an application relating to Your insurability will be used to contest the insurance for which the statement was made.]

[Beyond the periods stated in the PRE-EXISTING CONDITION LIMITATION provision, no claim shall be reduced or denied on the ground that a disease or physical condition, not excluded from coverage by name or specific description effective on the date of loss, had existed prior to the effective date of Your coverage.]

CLERICAL ERROR

Clerical error or omission by Us or by the Policyholder [or the Employer] will not:

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

If the Policyholder [or the Employer] gives Us information about You that is incorrect, We will do both of the following:

- Use the facts to decide whether You are eligible for coverage under the Policy and in what amounts.
- Make a fair adjustment of the premium.

MISSTATEMENT OF AGE [OR TOBACCO USE STATUS]

If premiums are based on Your age [or tobacco use status] and You have misstated Your age [or tobacco use status], We will make a fair adjustment of benefits to reflect the amount that the premium paid would have purchased at Your true age [or tobacco use status]. We may require satisfactory proof of Your age before paying any claim.

[OTHER INSURANCE WITH US

You may only have one Policy or Certificate, elected by You, that provides Hospital Confinement benefits through Us. If more than one Policy or Certificate is issued by Us, only one Policy or Certificate will remain in force and the premiums for the other(s) will be refunded.]

ASSIGNMENT

No assignment of benefits under the Policy is valid, unless otherwise specified in the Policy.

AGENCY

For purposes of the Policy, the Policyholder [and the Employer] acts on [its] [their] own behalf or as Your agent. Under no circumstances will the Policyholder [or the Employer] be deemed Our agent.

CONSUMER NOTICE

Our nearest servicing office is in [Minneapolis, Minnesota].

Address: [20 Washington Avenue South, Minneapolis, Minnesota 55401]

Telephone Number: [1-800-537-5024]

If We fail to provide You with reasonable and adequate service, You should feel free to contact:

Arkansas Insurance Department

[Consumer Services Division

1200 West Third Street

Little Rock, Arkansas 72201-1904

(501) 371-2640 or (800) 852-5494]

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on the Policy effective date and each subsequent Policy anniversary date, conflicts with any law that applies in the jurisdiction where the Policy is issued, is automatically amended to conform to the minimum requirements of such law.

CHANGES TO POLICY OR CERTIFICATE

No agent, representative or employee of Ours or of any other entity may change or waive the terms of the Policy, or of any Certificate or rider issued under it, except in a writing signed by one of Our executive officers and endorsed or attached to the Policy.

If there is a conflict between the terms of this Certificate or any attached rider and the Policy, the Policy controls.

HOSPITAL CONFINEMENT INDEMNITY BENEFITS

We will pay a benefit (shown in the SCHEDULE OF BENEFITS) for an eligible Confinement while You are insured under the Policy. No benefit is payable if You are not covered under the Policy at the time services are received. Benefits are payable for each day you are Confined for a maximum of [10-90] days for each Confinement. [Any combination of Confinement benefits payable will not exceed a total of [10-90] days during a period of Confinement(s).] Re-Confinements that occur within [10-90] days after being discharged for the same or a related condition are considered to be part of the previous Confinement. A Confinement that begins more than [10-90] days after discharge for a previous Confinement is considered a new Confinement. Only one type of Confinement benefit is payable for each day of eligible Confinement.

Hospital Confinement: [Following the satisfaction of the Benefit Waiting Period,] We will pay this benefit if You are Confined in a Hospital or an Observation Unit for at least [18-24] consecutive hours on an inpatient basis.

[Critical Care Unit (CCU) Confinement: [Following the satisfaction of the Benefit Waiting Period,] We will pay this benefit if You are Confined in a Critical Care Unit for at least [18-24] consecutive hours on an inpatient basis.]

[Rehabilitation Facility Confinement: [Following the satisfaction of the Benefit Waiting Period,] We will pay this benefit if You are Confined in a Rehabilitation Facility for at least [18-24] consecutive hours on an inpatient basis.]

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means Your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Elective surgery, except when required for appropriate care as a result of Your Injury or Sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- [Work for pay, profit or gain.]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following Your coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any Confinement resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible Confinement.]

CLAIMS

NOTICE OF CLAIM

Written notice of Your claim should be given to Us within 30 days after the date of loss. The notice may be given to Us at Our home office or to Our authorized agent or administrator. Failure to give notice within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such notice within that time and the notice was given as soon as reasonably possible.

The claim form is available from the Employer or You can request a claim form from Us. If You do not receive the form from Us within 15 days of Your request, You may send Us written proof of claim without waiting for the form. If such written proof of claim covers the occurrence, character and extent of the loss within the time period below for proof of claim, You will be deemed to have complied with the requirements for providing proof of claim.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and Your attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PROOF OF CLAIM

You must send Us written proof of Your claim within 90 days after the date of loss. Failure to give such proof within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such proof within that time, and the proof was given as soon as reasonably possible. However, in any event, You must provide proof of claim no later than 1 year after the time proof is otherwise required, except in the absence of legal capacity.

PHYSICAL EXAMINATION

We may require You to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while Your claim is pending. [We may also require You to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits are payable to You unless otherwise specified. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at Your death will be paid to Your estate.

LEGAL ACTION

You can start legal action regarding a claim no earlier than 60 days after written proof of claim has been given to Us, and no later than three years from the time proof of claim is required, unless otherwise provided under federal law. Nothing in this provision waives, extends or tolls any applicable statute of limitations governing any claim relating in any way to Your coverage.

SPOUSE HOSPITAL CONFINEMENT INDEMNITY RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]
GROUP POLICY NUMBER: [12345-6CHI]
[EMPLOYER: [XYZ Company]]
[INSURED PERSON: [John S. Doe]]
[SPOUSE: [Jane Q. Doe]]
[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Salaried Employees]

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

[The Employer pays the cost of coverage under this Spouse Hospital Confinement Indemnity Rider.]
[You and the Employer share the cost of coverage under this Spouse Hospital Confinement Indemnity Rider.]
[You pay the cost of coverage under this Spouse Hospital Confinement Indemnity Rider.]
[[Option 1/Core]: The Employer pays the cost of coverage under this Spouse Hospital Confinement Indemnity Rider.]
[[Option 2/Buyup]: You and the Employer share the cost of coverage under this Spouse Hospital Confinement Indemnity Rider.]

[BENEFIT WAITING PERIOD

[None] [A continuous period of [1-60] days.]]

DAILY BENEFIT AMOUNT

[\$50-5,000]
[Choice of [\$50-5,000] or [\$50-5,000] [or] [\$50-5,000]]
[Choice of [\$50-4,500] to [\$100-5,000] in [\$50-1,000] increments]
[[Option 1/Core]: [\$50-5,000]]
[[Option 2/Buyup]: [\$100-5,000]]

[GUARANTEED ISSUE AMOUNT

[\$50-5,000]]

HOSPITAL CONFINEMENT INDEMNITY BENEFITS

Hospital Confinement: [1-5] times the daily benefit amount

[Critical Care Unit (CCU) Confinement: [2-10] times the daily benefit amount]

[Rehabilitation Facility Confinement: [½ - 2 ½] times the daily benefit amount]

[Benefits under this rider reduce 50% on [Your 70th birthday] [Your Spouse's 70th birthday] [the Policy anniversary date following Your 70th birthday] [the Policy anniversary date following Your Spouse's 70th birthday]; however, premiums do not reduce as a result of this benefit change.]

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to Your Spouse.

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that Your Spouse must be insured under this Spouse Hospital Confinement Indemnity Rider before any benefits are payable.]

Spouse means Your lawful spouse. It includes Your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction of the Policy. [It also includes Your domestic partner as defined by the Employer if You have completed and signed [an affidavit] [a declaration] of domestic partnership on a form acceptable to the Employer.] Any reference to marriage includes establishment of a domestic partnership or civil union. Any reference to divorce includes termination of a domestic partnership or civil union.

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

If You are covered under the Policy, then Your Spouse [under age [65-80]] is eligible under this Spouse Hospital Confinement Indemnity Rider on the latest of the following:

- The Policy effective date.
- The date this Spouse Hospital Confinement Indemnity Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement Indemnity coverage effective date.
- The date of Your marriage.

If Your Spouse is covered under the Policy as [an Employee/Member], then Your Spouse is not eligible for coverage under this Spouse Hospital Confinement Indemnity Rider.

EFFECTIVE DATE

[[When the Employer pays 100% of the cost of coverage under this Spouse Hospital Confinement Indemnity Rider,] Your Spouse will be covered at 12:01 a.m. standard time at the Policyholder's address on the date Your Spouse is eligible for coverage.]

[[When You and the Employer share the cost of coverage under this Spouse Hospital Confinement Indemnity Rider or when You pay 100% of the cost Yourself,] Your Spouse will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Spouse is eligible for coverage, if You apply for Spouse coverage on or before that date.
- The [first day of the month following the] date You apply for Spouse coverage[, if You apply within [31-60] days after the date You become eligible for Spouse coverage].
- [The [first day of the month following the] date We approve Your Spouse's Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your Spouse's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[Option 1 coverage:] The Employer pays 100% of the cost of [Option 1 coverage]. Your Spouse will automatically be covered for the [Option 1] amount shown in the SCHEDULE OF BENEFITS at 12:01 a.m. standard time at the Policyholder's address on the date Your Spouse is eligible for coverage.

[Option 2 coverage:] You and the Employer share the cost of [Option 2 coverage.] If Your Spouse is eligible for and You apply for [Option 2 coverage,] then [Option 2 coverage] will be effective at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Spouse is eligible for [Option 2 coverage], if You apply for [Option 2 coverage] before that date.
- The [first day of the month following the] date You apply for [Option 2 coverage][, if You apply on or within [31-60] days after the date Your Spouse becomes eligible for [Option 2 coverage]].
- [The [first day of the month following the] date We approve Your Spouse's Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your Spouse's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[EFFECTIVE DATE OF CHANGES TO COVERAGE

Once Your Spouse's coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The [first day of the month following the] date of the increased or additional coverage, if You are in Active Employment [or if You are on a covered [Temporary Layoff or] Leave of Absence].
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment due to Injury or Sickness.
- [The [first day of the month following the] date We approve Your Spouse's Evidence of Insurability, if Evidence of Insurability is required.]

Any decrease in coverage will take effect [immediately] [at the end of the month] but will not affect a payable claim that occurs prior to the decrease.]

[EVIDENCE OF INSURABILITY

Evidence of Insurability is required in any of these situations:

- [You apply for this Spouse Hospital Confinement Indemnity Rider at any time.]
- [You are a late enrollee, which means You apply for Spouse coverage more than [31-60] days after the date Your Spouse first becomes eligible for coverage under this Spouse Hospital Confinement Indemnity Rider.]
- [You voluntarily canceled this Spouse Hospital Confinement Indemnity Rider and are reapplying.]
- [You apply for more than the Guaranteed Issue Amount of Spouse coverage when Your Spouse first becomes eligible for coverage under this Spouse Hospital Confinement Indemnity Rider.]
- [You apply to increase Your Spouse coverage by any amount during the Policy year.]
- [You apply to increase Your Spouse coverage by more than [\$50-2,500] during [an annual] [a scheduled] enrollment period.]
- [You apply to increase Your Spouse coverage by more than [one-two] benefit level[s] during [an annual] [a scheduled] enrollment period.]]

TERMINATION

This Spouse Hospital Confinement Indemnity Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Spouse Hospital Confinement Indemnity Rider is terminated for all Insured Persons under the Policy.
- [The date You voluntarily cancel this Spouse Hospital Confinement Indemnity Rider.]
- The date Your Spouse is no longer an eligible Spouse as defined by this rider. [See the PORTABILITY FOLLOWING DEATH OR DIVORCE provision below.]
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Spouse Hospital Confinement Indemnity Rider can also be continued during portability.]]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce, Your Spouse can apply to continue Spouse coverage if certain conditions are met. Your Spouse must have been insured under Your Spouse Hospital Confinement Indemnity Rider on the date of Your death or divorce, [Your Spouse must be under age [60-85]] and Your Spouse must apply for portability and pay the first premium within [31-90] days of the date of Your death or divorce.

If Your Spouse is approved by Us for portability, Your Spouse will become the owner of the Spouse coverage that was previously provided under Your Spouse Hospital Confinement Indemnity Rider. [Your Spouse can decrease but not increase the ported coverage amount.] Ported coverage is subject to all the terms of the Policy and Certificate [except that the Certificate's REINSTATEMENT provision does not apply].

Premiums will be billed directly to Your Spouse. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time Your Spouse applies for portability. We may change the portability premium rates at any time upon [31-90] days written notice to Your Spouse.

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

- The end of the period for which Your Spouse paid premiums, if Your Spouse stops making a required premium contribution, subject to the grace period.
- The date Your Spouse dies.
- [The date the Policy terminates and coverage for all Insured Persons under the Policy terminates, upon [60-90] days written notice of termination.]]

