

SERFF Tracking Number: MNNP-128272622 State: Arkansas
Filing Company: ReliaStar Life Insurance Company State Tracking Number:
Company Tracking Number: RL-ACC2-POL-12
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Compass Accident
Project Name/Number: Compass Accident/

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: Compass Accident

TOI: H02G Group Health - Accident Only

Sub-TOI: H02G.000 Health - Accident Only

Filing Type: Form

SERFF Tr Num: MNNP-128272622 State: Arkansas

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

Co Tr Num: RL-ACC2-POL-12

State Status: Approved-Closed

Author: Dawn Olson

Date Submitted: 05/08/2012

Reviewer(s): Rosalind Minor

Disposition Date: 05/14/2012

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Compass Accident

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 05/14/2012

State Status Changed: 05/14/2012

Created By: Dawn Olson

Corresponding Filing Tracking Number:

Filing Description:

Forms submitted:

RL-ACC2-POL-12: Group Accident Policy

RL-ACC2-CERT-12-AR: Group Accident Certificate

RL-ACC2-SPR-12: Spouse Accident Rider

RL-ACC2-CHR-12-AR: Children's Accident Rider

RL-ACC2-ADR-12: Accidental Death & Dismemberment (AD&D) Rider

RL-ACC2-CAR-12: Catastrophic Accident Rider

RL-ACC2-WELL-12: Wellness Benefit Rider

RL-ACC2-DIR-12: Off Job Accident Disability Income Rider

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Dawn Olson

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Product Name: Compass Accident
Project Name/Number: Compass Accident/
RL-ACC2-HCR-12: Sickness Hospital Confinement Rider
RL-GRP-AR-12: Group Application

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

The policy provides accident 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 provisions in the policy and certificate will always appear in the same context. However, the page numbers on which information falls may change dependent on the employer's elections, any future filed language changes that may be required, and system formatting limitations.

The employer will choose whether or not to offer the Spouse and/or Children's riders and will choose the coverage amounts. Employees will then be able to elect these riders. The employer will choose whether or not to offer the Off Job Accident Disability Income Rider and it will then either cover all employees or be provided as an option at the employee level.

The AD&D Rider, the Catastrophic Accident Rider, the Wellness Benefit Rider, and the Sickness Hospital Confinement Rider and the coverage amounts on those riders will be chosen by the employer and will not be options at the employee level.

This submission includes a Group Application. The application 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. Note that the Group Application is being filed concurrently with our new group Critical Illness product.

The Policy, Certificate, Riders and Application contain bracketed material. Note that no change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your state. A Statement of Variability explaining the variables is included in this submission.

To the best of my knowledge and belief, this submission complies with the laws, regulations and bulletins of your state.

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Thank you in advance for your prompt review and consideration of this submission. Please contact me if you have any questions or if you need any additional information in order to complete your review.

State Narrative:

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$500.00
 Retaliatory? No
 Fee Explanation: Policy = \$50.
 Certificate = \$50.
 7 riders at \$50 each = \$350.
 Application = \$50.
 Total = \$500.
 Minnesota's flat filing fee for forms is \$125.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$500.00	05/08/2012	59007414

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/14/2012	05/14/2012

SERFF Tracking Number: MNNP-128272622 *State:* Arkansas
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Disposition

Disposition Date: 05/14/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Group Accident Policy	Approved-Closed	Yes
Form	Group Accident Certificate	Approved-Closed	Yes
Form	Spouse Accident Rider	Approved-Closed	Yes
Form	Children's Accident Rider	Approved-Closed	Yes
Form	AD&D Rider	Approved-Closed	Yes
Form	Catastrophic Accident Rider	Approved-Closed	Yes
Form	Wellness Benefit Rider	Approved-Closed	Yes
Form	Off Job Accident Disability Income Rider	Approved-Closed	Yes
Form	Sickness Hospital Confinement Rider	Approved-Closed	Yes
Form	Group Application	Approved-Closed	Yes

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Form Schedule

Lead Form Number: RL-ACC2-POL-12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/14/2012	RL-ACC2-POL-12	Policy/Cont ract/Fraternal Certificate	Group Accident	Initial			RL-ACC2-POL-12.pdf
Approved-Closed 05/14/2012	RL-ACC2-CERT-12-AR	Certificate	Group Accident Certificate	Initial			RL-ACC2-CERT-12-AR.pdf
Approved-Closed 05/14/2012	RL-ACC2-SPR-12	Certificate	Spouse Accident Amendmen t, Insert Page, Endorseme nt or Rider	Initial			RL-ACC2-SPR-12.pdf
Approved-Closed 05/14/2012	RL-ACC2-CHR-12-AR	Certificate	Children's Accident Amendmen t, Insert Page, Endorseme nt or Rider	Initial			RL-ACC2-CHR-12-AR.pdf
Approved-Closed 05/14/2012	RL-ACC2-ADR-12	Certificate	AD&D Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial			RL-ACC2-ADR-12.pdf
Approved-Closed 05/14/2012	RL-ACC2-CAR-12	Certificate	Catastrophic Accident Amendmen t, Insert Page, Endorseme nt or Rider	Initial			RL-ACC2-CAR-12.pdf

GROUP ACCIDENT INSURANCE POLICY

RELIASTAR LIFE INSURANCE COMPANY

[20 Washington Avenue South, Minneapolis, Minnesota 55401]
[800-955-7736]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CAC]

POLICY EFFECTIVE DATE: [January 1, 2013]

POLICY ANNIVERSARY DATE: [January 1]

GOVERNING JURISDICTION: [State]

THIS IS A LIMITED BENEFIT POLICY.

Benefits are paid for Covered Accidents 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.

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 Accident 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.

[Accident Insurance \$.xx per \$1,000]

[Spouse Accident Rider \$.xx per \$1,000]

[Children’s Accident Rider \$.xx per \$1,000]

[AD&D Rider \$.xx per [Employee/Member]]

[AD&D Rider \$.xx per \$1,000]

[Catastrophic Accident Rider \$.xx per [Employee/Member]]

[Catastrophic Accident Rider \$.xx per \$1,000]

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

[Wellness Benefit Rider \$.xx per Rider]

[Off Job Accident

Disability Income Rider \$.xx per [Employee/Member]]

[Off Job Accident

Disability Income Rider \$.xx per \$1,000]

[Sickness Hospital Confinement Rider ... \$.xx per \$1,000]

[Sickness Hospital Confinement Rider per \$1,000 based on the [attained] [issue] age [and tobacco use] 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]]

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 cancellation 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: [12345-6CAC]

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-76543	January 1, 2013]

[RIDER/ENDORSEMENT INDEX

Class of Insured Persons	Certificate Number	Rider / Endorsement Number	Effective Date
All eligible [Employees/Members]	B-76543	SR-76543	January 1, 2013
All eligible [Employees/Members]	B-76543	CR-76543	January 1, 2013
All eligible [Employees/Members]	B-76543	WR-76543	January 1, 2013
All eligible [Employees/Members]	B-76543	ADR-76543	January 1, 2013
[Hourly Employees]	B-76543	DIR-76543	January 1, 2013
[Salaried Employees]	B-76543	CAR-76543	January 1, 2013
All eligible [Employees/Members]	B-76543	HCR-76543	January 1, 2014]

**GROUP ACCIDENT INSURANCE
CERTIFICATE OF COVERAGE**

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

Claims: [800-###-####] Customer Service: [800-537-5024]

POLICYHOLDER: [ABC Company]
GROUP POLICY NUMBER: [12345-6CAC]
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 Covered Accidents 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 an Accident-only Certificate and it does not pay benefits for loss from Sickness.

