

**YOUR  
GROUP  
LIFE INSURANCE  
PLAN**

**SAMBA Term Life Insurance**



**SAMBA Term Life – Post 10/01/2012**

B-13739 12-13 (50)

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B-13739 (12-13)

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**RELIASTAR LIFE INSURANCE COMPANY  
Minneapolis, Minnesota 55440**

ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued the Group Policy listed below to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy. The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

**Group Policy Number  
67763-9GAT**

**Policyholder  
Special Agents Mutual Benefit Association**

The Dependent's Insurance part of this certificate applies to you only if you are insured for it.

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

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy. In any case of differences or errors, the Group Policy rules.

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



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Registrar

## SCHEDULE OF BENEFITS

### Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance

Class	Amount of Life Insurance*	Full Amount of AD&D Insurance*
Employee	\$25,000 to \$600,000 in \$25,000 increments	Equal to the Amount of Life Insurance
Spouse of Employee	\$25,000 to \$600,000 in \$25,000 increments	NONE

**THE INITIAL AMOUNT OF INSURANCE FOR A SPOUSE CAN BE NO MORE THAN THE EMPLOYEE'S AMOUNT.**

**Applicable to employees who reach age 62 and were insured under this Group Policy on October 1, 2012 and issued certificate B-13737 (Group Term Life - Legacy plan):\***

When you reach age 62, the amount for which you were insured under certificate B-13737 Group Term Life Legacy Plan will be transferred to certificate B-13739 SAMBA Term Life Insurance without evidence of insurability required, rounded to the next higher option available.

If your spouse was insured as a Dependent when you reached age 62, your spouse's amount of insurance under certificate B-13737 will be transferred to certificate B-13739 SAMBA Term Life Insurance without evidence of insurability required, rounded to the next higher option available.

**Applicable to Staff Employees who were hired prior to July 1, 2009 and retired after October 1, 2012 as reported by the Policyholder and were insured under this Group Policy on the date prior to retirement and issued certificate B-13802 (Staff Employees plan):\***

Your amount of insurance under this certificate will be increased by the amount for which you were insured under certificate B-13802 on October 1, 2012, rounded to the next higher \$25,000 increment.

If your spouse was insured as a Dependent on the date prior to your retirement, your spouse's amount of insurance under this certificate will be increased by the amount for which your spouse was insured under certificate B-13802 on October 1, 2012, rounded to the next higher \$25,000 increment.

\*AD&D Insurance terminates on your 65th birthday.

\*Beginning on and after your 70th birthday, ReliaStar Life decreases the amount of your Life Insurance.

ReliaStar Life pays a percentage of the amount, or a reduced amount, otherwise payable –

- from your 70th birthday to age 75, ReliaStar Life pays 50%.
- from your 75th birthday and after, ReliaStar Life pays 25%.

In any event, the maximum amount ReliaStar Life pays at ages 75 to 80 is \$50,000, and \$15,000 at ages 80 and after.

### Accelerated Life Benefit

This benefit is equal to 75% of your amount of Life Insurance in force, or \$250,000, whichever is less. You must have at least \$10,000 in Life Insurance coverage in force to qualify for this benefit.

### Proof of Good Health for Life Insurance

All employees/spouses must complete an application form for any new coverage or to increase coverage.

Proof of good health will be required if any of the situations described below apply:

- For any amount of Life Insurance.
- For any elected increase to your amount of Life Insurance.

### Dependent Life Insurance

Class	Amount of Life Insurance
Child (each)	\$20,000

## SCHEDULE OF BENEFITS

### **\*Employee, Spouse, and Dependent Life Insurance Maximum**

The maximum amount of Life Insurance under the Group Policy will not exceed the following:

- For Employee, \$1,000,000.
- For Spouse, 100% of the employee's initial total amount of Life Insurance.
- For each Child, \$20,000.

# EMPLOYEE'S/SPOUSE'S INSURANCE

## Eligibility

You are eligible on the later of the following dates:

- The Group Policy's Effective Date, October 1, 2012.
- The date you start continuous service with the Employer.

An employee must meet the following conditions to become insured:

- Be eligible for the insurance.
- Be under age 70 on the date of application.
- For an active employee, be actively at work.
- Give to ReliaStar Life proof of good health it accepts, with or without expense to ReliaStar Life as applicable, if requested.

For a spouse to become insured, the employee must be insured for Employee's Insurance and the spouse must meet the following conditions:

- Be eligible for the insurance.
- Be under age 70 on the date of application.
- Be able to carry on all the normal and customary activities of a person of like age and sex in good health.
- Give to ReliaStar Life proof of good health it accepts, with or without expense to ReliaStar Life as applicable, if requested.

## Effective Date of Employee's/Spouse's Insurance

Your insurance starts on the later of the following dates:

- The date you become eligible.
- The date your premium is received.
- The date ReliaStar Life approves your proof of good health, if proof is required.

## Effective Date of Change in Amount of Employee's Insurance

If there is an increase in the amount of your insurance and you pay premiums on a bi-weekly basis, the increase will take effect on the later of the following dates:

- The first day of the pay period on or after the date of the increase, if you are actively at work on the date of the increase.
- The date you return to active work if you are not actively at work on the first day of the pay period on or after the date of the increase.
- The first day of the pay period on or after the date of the increase, if the first day of the pay period is a nonworking day and you were actively at work on your last scheduled working day before the non-working day.
- The date your premium is received.

If there is an increase in the amount of your insurance and you pay premiums on other than a bi-weekly basis, the increase will take effect on the later of the following dates:

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

If proof of good health is required, the increase will take effect on the later of the dates indicated above or the date ReliaStar Life approves your proof of good health.

The amount of your insurance decreases on the date of the decrease.

# EMPLOYEE'S/SPOUSE'S INSURANCE

## **Effective Date of Change in Amount of Spouse's Insurance**

If there is an increase in the amount of your Spouse's Insurance and you pay premiums on a bi-weekly basis, the increase will take effect on the later of the following dates:

- The first day of the pay period on or after the date you are eligible to increase Spouse's Insurance.
- The date your Spouse is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, if your Spouse is so confined on the first day of the pay period on or after the date of the increase.
- The date your premium is received.

If there is an increase in the amount of your Spouse's Insurance and you pay premiums on other than a bi-weekly basis, the increase will take effect on the later of the following dates:

- The first day of the month on or after the date you are eligible to increase Spouse's Insurance.
- The date your Spouse is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, if your Spouse is so confined on the first day of the month on or after the date of the increase.
- The date your premium is received.

If proof of good health is required, the increase will take effect on the later of the dates indicated above or the date ReliaStar Life approves your proof of good health.

A decrease in the amount of your Spouse's Insurance will take effect on the date of the decrease.