[REINSTATEMENT

If Your coverage is reinstated under the Certificate's REINSTATEMENT provision, then you may apply for reinstatement of this Spouse Hospital Confinement Indemnity Rider at the same time. This rider may be reinstated only if the Certificate is in force. [Evidence of Insurability acceptable to Us for Your Spouse must be provided.] If We approve the application, We will reinstate this rider with a new effective date of reinstatement. Payment of any unpaid premiums that were due before the original termination date will be required. The reinstated coverage will only pay benefits for a Confinement that occurs after the effective date of reinstatement. Benefits are not payable for a Confinement that occurs between the original termination date and the date We approve Your application for reinstatement.]

HOSPITAL CONFINEMENT INDEMNITY BENEFITS

The benefits for Your Spouse are the same as Your benefits as shown in the HOSPITAL CONFINEMENT INDEMNITY BENEFITS section of the Certificate, based on Your Spouse's eligible Confinement.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means Your Spouse's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Elective surgery, except when required for appropriate care as a result of Your Spouse's Injury or Sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- [Work for pay, profit or gain.]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following Your Spouse's coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any Confinement resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible Confinement.]

CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and Your Spouse's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require Your Spouse to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. [We may also require Your Spouse to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of Your Spouse's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



Donald W. Patton
President



Megan Huddleston
Secretary

CHILDREN'S HOSPITAL CONFINEMENT INDEMNITY RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CHI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Salaried Employees]

This rider is made a part of the Hospital Confinement Indemnity Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

[The Employer pays the cost of coverage under this Children's Hospital Confinement Indemnity Rider.]

[You and the Employer share the cost of coverage under this Children's Hospital Confinement Indemnity Rider.]

[You pay the cost of coverage under this Children's Hospital Confinement Indemnity Rider.]

[[Option 1/Core]: The Employer pays the cost of coverage under this Children's Hospital Confinement Indemnity Rider.]

[[Option 2/Buyup]: You and the Employer share the cost of coverage under this Children's Hospital Confinement Indemnity Rider.]

[BENEFIT WAITING PERIOD

[None] [A continuous period of [1-60] days.]

DAILY BENEFIT AMOUNT

[\$50-5,000]

[Choice of [\$50-5,000] or [\$50-5,000] [or] [\$50-5,000]]

[Choice of [\$50-4,500] to [\$100-5,000] in [\$50-1,000] increments]

[[Option 1/Core]: [\$50-5,000]]

[[Option 2/Buyup]: [\$100-5,000]]

[GUARANTEED ISSUE AMOUNT

[\$50-5,000]]

HOSPITAL CONFINEMENT INDEMNITY BENEFITS

Hospital Confinement: [1-5] times the daily benefit amount

[Critical Care Unit (CCU) Confinement: [2-10] times the daily benefit amount]

[Rehabilitation Facility Confinement: [½-2 ½] times the daily benefit amount]

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to Your Children.

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that each Child must be insured under this Children's Hospital Confinement Indemnity Rider before any benefits are payable for that Child.]

Child or Children means Your [unmarried] natural or adopted child or stepchild from birth to [23-30] years of age.

This definition includes a Child of Your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction of the Policy. [It also includes a Child of Your domestic partner as defined by the Employer if You have completed and signed [an affidavit] [a declaration] of domestic partnership on a form acceptable to the Employer.]

This definition includes Your Child age [23-30] or older who remains dependent on You for support and maintenance because that Child is incapable of working due to physical or mental handicap. Written proof of the Child's incapacity must be furnished to Us at our home office.

Spouse means Your lawful spouse. It includes Your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction of the Policy. [It also includes Your domestic partner as defined by the Employer if You have completed and signed [an affidavit] [a declaration] of domestic partnership on a form acceptable to the Employer.] Any reference to marriage includes establishment of a domestic partnership or civil union.

GENERAL PROVISIONS

ELIGIBILITY

If You are covered under the Policy, then Your Children are eligible under this Children's Hospital Confinement Indemnity Rider on the latest of the following:

- The Policy effective date.
- The date this Children's Hospital Confinement Indemnity Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement Indemnity coverage effective date.
- The date you acquire a Child by marriage, birth or adoption.

[If You have coverage under this Children's Hospital Confinement Indemnity Rider and You acquire a new eligible Child due to birth, marriage or adoption, then the newly eligible Child will be covered automatically from the date of the event.]

[If You have coverage under this Children's Hospital Confinement Indemnity Rider and You acquire a new eligible Child due to birth, marriage or adoption, then You may apply for coverage on that Child under this rider [within [31-60] days after the event] [without providing Evidence of Insurability].]

If Your Child is covered under the Policy as [an Employee/Member], then Your Child is not eligible for coverage under this Children's Hospital Confinement Indemnity Rider.

[If both You and Your Spouse are covered under the Policy as [an Employee/Member], then only one, but not both, may cover the same Children under his/her Children's Hospital Confinement Indemnity Rider. If the parent who is covering the Children stops being insured as [an Employee/Member] then the other parent may apply for Children's coverage under this rider [within [31-60] days] [without providing Evidence of Insurability].]

EFFECTIVE DATE

[[When the Employer pays 100% of the cost of coverage under this Children's Hospital Confinement Indemnity Rider,] Your Children will be covered at 12:01 a.m. standard time at the Policyholder's address on the date Your Children are eligible for coverage.]

[[When You and the Employer share the cost of coverage under this Children's Hospital Confinement Indemnity Rider or when You pay 100% of the cost Yourself,] Your Children will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Children are eligible for coverage, if You apply for Children's coverage on or before that date.
- The [first day of the month following the] date You apply for Children's coverage[, if You apply within [31-60] days after the date You become eligible for Children's coverage].
- [The [first day of the month following the] date We approve Your Children's Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your Children's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[[Option 1 coverage:] The Employer pays 100% of the cost of [Option 1 coverage]. Your Children will automatically be covered for the [Option 1] amount shown in the SCHEDULE OF BENEFITS at 12:01 a.m. standard time at the Policyholder's address on the date Your Children are eligible for coverage.

[Option 2 coverage:] You and the Employer share the cost of [Option 2 coverage.] If Your Children are eligible for and You apply for [Option 2 coverage,] then [Option 2 coverage] will be effective at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Children are eligible for [Option 2 coverage], if You apply for [Option 2 coverage] before that date.
- The [first day of the month following the] date You apply for [Option 2 coverage][, if You apply on or within [31-60] days after the date Your Children become eligible for [Option 2 coverage]].
- [The [first day of the month following the] date We approve Your Children's Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your Children's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[EFFECTIVE DATE OF CHANGES TO COVERAGE

Once Your Children's coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The [first day of the month following the] date of the increased or additional coverage, if You are in Active Employment [or if You are on a covered [Temporary Layoff or] Leave of Absence].
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment due to Injury or Sickness.
- [The [first day of the month following the] date We approve Your Children's Evidence of Insurability, if Evidence of Insurability is required.]

Any decrease in coverage will take effect [immediately] [at the end of the month] but will not affect a payable claim that occurs prior to the decrease.]]

[EVIDENCE OF INSURABILITY

Evidence of Insurability is required in any of these situations:

- [You apply for this Children's Hospital Confinement Indemnity Rider at any time.]
- [You are a late enrollee, which means You apply for Children's coverage more than [31-60] days after the date Your Children first become eligible for coverage under this Children's Hospital Confinement Indemnity Rider.]
- [You voluntarily canceled this Children's Hospital Confinement Indemnity Rider and are reapplying.]
- [You apply for more than the Guaranteed Issue Amount of Children's coverage when Your Children first become eligible for coverage under this Children's Hospital Confinement Indemnity Rider.]
- [You apply to increase Your Children's coverage by any amount during the Policy year.]
- [You apply to increase Your Children's coverage by more than [\$50-4,500] during [an annual] [a scheduled] enrollment period.]
- [You apply to increase Your Children's coverage by more than [one-two] benefit level[s] during [an annual] [a scheduled] enrollment period.]]

TERMINATION

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

- The date this Children's Hospital Confinement Indemnity Rider terminates.
- The date the Child reaches age [23-30], unless he/she is handicapped as defined under the definition of Child. Coverage of a handicapped Child ends when the Child is no longer dependent on You for support and maintenance.

This Children's Hospital Confinement Indemnity Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Children's Hospital Confinement Indemnity Rider is terminated for all Insured Persons under the Policy.
- [The date you voluntarily cancel this Children's Hospital Confinement Indemnity Rider.]
- The date You no longer have any eligible Children covered under this rider. [See the PORTABILITY FOLLOWING DEATH provision below.]
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.
- [Your [70th-80th] birthday.][The Policy anniversary following Your [70th-80th] birthday.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Children's Hospital Confinement Indemnity Rider can also be continued during portability.]

[PORTABILITY FOLLOWING DEATH

If You die and Your Spouse is approved by Us for portability under the Spouse Hospital Confinement Indemnity Rider, then this Children's Hospital Confinement Indemnity Rider can be continued under Your Spouse's coverage. [The ported coverage amount under this rider will be [10-50%] of Your Spouse's ported coverage amount.] Following portability of this rider, Children may be covered only if they would have been eligible for coverage under the eligibility rules in force prior to the death of the [Employee/Member].

Premiums will be billed directly to Your Spouse. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time Your Spouse applies for portability. We may change the portability premium rates at any time upon [31-90] days written notice to Your Spouse.

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

- The end of the period for which Your Spouse paid premiums, if Your Spouse stops making a required premium contribution, subject to the grace period.
- The date Your Spouse dies.
- The date there are no longer any eligible Children covered under this Children's Hospital Confinement Indemnity Rider.
- [The date the Policy terminates and coverage for all Insured Persons under the Policy terminates, upon [60-90] days written notice of termination.]]

[REINSTATEMENT

If Your coverage is reinstated under the Certificate's REINSTATEMENT provision, then you may apply for reinstatement of this Children's Hospital Confinement Indemnity Rider at the same time. This rider may be reinstated only if the Certificate is in force. [Evidence of Insurability acceptable to Us for Your Children must be provided.] If We approve the application, We will reinstate this rider with a new effective date of reinstatement. Payment of any unpaid premiums that were due before the original termination date will be required. The reinstated coverage will only pay a benefit for a Confinement that occurs after the effective date of reinstatement. Benefits are not payable for a Confinement that occurs between the original termination date and the date We approve Your application for reinstatement.]

HOSPITAL CONFINEMENT INDEMNITY BENEFITS

The benefits for Your Children are the same as Your benefits as shown in the HOSPITAL CONFINEMENT INDEMNITY BENEFITS section of the Certificate, based on Your Child's eligible Confinement. Benefits are payable for each covered Child.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means Your Child's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Elective surgery, except when required for appropriate care as a result of Your Child's Injury or Sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- [Work for pay, profit or gain.]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following Your Child's coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any Confinement resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible Confinement.]

CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and Your Child's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require Your Child to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. [We may also require You to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Children's Hospital Confinement Indemnity Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of Your Child's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



Donald W. Patton
President



Megan Huddleston
Secretary

WELLNESS BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CHI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Hourly Employees]

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Wellness Benefit Rider is automatically included in the cost of Your coverage.

[BENEFIT WAITING PERIOD

There is no Benefit Waiting Period under this Wellness Benefit Rider.]

[BENEFIT WAITING PERIOD

A continuous period of [1-60] days.]

WELLNESS BENEFIT

[You:]	[\$5-200]
[Your Spouse:	[\$5-200]]
[Your Child:	50% of Your wellness benefit amount, to a maximum of [\$100-500] for all Children in one calendar year]

[CONSECUTIVE WELLNESS BENEFIT

[You:] [\$10-400]

[Your Spouse: [\$10-400]]

[Your Child: 50% of Your consecutive wellness benefit amount, to a maximum of [\$100-500] for all Children in one calendar year]]

[Benefit reductions due to age do not apply to this Wellness Benefit Rider.]

DEFINITIONS

General terms are defined in the DEFINITIONS section of the Certificate [and riders].

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that each Covered Person must be insured under this Wellness Benefit Rider before any benefits are payable for that Covered Person.]

Covered Person means:

- You, if You are covered for Hospital Confinement indemnity insurance under the Policy.
- [Your Spouse who is covered under Your Spouse Hospital Confinement Indemnity Rider.]
- [Your Children who are covered under Your Children's Hospital Confinement Indemnity Rider.]

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

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

- The Policy effective date.
- The date this Wellness Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement indemnity coverage effective date.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

This Wellness Benefit Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Wellness Benefit Rider is terminated for all Insured Persons under the Policy.
- [For Your Spouse's coverage, the date the Spouse Hospital Confinement Indemnity Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Hospital Confinement Indemnity Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Wellness Benefit Rider will also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Hospital Confinement Indemnity Rider, then this Wellness Benefit Rider can also be continued under Your Spouse's coverage.]