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: [12345-6CAC]
[ACCOUNT NUMBER: [2]]
[INSURED PERSON: [John S. Doe]]
[CERTIFICATE NUMBER: [12-76543]]

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.]

ACCIDENT BENEFITS

ACCIDENT HOSPITAL CARE

Surgery – open abdominal, thoracic:..... [\$100 – 5,000]

Surgery – exploratory or without repair: [\$10 – 500]

Blood, Plasma, Platelets:..... [\$30 – 750]

Hospital Admission: [\$75 – 1,875]

Hospital Confinement: [\$20 – 500]

[Critical Care Unit Confinement:..... [\$40 – 1,000]]

[Rehabilitation Facility Confinement:..... [\$40 – 500]]

Coma: [\$500 – 12,500]

Transportation: [\$30 – 750]

Lodging: [\$10 – 250]

[Family Care: [\$10 – 100]]

FOLLOW-UP CARE

Medical Equipment: [\$5 – 500]

Physical Therapy: [\$2.50 – 250]

Prosthetic Device – one:..... [\$50 – 2,000]

Prosthetic Device – 2 or more: [\$100 – 4,000]

EMERGENCY CARE

Initial Doctor Visit: [\$5 – 125]

Emergency Room Treatment: [\$15 – 375]

Ambulance

Ground:..... [\$10 – 250]

Air: [\$50 – 1,250]

Follow-Up Doctor Treatment: [\$5 – 125]

COMMON INJURIES

Burns

2nd degree - at least 36% of the body: [\$75 – 2,000]
3rd degree - at least 9 but less than
35 square inches of the body: [\$150 – 4,000]
3rd degree - 35 or more square inches
of the body: [\$1,000 – 25,000]

Skin Grafts: [10-50]% of Burn Benefit

Emergency Dental Work while Hospital Confined

Crown: [\$15 – 375]
Extraction: [\$5 – 250]

Eye Injury

Surgery: [\$20 – 500]
Removal of foreign object: [\$20 – 500]

Torn Knee Cartilage

Surgery with no repair or if
cartilage is shaved: [\$10 – 250]
Surgical repair: [\$50 – 1,250]

Laceration (total of all lacerations)

treated, no sutures: [\$2.50 – 100]
sutures, up to 2 inches: [\$5 – 200]
sutures, 2 to 6 inches: [\$20 – 800]
sutures, over 6 inches: [\$40 – 1,600]

Ruptured Disk – surgical repair: [\$40 – 1,000]

Tendon/Ligament/Rotator Cuff

One, surgical repair: [\$40 – 1,000]
2 or more, surgical repair: [\$60 – 1,500]
Exploratory Arthroscopic Surgery
with no repair: [\$10 – 250]

Concussion: [\$10 – 500]

Paralysis

Quadriplegia: [\$1,000 – 25,000]
Paraplegia: [\$500 – 12,500]

Dislocations (closed & open reduction)

	Closed Reduction	Open Reduction
Hip Joint:	[\$200 – 5,000]	[\$400 – 10,000]
Knee:	[\$80 – 2,000]	[\$160 – 4,000]
Ankle or Foot Bone(s) other than toes:	[\$80 – 2,000]	[\$160 – 4,000]
Shoulder:	[\$30 – 750]	[\$60 – 1,500]
Elbow:	[\$30 – 750]	[\$60 – 1,500]
Wrist:	[\$30 – 750]	[\$60 – 1,500]

COMMON INJURIES (continued)

Dislocations (closed & open reduction)	Closed Reduction	Open Reduction
Finger/Toe:	[\$10 – 250]	[\$20 – 500]
Hand Bone(s) other than fingers:	[\$30 – 750]	[\$60 – 1,500]
Lower Jaw:	[\$30 – 750]	[\$60 – 1,500]
Collarbone:	[\$30 – 750]	[\$60 – 1,500]
Partial Dislocations:	[10-50]% of Closed Reduction Amount	
Fractures (closed & open reduction)	Closed Reduction	Open Reduction
Hip:	[\$150 – 3,750]	[\$300 – 7,500]
Leg:	[\$80 – 2,000]	[\$160 – 4,000]
Ankle:	[\$30 – 750]	[\$60 – 1,500]
Kneecap:	[\$30 – 750]	[\$60 – 1,500]
Foot (excluding toes, heel):	[\$30 – 750]	[\$60 – 1,500]
Upper Arm:	[\$35 – 875]	[\$70 – 1,750]
Forearm, Hand, Wrist (except fingers):	[\$30 – 750]	[\$60 – 1,500]
Finger, Toe:	[\$5 – 250]	[\$10 – 500]
Vertebral Body:	[\$80 – 2,000]	[\$160 – 4,000]
Vertebral Processes:	[\$30 – 750]	[\$60 – 1,500]
Pelvis (except Coccyx):	[\$80 – 2,000]	[\$160 – 4,000]
Coccyx:	[\$20 – 500]	[\$40 – 1,000]
Bones of Face (except nose):	[\$35 – 875]	[\$70 – 1,750]
Nose:	[\$10 – 250]	[\$20 – 500]
Upper Jaw:	[\$35 – 875]	[\$70 – 1,750]
Lower Jaw:	[\$30 – 750]	[\$60 – 1,500]
Collarbone:	[\$30 – 750]	[\$60 – 1,500]
Rib or Ribs:	[\$25 – 625]	[\$50 – 1,250]
Skull – simple (except bones of face):	[\$100 – 2,500]	[\$200 – 5,000]
Skull – depressed (except bones of face):	[\$250 – 6,250]	[\$500 – 12,500]
Sternum:	[\$30 – 750]	[\$60 – 1,500]

COMMON INJURIES (continued)

Fractures (closed & open reduction)	Closed Reduction	Open Reduction
Shoulder Blade:	[\$30 – 750]	[\$60 – 1,500]
Chip Fractures:	[10-50]% of Closed Reduction Amount	

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.]

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

[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 along with any proof of claim.]

[Child Care Center means any facility or private care that:

- is licensed as such by the state,
- provides non-medical care and supervision for Children, and
- is not operated by You or a member of Your immediate family.]

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.

Coma means a state of unconsciousness for fourteen (14) consecutive days due to a Covered Accident with:

- no reaction to external stimuli,
- no reaction to internal needs, and
- the use of life support systems.