## **Termination of Insurance**

Your insurance stops on the earliest of the following dates:

- The date you are no longer eligible for insurance under the Group Policy.
- The date the Group Policy stops.
- The end of the period for which you paid premiums, if you do not make the next required premium contribution when due.
- The date you enter active military service, except active military service for training purposes of one month or less.
- For your spouse, the date the employee's insurance terminates.
- For AD&D Insurance, your 65th birthday.
- For Accelerated Life Benefit, the date your Life Insurance stops. The Accelerated Life Benefit stops at the beginning of the period in which you are eligible to convert your Life Insurance.

ReliaStar Life stops providing a specific benefit to you on the date that benefit is no longer provided under the Group Policy.

## **Continuation of Insurance at the Employee's Option**

If you are no longer eligible for Employee's Insurance under the Group Policy, the Policyholder may continue your insurance if certain conditions are met. Your continuation of insurance is subject to all other terms of the Group Policy.

You can apply to continue your otherwise terminated Employee's Insurance subject to the following conditions:

- You give written notice to the Policyholder that you wish to continue your Employee's Insurance and you make any required premium contributions within 31 days after the date your Employee's Insurance would otherwise terminate.
- To continue AD&D Insurance, you must continue your Life Insurance.
- To continue Spouse Insurance, you must continue your Life Insurance.

Your continuation of insurance stops on the earlier of the following dates:

- The end of the period for which your premiums were paid, if the next premium contribution is not paid on time.
- The date the Group Policy stops.

## EMPLOYEE'S/SPOUSE'S INSURANCE

### **Continuation of Spouse Insurance in the Event of Employee's Death**

Coverage for an employee's spouse may be continued in the event the employee dies. The spouse must give notice to the Policyholder and make any required premium contributions within 31 days after the date spouse coverage would otherwise terminate.

Coverage will continue until the earlier of the following:

- The date the Group Policy terminates.
- The end of the period for which premiums are paid, if the required premium contributions are not paid when due.

### **Reinstatement**

If your coverage is terminated due to your loss of active status, and you return to active status within 6 months of the date your leave began, you will not be required to submit proof of good health provided you apply within 30 days of the return to active employment. Payment of premium is required during the approved absence.



# DEPENDENT'S INSURANCE

## Eligibility

You are eligible for Dependent's Insurance on the later of the following dates:

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

You must meet the following conditions to become insured for Dependent's Insurance:

- Be insured for Employee's Insurance.
- Apply for Dependent's Insurance.

If you and your spouse are insured as employees under the Group Policy, either you or your spouse, but not both, can apply for Dependent's Insurance.

Any person eligible for insurance as an employee under the Group Policy is not considered an eligible dependent for Dependent's Insurance.

## Effective Date of Dependent's Insurance

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

- The date you become eligible for Dependent's Insurance.
- The date your dependent is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, for any dependent, other than a newborn, who is confined at home or in such facility on the date your dependent's insurance starts.
- The date you apply for Dependent's Insurance.
- The date ReliaStar Life receives your premium for Dependent's Insurance.

## Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your dependent's insurance, and you pay premiums on a bi-weekly basis, the increase will take effect on the later of the following dates:

- The first day of the pay period on or after the date you are eligible to increase Dependent's Insurance.
- The date your dependent is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, if your dependent is so confined on the first day of the pay period on or after the date of the increase.
- The date your premium is received.

If there is an increase in the amount of your dependent's insurance, and you pay premiums on other than a bi-weekly basis, the increase will take effect on the later of the following dates:

- The first day of the month on or after the date you are eligible to increase Dependent's Insurance.
- The date your dependent is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, if your dependent is so confined on the first day of the month on or after the date of the increase.
- The date your premium is received.

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

## Termination of Insurance

Your dependent's insurance stops on the earliest of the following dates:

- The date the Dependent's Insurance part of the Group Policy stops.
- The date the Group Policy terminates.
- The end of the period for which you made your last premium contribution for Dependent's Insurance if you do not make the next required contribution when due.
- The date your insurance stops.
- The date your dependent's insurance is converted under the Conversion Right.
- The date your insured dependent is no longer a dependent as defined.
- The date your insured dependent enters active military service, except active military service for training purposes of one month or less.

ReliaStar Life stops providing a specific benefit under your dependent's insurance on the date that benefit is no longer provided under the Group Policy.

## DEPENDENT'S INSURANCE

### **Continuation of Dependent's Insurance at the Employee's Option**

If you elect to continue your Employee's Insurance, your dependent child coverage may also be continued. Premiums must be paid. Your insured dependent's insurance stops at the end of the period for which the last premium was paid if the next premium is not paid on time. Your insured dependent's continuation is subject to all other terms of the Group Policy.

### **Continuation of Dependent's Insurance in the Event of the Employee's Death**

If the employee dies, dependent child coverage may be continued. The employee's spouse must give notice to the Policyholder and make any required premium contributions within 31 days after date dependent child coverage would otherwise terminate.

Dependent Child Coverage will continue until the earlier of the following:

- The date the Group Policy terminates.
- The end of the period for which premiums are paid, if the required premium contributions are not paid when due.
- The date your insured dependent is no longer a dependent as defined.

### **Conversion of Dependent's Insurance**

Your Dependent's Insurance can be converted for a new individual life insurance policy without proof of good health. The conversion must be made within 31 days after the first of these dates:

- The date you convert the policy.
- The date you die.
- The date the insured dependent no longer meets the definition of dependent.

The new policy will be issued for up to one times the amount of the Dependent's Insurance.

# LIFE INSURANCE

## Employee's/Spouse's Insurance

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

ReliaStar Life pays the death benefit for all causes of death. However, if you commit suicide, while sane or insane, within 2 years of the date your insurance or increase in insurance starts, ReliaStar Life will refund only the amount of premiums paid for your insurance or increase in insurance under the Group Policy. ReliaStar Life will not pay a death benefit.

## Beneficiary

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

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

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

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

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

## Payment of Proceeds

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

- The date ReliaStar Life receives proof of your death.
- The tenth day after your death.

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

1. Your spouse, domestic partner, or civil union partner.
2. Your natural and adopted children.
3. Your parents.
4. Your siblings.
5. Your estate.

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

## Settlement Options

Settlement options are alternative ways of paying the proceeds under the Group Policy. Proceeds is the amount of each benefit ReliaStar Life pays when you die or when you receive a lump sum amount under the Accelerated Life Benefit. To find out more about settlement options, please contact ReliaStar Life.

## Accelerated Life Benefit

**NOTE: AT THIS TIME IT IS UNCLEAR WHETHER YOU WILL BE REQUIRED TO PAY TAX ON ACCELERATED DEATH BENEFIT PROCEEDS. YOU SHOULD CONSULT WITH YOUR PERSONAL TAX ADVISER TO ASSESS POSSIBLE TAX IMPLICATIONS.**

ReliaStar Life pays this benefit if it has been determined that you have a terminal condition. Accelerated Life Benefit proceeds is the amount ReliaStar Life pays to you or your legal representative while you are living when it has been determined that you have a terminal condition. The Accelerated Life Benefit proceeds are paid in one lump sum and are paid only once. This lump sum payout is the only Settlement Option available to you prior to your death.