[REINSTATEMENT

If Your Certificate is reinstated under the Certificate's REINSTATEMENT provision, and this Wellness Benefit Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this rider will also be reinstated for You. The reinstated coverage will only pay a benefit for a health screening test that occurs after the effective date of reinstatement. Benefits are not payable for a health screening test that occurs between the original termination date and the date We approve Your application for reinstatement.]

[ASSIGNMENT

At the time of claim under this Wellness Benefit Rider, You can assign the payment of a benefit under this rider to a third party who is not the Policyholder.]

BENEFITS

[Following satisfaction of the Benefit Waiting Period,] We will pay You a wellness benefit (shown on the SCHEDULE OF BENEFITS) if a Covered Person has a health screening test.

[If a Covered Person has health screening tests that are covered under this Wellness Benefit Rider two calendar years in a row, We will pay You a consecutive wellness benefit (shown on the SCHEDULE OF BENEFITS) in the second year instead of a wellness benefit. The health screening tests do not need to be the same test. Once a consecutive wellness benefit is paid for a Covered Person, all future benefits under this Wellness Benefit Rider for that Covered Person will be payable at the consecutive wellness benefit amount.]

A wellness benefit [or a consecutive wellness benefit] is payable only once per calendar year per Covered Person.

Health screening tests include, but are not limited to:

- Blood test for triglycerides
- Flexible sigmoidoscopy
- Bone marrow testing
- Hemoccult stool analysis
- Breast ultrasound
- Mammography
- CA 15-3 (breast cancer)
- Fasting blood glucose test
- PSA (prostate cancer)
- Pap smear
- CEA (blood test for colon cancer)
- Serum cholesterol test for HDL & LDL levels
- Serum Protein Electrophoresis (myeloma)
- Chest x-ray
- Colonoscopy
- Stress test on bicycle or treadmill
- Thermography

[If a benefit has been paid under the Diagnostic Test Benefit Rider, that same test on the same date is not eligible under this Wellness Benefit Rider.]

EXCLUSIONS AND LIMITATIONS

The EXCLUSIONS AND LIMITATIONS section of the Certificate [and riders] does not apply to this Wellness Benefit Rider.

CLAIMS

Additional general claims provisions are described in the CLAIMS section of the Certificate. The PHYSICAL EXAMINATION provision does not apply to this Wellness Benefit Rider.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

BENEFIT PAYMENTS

Benefits under this Wellness Benefit Rider are payable to You unless otherwise specified. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



Donald W. Britton
President



Megan Huddleston
Secretary

DIAGNOSTIC TEST BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6PCI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Hourly Employees]

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Diagnostic Test Benefit Rider is automatically included in the cost of Your coverage.

[BENEFIT WAITING PERIOD

There is no Benefit Waiting Period under this Diagnostic Test Benefit Rider.]

[BENEFIT WAITING PERIOD

A continuous period of [1-60] days.]

DIAGNOSTIC TEST BENEFITS

Type A [\$100-300]

Type B [\$200-600]

[Benefit reductions due to age do not apply to this Diagnostic Test Benefit Rider.]

DEFINITIONS

General terms are defined in the DEFINITIONS section of the Certificate [and riders].

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that each Covered Person must be insured under this Diagnostic Test Benefit Rider before any benefits are payable for that Covered Person.]

Covered Person means:

- You, if You are covered for Hospital Confinement indemnity insurance under the Policy.
- [Your Spouse who is covered under Your Spouse Hospital Confinement Indemnity Rider.]
- [Your Children who are covered under Your Children's Hospital Confinement Indemnity Rider.]

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

If You are working for the Employer in an eligible class (shown in the Certificate's SCHEDULE OF BENEFITS), You are eligible for this Diagnostic Test Benefit Rider on the latest of the following dates:

- The Policy effective date.
- The date this Diagnostic Test Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement indemnity coverage effective date.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

This Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Diagnostic Test Benefit Rider is terminated for all Insured Persons under the Policy.
- [For Your Spouse's coverage, the date the Spouse Hospital Confinement Indemnity Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Hospital Confinement Indemnity Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Diagnostic Test Benefit Rider will also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Hospital Confinement Indemnity Rider, then this Diagnostic Test Benefit Rider can also be continued under Your Spouse's coverage.]

[REINSTATEMENT

If Your Certificate is reinstated under the Certificate's REINSTATEMENT provision, and this Diagnostic Test Benefit Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this rider will also be reinstated for You. The reinstated coverage will only pay a benefit for a covered diagnostic test that occurs after the effective date of reinstatement. Benefits are not payable for a diagnostic test that occurs between the original termination date and the date We approve Your application for reinstatement.]

BENEFITS

[Following satisfaction of the Benefit Waiting Period,] We will pay You a benefit (shown in the SCHEDULE OF BENEFITS) if a Covered Person has a diagnostic test while covered under the Policy. A benefit is payable under this rider once per Covered Person, per calendar year. Diagnostic tests include only the following:

Type A

Arthroscopy
Bronchoscopy
Colonoscopy
Cystoscopy
EGD - esophagogastroduodenoscopy
Laryngoscopy

Type B

Angiogram
Arteriogram
CT scan
EEG - electroencephalogram
MRI - magnetic resonance imaging
Myelogram
PET scan- positron emission tomography
Stress Test

[If a benefit has been paid under this Diagnostic Test Benefit Rider, that same test on the same date is not eligible under the Wellness Benefit Rider. That same test on the same date is only eligible for payment under one rider.]

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means the Covered Person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Elective surgery, except when required for appropriate care as a result of the Covered Person's Injury or Sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- [Work for pay, profit or gain.]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following the Covered Person's coverage effective date, We will not pay benefits for any diagnostic test resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible diagnostic test.]

CLAIMS

Additional general claims provisions are described in the CLAIMS section of the Certificate. The PHYSICAL EXAMINATION provision does not apply to this Diagnostic Test Benefit Rider.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

BENEFIT PAYMENTS

Benefits under this Diagnostic Test Benefit Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



Donald W. Britton
President



Megan Huddleston
Secretary

EMERGENCY CARE BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CHI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Salaried Employees]

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Emergency Care Benefit Rider is automatically included in the cost of Your coverage.

[BENEFIT WAITING PERIOD

There is no Benefit Waiting Period under this Emergency Care Benefit Rider.]

[BENEFIT WAITING PERIOD

A continuous period of [1-60] days.]

DAILY BENEFIT AMOUNT

Same as under Your Hospital Confinement Indemnity Certificate [and Spouse Hospital Confinement Indemnity Rider] [and Children's Hospital Confinement Indemnity Rider].

EMERGENCY CARE BENEFITS

Emergency Room Visit:	[1/4 - 4] times the daily benefit amount
Urgent Care Center Visit:	[1/4 - 4] times the daily benefit amount
Ground Ambulance Transport:	[1/4 - 4] times the daily benefit amount
Air Ambulance Transport:	[4 - 16] times the daily benefit amount

[Benefit reductions due to age do not apply to this Emergency Care Benefit Rider.]

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate [and riders] regarding eligibility apply to each Covered Person.

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that each Covered Person must be insured under this Emergency Care Benefit Rider before any benefits are payable for that Covered Person.]

Covered Person means:

- You, if You are covered for Hospital Confinement indemnity insurance under the Policy.
- [Your Spouse who is covered under Your Spouse Hospital Confinement Indemnity Rider.]
- [Your Children who are covered under Your Children's Hospital Confinement Indemnity Rider.]

Emergency Room means a specified area within a Hospital, or a standalone facility licensed as an Emergency Room by the state, that is designated for emergency care.

Urgent Care Center means a freestanding facility or a part of a Hospital that treats walk-in patients during all its hours of operations and that is designed to treat non-life-threatening events or injuries that are deemed by the patient to require urgent rather than regularly scheduled evaluation. In general the centers have extended hours of care, do not see regularly scheduled patients and offer some services not routinely rendered in a private Doctor's office.

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

If You are working for the Employer in an eligible class (shown in the Certificate's SCHEDULE OF BENEFITS), You are eligible for this Emergency Care Benefit Rider on the latest of the following dates:

- The Policy effective date.
- The date this Emergency Care Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement indemnity coverage effective date.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

This Emergency Care Benefit Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Emergency Care Benefit Rider is terminated for all Insured Persons under the Policy.
- [For Your Spouse's coverage, the date the Spouse Hospital Confinement Indemnity Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Hospital Confinement Indemnity Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Emergency Care Benefit Rider will also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Hospital Confinement Indemnity Rider, then this Emergency Care Benefit Rider can also be continued under Your Spouse's coverage.]

[REINSTATEMENT

If Your Certificate is reinstated under the Certificate's REINSTATEMENT provision, and this Emergency Care Benefit Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this rider will also be reinstated for You. The reinstated coverage will only pay a benefit for emergency care that occurs after the effective date of reinstatement. Benefits are not payable for emergency care that is received between the original termination date and the date We approve Your application for reinstatement.]

[REINSTATEMENT

The Certificate's REINSTATEMENT provision does not apply to this Emergency Care Benefit Rider.]

BENEFITS

[Following satisfaction of the Benefit Waiting Period,] We will pay an EMERGENCY CARE BENEFIT (shown on the SCHEDULE OF BENEFITS) to You if a Covered Person receives any of the services described below. The services must be received while the Covered Person is insured under the Policy. No benefit is payable if the Covered Person is not insured under the Policy at the time services are received or these conditions are met.

Emergency Room Visit: A Covered Person has an examination and receives treatment by a Doctor in an Emergency Room.

Urgent Care Center Visit: A Covered Person has an examination and receives treatment by a Doctor in an Urgent Care Center.

Ground Ambulance Transport: Transport of a Covered Person by a licensed professional ambulance company to or from a Hospital or between medical facilities for examination and/or treatment.

Air Ambulance Transport: Transport of a Covered Person by a licensed professional air ambulance company to or from a Hospital or between medical facilities examination and/or treatment.

We will pay You a maximum of [3-8] emergency care benefits per calendar year for all Covered Persons, but no more than [1-4] emergency care benefits per calendar year for each Covered Person.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means the Covered Person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Elective surgery, except when required for appropriate care as a result of the Covered Person's Injury or Sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- [Work for pay, profit or gain.]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following the Covered Person's coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any emergency care resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible emergency care.]

CLAIMS

Additional general claims provisions are described in the CLAIMS section of the Certificate. The PHYSICAL EXAMINATION provision does not apply to this Emergency Care Benefit Rider.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

BENEFIT PAYMENTS

Benefits under this Emergency Care Benefit Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



Donald W. Patton
President



Megan Huddleston
Secretary

INITIAL CONFINEMENT BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6PCI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Salaried Employees]

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Initial Confinement Benefit Rider is automatically included in the cost of Your coverage.

[BENEFIT WAITING PERIOD

There is no Benefit Waiting Period under this Initial Confinement Benefit Rider.]

[BENEFIT WAITING PERIOD

A continuous period of [1-60] days.]

DAILY BENEFIT AMOUNT

Same as under Your Hospital Confinement Indemnity Certificate [and Spouse Hospital Confinement Indemnity Rider] [and Children's Hospital Confinement Indemnity Rider].

INITIAL CONFINEMENT BENEFIT

[1-10] times the daily benefit amount that was payable under the Certificate [or Spouse Hospital Confinement Indemnity Rider] [or Children's Hospital Confinement Indemnity Rider] for the same Confinement.

[Benefit reductions due to age do not apply to this rider.]

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate [and riders] regarding medical conditions and eligibility apply to each Covered Person.

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that each Covered Person must be insured under this Initial Confinement Benefit Rider before any benefits are payable for that Covered Person.]

Covered Person means:

- You, if You are covered for Hospital Confinement indemnity insurance under the Policy.
- [Your Spouse who is covered under Your Spouse Hospital Confinement Indemnity Rider.]
- [Your Children who are covered under Your Children's Hospital Confinement Indemnity Rider.]

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

If You are working for the Employer in an eligible class (shown in the Certificate's SCHEDULE OF BENEFITS), You are eligible for this Initial Confinement Benefit Rider on the latest of the following dates:

- The Policy effective date.
- The date this Initial Confinement Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement indemnity coverage effective date.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

This Initial Confinement Benefit Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Initial Confinement Benefit Rider is terminated for all Insured Persons under the Policy.
- [For Your Spouse's coverage, the date the Spouse Hospital Confinement Indemnity Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Hospital Confinement Indemnity Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Initial Confinement Benefit Rider will also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Hospital Confinement Indemnity Rider, then this Initial Confinement Benefit Rider can also be continued under Your Spouse's coverage.]

[REINSTATEMENT

If Your Certificate is reinstated under the Certificate's REINSTATEMENT provision, and this Initial Confinement Benefit Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this rider will also be reinstated for You. The reinstated coverage will only pay a benefit for a Confinement that occurs after the effective date of reinstatement. Benefits are not payable for a Confinement that occurs between the original termination date and the date We approve Your application for reinstatement.]