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

Covered Accident means an Accident that:

- occurs on or after Your coverage effective date and the effective date of any riders,
- occurs while Your coverage is in force, and
- is not excluded by name or specific description in the Policy.

[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.]

Dislocation means a separated joint.

- **Open Reduction** of Dislocation = surgical reduction of a completely separated joint.
- **Closed Reduction** of Dislocation = non-surgical reduction of a completely separated joint.
- **Incomplete** Dislocation = the joint is not completely separated.

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.

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

[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.]

Eyelid means the moveable fold of skin and muscle that covers the eye.

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

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

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 a Covered 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.]

Outpatient Surgery means surgical services received at a Hospital or free-standing facility such as a surgical center licensed by the state to render Outpatient Surgery. The surgical service must be performed by a board certified surgical specialist with anesthesia rendered by a separate provider.

Paralysis means spinal cord Injuries sustained in a Covered Accident that result in the loss of use of two or more arms and legs.

- **Paraplegia** = the complete and irreversible Paralysis of both legs.
- **Quadriplegia** = the complete and irreversible Paralysis of both arms and both legs.

Physical Therapist means a person other than You or any family member, who:

- is licensed by the state to practice physical therapy,
- performs services within the scope of his/her license, and
- practices according to the Code of Ethics of the American Physical Therapy Association.

[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.]

[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 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.

[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.]]

[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 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 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.]

[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.]

[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.]]

[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 cancellation 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.

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. 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 Covered Accident that occurs after the effective date of reinstatement. Benefits are not payable for an Accident that occurs between the original 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.]

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

If premiums are based on Your age and You have misstated Your age, We will make a fair adjustment of benefits to reflect the amount that the premium paid would have purchased at Your true age. 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 Accident 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.

ACCIDENT BENEFITS

ACCIDENT HOSPITAL CARE BENEFITS

We will pay an ACCIDENT HOSPITAL CARE benefit (as shown in the SCHEDULE OF BENEFITS) if You receive any of the services or meet any of the conditions described below as the result of Injuries received in a Covered Accident. The Injury must occur while You are covered under the Policy. No benefit is payable if You are not covered under the Policy at the time services are received or these conditions are met.

Blood, Plasma, Platelets: Transfusion, administration, cross matching, typing and processing of blood, plasma, platelets administered within 90 days after a Covered Accident. This benefit is payable once per Covered Accident.

Coma: You have been in a Coma for at least 14 days. This benefit is payable once per Covered Accident.

[Family Care: You are Confined in a Hospital [or a Rehabilitation Facility] as the result of a Covered Accident, and You have a Child or Children attending a Child Care Center during that Confinement. Benefits are payable daily for up to a total of [30-60] days of Child Care Center attendance during and immediately following Your Confinement. This benefit is payable once per Child per Covered Accident.]

Hospital Admission: Admission to a Hospital as a result of a Covered Accident. The admission must begin within six months after a Covered Accident. This benefit is payable once per Covered Accident. No benefit is payable for any of the following:

- Emergency Room treatment.
- Outpatient Surgery.
- A stay of less than 20 hours in an observation unit.

Hospital Confinement: Confinement in a Hospital for at least [18-24] consecutive hours on an inpatient basis as the result of a Covered Accident. The Hospital Confinement must begin within six months after a Covered Accident. Benefits are payable daily for up to 365 days for a Covered Accident. Benefits are payable for only one Hospital Confinement at a time even if the Confinement is caused by more than one Covered Accident. Only one type of Confinement benefit is payable for each period of eligible Confinement.

If You are discharged from the Hospital and then re-Confined within [30-90] days due to the same Covered Accident or due to a related condition, the re-Confinement will be considered part of the previous Hospital Confinement(s).

[Critical Care Unit Confinement: Confinement in a Critical Care Unit for at least [18-24] consecutive hours on an inpatient basis as the result of a Covered Accident. The Confinement must begin within 30 days after a Covered Accident. Benefits are payable daily for up to [15-90] days for a Covered Accident. Benefits are payable for only one Critical Care Unit Confinement at a time even if the Confinement is caused by more than one Covered Accident. Only one type of Confinement benefit is payable for each period of eligible Confinement.

If You are discharged from the Critical Care Unit and then re-Confined within [30-90] days due to the same Covered Accident or due to a related condition, the re-Confinement will be considered part of the previous Critical Care Unit Confinement(s).]

Lodging: Hotel/motel stay by Your companion while You are Confined in a Hospital [or a Rehabilitation Facility]. The [Hospital] [Hospital/Facility] must be more than 100 miles from Your home. This benefit is payable for up to 30 days per Covered Accident.

[Rehabilitation Facility Confinement: Confinement in a Rehabilitation Facility for [18-24] consecutive hours on an inpatient basis as the result of a Covered Accident. Benefits are payable daily for each subsequent and continuous day (or portion thereof) of inpatient Rehabilitation Facility Confinement, for up to [30-90] days per Covered Accident. Benefits are payable for only one Rehabilitation Facility Confinement at a time even if the Confinement is caused by more than one Covered Accident. Only one type of Confinement benefit is payable for each period of eligible Confinement.

If You are released and readmitted to a Rehabilitation Facility within 30 days due to the same Covered Accident or due to a related condition, the re-Confinement will be considered part of the previous Rehabilitation Facility Confinement(s).]

Surgery: The surgery must take place within 72 hours after a Covered Accident. The benefit amount varies based on the type of services received (refer to the SCHEDULE OF BENEFITS). This benefit is payable once per Covered Accident. No benefit is payable for hernia repair.

Transportation: Transportation for You for special treatment and Confinement in a Hospital [or a Rehabilitation Facility]. 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.

FOLLOW-UP CARE BENEFITS

We will pay a FOLLOW-UP CARE benefit (as shown in the SCHEDULE OF BENEFITS) if You receive any of the services or meet any of the conditions described below as the result of Injuries received in a Covered Accident. The Injury must occur while You are covered under the Policy. No benefit is payable if You are not covered under the Policy at the time services are received or these conditions are met.

Medical Equipment: The medical equipment must be prescribed by a Doctor and use must begin within 90 days after the Covered Accident. This benefit is payable once per Covered Accident. The types of eligible equipment are:

- Crutches.
- Wheelchair.
- Back Brace.
- Leg Brace.
- Walker.

Physical Therapy: Physical therapy must be prescribed by a Doctor and provided by a Physical Therapist in an office or Hospital [or a Rehabilitation Facility] on an inpatient or outpatient basis. The therapy must begin within 60 days after a Covered Accident and be completed within six months after the Covered Accident. This benefit is payable up to 6 times per Covered Accident.

Prosthetic Device: You receive a prosthetic device prescribed by a Doctor for use following the loss of use of a hand, a foot or the sight of an eye. The prosthetic device must be received within one year of a 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. 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.