## LIFE INSURANCE

The Accelerated Life Benefit is the amount shown on the Schedule of Benefits in effect on the date you apply for Accelerated Life Benefit proceeds. You will not be able to increase your Life Insurance benefit after the time you apply for the Accelerated Life Benefit, unless it is determined that you are ineligible to receive Accelerated Life Benefit proceeds.

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

You must:

- request this benefit in writing prior to your age 69. If you are unable to request this benefit yourself, your legal representative may request it for you.
- be insured for Life Insurance benefits under this Group Policy.
- have Life Insurance benefits of at least \$10,000 as shown on the Schedule of Benefits.
- provide to ReliaStar Life a doctor's statement which gives the diagnosis of your medical condition; and states that because of the nature and severity of such condition, your life expectancy is no more than 12 months. ReliaStar Life may require that you be examined by a doctor of its choosing. If ReliaStar Life requires this, ReliaStar Life pays for the exam.
- provide to ReliaStar Life written consent from any irrevocable beneficiary, assignee, and, in community property states, from your spouse.

### **Benefit Payment**

ReliaStar Life pays the Accelerated Life Benefit proceeds to you unless both of the following are true:

- It is shown, to the satisfaction of ReliaStar Life, that you are physically and mentally incapable of receiving and cashing the lump sum payment.
- A representative appointed by the courts to act on your behalf makes a claim for the payment.

If ReliaStar Life does not pay you because the 2 above conditions apply, payments instead will be made to one of the following:

- A person who takes care of you.
- An institution that takes care of you.
- Any other person ReliaStar Life considers entitled to receive the payments as your trustee.

### **Accelerated Life Benefit Exclusions**

ReliaStar Life does not pay benefits for a terminal condition if either of the following apply:

- any required Accelerated Life Benefit premium or Life Insurance premium is due and unpaid.
- the terminal condition is directly or indirectly caused by attempted suicide or intentionally self-inflicted injury, whether sane or insane.

### **Effects on Coverage**

When ReliaStar Life pays out this benefit, your coverage is affected in the following ways:

- Your total available Life Insurance benefit equals your amount of Life Insurance shown on the Schedule of Benefits at the time you apply for the Accelerated Life Benefit.
- Your Life Insurance benefit is reduced by the Accelerated Life Benefit proceeds paid out under this provision.
- Your Life Insurance benefit amount which you may convert is reduced by the Accelerated Life Benefit proceeds paid out under this provision.
- You will not be able to increase your Life Insurance benefit after ReliaStar Life approves you to receive the Accelerated Life Benefit.
- Your premium is based upon the Life Insurance benefit amount in force prior to any proceeds paid under this Accelerated Life Benefit provision. Such premium must be paid, unless waived, to keep the Life Insurance coverage in force.
- Your remaining Life Insurance benefit is subject to future age reductions.
- You will not be able to reinstate your coverage to its full amount in the event of a recovery from a terminal condition.
- Your dependents' Life Insurance coverage will be unaffected by Accelerated Life Benefit proceeds paid to you, provided all required premiums are paid.
- Your receipt of Accelerated Life Benefit proceeds does not affect your Accidental Death and Dismemberment Insurance. Thus, if you should die in an accident after receiving Accelerated Life Benefit Proceeds, your Accidental Death and Dismemberment Insurance will be based on your Life Insurance in force prior to the Accelerated Life Benefit payout.

# LIFE INSURANCE

## Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit if you lose your life, limb, sight, or are paralyzed due to an accident. All of the following conditions must be met:

- You are covered for AD&D Insurance on the date of the accident.
- The loss occurs within 180 days of the date of the accident.
- The cause of the loss is not excluded.

ReliaStar Life pays the benefit shown below if you suffer any of the losses listed. The Full Amount is shown on the Schedule of Benefits. ReliaStar Life pays only one Full Amount while the Group Policy is in effect. If you have a loss for which ReliaStar Life paid 1/2 of the Full Amount, ReliaStar Life pays no more than 1/2 of the Full Amount for the next loss.

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

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

ReliaStar Life does not pay a benefit for loss of use of the hand or foot or thumb and index finger.

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

## Safe Driver Benefit

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

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

An additional amount will be paid if you were also driving in or riding in an automobile equipped with a factory installed airbag that operated properly upon impact.

For loss of:	The benefit is:
Life (with safety belt only) .....	An additional 10% of Full Amount of AD&D Insurance up to a maximum of \$25,000
Life (with safety belt and airbag) .....	An additional 15% of Full Amount of AD&D Insurance up to a maximum of \$40,000

**Automobile** means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which you were riding. **Airbag** means an additional restraint system which inflates for added protection to the head and chest areas.

ReliaStar Life will not pay the Safe Driver benefit if the loss of life was caused directly or indirectly by any use of intoxicating liquors, marijuana, narcotic drugs, depressants or similar substances, whether or not prescribed by a doctor, by you or by the driver of the automobile in which you were riding.

Safe Driver benefits are paid to your beneficiary.

# LIFE INSURANCE

## Education Benefit

ReliaStar Life pays an **Education** benefit in addition to the AD&D benefit and subject to the conditions below if you die due to an accident. This benefit will be paid at the end of each annual period following your death to your dependent who is enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond grade 12 within 365 days following the date of your death. Benefit payments will stop if either of the following is true during the preceding annual period –

- the student's full-time school attendance is less than 6 months; or
- the student would no longer be considered your eligible dependent under the definition of dependent in the policy.

### For:

### The benefit is:

Education ..... An additional 5% of Full Amount of AD&D Insurance per year for up to 4 years to a maximum of \$3,000 per year

Education benefits are paid to each eligible dependent student, or to the dependent's legal guardian.

## Child Care Benefit

ReliaStar Life pays a **Child Care** benefit in addition to the AD&D benefit if you die due to an accident, and your dependent child under age 13 years is enrolled in a licensed day care center within 90 days of your death. This benefit is paid on behalf of each eligible dependent child at the end of each annual period following your death. Benefit payments will stop if either of the following is true during the preceding annual period –

- your dependent child does not attend a licensed day care center for at least 1000 hours; or
- your dependent child is not under age 13 years for any part of that year.

### For:

### The benefit is:

Child Care ..... An additional 3% of Full Amount of AD&D Insurance per year for up to 6 years to a maximum of \$2,000 per year

Child Care benefits are paid to the person who has incurred the cost of day care expenses for your eligible dependent child.

## Common Carrier Benefit

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

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

### For:

### The benefit is:

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

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

## Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.