[REINSTATEMENT

The Certificate's REINSTATEMENT provision does not apply to this Initial Confinement Benefit Rider.]

BENEFITS

[Following the satisfaction of the Benefit Waiting Period,] We will pay an INITIAL CONFINEMENT BENEFIT (shown on the SCHEDULE OF BENEFITS) to You if a Covered Person is Confined on an inpatient basis for at least [18-24] consecutive hours in [one of the following facilities]:

- A Hospital or Hospital Observation Unit.
- [A Critical Care Unit.]
- [A Rehabilitation Facility.]

Only one initial Confinement benefit is payable for each Confinement. The Confinement must occur while the Covered Person is insured under the Policy.

If the Covered Person is discharged from one of these listed facilities and then re-Confined in one of the listed facilities within [10-90] days due to the same or a related condition, the re-Confinement will be considered part of the previous Confinement and no additional initial Confinement benefit will be available.

We will pay You a maximum of [3-8] initial Confinement benefits per calendar year for all Covered Persons, but no more than [1-4] initial Confinement benefits per calendar year for each Covered Person.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means the Covered Person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Elective surgery, except when required for appropriate care as a result of the Covered Person's Injury or Sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- [Work for pay, profit or gain.]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following the Covered Person’s coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any Confinement resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible Confinement.]

CLAIMS

Additional general claims provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person’s attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require the Covered Person to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while Your claim is pending. [We may also require You [or Your Spouse] to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Initial Confinement Benefit Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person’s death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]


President


Secretary

SURGICAL BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CHI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Hourly Employees]

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

[The cost of coverage under this Surgical Benefit Rider is automatically included in the cost of Your coverage.]

[The Employer pays the cost of coverage under this Surgical Benefit Rider.]

[You and the Employer share the cost of coverage under this Surgical Benefit Rider.]

[You pay the cost of coverage under this Surgical Benefit Rider.]

[BENEFIT WAITING PERIOD

There is no Benefit Waiting Period under this Surgical Benefit Rider.]

[BENEFIT WAITING PERIOD

A continuous period of [1-60] days.]

SURGICAL BENEFITS

Minor [\$100-300]

- Removal of skin or appendage to skin
- Arthroscopic Surgery with removal, repair or reconstruction
- Diagnostic Laparoscopic Procedures

Major [\$200-600]

- Removal of a major organ or part of a major organ
- Removal of a Limb
- Joint surgery for the purpose of inserting Prosthetic Material

[Benefit reductions due to age do not apply to this Surgical Benefit Rider.]

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate [and riders] regarding eligibility apply to each Covered Person.

Arthroscopic Surgery means the surgery is accomplished with the use of a fiber-optic instrument surgically inserted through an incision near a joint.

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that each Covered Person must be insured under this Surgical Benefit Rider before any benefits are payable for that Covered Person.]

Covered Person means:

- You, if You are covered for Hospital Confinement Indemnity insurance under the Policy [and You are approved for coverage under this rider].
- [Your Spouse who is covered under Your Spouse Hospital Confinement Indemnity Rider [and is approved for coverage under this rider].]
- [Your Children who are covered under Your Children's Hospital Confinement Indemnity Rider [and are approved for coverage under this rider].]

Laparoscopic Procedures means the surgery is accomplished with the use of a fiber-optic instrument which is surgically inserted through a keyhole-sized opening in the abdomen.

Limb means arm or leg.

Prosthetic Material means a device, either external or implanted, that substitutes for or supplements a missing or defective part of the body.

Surgical Center means an institution whose purpose is to allow surgeons and anesthesiologists to perform invasive operations on patients. It may be within the confines of a Hospital, free-standing, or a part of a Doctor's office. It must include a pre-op area, an operating room and a recovery area.

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

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

- The Policy effective date.
- The date this Surgical Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement indemnity coverage effective date.

EFFECTIVE DATE

[[When the Employer pays 100% of the cost of coverage under this Surgical Benefit Rider, each] [Each] Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date each Covered Person is eligible for coverage under this rider.]

[[When You and the Employer share the cost of coverage under this Surgical Benefit Rider or when You pay 100% of the cost Yourself, each] [Each] Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date each Covered Person is eligible for coverage under this rider, if You apply for this rider on or before that date.
- The [first day of the month following the] date You apply for this rider[, if You apply within [31-60] days after the date You become eligible for this rider].
- [The [first day of the month following the] date We approve [Your] [Your and Your Spouse's] [each Covered Person's] Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when this rider would otherwise become effective. **Exception:** This rider starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[EVIDENCE OF INSURABILITY

Evidence of Insurability is required in any of these situations:

- [You apply for this Surgical Benefit Rider at any time.]
- [You are a late enrollee, which means You apply for this Surgical Benefit Rider more than [31-60] days after the date You first become eligible for this rider.]
- [You voluntarily canceled this Surgical Benefit Rider and are reapplying.]
- [This Surgical Benefit Rider and Your Certificate lapsed for non-payment of premium and You are applying for reinstatement.]]

TERMINATION

This Surgical Benefit Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Surgical Benefit Rider is terminated for all Insured Persons under the Policy.
- [Your 65th birthday] [The Policy anniversary following Your 65th birthday] if You are no longer in Active Employment.
- [The date You voluntarily cancel this Surgical Benefit Rider.]
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.
- [For Your Spouse's coverage, the date Your Spouse Hospital Confinement Indemnity Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Hospital Confinement Indemnity Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Surgical Benefit Rider can also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Hospital Confinement Indemnity Rider, then this Surgical Benefit Rider can also be continued under Your Spouse's coverage.]

[REINSTATEMENT

If Your Certificate is reinstated under the Certificate's REINSTATEMENT provision, and this Surgical Benefit Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this rider will also be reinstated for You. The reinstated coverage will only pay a benefit for a surgical procedure that occurs after the effective date of reinstatement. Benefits are not payable for a surgical procedure that occurs between the original termination date and the date We approve Your application for reinstatement.]

[REINSTATEMENT

The Certificate's REINSTATEMENT provision does not apply to this Surgical Benefit Rider.]

BENEFITS

We will pay a benefit (shown in the SCHEDULE OF BENEFITS) to You if a Covered Person receives any of the services and meets any of the conditions described below during a covered surgical procedure. The procedure must be done in an operating room either in a Hospital or a facility built solely for the purpose of performing invasive operations such as a Surgical Center. There is only one surgical benefit per operative session. The benefit payable will be for the most major of the surgical procedures. The services must be received while the Covered Person is insured under this rider. No benefit is payable if the Covered Person is not insured at the time services are received or these conditions are met.

We will pay You a maximum of [3-8] surgical benefits per calendar year for all Covered Persons, but no more than [1-4] surgical benefits per calendar year for each Covered Person.

Removal of skin or appendage to skin: The surgery must be for conditions such as, but not limited to, excision of melanoma, excision of large squamous cell carcinomas of the face, or excision of skin of the groin or axilla for hidradenitis suppurativa, a severe form of acne. Note: please refer to the EXCLUSIONS AND LIMITATIONS for elective surgery.

Arthroscopic surgery with removal, repair or reconstruction: The surgery must be for the purpose of removing cartilage or reconstruction of ligaments or tendons. Covered surgeries include but are not limited to: ACL repair, removal of cartilage or synovium from the knee or repair of rotator cuff.

Diagnostic Laparoscopic Procedures: The surgery must be for the purpose of diagnosis rather than removal or repair. Covered surgeries include but are not limited to: evaluation of endometriosis with ablation of lesions identified or evaluation for cancer recurrence in which biopsies are performed.

Removal of a major organ or part of a major organ: The surgery must be for the purpose of removing in whole or part, a major organ. Major organs include, but are not limited to: heart, brain, kidneys, liver or colon.

Removal of a Limb: The surgery must be for the purpose of removing or completing the removal of a Limb. Removal of the arm means removal at the hand, the forearm, the elbow, the upper arm or the shoulder. Removal of fingers is not included. Removal of the leg means removal at the ankle, the lower leg, the knee, the upper leg or the hip. Removal of toes is not included.

Joint surgery with the purpose of inserting Prosthetic Material: The surgery must be for the purpose of inserting Prosthetic Material at the site of a joint. Surgeries include but are not limited to: total or partial knee replacement, total hip replacement or total shoulder replacement.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means the Covered Person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Elective surgery, except when required for appropriate care as a result of the Covered Person's Injury or Sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- [Work for pay, profit or gain.]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following the Covered Person's coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any surgery resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible condition.]

CLAIMS

Additional general claims provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require the Covered Person to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while Your claim is pending. [We may also require You [or Your Spouse] to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Surgical Benefit Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



Donald W. Patton
President



Megan Huddleston
Secretary

DISCHARGE BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CHI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Salaried Employees]

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Discharge Benefit Rider is automatically included in the cost of Your coverage.

[BENEFIT WAITING PERIOD

There is no Benefit Waiting Period under this Discharge Benefit Rider.]

[BENEFIT WAITING PERIOD

A continuous period of [1-60] days.]

DAILY BENEFIT AMOUNT

Same as under Your Hospital Confinement Indemnity Certificate [and Spouse Hospital Confinement Indemnity Rider] [and Children's Hospital Confinement Indemnity Rider].

DISCHARGE BENEFITS

- [Home Modifications:** [1-10] times the Daily Benefit Amount shown on the Schedule of Benefits in the Certificate [or rider]].
- [Vehicle Modifications:** [[1-10] times the Daily Benefit Amount shown on the Schedule of Benefits in the Certificate [or rider]].
- [Caregiver Services:** [1-10] times the Daily Benefit Amount shown on the Schedule of Benefits in the Certificate [or rider]].

DEFINITIONS

General terms are defined in the DEFINITIONS section of the Certificate [and riders].

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that each Covered Person must be insured under this Discharge Benefit Rider before any benefits are payable for that Covered Person.]

Covered Person means:

- You, if You are covered for Hospital Confinement indemnity insurance under the Policy.
- [Your Spouse who is covered under Your Spouse Hospital Confinement Indemnity Rider.]
- [Your Children who are covered under Your Children's Hospital Confinement Indemnity Rider.]

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

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

- The Policy effective date.
- The date this Discharge Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement indemnity coverage effective date.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

This Discharge Benefit Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Discharge Benefit Rider is terminated for all Insured Persons under the Policy.
- [For Your Spouse's coverage, the date the Spouse Hospital Confinement Indemnity Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Hospital Confinement Indemnity Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Discharge Benefit Rider will also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Hospital Confinement Indemnity Rider, then this Discharge Benefit Rider can also be continued under Your Spouse's coverage.]

[REINSTATEMENT

If Your Certificate is reinstated under the Certificate's REINSTATEMENT provision, and this Discharge Benefit Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this rider will also be reinstated for You. The reinstated coverage will only pay a benefit for eligible services that occur after the effective date of reinstatement. Benefits are not payable for services that occur between the original termination date and the date We approve Your application for reinstatement.]

[REINSTATEMENT

The Certificate's REINSTATEMENT provision does not apply to this Discharge Benefit Rider.]

BENEFITS

[HOME AND/OR VEHICLE MODIFICATION

We will pay benefits (shown in the SCHEDULE OF BENEFITS) to You if modifications to a Covered Person's home and/or vehicle are prescribed in writing by a Doctor. The modifications must be prescribed to be made to a Covered Person's principal place of residence or vehicle following a Confinement for which benefits are paid under the Policy. The Doctor's prescription must be made within [30-365] days of the Confinement. One home modification benefit and one vehicle modification benefit are payable per lifetime for each Covered Person.]

[CAREGIVER SERVICES

We will pay a benefit (shown in the SCHEDULE OF BENEFITS) to You if caregiver services are prescribed in writing by the Covered Person's attending Doctor. The caregiver services must be prescribed at the time of discharge from a Confinement for which benefits are paid under the Policy. The caregiver services must be provided in the Covered Person's primary residence and provided by a licensed professional healthcare worker or a licensed professional home care agency. The care must be overseen by a Registered Nurse (RN), Licensed Vocational Nurse (LVN), Physical Therapist (PT) or Occupational Therapist (OT). The agency and the RN, LVN, PT or OT must be licensed by the state(s) in which they practice. One caregiver services benefit is payable per lifetime for each Covered Person.]

EXCLUSIONS AND LIMITATIONS

The EXCLUSIONS AND LIMITATIONS section of the Certificate [and riders] does not apply to this Discharge Benefit Rider, however, no benefit is payable under this Discharge Benefit Rider if a related Confinement benefit was not payable under the Policy.

CLAIMS

Additional general claims provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require the Covered Person to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while Your claim is pending. [We may also require You [or Your Spouse] to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Discharge Benefit Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



Donald W. Patton
President



Megan Huddleston
Secretary

CRITICAL ILLNESS RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CHI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Hourly Employees]

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This is a specified disease rider. This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

[The cost of coverage under this Critical Illness Rider is automatically included in the cost of Your coverage.]