[EMERGENCY CARE BENEFITS

We will pay an EMERGENCY CARE benefit (as shown in the SCHEDULE OF BENEFITS) if You receive any of the services or meet 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 You are covered under the Policy. No benefit is payable if You are not covered under the Policy at the time services are received or these conditions are met.

Ambulance, Air: Transport by a licensed professional air ambulance company to or from a Hospital or between medical facilities, for treatment of Injuries received as the result of a Covered Accident. The transport must be within 48 hours after the Covered Accident. This benefit is payable once per Covered Accident.

Ambulance, Ground: Transport by a licensed professional ambulance company to or from a Hospital or between medical facilities, for treatment of Injuries received as the result of a Covered Accident. The transport must be within 90 days after the Covered Accident. This benefit is payable once per Covered Accident.

Emergency Room Treatment: Examination and treatment by a Doctor in an Emergency Room within 72 hours after a Covered Accident. This benefit is payable once per Covered Accident. **Exception:** If You are also eligible for an Initial Doctor Visit benefit, the Initial Doctor Visit benefit amount will be subtracted from the Emergency Room treatment benefit.

Initial Doctor Visit: Examination and treatment by a Doctor within 72 hours after a Covered Accident. This benefit is payable once per Covered Accident. **Exception:** If You are also eligible for an Emergency Room treatment benefit, the Initial Doctor Visit benefit will be subtracted from the Emergency Room treatment benefit.

Follow-Up Doctor Treatment: Follow-up treatment by a Doctor within 30 days after a Covered Accident. This benefit is only available if You are eligible for the Initial Doctor Visit benefit or the Emergency Room treatment benefit. This benefit is payable once per Covered Accident.]

COMMON INJURIES BENEFITS

We will pay a COMMON INJURIES benefit (as shown on the SCHEDULE OF BENEFITS) if You receive any of the services or meet any of the conditions described below as the result of Injuries received in a Covered Accident. The Injury must occur while You are covered under the Policy. Note: No benefit is payable if You are not covered under the Policy at the time services are received or these conditions are met.

Burns: The burn must be treated by a Doctor within 72 hours after a Covered Accident. The benefit amount varies based on the burn classification (refer to the SCHEDULE OF BENEFITS). If Your burns meet more than one of the burn classifications, the higher amount will be payable. This benefit is payable once per Covered Accident.

Concussion: The concussion must be diagnosed by a Doctor within 72 hours after a 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 a Covered Accident. The Dislocation must require Open or Closed Reduction by a Doctor. The benefit amount will vary based on the type of services received.

- If the reduction is done without anesthesia, the benefit will be reduced to [10-50]% of what would have been paid for a Closed Reduction of the same joint.
- If the Dislocation is Incomplete, the benefit will be reduced to [10-50]% of what would have been paid for a Closed Reduction of the same joint.

If You receive 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 You receive a Dislocation and a 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 You receive a Dislocation or a Fracture and You tear, rupture or sever a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit is payable. The benefit payable will be the largest of either 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 Confined: Natural teeth must be damaged due to a Covered Accident and either extracted or repaired by the placement of a crown. The benefit amount varies based on the type of services received (refer to the SCHEDULE OF BENEFITS). This benefit is payable once per Covered Accident regardless of the number of teeth involved.

Eye Injury: The eye Injury must be treated by a Doctor within 90 days after a Covered Accident. The Injury must require surgery or the removal of a foreign object by a Doctor. The benefit amount varies based on the type of services received (refer to the SCHEDULE OF BENEFITS). This benefit is payable once per Covered Accident. No benefit is payable for examination with anesthesia or for an Injury to the Eyelid.

Fractures: The Fracture must be diagnosed by a Doctor within 90 days after a Covered Accident. The Fracture must require Open or Closed Reduction by a Doctor. If the Doctor diagnoses the Fracture as a Chip Fracture, the benefit will be reduced to [10-50]% of what would have been paid for a Closed Reduction of the same bone. The benefit amount varies based on the type of services received (refer to the SCHEDULE OF BENEFITS).

If You receive more than one Fracture in a Covered Accident, a benefit is payable for all 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 You receive a Fracture and a 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 You receive a Fracture or a Dislocation and You tear, rupture or sever a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit is payable. The benefit payable will be the largest of either the Fracture, the Dislocation or the tendon/ligament/rotator cuff benefit.

Laceration: A laceration is a cut. The laceration must be treated by a Doctor within 72 hours after a Covered Accident. The benefit amount will be based on the total length of all lacerations requiring repair that are received in any one Covered Accident. If the laceration is severe enough to require stitches but the Doctor chooses to repair it another way, the benefit will be determined as if the laceration was stitched. This benefit is payable once per Covered Accident.

Paralysis: Paralysis must be confirmed by a Doctor and based on documented evidence of the Injury that caused the Paralysis. The duration of the Paralysis must be at least 30 days and expected to be permanent. The benefit amount varies based on the degree of Paralysis (refer to the SCHEDULE OF BENEFITS). This benefit is payable once per Covered Accident.

Ruptured Disk: You must receive surgical repair of a ruptured disk. The ruptured disk must be treated by a Doctor within 60 days after a Covered Accident. Surgical Repair by a Doctor is required within 1 year after the Covered Accident. This benefit is payable once per Covered Accident.

Skin Graft: The skin graft is for a burn for which a benefit was paid under the burn benefit in this section. This benefit is payable once per Covered Accident.

Tendon/Ligament/Rotator Cuff: The tendon, ligament or rotator cuff must be torn, ruptured or severed and repaired through surgery within 90 days after a Covered Accident. The benefit amount varies based on the number of repairs required and the services received (refer to the SCHEDULE OF BENEFITS). This benefit is payable once per Covered Accident.

If You receive a Dislocation or a Fracture and You tear, rupture or sever a tendon/ligament/rotator cuff in the same Covered Accident, only one benefit is payable. The benefit payable will be the largest of either the Dislocation, the Fracture or the tendon/ligament/rotator cuff benefit.

Torn Knee Cartilage: You must receive surgical repair of torn knee cartilage. The Injury must be treated by a Doctor within 60 days after a Covered Accident. Surgical repair of the tear must occur within 6 months after the Covered Accident. The benefit amount varies based on the type of service received (refer to the SCHEDULE OF BENEFITS). This benefit is payable once per Covered Accident.

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 You are operating 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.
- 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

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 the time of 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 ACCIDENT RIDER

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

POLICYHOLDER: [ABC Company]
GROUP POLICY NUMBER: [12345-6CAC]
[EMPLOYER: [XYZ Company]]
[INSURED PERSON: [John S. Doe]]
[SPOUSE: [Jane Q. Doe]]
[CERTIFICATE NUMBER: [12-76543]]

[Applicable only to Salaried Employees]

This rider is made a part of the Accident 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.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

[The Employer pays the cost of coverage under this Spouse Accident Rider.]
[You and the Employer share the cost of coverage under this Spouse Accident Rider.]
[You pay the cost of coverage under this Spouse Accident Rider.]