## LIFE INSURANCE

- Riding as a passenger in an aircraft owned, leased or operated by or on behalf of the Federal Agency at which you are employed.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while serving on full-time active duty for more than 6 months in any armed forces, but this does not include Reserve or National Guard active duty for training.
- Injury which occurs when you commit or attempt to commit a felony.
- Voluntary use of illegal drugs.
- Intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions.
- Intentional misuse of prescription drugs.
- Your intoxication. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

### **Dependent's Life Insurance**

ReliaStar Life pays a death benefit in the amount of the Dependent's Life Insurance shown on the Schedule of Benefits. ReliaStar Life pays according to the Schedule of Benefits in effect on the date your insured dependent dies.

ReliaStar Life pays the death benefit for all causes of death. However, if your insured dependent, while sane or insane, commits suicide within 2 years from the date his or her coverage or increase in coverage starts, ReliaStar Life will refund the amount of premiums already paid for Dependent Life Insurance instead of paying a death benefit.

ReliaStar Life requires that proof of your insured dependent's death be mailed to ReliaStar Life at its Home Office.

ReliaStar Life pays benefits for your insured dependent's death to you, if you are living on the earlier of the following:

- The date ReliaStar Life receives proof of your insured dependent's death at its Home Office.
- The tenth day after your insured dependent's death.

If you are not living on either of these dates, ReliaStar Life pays the proceeds to the following in the order listed:

1. Your spouse, domestic partner, or civil union partner, if living.
2. Your estate.

## CONVERSION RIGHTS

### Life Insurance

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

### Conditions for Conversion

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

- You are no longer actively at work.
- You are no longer eligible for Employee's Insurance under the Group Policy.
- The Group Policy is changed or cancelled and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row.
- The amount of Life Insurance is reduced.

You may convert this insurance by applying and paying the first premium for an individual policy within 31 days after any part of your insurance stops. ReliaStar Life or the Policyholder must be notified. ReliaStar Life will supply you with a conversion form to complete and return.

If written notice of the conversion right is not received before the 31 day conversion period ends, the time period to exercise the conversion option will be extended. This additional time period will be the lesser of:

- 15 days after written notice is received; or
- 60 days after the original conversion period ends.

### Type of Converted Policy

You may purchase any individual nonparticipating policy offered by ReliaStar Life, except term insurance. The new policy must provide for a level amount of insurance and have premiums at least equal to those of ReliaStar Life's whole life plan with the lowest premium.

If your previous coverage included additional benefits such as disability, Accidental Death and Dismemberment Insurance or the Accelerated Death Benefit, the new insurance will not include these benefits.

### Amount of Conversion Coverage

If your Life Insurance is changed or cancelled because the Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row, the amount of the individual policy is limited to the lesser of –

- \$5,000, or
- the amount of your Life Insurance which stops, minus the amount of other group insurance for which you become eligible within 31 days of the date your insurance stops.

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

### Effective Date

The new policy takes effect 31 days after the part of your Life Insurance being converted stops.

If you die within the 31-day period allowed for making application to convert, ReliaStar Life will pay a death benefit to your beneficiary in the amount you were entitled to convert. ReliaStar Life will pay the amount whether or not application was made. ReliaStar Life will return any premium paid for the individual policy to your beneficiary named under the Group Policy.

### Premiums

Premiums for the new policy are based on your age on the date of conversion.



## CLAIM PROCEDURES

### **Submitting a Claim**

You, your insured dependent or someone on your behalf must send ReliaStar Life written notice of the loss on which your claim will be based. The notice must –

- include information to identify you or your insured dependent, like your name, address and Group Policy number.
- be sent to ReliaStar Life or to the authorized administrator.
- be sent within 91 days after the loss for which claim is based has occurred or as soon as reasonably possible.

### **Claim Forms**

ReliaStar Life or its authorized administrator will send proof of loss claim forms within 15 days after ReliaStar Life receives notice of claim.

Completed proof of loss claim forms or other written proof of loss detailing how the loss occurred must be sent to ReliaStar Life within 91 days after the loss or as soon as reasonably possible.

## GENERAL PROVISIONS

### **Life Insurance Assignment**

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

- does not change the insurance or the beneficiary.
- applies only if ReliaStar Life receives your notice.
- takes effect from the date signed.
- does not affect any payment ReliaStar Life makes or action ReliaStar Life takes before receiving your notice.

A collateral assignment is not allowed.

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

### **Legal Action**

Legal action may not be taken to receive benefits until 60 days after the date proof of loss is submitted according to the requirements of the Group Policy. Legal action must be taken within 3 years after the date proof of loss must be submitted.

If the Policyholder's state requires longer time limits, ReliaStar Life will comply with the state's time limits.

### **Exam and Autopsy**

For AD&D Insurance, when reasonably necessary, ReliaStar Life may have you examined while a claim is pending under the Group Policy. ReliaStar Life pays for the initial exam. ReliaStar Life may have an autopsy made if you die, if not forbidden by state law.

### **Incontestability**

Your and your dependent's insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, ReliaStar Life can contest the validity of your and your dependent's insurance because of inaccurate or false information received relating to your and your insured dependent's insurability. Only statements that are in writing and signed by you or your insured dependent can be used to contest the insurance.

## DEFINITIONS

**Accident** – an unexpected, external, violent and sudden event.

**Active Work, Actively at Work** – the employee is physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

**Dependent** – your unmarried child from birth but less than 26 years of age.

The term “child” means –

- your natural or adopted child, who is dependent on you for support and maintenance.
- a child who is placed in your home for purposes of adoption.
- a child who is primarily dependent on you for support and lives with you in a permanent parent-child relationship, and who is your stepchild, your foster child, or a child for whom you are legal guardian.

The term “dependent” does not include –

- a spouse.
- a child living outside the United States.
- a child on active military duty.
- a child eligible for Employee's/Spouse's Insurance under the Group Policy.
- a parent of you or your spouse.
- a child who does not give proof of good health when asked, or whose proof is not accepted by ReliaStar Life.

**Employee** – an active permanent full-time or permanent part-time employee residing in the United States at the time of application who is employed by the Employer (an eligible agency of the Federal Government) and meets the following requirements:

- is a current member who is in good standing with the Policyholder; and
- is regularly working at least the number of hours in the Employer's normal permanent full-time or permanent part-time work week for their class as specified by the Employer; or
- is a retired Federal Employee and is residing in the United States at the time of application.

SAMBA Staff Employees residing in the United States who regularly work at least 20 hours per week and SAMBA Staff Retirees residing in the U.S. are included.

**Group Policy** – the written group insurance contract between ReliaStar Life and the Policyholder.

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

- Vacations.
- Personal holidays.
- Weekends and holidays.
- Approved nonmedical leave of absence.
- Paid Time Off for nonmedical-related absences.