[The Employer pays the cost of coverage under this Critical Illness Rider.]

[You and the Employer share the cost of coverage under this Critical Illness Rider.]

[You pay the cost of coverage under this Critical Illness Rider.]

[[Option 1/Core]: The Employer pays the cost of coverage under this Critical Illness Rider.]

[[Option 2/Buy up]: You and the Employer share the cost of coverage under this Critical Illness Rider.]

[BENEFIT WAITING PERIOD

[None] [A continuous period of [1-60] days.]

MAXIMUM BENEFIT AMOUNT FOR YOU [AND YOUR SPOUSE]

[\$1,000-500,000]

[Choice of [\$1,000-500,000] or [\$1,000-500,000] [or] [\$1,000-500,000]]

[Choice of [\$1,000-499,000] to [\$2,000-500,000] in [\$1,000-10,000] increments]

[[Option 1/Core]: [\$1,000-100,000]]

[[Option 2/Buyup]: [\$2,000-500,000]]

[MAXIMUM BENEFIT AMOUNT FOR YOUR CHILDREN

[\$1,000-20,000]

[Choice of [\$1,000-20,000] or [\$1,000-20,000] [or] [\$1,000-20,000]]

[Choice of [\$1,000-19,000] to [\$2,000-20,000] in [\$1,000-10,000] increments]

[[Option 1/Core]: [\$1,000-10,000]]

[[Option 2/Buyup]: [\$2,000-20,000]]]

[GUARANTEED ISSUE AMOUNT FOR YOU [AND YOUR SPOUSE]

[\$1,000-100,000]]

[GUARANTEED ISSUE AMOUNT FOR YOUR SPOUSE

[\$1,000-100,000]]

[GUARANTEED ISSUE AMOUNT FOR YOUR CHILDREN

[\$1,000-10,000]]

CRITICAL ILLNESS BENEFITS

Covered Illness	Percent of Maximum Benefit Amount Payable
Heart Attack	100%
Stroke	100%
End Stage Renal Failure	100%
Coronary Artery Bypass	25%
Coma	100%
Major Organ Failure	100%
Permanent Paralysis	100%

[Benefits under this rider will reduce 50% on [Your 70th birthday] [the Covered Person’s 70th birthday] [the Policy anniversary date following Your 70th birthday] [the Policy anniversary date following the Covered Person’s 70th birthday]; however, premiums do not reduce as a result of this benefit change.]

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate [and riders] regarding eligibility apply to each Covered Person.

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that each Covered Person must be insured under this Critical Illness Rider before any benefits are payable for that Covered Person.]

Coma means a Coma resulting from a severe traumatic brain Injury that results in a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, characterized by having a Glasgow scale of 3; defined as the absence of:

- Eye opening;
- Verbal response; and
- Motor response.

The condition must require intubation for respiratory assistance.

Coronary Artery Bypass means coronary artery disease that has been clinically diagnosed and requires the Covered Person to undergo a surgical procedure to open a blockage of one or more coronary arteries using venous or arterial grafts.

Coronary Artery Bypass does not include balloon angioplasty, placement of intravascular stent, laser relief or other like procedures.

Covered Person means:

- You, if You are covered for Hospital Confinement indemnity insurance under the Policy [and You are approved for coverage under this rider].
- [Your Spouse who is covered under Your Spouse Hospital Confinement Indemnity Rider [and is approved for coverage under this rider].]
- [Your Children who are covered under Your Children's Hospital Confinement Indemnity Rider [and are approved for coverage under this rider].]

Critical Illness means any of the following as defined:

- Coma.
- Coronary Artery Bypass.
- End Stage Renal (Kidney) Failure.
- Heart Attack.
- Major Organ Failure.
- Permanent Paralysis.
- Stroke.

End Stage Renal (Kidney) Failure means chronic, irreversible failure of the kidneys requiring regular hemodialysis or peritoneal dialysis (at least weekly) in order. This definition includes the Covered Person being placed on the UNOS (United Network for Organ Sharing) list for a renal transplant.

[Evidence of Insurability means a statement of Your [and Your Spouse's] [and Your Child's] medical history that We will use to determine if [You are] [each is] approved for coverage.]

Heart Attack means an acute myocardial infarction (death of an area of heart muscle) that was caused by a blockage of one or more coronary arteries. The medical evidence must be consistent with the diagnosis of heart muscle death. Significant electrocardiogram (EKG) changes must be seen and one or both of the following must confirm the acute myocardial infarction (Heart Attack):

- A clinical picture of myocardial infarction with cardiac enzyme changes found in the blood (elevated CK-MB isoenzyme fraction or elevated troponins).
- Confirmatory imaging test such as a nuclear imaging test or echocardiogram that is consistent with a myocardial infarction.

Diagnosis must be made by a licensed cardiologist or another Doctor familiar with Heart Attack diagnosis.

Major Organ Failure means a clinical diagnosis of a major organ failure of the liver, both lungs, pancreas or heart resulting in the Covered Person being placed on the UNOS (United Network for Organ Sharing) list for a transplant.

Permanent Paralysis means total and permanent loss of the use of two or more limbs (arms or legs or combination) due to Accident or Sickness for a continuous period of at least 60 days.

Permanent Paralysis does not include paralysis as the result of a Stroke.

Diagnosis must be made by a licensed Doctor familiar with Permanent Paralysis diagnosis.

[Pre-Existing Condition means a Sickness which, within the [3-12] month period prior to this rider's effective date for each Covered Person, resulted in the Covered Person receiving medical treatment, consultation, care or services (including diagnostic measures).]

Stroke means an acute cerebral event including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis. The diagnosis of Stroke shall be based on confirmatory neuroimaging studies and evidence of persistent neurological impairment confirmed by a neurologist or a Doctor familiar with the diagnosis of Stroke at least 30 days after the event.

Stroke does not include:

- Transient ischemic attacks (TIA).
- Ischemic disorders of the vestibular system.
- Brain Injury related to trauma or infection.
- Brain Injury associated with hypoxia/anoxia or hypotension.

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to “You” and “Your” will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

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

- The Policy effective date.
- The date this Critical Illness Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement Indemnity coverage effective date.

EFFECTIVE DATE

[[When the Employer pays 100% of the cost of coverage under this Critical Illness Rider, each] [Each] Covered Person will be covered at 12:01 a.m. standard time at the Policyholder’s address on the date each Covered Person is eligible for coverage under this rider.]

[[When You and the Employer share the cost of coverage under this Critical Illness Rider or when You pay 100% of the cost Yourself, each] [Each] Covered Person will be covered at 12:01 a.m. standard time at the Policyholder’s address on the latest of the following:

- The date each Covered Person is eligible for coverage under this rider, if You apply for this rider on or before that date.
- The [first day of the month following the] date You apply for this rider[, if You apply within [31-60] days after the date You become eligible for this rider].
- [The [first day of the month following the] date We approve [Your] [Your and Your Spouse’s] [each Covered Person’s] Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when this rider would otherwise become effective. **Exception:** This rider starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[[Option 1 coverage:] The Employer pays 100% of the cost of [Option 1 coverage]. You will automatically be covered for the [Option 1] amount shown in the SCHEDULE OF BENEFITS at 12:01 a.m. standard time at the Policyholder’s address on the date You are eligible for coverage.

[Option 2 coverage:] You and the Employer share the cost of [Option 2 coverage.] If You are eligible for and You apply for [Option 2 coverage,] then [Option 2 coverage] will be effective at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date You are eligible for [Option 2 coverage], if You apply for [Option 2 coverage] before that date.
- The [first day of the month following the] date You apply for [Option 2 coverage], if You apply on or within [31-60] days after the date You become eligible for [Option 2 coverage].
- [The [first day of the month following the] date We approve [Your] [Your and Your Spouse's] [each Covered Person's] Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[EFFECTIVE DATE OF CHANGES TO COVERAGE

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

- The [first day of the month following the] date of the increased or additional coverage, if You are in Active Employment [or if You are on a covered [Temporary Layoff or] Leave of Absence].
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment due to Injury or Sickness.
- [The [first day of the month following the] date We approve [Your] [Your and Your Spouse's] [each Covered Person's] Evidence of Insurability, if Evidence of Insurability is required.]

Any decrease in coverage will take effect [immediately] [at the end of the month] but will not affect a payable claim that occurs prior to the decrease.]

[EVIDENCE OF INSURABILITY

Evidence of Insurability is required in any of these situations:

- [You apply for this Critical Illness Rider at any time.]
- [You are a late enrollee, which means You apply for this Critical Illness Rider more than [31-60] days after the date You first become eligible for this rider.]
- [You voluntarily canceled this Critical Illness Rider and are reapplying.]
- [You apply for more than the Guaranteed Issue Amount of coverage when You first become eligible for this Critical Illness Rider.]
- [You apply to increase coverage under this Critical Illness Rider by any amount during the Policy year.]
- [You apply to increase Your [or Your Spouse's] coverage under this Critical Illness Rider by more than [\$1,000-20,000] during [an annual] [a scheduled] enrollment period.]
- [You apply to increase Your Children's coverage under this Critical Illness Rider by more than [\$1,000-10,000] during [an annual] [a scheduled] enrollment period.]
- [You apply to increase coverage under this Critical Illness Rider by more than [one-two] benefit level[s] during [an annual] [a scheduled] enrollment period.]
- [This Critical Illness Rider and Your Certificate lapsed for non-payment of premium and You are applying for reinstatement.]]

[CREDIT FOR PRE-EXISTING CONDITIONS

We may pay benefits if the Covered Person's Critical Illness results from a Pre-Existing Condition if both of the following are true:

- The Covered Person was insured for critical illness insurance by the Employer's prior policy at the time the Employer changed insurance carriers to Our Policy.
- The Covered Person has been continuously covered under this Critical Illness Rider from this rider's effective date through the date the loss occurs.

In order to receive benefits, the Covered Person must satisfy the Pre-Existing Condition provision under either this Critical Illness Rider or under the prior policy, if benefits would have been paid had that policy remained in force.

If the Covered Person satisfies the Pre-Existing Condition provision of this rider, We will determine benefits according to this rider's provisions.

If the Covered Person does not satisfy the Pre-Existing Condition provision of this rider, but does satisfy the prior policy's pre-existing condition provision, then both of the following apply:

- The benefit will be the lesser of:
 - the benefit that would have been payable under the terms of the prior policy had it remained in force.
 - the benefit under this Critical Illness Rider.
- Benefits will end on the earlier of:
 - the date benefits end under this Critical Illness Rider, as described under the TERMINATION provision.
 - the date benefits would have ended under the prior policy if it had remained in force.

If the Covered Person does not satisfy either this rider's or the prior policy's Pre-Existing Condition provision, We will not make any payments.

We will require proof that the Covered Person was insured under the prior policy. All other provisions of this rider and Our Policy will apply.]

TERMINATION

This Critical Illness Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Critical Illness Rider is terminated for all Insured Persons under the Policy.
- [The date You voluntarily cancel this Critical Illness Rider.]
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.
- [For Your Spouse's coverage, the date Your Spouse Hospital Confinement Indemnity Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Hospital Confinement Indemnity Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Critical Illness Rider can also be continued during portability.]

[REINSTATEMENT

The Certificate's REINSTATEMENT provision does not apply to this Critical Illness Rider.]

[OTHER INSURANCE WITH US

You may only have one Policy, Certificate or rider, elected by You, that provides Critical Illness benefits through Us. If more than one Policy, Certificate or rider is issued by Us, only one Policy, Certificate or rider will remain in force and the premiums for the other(s) will be refunded.]

CRITICAL ILLNESS BENEFITS

Benefits are payable up to the maximum benefit amount shown on the SCHEDULE OF BENEFITS.

[Any partial benefits paid will reduce the available maximum benefit amount for the Covered Person for whom the partial benefits were paid. Partial benefit amounts for Coronary Artery Bypass will not be reduced.] [Any partial benefits paid will not reduce the available maximum benefit amount.]

We will pay the maximum benefit amount (shown on the SCHEDULE OF BENEFITS) as follows:

BENEFITS FOR COMA, END STAGE RENAL (KIDNEY) FAILURE, HEART ATTACK, PERMANENT PARALYSIS and STROKE are payable when We receive due proof of such condition which is [first] diagnosed after the Covered Person's coverage effective date [(including the effective date of any changes to coverage)] under this Critical Illness Rider.

BENEFITS FOR MAJOR ORGAN FAILURE are payable when We receive due proof of a Major Organ Failure which is [first] diagnosed after [the Covered Person has satisfied the Benefit Waiting Period] [the Covered Person's coverage effective date [(including the effective date of any changes to coverage)]] under this Critical Illness Rider].