ACCIDENT BENEFITS

The benefit amounts for Your Spouse are the same as the benefit amounts for You as shown in the SCHEDULE OF BENEFITS section of the Certificate, based on Your Spouse's Covered Accident.

DEFINITIONS

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

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 Accident Rider on the latest of the following:

- The Policy effective date.
- The date this Spouse Accident Rider is available to the eligible class of Insured Persons to which You belong.
- Your Accident 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 Accident Rider.

EFFECTIVE DATE

[[When the Employer pays 100% of the cost of coverage under this Spouse Accident 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 Accident 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.
- 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.]

TERMINATION

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

- The date Your Certificate terminates.
- The date the Spouse Accident Rider is terminated for all Insured Persons under the Policy.
- [The date You voluntarily cancel this Spouse Accident 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 Accident 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 Accident 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 Accident Rider. 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 Accident Rider at the same time. This rider may be reinstated only if the Certificate is in force. 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 Covered Accident that occurs after the effective date of reinstatement. Benefits are not payable for an Accident that occurs between the original termination date and the date We approve Your application for reinstatement.]

ACCIDENT BENEFITS

The benefits for Your Spouse are the same as the benefits for You as shown in the ACCIDENT BENEFITS section of the Certificate, based on Your Spouse's Covered Accident.

[Only one family care benefit is payable per Child if You and Your Spouse are simultaneously Confined in a Hospital [or a Rehabilitation Facility].]

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 Your Spouse is operating 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.
- 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 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 Spouse Accident 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. Britton
President



Megan Huddleston
Secretary

CHILDREN'S ACCIDENT RIDER

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

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CAC]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-76543]]

[Applicable only to Salaried Employees]

This rider is made a part of the Accident 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.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

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

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

[You pay the cost of coverage under this Children's Accident Rider.]

ACCIDENT BENEFITS

The benefit amounts for Your Children are the same as the benefit amounts for You as shown in the SCHEDULE OF BENEFITS section of the Certificate, based on Your Child's Covered Accident.

DEFINITIONS

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

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 Accident Rider on the latest of the following:

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

[If You have coverage under this Children's Accident 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 Accident 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].]

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

EFFECTIVE DATE

[[When the Employer pays 100% of the cost of coverage under this Children's Accident 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 Accident 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.
- 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.]

TERMINATION

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

- The date this Children's Accident 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 Accident Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Children's Accident Rider is terminated for all Insured Persons under the Policy.
- [The date You voluntarily cancel this Children's Accident 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 Accident 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 Accident Rider, then this Children's Accident 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 Accident 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 Accident Rider at the same time. This rider may be reinstated only if the Certificate is in force. 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 Covered Accident that occurs after the effective date of reinstatement. Benefits are not payable for an Accident that occurs between the original termination date and the date We approve Your application for reinstatement.]

ACCIDENT BENEFITS

The benefits for Your Children are the same as the benefits for You as shown in the ACCIDENT BENEFITS section of the Certificate, based on Your Child's Covered Accident. Benefits are payable for each covered Child.

[No family care benefit is payable for Your Child's Covered Accident.]

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 Your Child is operating 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.
- 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 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 Accident 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

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) RIDER

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

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CAC]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-76543]]

[Applicable only to Salaried Employees]

This rider is made a part of the Accident 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.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this AD&D Rider is automatically included in the cost of Your coverage.

AD&D BENEFITS

Accidental Death

[You:]	[\$2,500 – 100,000]
[Your Spouse:].....	[\$1,000 – 50,000]]
[Your Children:].....	[\$500 – 25,000]]

Common Carrier

[You:]	[\$5,000 – 200,000]
[Your Spouse:].....	[\$2,000 – 100,000]]
[Your Children:].....	[\$1,000 – 50,000]]

Dismemberment

- Loss of both hands or both feet
or the sight in both eyes: [\$1,500 – 37,500]
- Loss of one hand or one foot
AND the sight in one eye:..... [\$1,500 – 37,500]
- Loss of one hand AND one foot: [\$1,500 – 37,500]
- Loss of one hand OR one foot [\$750 – 18,750]
- Loss of two or more fingers or toes [\$150 – 3,750]
- Loss of one finger or toe [\$75 – 1,875]

DEFINITIONS

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

Common Carrier means any commercial transportation that operates on a regularly scheduled basis between predetermined points or cities.

Covered Person means:

- You, if You are covered for Accident insurance under the Policy [and under the Catastrophic Accident Rider].
- [Your Spouse who is covered under Your Spouse Accident Rider [and under the Catastrophic Accident Rider].]
- [Your Children who are covered under Your Children's Accident Rider [and under the Catastrophic Accident 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 AD&D Rider on the latest of the following dates:

- The Policy effective date.
- The date this AD&D Rider is available to the eligible class of Insured Persons to which You belong.
- Your Accident 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 AD&D Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the AD&D Rider is terminated for all Insured Persons under the Policy.
- [The date Your Catastrophic Accident Rider terminates.]
- [Your [70th-80th] birthday.][The Policy Anniversary following Your [70th-80th] birthday.]
- [For Your Spouse's coverage, the date the Spouse Accident Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Accident Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this AD&D 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 Accident Rider, then this AD&D Rider can also be continued under Your Spouse's coverage [along with the Catastrophic Accident Rider].]

[REINSTATEMENT

The Certificate's REINSTATEMENT provision does not apply to this AD&D Rider.]

AD&D BENEFITS

We will pay an AD&D benefit (refer to 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 loss resulting from the Injury must begin, while You are covered under the Policy. Note: No benefit is payable if the Covered Person is not covered under the Policy at the time services are received or these conditions are met.

Accidental Death: Injuries received in a Covered Accident cause a Covered Person's death within 90 days after the Covered Accident. Your benefit is payable to Your named Accidental Death beneficiary. If there is no named beneficiary, Your benefit is payable to Your estate. [Your Spouse's and Child's benefit is payable to You.] Note: No Accidental Death benefit is payable if the Covered Person is eligible for the Common Carrier benefit.

Common Carrier: Injuries received in a Covered Accident while a Covered Person is a fare paying passenger in a Common Carrier cause the Covered Person's death within 90 days after the Covered Accident. Your benefit is payable to Your named Accidental Death beneficiary. If there is no named beneficiary, Your benefit is payable to Your estate. [Your Spouse's and Child's benefit is payable to You.]

Dismemberment: A benefit is payable to You if a Covered Person's loss (as described below) occurs within 90 days after a Covered Accident. The benefit amount varies based on the loss (refer to the SCHEDULE OF BENEFITS). The types of eligible loss under this benefit are limited to the following:

- Loss of both hands.
- Loss of both feet.
- Total and permanent loss of sight in both eyes.
- Loss of one hand or one foot AND permanent loss of sight in one eye.
- Loss of one hand AND one foot.
- Loss of one hand OR one foot.
- Loss of two or more fingers or toes.
- Loss of one finger OR one toe.