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

- Medical leave of absence. Time off for a medical leave of absence will be considered a scheduled working day.
- Temporary layoff.
- The Policyholder suspending its operations, in part or total.
- Strike.

**Policyholder** – Special Agents Mutual Benefit Association.

**ReliaStar Life** – ReliaStar Life Insurance Company, at its Home Office in Minneapolis, Minnesota.

**Spouse** – your legal husband or wife. The term "spouse" does not include a domestic partner.

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

**Written, In Writing** – signed, dated and received at ReliaStar Life's Home Office in a form ReliaStar Life accepts.

**You, Your** – a person insured for Employee's/Spouse's Insurance under the Group Policy.

The following pages contain state mandated provisions and notices.

Applicable states are:

AK, AR, CA, FL, HI, MO, MT, OK, OR,  
TX, UT, WA, WI

CALIFORNIA CERTIFICATEHOLDERS  
IF YOU ARE AGE 65 OR OLDER ON THE EFFECTIVE DATE  
OF YOUR SUPPLEMENTAL LIFE INSURANCE COVERAGE  
UNDER THE GROUP POLICY, YOU HAVE 30 DAYS FROM  
THE DATE YOU RECEIVE THIS CERTIFICATE, IF NO  
BENEFITS HAVE BEEN PAID, TO RETURN THE  
CERTIFICATE TO THE POLICYHOLDER AND HAVE THE  
FULL PREMIUM FOR SUPPLEMENTAL LIFE INSURANCE  
REFUNDED.

R-08250

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

**NOTICE TO CALIFORNIA POLICYHOLDERS/CERTIFICATEHOLDERS**  
**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

If you have a question about your policy, if you need assistance with a problem, or if you have questions about a claim, you may write to us at the above address or call 1-800-955-7736.

You will need to provide your policy number with any communication.

If you do not reach a satisfactory resolution after having discussions with us, or our agent or representative, or both, you may contact the following unit within the Department of Insurance that deals with consumer affairs:

**California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street, South Tower  
Los Angeles, California 90013**

**Outside Los Angeles: 1-800-927-HELP (1-800-927-4357)  
Los Angeles: (213) 897-8921**

**Web Site: [www.insurance.ca.gov/01-consumers/101-help](http://www.insurance.ca.gov/01-consumers/101-help)**

**NOTICE OF PROTECTION PROVIDED BY  
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION**

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association (“the Association”). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers’ care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone’s rights or obligations or the rights or obligations of the Association.

**COVERAGE**

• **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

• **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

• **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**
  - 80% of death benefits but not to exceed \$300,000
  - 80% of cash surrender or withdrawal values but not to exceed \$100,000
- **Annuities and Structured Settlement Annuities**
  - 80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

• **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association’s website [www.califega.org](http://www.califega.org).

## **COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE**

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state.
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

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## **NOTICES**

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at [www.califega.org](http://www.califega.org), or contact either of the following:

California Life and Health Insurance  
Guarantee Association  
P.O. Box 16860,  
Beverly Hills, CA 90209-3319  
(323) 782-0182

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street  
Los Angeles, CA 90013  
(800) 927-4357

**Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.**



## Consumer Notice for Arkansas Residents

The nearest servicing office is the Minneapolis, Minnesota office of Voya Employee Benefits, a division of ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York.

The mailing address is:

PO Box 20  
Minneapolis, Minnesota 55440-0122  
Telephone: (800) 537-5024

If you are not provided with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
(Corner of Third and Cross Street)  
Little Rock, Arkansas 72201-1904

Telephone: (501) 371-2640  
Toll Free in AR: (800) 852-5494

This consumer notice is for information only and does not become a part or condition of this certificate or policy. Please insert this notice in your certificate or policy.

**ReliaStar Life Insurance Company  
Minneapolis, Minnesota 55401**

**CERTIFICATE BOOKLET RIDER  
Applicable to Alaska Residents**

ALASKA LAW GOVERNS WITH RESPECT TO CERTIFICATES COVERING ALASKA RESIDENTS UNDER GROUP POLICIES ISSUED IN A STATE OTHER THAN ALASKA.

**Accelerated Death Benefit**

If your certificate contains the Accelerated Death Benefit, the exclusion is changed to read as follows:

**Accelerated Death Benefit Exclusions**

ReliaStar Life does not pay benefits for a terminal condition if any required Accelerated Death Benefit premium or Life Insurance premium is due and unpaid.

All other Accelerated Death Benefit provisions contained in your certificate remain unchanged.

**Conversion Rights**

The Conversion Rights section is changed as follows:

I. The following provision is added:

If written notice of the conversion right is not received before the 31 day conversion period ends, the time period to exercise the conversion option will be extended. This additional time will be the lesser of:

- 15 days after written notice is received; or
- 60 days after the original conversion period ends.

All other Conversion Rights provisions contained in your certificate remain unchanged.

## ReliaStar Life Insurance Company

### KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

**PROBLEMS WITH YOUR INSURANCE?** – If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem:

ReliaStar Life Insurance Company  
Customer Service  
Route 6999  
20 Washington Avenue South, P.O. Box 20  
Minneapolis, MN 55440-0020  
1-800-955-7736

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance  
Complaints Department  
P. O. Box 7873  
Madison, WI 53707-7873  
1-800-236-8517 (statewide)  
608-266-3585 (Madison)

# RELIASTAR LIFE INSURANCE COMPANY

## CERTIFICATE BOOKLET RIDER

### Applicable to Washington Residents

Washington law requires the following benefits be provided to Washington residents.

**I. If your certificate contains an Accidental Death & Dismemberment benefit and/or an Accidental Death & Dismemberment benefit for dependents, the following provision applies:**

Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit if you or your insured dependent lose your or your insured dependent's life, limb or sight due to an accident. All of the following conditions must be met:

- . You or your insured dependent are covered for AD&D Insurance on the date of the accident.
- . Loss occurs within 365 days of the date of the accident.
- . The cause of the loss is not excluded.

All other provisions of the Accidental Death & Dismemberment benefit remain unchanged.

**II. If your certificate contains an Accelerated Death benefit, the following applies:**

**1. NOTE: IF YOU RECEIVE PAYMENT OF ACCELERATED BENEFITS, YOU MAY LOSE YOUR RIGHT TO RECEIVE CERTAIN PUBLIC FUNDS, SUCH AS MEDICARE, MEDICAID, SOCIAL SECURITY, SUPPLEMENTAL SECURITY, SUPPLEMENTAL SECURITY INCOME (SSI), AND POSSIBLY OTHERS. ALSO, RECEIVING ACCELERATED BENEFITS MAY HAVE TAX CONSEQUENCES FOR YOU. RELIASTAR LIFE CANNOT GIVE YOU ADVICE ABOUT THIS. YOU MAY WISH TO OBTAIN ADVICE FROM A TAX PROFESSIONAL OR AN ATTORNEY BEFORE YOU DECIDE TO RECEIVE ACCELERATED BENEFITS.**

2. ReliaStar Life pays this benefit if it has been determined that you have a terminal condition. Accelerated Death Benefit proceeds is the amount ReliaStar Life pays to you or your legal representative while you are living when it has been determined that you have a terminal condition. The Accelerated Death Benefit proceeds are paid in one lump sum and are paid only once. This lump sum payout is the only Settlement Option available to you prior to your death.