If the Covered Person is on the UNOS (United Network for Organ Sharing) list for a combined transplant only one benefit will be payable.

Failure of the function of the kidney, resulting in the Covered Person being placed on the UNOS list, is payable under the End Stage Renal (Kidney) Failure benefit.

BENEFITS FOR CORONARY ARTERY BYPASS are payable when We receive due proof of Coronary Artery Bypass which is diagnosed after the Covered Person's coverage effective date [(including the effective date of any changes to coverage)] under this Critical Illness Rider. [This benefit is not payable for any covered Child.]

Payment of any benefits each Covered Person's Critical Illness will not impact the available maximum benefit amount for another Covered Person. [Children's benefits are payable once per covered Child.]

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any Critical Illness caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- [Work for pay, profit or gain.]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following this rider's effective date [(including the effective dates of any increases to coverage)] for each Covered Person, We will not pay benefits for any condition or illness resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible condition.]

CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require the Covered Person to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. [We may also require You [or Your Spouse] to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Critical Illness Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



Donald W. Butler
President



Megan Huddleston
Secretary

ACCIDENT BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CHI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Hourly Employees]

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

[The cost of coverage under this Accident Benefit Rider is automatically included in the cost of Your coverage.]

[The Employer pays the cost of coverage under this Accident Benefit Rider.]

[You and the Employer share the cost of coverage under this Accident Benefit Rider.]

[You pay the cost of coverage under this Accident Benefit Rider.]

[BENEFIT WAITING PERIOD

There is no Benefit Waiting Period under this Accident Benefit Rider.]

ACCIDENT BENEFITS

Type A: [\$100-200]

- Lodging
- Transportation
- Fractures of bones other than the femur, tibia, radius, pelvis (excluding coccyx), including Chip Fractures
- Concussion
- Dislocation of finger(s) or toe(s)
- 2nd degree burns covering at least 36% of the body
- Emergency dental work for the following while Hospital or Critical Care Unit (CCU) Confined:
 - Crown
 - Extraction
 - Root canal
 - Endodontic operation
- Laceration with sutures
- Tendon / ligament / rotator cuff (1) with surgical repair
- Torn knee cartilage with surgical repair

Type B: [\$200-400]

- Acute Fractures of the following bones, excluding Chip Fractures:
 - Femur
 - Humerus
 - Tibia
 - Radius
 - Pelvis (excluding coccyx)
 - Bones of the spine
- Dislocation of:
 - Hip
 - Knee
 - Ankle or foot (other than toes)
 - Shoulder
 - Elbow
 - Wrist
 - Lower jaw
- 3rd degree burns covering at least 9% of the body surface
- Acute Ruptured Disk requiring surgical repair
- Tendon / ligament / rotator cuff (2) with surgical repair
- Prosthetic device

[Benefit reductions due to age do not apply to this Accident Benefit Rider.]

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate [and riders] regarding eligibility apply to each Covered Person.

Acute Fracture see Fracture, Acute.

Chip Fracture means a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Covered Accident is an Accident which:

- occurs while the Covered Person's coverage is in force, and
- is not excluded by name or specific description in the Policy or this Accident Benefit Rider.

Covered Person means:

- You, if You are covered for Hospital Confinement Indemnity insurance under the Policy.
- [Your Spouse who is covered under Your Spouse Hospital Confinement Indemnity Rider.]
- [Your Children who are covered under Your Children's Hospital Confinement Indemnity Rider.]

Dislocation means a completely separated joint.

Dislocation, Incomplete means the joint is not completely separated.

Fracture means a broken bone that can be seen by x-ray.

- **Open Reduction** of Fracture = surgical.
- **Closed Reduction** of Fracture = non-surgical.

Fracture, Acute means Fractures that are considered the direct result of Accident or Injury in which bone is stressed beyond its tolerance and is not in any way related to diminution of bone calcium secondary to osteoporosis.

Incomplete Dislocation see Dislocation, Incomplete.

Laceration means a cut.

Prosthetic Device means a device prescribed by a Doctor for use following the loss of use of a hand, a foot or the sight of an eye. Prosthetic Devices do not include any of the following:

- Hearing aids.
- Dental aids including false teeth.
- Eye-glasses.
- Artificial joints.
- Cosmetic prostheses such as hair wigs.

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

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

- The Policy effective date.
- The date this Accident Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Hospital Confinement indemnity coverage effective date.

EFFECTIVE DATE

[[When the Employer pays 100% of the cost of coverage under this Accident Benefit Rider, each] [Each] Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date each Covered Person is eligible for coverage under this rider.]

[[When You and the Employer share the cost of coverage under this Accident Benefit Rider or when You pay 100% of the cost Yourself, each] [Each] Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date each Covered Person is eligible for coverage under this rider, if You apply for this rider on or before that date.
- The [first day of the month following the] date You apply for coverage.
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when each Covered Person's coverage would otherwise become effective. Exception: Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

TERMINATION

This Accident Benefit Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Accident Benefit Rider is terminated for all Insured Persons under the Policy.
- [Your 65th birthday] [The Policy anniversary following Your 65th birthday] if You are no longer in Active Employment.
- [The date You voluntarily cancel this Accident Benefit Rider.]
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.
- [For Your Spouse's coverage, the date Your Spouse Hospital Confinement Indemnity Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Hospital Confinement Indemnity Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Accident Benefit Rider can also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Hospital Confinement Indemnity Rider, then this Accident Benefit Rider can also be continued under Your Spouse's coverage.]

[REINSTATEMENT

The Certificate's REINSTATEMENT provision does not apply to this Accident Benefit Rider.]

[OTHER INSURANCE WITH US

You may only have one Policy, Certificate or rider, elected by You, that provides Accident benefits through Us. If more than one Policy, Certificate or rider is issued by Us, only one Policy, Certificate or rider will remain in force and the premiums for the other(s) will be refunded.]

ACCIDENT BENEFITS

We will pay a benefit (shown in the SCHEDULE OF BENEFITS) if a Covered Person receives any of the services or meets any of the conditions described below as the result of Injuries received in a Covered Accident. The Injury must occur, and the services must be received, while the Covered Person is insured under this rider. No benefit is payable if the Covered Person is not insured at the time services are received or these conditions are met.

Burns, 2nd degree: The burns must be treated by a Doctor within 72 hours after the Covered Accident. 2nd degree burns must cover at least 36% of the body. This benefit is payable once per Covered Accident.

Burns, 3rd degree: The burns must be treated by a Doctor within 72 hours after the Covered Accident. 3rd degree burns must cover at least 9% of the body. This benefit is payable once per Covered Accident.

Chip Fractures: The Fracture must be diagnosed by a Doctor within 90 days after the Covered Accident. The Fracture must require Open or Closed Reduction by a Doctor. The Fracture must be included in the SCHEDULE OF BENEFITS.

Concussion: The concussion must be diagnosed by a Doctor within 72 hours after the Covered Accident. The diagnosis must be confirmed by the use of some type of medical imaging procedure; i.e. x-ray, CAT scan or MRI.

Dislocations: The Dislocation must be diagnosed by a Doctor within 90 days after the Covered Accident. The Dislocation must require Open or Closed Reduction by a Doctor. The Dislocation must be included in the SCHEDULE OF BENEFITS. There is no benefit for an Incomplete Dislocation.

If a Covered Person receives more than one Dislocation in the same Covered Accident, a benefit is payable for all Dislocations. However, the benefit will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount.

If a Covered Person receives a Dislocation and an eligible Fracture in the same Covered Accident, a benefit is payable for both. However, the benefit will be no more than two times the amount for the bone or joint involved which pays the highest benefit amount.

If a Covered Person receives a Dislocation or an eligible Fracture and tears, ruptures or severs an eligible tendon/ligament/rotator cuff in the same Covered Accident, only one benefit is payable. The benefit payable will be the highest of the Dislocation, the Fracture or the tendon/ligament/rotator cuff benefit.

This benefit is payable once per Covered Accident. **Exception:** Subsequent Dislocations of the same joint in a different Covered Accident are not covered.

Emergency dental work while Hospital or Critical Care Unit (CCU) Confined: Natural teeth must be damaged due to a Covered Accident and either extracted or repaired by the placement of a crown. This benefit is payable once for a Covered Person per Covered Accident.

Fractures: The Fracture must be diagnosed by a Doctor within 90 days after the Covered Accident. The Fracture must require Open or Closed Reduction by a Doctor. The Fracture must be included in the SCHEDULE OF BENEFITS. The benefit amount for eligible Fractures varies based on the type of fracture (refer to the SCHEDULE OF BENEFITS).

If a Covered Person receives more than one Fracture in a Covered Accident, a benefit is payable for all eligible Fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

If a Covered Person receives an eligible Fracture and an eligible Dislocation in the same Covered Accident, a benefit is payable for both. However, the benefit will be no more than two times the amount for the bone or joint involved which pays the highest benefit amount.

If a Covered Person receives an eligible Fracture or an eligible Dislocation and tears, ruptures or severs an eligible tendon/ligament/rotator cuff in the same Covered Accident, only one benefit is payable. The benefit payable will be the highest of the Fracture, the Dislocation or the tendon/ligament/rotator cuff benefit.

Laceration: The laceration must be treated by a Doctor within 72 hours after the Covered Accident.

Lodging: Hotel/motel stay by the Covered Person's companion while a Covered Person is Confined in a Hospital [or a Critical Care Unit (CCU)] [or a Rehabilitation Facility] due to a Covered Accident. The Hospital [or CCU] [or Rehabilitation Facility] must be more than 100 miles from the Covered Person's home. This benefit is payable for up to 30 days per Covered Accident.

Prosthetic Device: The Prosthetic Device must be received within 365 days after the Covered Accident. The benefit amount varies based on the number of Prosthetic Devices received (refer to the SCHEDULE OF BENEFITS). This benefit is payable once per Covered Accident.

Ruptured disk, acute: A Covered Person must receive surgical repair of a ruptured disk due to a Covered Accident. Imaging (MRI) must be done within 60 days of the Accident and show changes consistent with an acute disk rupture without evidence of a chronic issue in the affected region. The images must support the clinical diagnosis of acute Injury rather than an acute exacerbation of chronic changes in the spine. Surgical repair of the ruptured disk by a Doctor is required within 365 days after the Covered Accident. This benefit is payable once per Covered Accident.

Tendon / ligament / rotator cuff with surgical repair: The tendon, ligament or rotator cuff must be torn, ruptured or severed and repaired through surgery within 90 days after the Covered Accident. [This benefit is payable once per Covered Accident.] [This benefit is payable twice per Covered Accident.]

If a Covered Person receives an eligible Dislocation or an eligible Fracture and tears, ruptures or severs a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit is payable. The benefit payable will be the highest of the Dislocation, the Fracture or the tendon/ligament/rotator cuff benefit.

Torn knee cartilage: The Covered Person must receive surgical repair of torn knee cartilage due to a Covered Accident. The Injury must be treated by a Doctor within 60 days after the Covered Accident. Surgical repair of the torn knee cartilage must occur within 6 months after the Covered Accident. This benefit is payable once per Covered Accident.

Transportation: Transportation for a Covered Person for special treatment and Confinement in a Hospital [or a Critical Care Unit (CCU)] [or a Rehabilitation Facility] due to a Covered Accident. The special treatment must be prescribed by a Doctor and not available locally. The transportation must be more than 100 miles one-way. This benefit is payable for up to 3 trips per Covered Accident. No benefit is payable for transportation by ground ambulance or air ambulance.

EXCLUSIONS

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- An Accident while the Covered Person is operating a motorized vehicle while intoxicated. Intoxication means the Covered Person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted Injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any Sickness or declining process caused by a Sickness.
- [Work for pay, profit or gain.]

CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require the Covered Person to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while Your claim is pending. [We may also require You [or Your Spouse] to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Accident Benefit Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



Donald W. Putter
President



Megan Huddleston
Secretary

RETURN OF PREMIUM RIDER

RELIASTAR LIFE INSURANCE COMPANY [20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CHI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-65432]]

[Applicable only to Salaried Employees]

This rider is made a part of the Hospital Confinement Indemnity Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate. **This rider provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.**

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Return of Premium Rider is automatically included in the cost of Your coverage.

EFFECTIVE DATE

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

TERMINATION

This Return of Premium Rider will terminate on the earliest of the following:

- [Your 70th birthday.] [The Policy anniversary following Your 70th birthday.]
- The date Your Certificate terminates.
- The date the Return of Premium Rider is terminated for all Insured Persons under the Policy.

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Return of Premium Rider will also be continued during portability.]

[REINSTATEMENT

If Your Certificate is reinstated under the Certificate's REINSTATEMENT provision, and this Return of Premium Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this rider will also be reinstated for You.]