"Loss" means the physical loss of:

- A hand: the hand is removed through or above the wrist joint.
- A foot: the foot is removed through or above the ankle joint.
- Sight in an eye: total and permanent loss of sight.
- A finger: the finger is removed at the joint proximate to the first interphalangeal joint where it is attached to the hand.
- A toe: the toe is removed at the joint proximate to the first interphalangeal joint where it is attached to the foot.

If a Covered Person loses a finger or toe and within 90 days as the result of the same Covered Accident loses a hand or foot on the same side of the body, the benefit amount payable for the loss of the finger or toe will be subtracted from the benefit payable for the loss of the hand or the foot.

If an Accident benefit is payable after laceration repair of a finger, toe, hand, foot or eye and that body part is later lost due to the same Covered Accident, the amount of the laceration repair benefit will be subtracted from the dismemberment benefit.

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 Your [or Your Spouse] to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

AUTOPSY

We may require an autopsy in case of death, at Our expense, where it is not prohibited by law.

BENEFIT PAYMENTS

Benefits under this AD&D 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 Your beneficiary or to Your estate.

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



Donald W. Patton
President



Megan Huddleston
Secretary

CATASTROPHIC ACCIDENT RIDER

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

POLICYHOLDER: [ABC Company]
GROUP POLICY NUMBER: [12345-6CAC]
[EMPLOYER: [XYZ Company]]
[INSURED PERSON: [John S. Doe]]
[CERTIFICATE NUMBER: [12-76543]]

[Applicable only to Salaried Employees]

This rider is made a part of the Accident 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.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Catastrophic Accident Rider is automatically included in the cost of Your coverage.

CATASTROPHIC ACCIDENT BENEFIT: [You:] [\$10,000 – 250,000]
[Your Spouse: [\$5,000 – 125,000]]
[Your Children: [\$5,000 – 125,000]]

The catastrophic Accident benefit reduces to 50% at age 65, and to 25% at age 70.

[Any Paralysis benefit paid for the same Covered Accident will be subtracted from the catastrophic Accident benefit.]

[Any AD&D dismemberment benefit paid for the same Covered Accident will be subtracted from the catastrophic Accident benefit.]

Catastrophic Accident Elimination Period: the 365 days immediately following the Covered Accident

[HOME MODIFICATION BENEFIT: [\$500 – 15,000]]
[VEHICLE MODIFICATION BENEFIT: [\$500 – 15,000]]

DEFINITIONS

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

Covered Person means:

- You, if You are covered for Accident insurance under the Policy [and under the AD&D Rider].
- [Your Spouse who is covered under Your Spouse Accident Rider [and the AD&D Rider].]
- [Your Children who are covered under Your Children's Accident Rider [and the AD&D 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 Catastrophic Accident Benefit Rider on the latest of the following dates:

- The Policy effective date.
- The date this Catastrophic Accident Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Accident 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 Catastrophic Accident Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Catastrophic Accident Rider is terminated for all Insured Persons under the Policy.
- [The date Your AD&D Rider terminates.]
- [Your [75th-80th] birthday.][The Policy Anniversary following Your [75th-80th] birthday.]
- [For Your Spouse's coverage, the date the Spouse Accident Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Accident Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Catastrophic Accident 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 Accident Rider, then this Catastrophic Accident Rider can also be continued under Your Spouse's coverage [along with the AD&D Rider].]

[REINSTATEMENT

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

CATASTROPHIC ACCIDENT BENEFIT

We will pay this benefit (refer to the SCHEDULE OF BENEFITS) to You if the loss as described below occurs within 365 days of a Covered Accident. This benefit is payable at the end of the catastrophic Accident elimination period. The Covered Person must be receiving the appropriate care of a Doctor during the catastrophic Accident elimination period, and the Covered Person must be alive at the end of the catastrophic Accident elimination period. This benefit is payable once per lifetime for each Covered Person.

While the Covered Person must be covered under the Policy at the time of the Covered Accident, the Covered Person does not need to be covered at the time this benefit is paid. The benefit amount is based on [Your] [the Covered Person's] age at the time of the Covered Accident. The benefit amount reduces as follows:

- [For You, to] [To] 50% on [Your 65th birthday] [the Policy Anniversary following Your 65th birthday].
- [For You, to] [To] 25% of the original benefit amount on [Your 70th birthday] [the Policy Anniversary following Your 70th birthday].
- [For Your Spouse, to 50% on [Your 65th birthday] [the Policy Anniversary following Your 65th birthday] [Your Spouse's 65th birthday] [the Policy Anniversary following Your Spouse's 65th birthday].]
- [For Your Spouse, to 25% on [Your 70th birthday] [the Policy Anniversary following Your 70th birthday] [Your Spouse's 70th birthday] [the Policy Anniversary following Your Spouse's 70th birthday].]

Losses for this benefit are limited to the total and permanent loss of any of the following:

- Both hands or both feet.
- The use of both arms or both legs.
- One hand and one foot.
- One arm and one leg.
- The sight of both eyes.
- Hearing in both ears.
- The ability to speak.

"Loss" means physical loss or loss of function:

- Of the hand through or above the wrist joint.
- Of the foot through or above the ankle joint.
- Of the entire arm from the shoulder to the hand.
- Of the entire leg from the hip to the foot.
- Of sight by total and permanent loss of sight.
- Of hearing by deafness in both ears that cannot be corrected to any functional degree by any procedure, aid or device.
- Of speech by the loss of audible communication such that it cannot be corrected to any functional degree by any procedure, aid or device.

[HOME AND/OR VEHICLE MODIFICATION BENEFITS

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

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.]

The catastrophic Accident benefit is not payable if the Covered Person is in a Coma at the end of the catastrophic Accident elimination period.

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 Your [or Your Spouse] to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

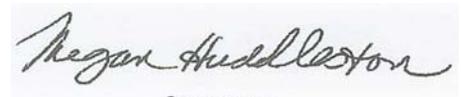
BENEFIT PAYMENTS

Benefits under this Catastrophic Accident 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

WELLNESS BENEFIT RIDER

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

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CAC]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-76543]]

[Applicable only to Salaried Employees]

This rider is made a part of the Accident 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.

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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:] [\$10-200]

[Your Spouse: [\$10-200]]

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

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 Accident insurance under the Policy.
- [Your Spouse who is covered under Your Spouse Accident Rider.]
- [Your Children who are covered under Your Children’s Accident 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 Accident 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 Accident Rider terminates.]
- [For each Child’s coverage, the date Your Child’s coverage under the Children’s Accident 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 Accident 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 covered health screening test that occurs after the effective date of reinstatement. Benefits are not payable for a health screening test that occurs between the coverage 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 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

EXCLUSIONS

The EXCLUSIONS 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. Patton
President



Megan Huddleston
Secretary

OFF JOB ACCIDENT DISABILITY INCOME RIDER

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

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CAC]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-76543]]

[Applicable only to Salaried Employees]

This rider is made a part of the Accident 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 does not replace or affect any requirements for coverage by any Workers' Compensation or state disability insurance.**

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

[The cost of coverage under this Off Job Accident Disability Income Rider is automatically included in the cost of Your coverage.]