The Accelerated Death Benefit is the amount of the Accelerated Death Benefit shown on the Schedule of Benefits in effect on the date you apply for Accelerated Death Benefit proceeds. You will not be able to increase your contributory Life Insurance benefit after the time you apply for the Accelerated Death Benefit, unless you are determined to be ineligible to receive Accelerated Death Benefit proceeds.

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

- request this benefit in writing while you are living. If you are unable to request this benefit yourself, your legal representative may request it for you.
- be insured as an employee for Life Insurance benefits.
- have Life Insurance benefits of at least \$10,000 as shown on the Schedule of Benefits.

2. (Cont.)
  - provide to ReliaStar Life a doctor's statement which gives the diagnosis of your medical condition; and states that because of the nature and severity of such condition, your life expectancy is no more than 24 months. ReliaStar Life may require that you be examined by a doctor of its choosing. If ReliaStar Life requires this, ReliaStar Life pays for the exam. If the second doctor's opinion is in conflict with the first opinion, and cannot be resolved, you have the right to mediation or binding arbitration conducted by a disinterested third party who has no ongoing relationship with either you or ReliaStar Life.
  - provide to ReliaStar Life written consent from any irrevocable beneficiary, assignee, and, in community property states, from your spouse.
3. Accelerated Death Benefit Exclusions  
ReliaStar Life does not pay benefits for a terminal condition if the required Accelerated Death Benefit premium or Life Insurance premium is due and unpaid.
4. Definitions  
**Terminal Condition** – an injury or sickness which is expected to result in your death within 24 months and from which there is no reasonable chance of recovery. ReliaStar Life, or a qualified party chosen by ReliaStar Life, will make this determination.

All other provisions of the Accelerated Death Benefit remain unchanged.

- III. **Labor Dispute. If you stop active work because of a labor dispute, you may continue your Life Insurance up to the end of the 6 month period following the date you stop active work. Premiums must be paid.**
- IV. **If your certificate includes a suicide exclusion for the life insurance coverage, it is not applicable to your life insurance coverage.**
- V. **Any reference in your certificate to spouse includes a state-registered domestic partner.**

## Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
  - o \$500,000 in death benefits
  - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
  - o \$500,000 in hospital, medical and surgical insurance benefits
  - o \$500,000 in long-term care insurance benefits
  - o \$500,000 for disability income insurance benefits
  - o \$500,000 in other types of health insurance benefits
- Annuities
  - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical, and surgical insurance benefits.

**NOTE: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 31A, Chapter 28.

**Insurance companies and agents are prohibited under Utah law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.**

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at [www.utlifega.org](http://www.utlifega.org), or contact:

Utah Life and Health Insurance Guaranty Assoc.  
60 East South Temple, Suite 500  
Salt Lake City, UT 84111  
(801)320-9955

Utah Insurance Department  
3110 State Office Building  
Salt Lake City, UT 84114-6901  
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

# RELIASTAR LIFE INSURANCE COMPANY

Home Office: Minneapolis, Minnesota

## **Texas Accelerated Death Benefit Disclosure Notice:**

The accelerated death benefit under this Group Policy is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the accelerated death benefit qualifies for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated benefits excludable from income under federal law.

Receipt of accelerated death benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

R-08121a

**Texas Residents:**

**IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call ReliaStar Life Insurance Company toll-free telephone number for information or to make a complaint at:

1-800-955-7736

You may also write to ReliaStar Life Insurance Company at:

20 Washington Avenue South  
Minneapolis, MN 55401

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department Insurance

P.O. Box 149104  
Austin, TX 78714-9104  
FAX: (512)490-1007  
Web: <http://www.tdi.texas.gov>  
Email: ConsumerProtection@tdi.texas.gov

**PREMIUM OR CLAIM DISPUTES:**  
Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY:**  
This notice is for information only and does not become a part or condition of the attached document.

**AVISO IMPORTANTE**

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de ReliaStar Life Insurance Company para informacion o para someter una queja al:

1-800-955-7736

Usted tambien puede escribir a ReliaStar Life Insurance Company al:

20 Washington Avenue South  
Minneapolis, MN 55401

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros deTexas

P.O. Box 149104  
Austin, TX 78714-9104  
FAX: (512)490-1007  
Web: <http://www.tdi.texas.gov>  
Email: ConsumerProtection@tdi.texas.gov

**DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:**  
Si tiene una disputa relacionada con su prima de seguro o con una reclamacion, usted debe comunicarse con el compania primero. Si la disputa no es resuelta, usted puede Comunicarse con el Departamento de Seguros de Texas.

**ADJUNTE ESTE AVISO A SU POLIZA:**  
Este aviso es solamente para propositos informativos y no se convierte en parte o en condicion del documento adjunto.





ReliaStar Life Insurance Company  
20 Washington Avenue South  
Minneapolis, Minnesota 55401

*A member of the Voya™ family of companies*

## **OREGON ACCELERATED BENEFIT SUMMARY**

The Group Policy provides an accelerated benefit if the eligible insured is diagnosed with a terminal condition. This provides payment of a percentage of the death benefit otherwise payable, as noted in the certificate, while the insured is living. The accelerated benefit payment reduces the amount of Life Insurance payable at death.

“Terminal condition” means an injury or sickness which is expected to result in the insured’s death within a time period specified in the certificate, and from which there is no reasonable chance of recovery.

The cost of the accelerated benefit is incorporated into the cost of Life Insurance and is not a separately identifiable premium.

Following payment of accelerated benefits, future Life Insurance premiums for the insured’s coverage will be waived.

Please refer to the certificate for the provision(s) that relate to this Group Policy.

Receipt of accelerated benefits may be taxable and the insured should seek assistance from a personal tax advisor prior to submitting a claim.

## OKLAHOMA MANDATORY ENDORSEMENT

This endorsement is part of the policy and/or certificate to which it is attached.

The full name and home office address of the company underwriting insurance coverage under the Group Policy is:

ReliaStar Life Insurance Company  
20 Washington Avenue South  
Minneapolis, Minnesota 55401

Oklahoma law requires the following statement:

**WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

# ReliaStar Life Insurance Company

## CERTIFICATE BOOKLET RIDER

Applicable to Montana Residents

The **CLAIM PROCEDURES** section of your group life insurance certificate is revised to add the following provision:

### **Benefit Payments**

Benefits under the Group Policy are paid when proof of loss is received.