RETURN OF PREMIUM BENEFIT

Provided no claims[, other than Wellness Benefit Rider claims,] have been paid to You, upon receiving written proof of Your death while this Return of Premium Rider (ROP) is in force, We will pay You a ROP benefit. The benefit will be equal to the sum of the premiums paid (without interest) for Your coverage until the date of Your death times the ROP factor shown below [minus any benefits paid for You [and Your Spouse and Children] under the Wellness Benefit Rider].

Attained age on the date of Your death	ROP factor
60 or less	100%
61	90%
62 and over	80%

For example: John Smith, who has this Return of Premium Rider, dies on January 10 at age 53. [The only claim he ever filed was a Wellness Benefit Rider claim in 2011.]

[Step 1:] \$XXXXX (total amount of premium paid for Hospital Confinement Indemnity insurance coverage until January 10) times 100% (ROP factor) = \$ YY (the amount of the return of premium benefit).

[Step 2: \$YY minus \$100 (benefit from 2011 wellness benefit claim) = \$ ZZ (the amount of the return of premium benefit).]

This benefit is payable to Your estate.

[OTHER RIDERS

This Return of Premium Rider does not apply to any Spouse Hospital Confinement Indemnity Rider or Children's Hospital Confinement Indemnity Rider under the Policy.]

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]


President


Secretary

GROUP INSURANCE APPLICATION (AR)

ReliaStar Life Insurance Company

Home Office: PO Box 20, Minneapolis, MN 55440

Administrative Office: PO Box 122, Minneapolis, MN 55440-0122

PLAN INFORMATION

Type(s) of Insurance Requested: Accident Critical Illness Hospital Confinement Indemnity Other _____

Proposed Effective Date 12:01 a.m. _____

GROUP INFORMATION

Group Applicant Legal Name _____

Group Applicant Address _____

City _____ State _____ ZIP _____

Business Name (dba) _____

SIGNATURES

For Critical Illness Insurance Only: No person to be covered for specified disease under this Critical Illness Plan is also covered by any Title XIX (Medicaid or any similar name).

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.

Printed/Typed Name of Person Authorized to Contract on Behalf of Group Applicant _____

 Authorized Signature _____ Date _____

Title _____

Agent/Producer Name (Please print.) _____

 Agent/Producer Signature _____ Date _____

License Number _____

Signed At (City & State) _____

Agent/Producer Name (Please print.) _____

 Agent/Producer Signature _____ Date _____

License Number _____

Signed At (City & State) _____

HOSPITAL CONFINEMENT INDEMNITY INSURANCE APPLICATION [AND REINSTATEMENT REQUEST] (AR)

ReliaStar Life Insurance Company, [Minneapolis, MN]

[Administrative Office: PO Box 122, Minneapolis, MN 55440-0122]

The Certificate provides limited benefits. Review your Certificate carefully.

PLAN INFORMATION

Group Policyholder Name _____

Group Number _____ [Certificate Number _____]

ENROLLMENT TYPE

Initial Enrollment Increase Late Entrant² Reinstatement
 Regular Enrollee¹ (New Hire) Re-Enrollment Special Enrollment Other _____

¹ A regular enrollee is a new employee/member applying at the first available opportunity.² A late entrant is an employee/member applying after the first available opportunity, with the exception of special enrollment offers.

EMPLOYEE / MEMBER INFORMATION

Employee / Member Name (First, Middle Initial, Last) _____

Birth Date (Month, Day, Year) _____ Social Security # _____ Gender: Female MaleE-mail Address _____ [Has the Employee / Member used tobacco in any form in the last 24 months? Yes No]

Residence Address _____ City _____ State _____ ZIP _____

Residence or Cell Phone (_____) _____ Work Phone (_____) _____

Proposed Effective Date of Coverage OR Date of Change (Month, Day, Year) _____ Age on Proposed Effective Date _____

Hire Date (Month, Day, Year) _____ Job Title / Occupation _____

Employee / Member ID # _____ Employee / Member Class _____

Is the Employee / Member Actively At Work? Yes No The Employee / Member is Scheduled to Work _____ Hours Per WeekPay Mode: Weekly Bi-Weekly Semi-Monthly Monthly Other _____

Department # _____ Location # _____

COVERAGE REQUESTED

Employee / Member

 Hospital Confinement Indemnity Insurance: Requested Daily Benefit Amount \$ _____**Note:** Employee / Member coverage is required in order to apply for the Spouse and Children's Riders. Spouse Hospital Confinement Indemnity Rider: Requested Daily Benefit Amount \$ _____ Children's Hospital Confinement Indemnity Rider: Requested Daily Benefit Amount \$ _____

Optional Riders

 Accident Benefit Rider Critical Illness Rider: Requested Benefit Amount \$ _____ Surgical Benefit Rider**Total Monthly Premium \$** _____

SPOUSE INFORMATION (Complete only if applying for Spouse Hospital Confinement Indemnity Rider.)

Name (First, Middle Initial, Last) _____ Gender: Female Male

Birth Date (Month, Day, Year) _____ Age on Proposed Effective Date _____

Has the Spouse used tobacco in any form in the last 24 months? Yes No

EVIDENCE OF INSURABILITY

Employee Member Height _____ ft. _____ in. Weight _____ lbs. Spouse: Height _____ ft. _____ in. Weight _____ lbs.

Employed/
Member
Yes No

Spouse
Yes No

1. To the best of your knowledge and belief, have you or your spouse tested positive for HIV (Human Immunodeficiency Virus) or its antibodies or received medical advice or sought treatment from a licensed medical professional for AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex)?

2. To the best of your knowledge and belief, in the past 10 years, have you or your spouse been diagnosed with, taken medication for, or sought medical treatment for any of the following diseases/conditions?

- Disease or disorder of the heart or blood vessels
- Diabetes or Impaired Glucose Tolerance
- Stroke, including transient ischemic attack
- Chronic lung disease other than asthma
- Chronic pancreatitis, chronic active ulcerative colitis or chronic active Crohn's Disease
- Chronic Hepatitis B or C, Cirrhosis or chronic liver disease of any cause
- Kidney disease, other than stone
- Neurological disease or disorder that causes you to be disabled, including paralysis
- Organ transplant
- Systemic Lupus (SLE)
- Severe arthritis of any joint in the limbs or spine for which an operation has been recommended but not yet completed

3. In the past 10 years, have you or your spouse been treated for or diagnosed with any psychiatric disorder including major depression, manic depression, bipolar disorder, schizophrenia psychosis and/or delusions?

4. In the past 10 years, have you or your spouse been treated for or diagnosed with abuse or overuse of alcohol, marijuana, cocaine, crack cocaine, narcotics, heroin, morphine, prescribed narcotics (e.g. Lortab, Stadol, Fentanyl or similar), or prescribed benzodiazepines (e.g. Valium, Ativan, Xanax or similar)?

5. To the best of your knowledge and belief, have you or your spouse had blood pressure readings of 160 systolic or 100 diastolic (160/100), excluding pregnancy related?

6. To the best of your knowledge and belief, have you or your spouse

- been recommended by a licensed medical professional to have diagnostic tests related to cancer which have not yet been performed or for which results have not yet been received (excluding routine periodic mammogram, pap smears, colonoscopies and/or PSA tests)?
- in the past 10 years, taken medication for or sought medical treatment for cancer, brain tumor (including benign brain tumors), or any malignancy other than basal cell or squamous cell carcinoma of the skin?

REINSTATEMENT DECLARATION AND AGREEMENT

All who sign agree that:

1. The certificate will not be reinstated until ReliaStar Life Insurance Company approves this Reinstatement Application.
2. If spouse or children were covered under riders that are a part of the certificate, ReliaStar Life Insurance Company won't reinstate the riders unless all covered persons are insurable under its standards.

REMARKS OR SPECIAL REQUESTS

ACKNOWLEDGMENTS AND AUTHORIZATIONS

Insurance benefits are contingent on proof of loss. Benefits may require medical information from your health care provider.

ReliaStar Life Insurance Company reserves the right to withdraw the plan if participation during the initial enrollment is less than 25 covered Employees/Members or any other state specific participation requirements. It is understood and agreed that this application shall be made a part of the coverage applied for and that no insurance shall be effective until approved by the company at its home office, regardless of when the first premium is paid.

To the best of my knowledge and belief the information on this form is correct. I understand that false or inaccurate information may result in the termination of coverage or the nonpayment of benefits. I authorize and instruct my Employer to deduct from my pay each pay period the premium due for my insurance coverage purchased through ReliaStar Life Insurance Company. This authorization and assignment will remain in effect until revoked by me in writing to my Employer. I understand that my coverage begins on the effective date assigned by ReliaStar Life Insurance Company, provided I am in active employment. I also understand that Evidence of Insurability may be required for coverage to become effective.

This application is part of the Policy and subject to the terms and conditions of the Policy. I understand that no agent, representative or employee of ReliaStar Life Insurance Company, my Employer or any other entity may change or waive the requirements of this application, or the terms of the Policy, the Certificate or any riders, except as specifically set forth in the Policy.

No person to be covered for specified disease under this Critical Illness Rider is also covered by any Title XIX (Medicaid or any similar name).

All statements herein are representations and not warranties.

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.

Employee/Member Signature _____ Date _____

Signed At (City & State) _____

Agent/Producer Signature _____ Date _____

Signed At (City & State) _____

GUARANTEED ISSUE HOSPITAL CONFINEMENT INDEMNITY INSURANCE APPLICATION AND REINSTATEMENT REQUEST (AR)

ReliaStar Life Insurance Company, Minneapolis, MN

Administrative Office: PO Box 122, Minneapolis, MN 55440-0122

The Certificate provides limited benefits. Review your Certificate carefully.

PLAN INFORMATION

Group Policyholder Name _____

Group Number _____ Certificate Number _____

ENROLLMENT TYPE

Initial Enrollment

 Increase

 Late Entrant²

 Reinstatement

Regular Enrollee¹ (New Hire)

 Re-Enrollment

 Special Enrollment

 Other _____

¹ A regular enrollee is a new employee/member applying at the first available opportunity.² A late entrant is an employee/member applying after the first available opportunity, with the exception of special enrollment offers.

EMPLOYEE / MEMBER INFORMATION

Employee / Member Name (First, Middle Initial, Last) _____

Birth Date (Month, Day, Year) _____ Social Security # _____ Gender: Female MaleE-mail Address _____ Has the Employee / Member used tobacco in any form in the last 24 months? Yes No

Residence Address _____ City _____ State _____ ZIP _____

Residence or Cell Phone (_____) _____ Work Phone (_____) _____

Proposed Effective Date of Coverage OR Date of Change (Month, Day, Year) _____ Age on Proposed Effective Date _____

Hire Date (Month, Day, Year) _____ Job Title / Occupation _____

Employee / Member ID # _____ Employee / Member Class _____

Is the Employee / Member Actively At Work? Yes No The Employee / Member is Scheduled to Work _____ Hours Per WeekPay Mode: Weekly Bi-Weekly Semi-Monthly Monthly Other _____

Department # _____ Location # _____

COVERAGE REQUESTED

Employee / Member

 Hospital Confinement Indemnity Insurance: Requested Daily Benefit Amount \$ _____**Note:** Employee / Member coverage is required in order to apply for the Spouse and Children's Riders. Spouse Hospital Confinement Indemnity Rider: Requested Daily Benefit Amount \$ _____ Children's Hospital Confinement Indemnity Rider: Requested Daily Benefit Amount \$ _____

Optional Riders

 Accident Benefit Rider Critical Illness Rider: Requested Benefit Amount \$ _____ Surgical Benefit Rider**Total Monthly Premium \$** _____

SPOUSE INFORMATION *(Complete only if applying for Spouse Hospital Confinement Indemnity Rider.)*

Name *(First, Middle Initial, Last)* _____ Gender: Female Male

Birth Date *(Month, Day, Year)* _____ Age on Proposed Effective Date _____

Has the Spouse used tobacco in any form in the last 24 months? Yes No

REINSTATEMENT DECLARATION AND AGREEMENT

All who sign agree that:

1. The certificate will not be reinstated until ReliaStar Life Insurance Company approves this Reinstatement Application.
2. If spouse or children were covered under riders that are a part of the certificate, ReliaStar Life Insurance Company won't reinstate the riders unless all covered persons are insurable under its standards.

REMARKS OR SPECIAL REQUESTS

ACKNOWLEDGMENTS AND AUTHORIZATIONS

Insurance benefits are contingent on proof of loss. Benefits may require medical information from your health care provider.

ReliaStar Life Insurance Company reserves the right to withdraw the plan if participation during the initial enrollment is less than 25 covered Employees/Members or any other state specific participation requirements. It is understood and agreed that this application shall be made a part of the coverage applied for and that no insurance shall be effective until approved by the company at its home office, regardless of when the first premium is paid.