[The Employer pays the cost of coverage under this Off Job Accident Disability Income Rider.]

[You and the Employer share the cost of coverage under this Off Job Accident Disability Income Rider.]

[You pay the cost of coverage under this Off Job Accident Disability Income Rider.]

DISABILITY INCOME BENEFITS

Monthly Benefit for Total Disability: [\$100 – 1,500]
[Choice of [\$100 – 1,500] [or] [\$100 – 1,500] [or] [\$100 – 1,500]]
[Choice of [\$100 – 1,500] in [\$50 – 500] increments]

Monthly Benefit for Partial Disability: 50% of monthly benefit for Total Disability

Maximum Benefit Period: [6-24] months

DEFINITIONS

Maximum Benefit Period means the maximum period of time (refer to the SCHEDULE OF BENEFITS) for which a monthly benefit is payable for disability.

Partial Disability or **Partially Disabled** means that following a Total Disability of 30 days or more, one of the following is true:

- You are able to perform one or more, but not all, of the material and substantial duties of any job for which You are qualified by reason of education, training and experience; or
- You are able to perform all of the material and substantial duties of any job for which You are qualified by reason of education, training and experience but for less time than was worked prior to the Total Disability.

Recurrent Disability means a Partial Disability or Total Disability that is related or due to the same cause(s) as a prior disability for which a monthly benefit under this Off Job Accident Disability Income Rider was payable. A Recurrent Disability will be treated as part of the prior disability if, after receiving monthly benefits under this rider, You return to Active Employment for less than 6 months and perform all the material and substantial duties of Your occupation. Benefit payments will be subject to the terms of this rider for the prior disability.

Regular and Appropriate Care means that the care being received by You meets all the following standards:

- You personally visit a Doctor as often as is medically required, according to generally accepted medical standards and consistent with the stated severity of the medical condition, to effectively manage and treat Your disability.
- Care is rendered by a Doctor whose specialty or experience is the most appropriate for the disability according to generally accepted medical standards.
- You are receiving or actively seeking appropriate physical rehabilitative services.

Total Disability or **Totally Disabled** means that as a result of a Covered Accident, all of the following are true:

- You are unable to work at any job for which You are qualified by reason of education, training and experience.
- You are not engaged in any employment or occupation for wages or profit.
- You are receiving Regular and Appropriate Care from a Doctor.

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 Off Job Accident Disability Income Rider is available to the eligible class of Insured Persons to which You belong.
- Your Accident coverage effective date.

EFFECTIVE DATE

[[When the Employer pays 100% of the cost of Your coverage under this Off Job Disability Income Rider, this] [This] rider will be effective for You at 12:01 a.m. standard time at the Policyholder's address on the date You are eligible for this rider.]

[[When You and the Employer share the cost of Your coverage under this Off Job Accident Disability Income Rider or when You pay 100% of the cost Yourself, this] [This] rider will be effective for You at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date You are eligible for 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.
- 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.]

[EFFECTIVE DATE OF CHANGES TO COVERAGE

Once Your Off Job Accident Disability Income Rider is effective, 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.]

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.]

TERMINATION

This Off Job Accident Disability Income Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Off Job Accident Disability Income Rider is terminated for all Insured Persons under the Policy.
- [The date You voluntarily cancel this Off Job Accident Disability Income Rider.]
- [Your 72nd birthday] [The Policy anniversary following Your 72nd birthday] if You are no longer in Active Employment.
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.

EXTENSION OF BENEFITS

Termination of the Policy during Your disability will not affect any claim that is otherwise payable. If a disability for which benefits are payable begins while Your coverage under this Off Job Accident Disability Income Rider is in force, benefits will be payable after termination of Your Accident coverage to the same extent as if the coverage had not terminated.

WAIVER OF PREMIUM

We do not require premium payment for Your Certificate or any riders while You are receiving a monthly benefit under this Off Job Accident Disability Income Rider. When You are no longer eligible to receive a monthly benefit under this rider, premiums must be paid when due in order to keep coverage in force.

[PORTABILITY

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

[REINSTATEMENT

The Certificate's REINSTATEMENT provision does not apply to this Off Job Accident Disability Income Rider.]

[OTHER RIDERS

This Off Job Accident Disability Income Rider does not apply to any Spouse Accident Rider or Children's Accident Rider under the Policy.]

[OTHER INSURANCE WITH US

You may only have one Policy, Certificate or rider, elected by You, that provides [short-term] [long-term] disability income 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.]

ASSIGNMENT

No assignment of benefits under this Off Job Accident Disability Income Rider is valid.

DISABILITY INCOME BENEFITS

Total Disability Benefit: If You are Totally Disabled due to a Covered Accident, We will pay a monthly benefit each month up to the Maximum Benefit Period. The Covered Accident and Total Disability must begin while this Off Job Accident Disability Income Rider is in force.

Partial Disability Benefit: If You are Partially Disabled, We will pay a monthly benefit each month up to the Maximum Benefit Period, for the lesser of 3 months or the remainder of the Maximum Benefit Period for Total Disability.

Benefits will terminate on the earliest of the following dates:

- The end of the Maximum Benefit Period.
- For Partial Disability, the end of the benefit period as described above.
- The date You are no longer Totally Disabled or Partially Disabled as defined.
- The date You die.

EXCLUSIONS AND LIMITATIONS

Additional general exclusions are described in the EXCLUSIONS section of the Certificate.

No monthly benefit is payable for disability caused in whole or directly by any work for pay, profit or gain.

RESIDENCY LIMITATION

If You become disabled outside the United States or territories of the United States, the monthly benefit will be limited to a maximum of 2 months while You are outside the country. To continue to receive any additional benefit payments due, You must reside in the United States or a territory of the United States for the duration of that benefit period.

CLAIMS

NOTICE OF CLAIM

Written notice of Your claim should be given to Us within 30 days after the date of disability. 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 disability 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 no later than 90 days after the termination of a period for which We are liable. 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.

Your proof of claim, provided at Your expense, must show all of the following:

- That You are under the Regular and Appropriate Care of a Doctor.
- The date Your disability began.
- The cause of Your disability.
- The appropriate documentation of Your activities.
- The extent of Your disability, including restrictions and limitations preventing You from performing Your occupation.
- The name and address of any Hospital, health facility or institution where You received treatment, including all attending Doctors.

In some cases, You will be required to give Us authorization to obtain additional medical information, and to provide non-medical information as part of Your proof of claim. If the appropriate information is not submitted within 45 days of the request, We may deny Your claim or stop sending You payments.

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. Once a disability claim has been approved, We will make payment at the end of each month for any period for which We are liable. Any balance remaining unpaid at the termination of a period of disability will be paid immediately upon receipt of proof of claim. Any accrued benefits that are payable at Your death will be paid to Your estate.