For Life Insurance, benefits payable due to death will be paid within 60 days of the date ReliaStar Life receives proof of death. If payment is made after the first 30 days, ReliaStar Life will include interest from the 30th day until the date of payment. The interest rate will equal the **greater** of the following –

- The monthly average discount rate on 90-day AA asset-backed commercial paper in effect at the federal reserve bank in the ninth federal reserve district on the date proof of death is received.
  - ReliaStar Life's minimum interest rate payable on death claims on the date proof of death is received.
- 

The **GENERAL PROVISIONS** section of your group life insurance certificate is revised to add the following provisions:

The Group Policy also has a 2 year contestable period starting from the Effective Date of the Group Policy. After the Group Policy has been in force for 2 years from the Effective Date, ReliaStar Life can not contest the validity of the Group Policy except for nonpayment of premium.

### **Grace Period**

If a premium is not paid by its due date, ReliaStar Life allows 31 days from the due date in which to pay it. ReliaStar Life calls this the grace period. Full payment must be received by the 31st day. If ReliaStar Life receives payment during the grace period, coverage under the Group Policy stays in force. If ReliaStar Life receives written notice of termination during the grace period, premium payment is required for any period that coverage under the Group Policy was in force during the grace period.

### **Representations Not Warranties**

A copy of the Policyholder's application, if any, is attached to the Group Policy. Unless fraudulent, all statements made by the Policyholder or by you are considered representations and not warranties. No statement can be used to void the Group Policy or be used in ReliaStar Life's defense if ReliaStar Life refuses to pay a claim, unless a copy of the statement is furnished to the Policyholder, you or your beneficiary, as applicable.

### **Misstatement of Age**

If your (or your dependent's, if your certificate includes Dependent's Life Insurance) age is misstated, ReliaStar Life adjusts the premium according to the correct age. The amount of insurance provided is not affected.

### **Conformity with Montana Statutes**

The provisions of this certificate conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which you reside on or after the effective date of your coverage under the Group Policy.

The **CONVERSION RIGHTS** section of your group life insurance certificate for you (and your insured dependents, if your certificate includes Dependent's Life Insurance) is revised as indicated below.

Under **Conditions for Conversion**, the condition related to change, cancellation or termination of the Group Policy is replaced by the following:

- The Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 3 years in a row.

The following provision is added:

If you or your insured dependent are not given written notice of this conversion right within 16 days after any part of this insurance stops, you or your insured dependent will have more time to apply and pay the first premium for the individual policy. This additional time period will end 15 days after you or your insured dependent are given written notice of this conversion right. In no event will the additional time period extend for more than 91 days after any part of your Life Insurance or Dependent's Life Insurance stops.

The provision entitled **Amount of Conversion Coverage** is replaced by the following:

**Amount of Conversion Coverage**

If your or your insured dependent's Life Insurance is changed or cancelled because the Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 3 years in a row, the amount of the individual policy is limited to the lesser of –

- \$10,000, or
- the amount of your or your insured dependent's Life Insurance which stops, minus the amount of other group insurance for which you or your insured dependent become eligible within 31 days of the date your or your insured dependent's insurance stops.

If your or your insured dependent's Life Insurance stops for any reason other than the above, the amount of your or your insured dependent's individual policy may be any amount up to the amount of your or your insured dependent's Life Insurance that stopped.

## ReliaStar Life Insurance Company

### CERTIFICATE BOOKLET RIDER

Applicable to Missouri Residents

#### **Suicide**

If your group certificate contains any suicide limitation, the limitation will be for no more than one year from the date insurance starts.

#### **Accidental Death and Dismemberment**

If your group certificate contains any Accidental Death and Dismemberment benefits, the Accidental Death and Dismemberment Exclusions provisions are changed to read as follows:

#### **Accidental Death and Dismemberment Exclusions**

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or poisoning.

#### **Exception:**

- Unintentional or non-voluntary inhalation of gas or poisons.
- Pyogenic infections which result from an accidental bodily injury.
- Bacterial infections which result from the ingestion of contaminated substances.
- Infection from a cut or wound caused by an accident.

All other Accidental Death and Dismemberment exclusions contained in your certificate remain unchanged.

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

**NOTICE CONCERNING COVERAGE LIMITATIONS  
AND EXCLUSIONS UNDER THE HAWAII LIFE AND  
DISABILITY INSURANCE GUARANTY ASSOCIATION ACT**

Residents of Hawaii who purchase life insurance, annuities, or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Hawaii Life and Disability Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumer's care in selecting companies that are well-managed and financially stable.

**DISCLAIMER**

**The Hawaii Life and Disability Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Hawaii. You should not rely on coverage by the Hawaii Life and Disability Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.**

**Coverage is *NOT* provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.**

**Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.**

**The Hawaii Life and Disability Insurance Guaranty Association**

**P.O. Box 4068**

**Honolulu, Hawaii 96812**

**Department of Commerce and Consumer Affairs**

**Insurance Division**

**P.O. Box 3614**

**Honolulu, Hawaii 96811**

The state law that provides for this safety-net coverage is called the Hawaii Life and Disability Insurance Guaranty Association Act. Below is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

(please turn to back of page)

## COVERAGE

Generally, individuals will be protected by the Hawaii Life and Disability Insurance Guaranty Association if they live in this state and hold a life or disability insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **not** protected by the Guaranty Association if –

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state); or
- the insurer was not a member insurer of the Guaranty Association. A nonprofit hospital or medical service organization (the "Blues"), an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy-holder is subject to future assessments, or an insurance exchange are examples of nonmember insurers.

The Guaranty Association also does **not** provide coverage for –

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employer's plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to pay out: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in cash surrender values, \$100,000 in disability insurance benefits, \$100,000 in present value of annuities, or \$300,000 in life insurance death benefits - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages.

**ReliaStar Life Insurance Company**

**CERTIFICATE BOOKLET RIDER**

**Applicable to Florida Residents**

Florida law requires the following change to the group certificate issued to Florida residents.

**I. GENERAL PROVISIONS**

The Legal Action provision is changed to read as follows:

**Legal Action**

Legal action may not be taken to receive benefits until 60 days after the date proof of loss is submitted according to the requirements of the Group Policy. Legal action must be taken within 5 years after the date proof of loss must be submitted.

All other provisions of the certificate remain unchanged.



**The Summary Plan Description  
is not part of the  
Group Insurance Certificate.**

**It has been provided by  
SAMBA and included in  
your Booklet-Certificate  
upon SAMBA's request.**

# SUMMARY PLAN DESCRIPTION

This booklet is intended to comply with the disclosure requirements of the regulations issued by the U.S. Department of Labor under the Employee Retirement Income Security Act (ERISA) of 1974. ERISA requires that you be given a "Summary Plan Description" which describes the plan and informs you of your rights under it.