To the best of my knowledge and belief the information on this form is correct. I understand that false or inaccurate information may result in the termination of coverage or the nonpayment of benefits. I authorize and instruct my Employer to deduct from my pay each pay period the premium due for my insurance coverage purchased through ReliaStar Life Insurance Company. This authorization and assignment will remain in effect until revoked by me in writing to my Employer. I understand that my coverage begins on the effective date assigned by ReliaStar Life Insurance Company, provided I am in active employment. I also understand that Evidence of Insurability may be required for coverage to become effective.

This application is part of the Policy and subject to the terms and conditions of the Policy. I understand that no agent, representative or employee of ReliaStar Life Insurance Company, my Employer or any other entity may change or waive the requirements of this application, or the terms of the Policy, the Certificate or any riders, except as specifically set forth in the Policy.

No person to be covered for specified disease under this Critical Illness Rider is also covered by any Title XIX (Medicaid or any similar name).

All statements herein are representations and not warranties.

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.

Employee/Member Signature _____ Date _____

Signed At *(City & State)* _____

Agent/Producer Signature _____ Date _____

Signed At *(City & State)* _____

SERFF Tracking #:

MNNP-128360400

State Tracking #:

Company Tracking #:

RL-HI-POL-12

State: Arkansas

Filing Company: ReliaStar Life Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: Compass HI

Project Name/Number: Compass HI/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/20/2012
Comments:			
Attachment(s):			
AR_ComplianceCert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/20/2012
Bypass Reason:	see forms schedule tab		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	11/20/2012
Comments:			
Attachment(s):			
HCI_Statement of Variability.pdf			

ReliaStar Life Insurance Company
Minneapolis, Minnesota

ARKANSAS COMPLIANCE CERTIFICATION

I certify to the best of my knowledge and belief that ReliaStar Life Insurance Company complies with all of the following:

Rule & Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance)

Rule & Regulation 49 (Life and Health Insurance Guaranty Association Notices)

ACA 23-79-138 and Bulletin 15-2009 (Consumer Information Notice)

In regard to ACA 23-80-206 (Flesch Certification):

I certify that forms RL-HI-POL-12, et al have achieved the following Flesch Reading Ease Scores and comply with the requirements of the Life and Disability Insurance Policy Language Simplification Act:

<u>Form</u>	<u>Form Number</u>	<u>Score</u>
Policy	RL-HI-POL-12	53.1
Certificate	RL-HI-CERT-12-AR	50.6
Rider	RL-HI-SPR-12	50.0
Rider	RL-HI-CHR-12-AR	50.1
Rider	RL-HI-ACD-12	50.5
Rider	RL-HI-CIR-12	50.2
Rider	RL-HI-WELL-12	59.8
Rider	RL-HI-DBR-12	53.7
Rider	RL-HI-DGR-12	50.2
Rider	RL-HI-EMR-12	50.1
Rider	RL-HI-ICN-12	51.2
Rider	RL-HI-ROP-12	50.1
Rider	RL-HI-SRG-12	50.0
Application	RL-GRP-AR-12	56.5
Application	RL-HI-IND-12-AR	53.0
Application	RL-HI-IND-12-AR-GI	53.0

(after certain items are removed as allowed by law/regulation)



Susannah Saver-Patterson
Assistant Secretary

October 25, 2012
Date

ReliaStar Life Insurance Company
Minneapolis, Minnesota

ARKANSAS STATEMENT OF VARIABILITY for Hospital Confinement Indemnity Insurance

Group Hospital Confinement Indemnity Policy form RL-HI-POL-12
Group Hospital Confinement Indemnity Certificate form RL-HI-CERT-12-AR
Spouse Hospital Confinement Indemnity Rider form RL-HI-SPR-12
Children's Hospital Confinement Indemnity Rider form RL-HI-CHR-12-AR
Initial Confinement Benefit Rider form RL-HI-ICN-12
Emergency Care Benefit Rider form RL-HI-EMR-12
Diagnostic Test Benefit Rider form RL-HI-DGR-12
Surgical Benefit Rider form RL-HI-SRG-12
Discharge Benefit Rider form RL-HI-DBR-12
Wellness Benefit Rider form RL-HI-WELL-12
Accident Benefit Rider form RL-HI-ACD-12
Critical Illness Rider form RL-HI-CIR-12
Return of Premium Rider form RL-HI-ROP-12
Group Insurance Application form RL-GRP-AR-12
Hospital Confinement Indemnity Insurance Application and Reinstatement Request form RL-HI-IND-12-AR
Guaranteed Issue Hospital Confinement Indemnity Insurance
Application and Reinstatement Request form RL-HI-IND-12-AR-GI

Bracketed text may be included or removed. The policy, certificate and rider forms include multiple versions of some provisions in order to provide multiple options to the group policyholder.

When bracketed text is deleted, paragraphs and page numbering may be shifted.

Bracketed numbers indicate the range that will be used for those numbers.

Telephone numbers may be changed in the future.

The insurer's home office address may be changed in the future.

All officer signatures may be changed in the future.

Other specific variables are defined in more detail below.

HOSPITAL CONFINEMENT INDEMNITY POLICY

Cover Page – Policyholder, Group Policy Number, Policy Effective Date, Policy Anniversary Date, Governing Jurisdiction (page 1): All policy and policyholder data will be case-specific. Governing Jurisdiction will be the state of issue.

Table of Contents (page 2): Page numbering will be adjusted as needed.

Part A. Policyholder Provisions –Premium Rates (page 3): Rates and rate tables will be case-specific.

Part A. Policyholder Provisions –Premium Payments, and Initial Rate Guarantee and Rate Changes (page 3):
References to dates will be case-specific.

HOSPITAL CONFINEMENT INDEMNITY POLICY (continued)

Part A. Policyholder Provisions – Divisions, Subsidiaries or Affiliated Companies Included / Participating Employers (page 4): The names and locations listed will be case-specific.

Part B. Insured Persons' Benefits Section: The policyholder data for Policyholder, Group Policy Number, classes, certificate numbers, rider/endorsement numbers and effective dates will be case-specific. The data in the right footer, if used, will be case-specific.

HOSPITAL CONFINEMENT INDEMNITY CERTIFICATE

The data in the right footer of all pages, if used, will be case-specific.

Cover Page – Policyholder, Group Policy Number, Policy Effective Date, Employer, Employer Plan Effective Date, Governing Jurisdiction (page 1): All policy, policyholder and employer data will be case-specific. Governing Jurisdiction will be the state of issue.

Cover Page (page 1): The cover page may need to include, at the end, state-specific notices required by other states when a policy issued in your state covers residents of those other states.

Table of Contents (page 2): Page numbering will be adjusted as needed. The table of contents page may need to include, at the end, state-specific notices required by other states when a policy issued in your state covers residents of those other states.

Schedule of Benefits – Employer, Group Policy Number, Account Number, Insured Person, Certificate Number (page 2): All policy and employer data will be case-specific.

Schedule of Benefits – Eligible Class(es) (page 3): The reference to “All Employees/Members” will be case-specific to describe the eligible classes under the plan, subject to state law. Reference to Employer locations in other countries, if used, will specify the countries.

Schedule of Benefits – Minimum Hours Requirement (page 3): This description will be case-specific to support various group eligibility requirements.

Schedule of Benefits – Rehire (page 3): The reference to 1-12 months may be instead represented as days (30-365 days).

Schedule of Benefits – Who Pays for the Coverage (page 3): References to “Option 1/Core” and “Option 2/Buyup” if used may be changed to some other label describing the different benefit selections. The last row if used may refer to multiple options, such as “Options 2, 3 and 4.”

Schedule of Benefits – Daily Benefit Amount (page 3): This description will be case-specific to support the appropriate offer for each plan, or the elected amount for each insured if the certificate is individualized. The rows may be expanded to include additional options.

Definitions – Active Employment (page 4): This provision will be case-specific to support the requirements of each plan.

HOSPITAL CONFINEMENT INDEMNITY CERTIFICATE (continued)

Definitions – Employee/Member (page 4): This provision will be case-specific to support the requirements of each plan. Reference to Employer locations in other countries, if used, will specify the countries.

General Provisions – Effective Date of Coverage (page 5): References to “Option 1 coverage” and “Option 2 coverage” if used may be changed to some other label describing the different benefit selections, such as “Core coverage” and “Buy-Up coverage” or “Basic coverage” and “Supplemental coverage.” The second reference if used may refer to multiple options, such as “Option 2, 3 or 4 coverage.”

SPOUSE HOSPITAL CONFINEMENT INDEMNITY RIDER

Policyholder, Group Policy Number, Employer, Insured Person, Spouse, Certificate Number, Applicable Class: All policy, policyholder and employer data will be case-specific.

Contents: Page numbering will be adjusted as needed.

Schedule of Benefits – Who Pays for the Coverage: References to “Option 1/Core” and “Option 2/Buyup” if used may be changed to some other label describing the different benefit selections.” The last row if used may refer to multiple options, such as “Options 2, 3 and 4.”

Schedule of Benefits – Daily Benefit Amount: This description will be case-specific to support the appropriate offer for each plan, or the elected amount for each insured if the rider is individualized. The rows may be expanded to include additional options.

General Provisions – Effective Date: References to “Option 1 coverage” and “Option 2 coverage” if used may be changed to some other label describing the different benefit selections, such as “Core coverage” and “Buy-Up coverage.” The second reference if used may refer to multiple options, such as “Option 2, 3 or 4 coverage.”

Data in right footer: The data in the right footer, if used, will be case-specific.

CHILDREN’S HOSPITAL CONFINEMENT INDEMNITY RIDER

Policyholder, Group Policy Number, Employer, Insured Person, Certificate Number, Applicable Class: All policy, policyholder and employer data will be case-specific.

Contents: Page numbering will be adjusted as needed.

Schedule of Benefits – Who Pays for the Coverage: References to “Option 1/Core” and “Option 2/Buyup” if used may be changed to some other label describing the different benefit selections.” The last row if used may refer to multiple options, such as “Options 2, 3 and 4.”

Schedule of Benefits – Daily Benefit Amount: This description will be case-specific to support the appropriate offer for each plan, or the elected amount for each insured if the rider is individualized.

General Provisions – Effective Date: References to “Option 1 coverage” and “Option 2 coverage” if used may be changed to some other label describing the different benefit selections, such as “Core coverage” and “Buy-Up coverage.” The second reference if used may refer to multiple options, such as “Option 2, 3 or 4 coverage.”

Data in right footer: The data in the right footer, if used, will be case-specific.

INITIAL CONFINEMENT BENEFIT RIDER
EMERGENCY CARE BENEFIT RIDER
DIAGNOSTIC TEST BENEFIT RIDER
SURGICAL BENEFIT RIDER
DISCHARGE BENEFIT RIDER
WELLNESS BENEFIT RIDER
ACCIDENT BENEFIT RIDER
RETURN OF PREMIUM RIDER

Policyholder, Group Policy Number, Employer, Insured Person, Certificate Number, Applicable Class: All policy, policyholder and employer data will be case-specific.

Contents: Page numbering will be adjusted as needed.

Data in right footer: The data in the right footer, if used, will be case-specific.

CRITICAL ILLNESS RIDER

Policyholder, Group Policy Number, Employer, Insured Person, Certificate Number, Applicable Class: All policy, policyholder and employer data will be case-specific.

Contents: Page numbering will be adjusted as needed.

Schedule of Benefits – Who Pays for the Coverage: References to “Option 1/Core” and “Option 2/Buyup” if used may be changed to some other label describing the different benefit selections.” The last row if used may refer to multiple options, such as “Options 2, 3 and 4.”

Schedule of Benefits – Maximum Benefit Amount (all versions): This description will be case-specific to support the appropriate offer for each plan, or the elected amount for each Covered Person if the rider is individualized.

General Provisions – Effective Date: References to “Option 1 coverage” and “Option 2 coverage” if used may be changed to some other label describing the different benefit selections, such as “Core coverage” and “Buy-Up coverage.” The second reference if used may refer to multiple options, such as “Option 2, 3 or 4 coverage.”

Data in right footer: The data in the right footer, if used, will be case-specific.

GROUP INSURANCE APPLICATION

Home & Administrative Office: The insurer’s home & administrative office addresses may be changed.

Fraud warnings: The states listed and the statements may be updated for state requirements.

Data in right footer: The data in the right footer, if used, will be for the insurer’s use only.

HOSPITAL CONFINEMENT INDEMNITY APPLICATION

When presented electronically, the actual wording of the statements and questions will not change, but based on the plan design and the responses, they may appear in a slightly different order. Logic will be built into the electronic system to allow only the applicable information and questions to appear to the applicant.

Administrative Office: The insurer's administrative office may be changed.

Coverage Requested – amounts: The application may show specific amounts offered under the plan, or pre-populate a single amount if only one is offered, or allow the applicant to enter the amount.

Data in right footer: The data in the right footer of all pages, if used, will be for the insurer's use only.

Fraud warnings: The states listed and the statements may be updated for state requirements.