For a disability of less than 30 days, the benefit amount will be pro-rated.

OVERPAID CLAIMS

We have the right to recover any overpayments We make under this Off Job Accident Disability Income Rider. You must reimburse Us in full. We will determine the method by which the repayment is to be made. We will not recover more money than the amount We paid You. However, We reserve the right to recover any prior or current overpayment from any past, current or new payable disability claim under this rider.

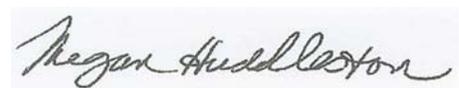
LEGAL ACTION

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.

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



Donald W. Patton
President



Megan Huddleston
Secretary

SICKNESS HOSPITAL CONFINEMENT RIDER

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

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CAC]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-76543]]

[Applicable only to Hourly Employees]

This rider is made a part of the Accident 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. **Notice to buyer: This is a Hospital Confinement 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 Sickness Hospital Confinement Rider is automatically included in the cost of Your coverage.

[BENEFIT WAITING PERIOD

A continuous period of [30-90] days.]

SICKNESS HOSPITAL CONFINEMENT BENEFITS

[You:] [\$50 – 200] per day for up to [30-90] days
[Your Spouse:] [\$50 – 200] per day for up to [30-90] days
[Your Children:] [\$25 – 150] per day for up to [30-90] days]

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 above) that each Covered Person must be insured under this Sickness Hospital Confinement Rider before any benefits are payable for that Covered Person.]

Covered Person means:

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

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

[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 Sickness Hospital Confinement Rider is available to the eligible class of Insured Persons to which You belong.
- Your Accident 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.

[CREDIT FOR PRE-EXISTING CONDITIONS

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

- The Covered Person was insured for sickness hospital confinement indemnity coverage under 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 Sickness Hospital Confinement 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 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 Sickness Hospital Confinement Rider.
- Benefits will end on the earlier of:
 - the date benefits end under this 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 Sickness Hospital Confinement Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Sickness Hospital Confinement 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 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 Accident Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Accident Rider terminates.]

[PORTABILITY

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

[REINSTATEMENT

The Certificate's REINSTATEMENT provision does not apply to this Sickness Hospital Confinement Rider.】

[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, Certificate or rider, elected by You, that provides hospital confinement 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.】

SICKNESS HOSPITAL CONFINEMENT BENEFITS

[Following satisfaction of the Benefit Waiting Period,] We will pay a daily Sickness Hospital Confinement benefit (shown in the SCHEDULE OF BENEFITS) to You if a Covered Person is Confined in a Hospital due to a Sickness. Benefits are payable for only one Confinement at a time even if the Confinement is caused by more than one Injury or Sickness.

If the Covered Person is Hospital Confined within 90 days of a previous Hospital Confinement for the same or related Sickness, We will treat this as a continuation of the previous Hospital Confinement.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable if any of the following are true:

- Services are received in an Emergency Room, or for Outpatient Treatment, or for a Hospital stay for which there is no charge for room and board.
- Confinement is the result of alcoholism or drug abuse.
- Confinement is the result of dental care or elective procedures.
- Confinement is due to psychiatric or psychological conditions.
- [Confinement is due to birth, if the Covered Person is a newborn Child, unless the newborn has an eligible Sickness.]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following this Sickness Hospital Confinement Rider's effective date for each Covered Person, We will not pay benefits for any Hospital Confinement resulting from a Pre-Existing Condition. If the Hospital Confinement begins more than [3-12] months after this rider's effective date for the Covered Person, benefits for a Pre-Existing Condition are the same as benefits for any eligible Hospital 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 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 Your [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 Sickness Hospital Confinement 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

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) _____

SERFF Tracking Number: MNNP-128272622 State: Arkansas
 Filing Company: ReliaStar Life Insurance Company State Tracking Number:
 Company Tracking Number: RL-ACC2-POL-12
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: Compass Accident
 Project Name/Number: Compass Accident/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/14/2012
Comments:		
Attachment: AR_ComplianceCert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	05/14/2012
Comments: See the Form Schedule tab for new application form.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	05/14/2012
Comments:		
Attachment: AR_Acc_SOV.pdf		

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-ACC2-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-ACC2-POL-12	53.4
Certificate	RL-ACC2-CERT-12-AR	40.8
Rider	RL-ACC2-SPR-12	50.0
Rider	RL-ACC2-CHR-12-AR	41.3
Rider	RL-ACC2-ADR-12	50.6
Rider	RL-ACC2-CAR-12	50.0
Rider	RL-ACC2-WELL-12	51.4
Rider	RL-ACC2-DIR-12	50.4
Rider	RL-ACC2-HCR-12	50.4
Application	RL-GRP-AR-12	43.8

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



Susannah Saver-Patterson
Assistant Secretary

May 8, 2012

Date

**ARKANSAS STATEMENT OF VARIABILITY
for Accident Insurance**

Group Accident Policy form RL-ACC2-POL-12
Group Accident Certificate form RL-ACC2-CERT-12-AR
Spouse Accident Rider form RL-ACC2-SPR-12
Children's Accident Rider form RL-ACC2-CHR-12-AR
Accidental Death & Dismemberment (AD&D) Rider form RL-ACC2-ADR-12
Catastrophic Accident Rider form RL-ACC2-CAR-12
Wellness Benefit Rider form RL-ACC2-WELL-12
Off Job Accident Disability Income Rider form RL-ACC2-DIR-12
Sickness Hospital Confinement Rider form RL-ACC2-HCR-12
Group Insurance Application form RL-GRP-AR-12

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.

ACCIDENT 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 3a): Rates and rate tables will be case-specific.

Part A. Policyholder Provisions –Premium Payments, and Initial Rate Guarantee and Rate Changes (page 3a): References to dates will be case-specific.

Part A. Policyholder Provisions – Divisions, Subsidiaries or Affiliated Companies Included / Participating Employers (page 3c): The names and locations listed will be case-specific.

Part B. Insured Persons' Benefits Section (page 4): 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.

ACCIDENT 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 (page 1): All policy, policyholder and employer data will be case-specific.

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 3): 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).

Definitions – Active Employment (page 4): This provision will be case-specific to support the requirements of each plan.

Definitions – Employee/Member (page 4a): 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 – Consumer Notice (page 5e): The insurer’s contact information may change, and/or the Department’s contact information may change in the future.

SPOUSE ACCIDENT 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.

Data in right footer: The data in the right footer, if used, will be case-specific.

CHILDREN'S ACCIDENT RIDER
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) RIDER
CATASTROPHIC ACCIDENT RIDER
WELLNESS BENEFIT RIDER
OFF JOB ACCIDENT DISABILITY INCOME RIDER
SICKNESS HOSPITAL CONFINEMENT 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.

GROUP INSURANCE APPLICATION

Home & Administrative Office: The insurer's home & administrative office addresses may be changed.

Data in right footer: The data in the right footer, if used, will be for the insurer's use only.