**Plan Name**

SAMBA Benefit Plan

**Plan Number**

501

**Type of Plan**

Member Welfare Benefit Plan

**Plan Sponsor**

Special Agents Mutual Benefit Association (SAMBA)  
11301 Old Georgetown Road  
Rockville, Maryland 20852-2800

**Employer Identification Number**

52-1074154

**Plan Administrator**

Special Agents Mutual Benefit Association (SAMBA)  
Attention: Executive Director  
11301 Old Georgetown Road  
Rockville, Maryland 20852-2800

**Agent for Service of Legal Process**

Corporation Guarantee & Trust Company  
1150 Connecticut Avenue, NW  
Washington, DC 20036

**Legal Process** may also be served on the  
Special Agents Mutual Benefit Association (SAMBA)  
Attention: Executive Director  
11301 Old Georgetown Road  
Rockville, Maryland 20852-2800

**Plan Year Ends**

December 31

**Plan Benefits Provided by**

ReliaStar Life Insurance Company  
Minneapolis, MN 55401

This Group Contract underwritten by ReliaStar Life Insurance Company provides insured benefits under SAMBA's ERISA plan(s). For all purposes of this Group Contract, SAMBA acts on its own behalf or as an agent of its members. Under no circumstances will SAMBA be deemed the agent of ReliaStar Insurance Company, absent a written authorization of such status executed between the SAMBA and ReliaStar Insurance Company. Nothing in these documents shall, of themselves, be deemed to be such written execution.

ReliaStar Life Insurance Company as Claims Administrator has the sole discretion to interpret the terms of the Group Contract, to make factual findings, and to determine eligibility for benefits. The decision of the Claims Administrator shall not be overturned unless arbitrary and capricious.

## **Loss of Benefits**

You must continue to be a member of the class to which this plan pertains and continue to make any of the contributions agreed to when you enroll. Failure to do so may result in partial or total loss of your benefits. It is intended that this plan will be continued for an indefinite period of time. But, SAMBA reserves the right to change or terminate the plan. This booklet describes your rights upon termination of the plan.

## **Claim Procedures**

### **1. Determination of Benefits**

ReliaStar Life Insurance Company shall notify you of the claim determination within 45 days of the receipt of your claim. This period may be extended by 30 days if such an extension is necessary due to matters beyond the control of the plan. A written notice of the extension, the reason for the extension and the date by which the plan expects to decide your claim, shall be furnished to you within the initial 45-day period. This period may be extended for an additional 30 days beyond the original 30-day extension if necessary due to matters beyond the control of the plan. A written notice of the additional extension, the reason for the additional extension and the date by which the plan expects to decide on your claim, shall be furnished to you within the first 30-day extension period if an additional extension of time is needed. However, if a period of time is extended due to your failure to submit information necessary to decide the claim, the period for making the benefit determination by ReliaStar Life Insurance Company will be tolled (i.e., suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If your claim for benefits is denied, in whole or in part, you or your authorized representative will receive a written notice from ReliaStar Life Insurance Company of your denial. The notice will be written in a manner calculated to be understood by you and shall include:

- (a) the specific reason(s) for the denial,
- (b) references to the specific plan provisions on which the benefit determination was based,
- (c) a description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary,
- (d) a description of ReliaStar Life Insurance Company's appeals procedures and applicable time limits, including a statement of your right to bring a civil action under section 502(a) of ERISA following your appeals, and
- (e) if an adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request.

## 2. Appeals of Adverse Determination

If your claim for benefits is denied or if you do not receive a response to your claim within the appropriate time frame (in which case the claim for benefits is deemed to have been denied), you or your representative may appeal your denied claim in writing to ReliaStar Life Insurance Company within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your appeal any written comments, documents, records and any other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of, all documents, records and information relevant to your claim free of charge.

A full review of the information in the claim file and any new information submitted to support the appeal will be conducted by ReliaStar Life Insurance Company, utilizing individuals not involved in the initial benefit determination. This review will not afford any deference to the initial benefit determination.

ReliaStar Life Insurance Company shall make a determination on your claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to an additional 45 days if ReliaStar Life Insurance Company determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension and the date that ReliaStar Life Insurance Company expects to render a decision shall be furnished to you within the initial 45-day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled (i.e., suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If the claim on appeal is denied in whole or in part, you will receive a written notification from ReliaStar Life Insurance Company of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include:

- (a) the specific reason(s) for the adverse determination,
- (b) references to the specific plan provisions on which the determination was based,
- (c) a statement that you are entitled to receive upon request and free of charge reasonable access to, and make copies of, all records, documents and other information relevant to your benefit claim upon request,
- (d) a description of ReliaStar Life Insurance Company's review procedures and applicable time limits,
- (e) a statement that you have the right to obtain upon request and free of charge, a copy of internal rules or guidelines relied upon in making this determination, and
- (f) a statement describing any appeals procedures offered by the plan, and your right to bring a civil suit under ERISA.

If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied on appeal.

If the appeal of your benefit claim is denied or if you do not receive a response to your appeal within the appropriate time frame (in which case the appeal is deemed to have been denied), you or your representative may make a second, voluntary appeal of your denial in writing to ReliaStar Life Insurance Company within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your second appeal any written comments, documents, records and any other information relating to your claim. Upon

your request, you will also have access to, and the right to obtain copies of, all documents, records and information relevant to your claim free of charge.

ReliaStar Life Insurance Company shall make a determination on your second claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to an additional 45 days if ReliaStar Life Insurance Company determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension and the date by which ReliaStar Life Insurance Company expects to render a decision shall be furnished to you within the initial 45-day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

Your decision to submit a benefit dispute to this voluntary second level of appeal has no effect on your right to any other benefits under this plan. If you elect to initiate a lawsuit without submitting to a second level of appeal, the plan waives any right to assert that you failed to exhaust administrative remedies. If you elect to submit the dispute to the second level of appeal, the plan agrees that any statute of limitations or other defense based on timeliness is tolled during the time that the appeal is pending.

If the claim on appeal is denied in whole or in part for a second time, you will receive a written notification from ReliaStar Life Insurance Company of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include the same information that was included in the first adverse determination letter. If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied on appeal.

## **Rights and Protections**

As a participant in this plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to:

### **Receive Information about Your Plan and Benefits**

- Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The plan administrator may make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

### **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including SAMBA, your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

## **Enforce Your Rights**

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

## **Assistance with Your Questions**

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.



Plan Administered by:

SAMBA  
11301 Old Georgetown Road  
Rockville, MD 20852-2800

(800) 638-6589

Fax (301) 816-0191

[www.SambaPlans.com](http://www.SambaPlans.com)