

**YOUR  
GROUP  
AD&D INSURANCE  
PLAN**

Personal Accident Insurance



**Personal Accident Insurance**

B-13742 12-13 (50)

# CONTENTS

CERTIFICATION PAGE .....	1
SCHEDULE OF BENEFITS .....	2
Employee Accidental Death and Dismemberment (AD&D) Insurance .....	2
Dependent Accidental Death and Dismemberment (AD&D) Insurance .....	2
EMPLOYEE'S INSURANCE .....	3
DEPENDENT'S INSURANCE .....	4
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE .....	5
Employee Accidental Death & Dismemberment (AD&D) Insurance .....	5
Dependent's Accidental Death & Dismemberment (AD&D) Insurance .....	10
CLAIM PROCEDURES .....	15
GENERAL PROVISIONS .....	16
DEFINITIONS .....	17

**This certificate provides coverage for losses due to ACCIDENTS only. It does not provide insurance coverage for sickness or losses due to sickness.**

A00TCER

B-13742 (12-13)

**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  
67763-9PAI**

**Policyholder  
Special Agents Mutual Benefit Association**

The insurance included in this certificate applies to you only if you have elected and are insured for it.

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

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.



---

Registrar

## SCHEDULE OF BENEFITS

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

<b>Class</b>	<b>Full Amount of AD&amp;D Insurance*</b>
All Eligible Employees	\$10,000 to \$500,000 in \$5,000 increments

\*Upon attainment of age 70, your amount of insurance is limited to \$50,000 and upon attainment of age 75, your amount of insurance is further limited to \$10,000.

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

	<b>Full Amount of AD&amp;D Insurance</b>
<b>SPOUSE</b>	
• if children are not insured	60% of Employee's Full Amount of AD&D Insurance
• if children are insured	50% of Employee's Full Amount of AD&D Insurance
<b>CHILD (each)</b>	
• if spouse is not insured	20% of Employee's Full Amount of AD&D Insurance not to exceed \$50,000
• if spouse is insured	15% of Employee's Full Amount of AD&D Insurance not to exceed \$50,000

# EMPLOYEE'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.

You must meet the following conditions to become insured –

- Be eligible for the insurance.
- For an active employee, be actively at work.
- Apply for the insurance, if you have to pay any part of the premium.

## Effective Date of Employee's Insurance

Your insurance starts on the latest of the following dates:

- The date you become eligible.
- The date you return to active work if you are not actively at work on the date insurance would otherwise start. **Exception:** Your insurance starts on a nonworking day if you were actively at work on your last scheduled working day before the nonworking day.
- The date you apply for insurance, if you have to pay any part of the premium.
- The date your premium is received.

## Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your insurance, the increase will take effect on the later of the following dates:

- The effective date of the increase. For active employees, if you are not actively at work on the effective date of the increase, the increase will take effect on the date you return to active work.
- The date your premium is received.

A decrease in the amount of your insurance will take effect on the effective 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.
- The date the first of the following occurs: (a) the day your active pay and duty status with the Federal Government ends; or (b) the first anniversary of the date that you were on a non-pay status on an approved leave. These provisions will not apply if you are still on a Federal Government payroll in some type of retiree status or are on leave that is covered by Workers' Compensation.

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

# 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.

You must meet all of 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.

## 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 you apply for Dependent's Insurance, if you have to pay any part of the premium.
- The date your premium is received.

A newborn dependent is insured from the date of birth if you apply within 31 days following the date of birth.

## Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your dependent's insurance, the increase will take effect on the later of the effective date of the increase or the date premium is paid for the increased coverage.

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 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.

## Continued Coverage In the Event of Your Death

If you die while insured under the Group Policy, ReliaStar Life will continue your Dependent's Insurance up to the earliest of the following:

- For your spouse, the date your spouse remarries.
- For your children, the date your child is no longer a dependent as defined.
- The date the Group Policy terminates.

Your insured dependents have the right to continue coverage if, within 60 days of your death, arrangements are made for continued payment of premium. The surviving spouse, if any, or in the case of no surviving spouse, the children, or legal guardian of the minor children, is responsible for premium payment arrangement.

If you die due to a covered accident, your insured dependents do not have to pay premiums for the first 12 months Dependent's Insurance is continued.

All other terms of the Group Policy will apply if you had not died, except that benefits will be paid to:

1. your spouse, if living; or
2. your spouse's estate, if your spouse is not living but survived by your dependent children;
3. the person or institution appearing to ReliaStar Life to have assumed the main support of your insured dependent child, if neither (1) nor (2) applies.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

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

ReliaStar Life pays this benefit for covered losses due to a covered 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 365 days of the date of the accident.
- The cause of the loss is not excluded.

Unless otherwise indicated, ReliaStar Life pays only one Full Amount for losses and benefits while the Group Policy is in effect. The Full Amount is shown on the Schedule of Benefits. For example, if you have a loss for which ReliaStar Life paid 50% of the Full Amount, ReliaStar Life pays no more than 50% of the Full Amount for the next loss.

### AD&D Benefit

#### Covered Accident Resulting In:

#### 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 .....	50% of Full Amount
Loss of speech .....	50% of Full Amount
Loss of hearing in both ears .....	50% of Full Amount
Loss of thumb and index finger of same hand .....	25% of Full Amount
Loss of hearing in one ear .....	25% of Full Amount
Quadriplegia .....	Full Amount
Paraplegia .....	75% of Full Amount
Hemiplegia .....	50% of 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.

Unless otherwise indicated, ReliaStar Life does not pay a benefit for loss of use of one or both hands or feet, or thumb and index finger of the same hand.

**Quadriplegia** means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Unless otherwise indicated, paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by a doctor to be permanent, complete and irreversible.

Death benefits are paid to your beneficiary. Unless otherwise indicated, all other benefits are paid to you.

### Exposure and Disappearance Benefit

ReliaStar Life pays an **Exposure** benefit if:

- the loss of use of hands, feet, thumb and index finger of the same hand, or paralysis is caused by exposure to the elements, and
- is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- you are in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- you disappear and your body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that you are living.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

The amount payable for the Exposure benefit is the amount of AD&D benefit otherwise payable for the loss. The amount payable for the Disappearance benefit is the Full Amount.

Exposure benefits are paid to you if living, otherwise to your beneficiary. Disappearance benefits are paid to your beneficiary.

If ReliaStar Life pays the Disappearance benefit and it is later found you are alive, the amount of benefits paid must be refunded to ReliaStar Life.

### 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 benefit to a maximum of \$25,000
Life (with safety belt and airbag) .....	An additional 10% of Full Amount of AD&D benefit to a maximum of \$30,000

**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.

### Coma Benefit

ReliaStar Life pays a **Coma** benefit if, due to a covered accident, you are in a coma. Coma benefit payments will stop when you are no longer in a coma or when maximum benefits have been paid, whichever comes first.

### In the event of:

### The benefit is:

Coma .....	1% of Full Amount of AD&D benefit per month for up to 100 months
------------	--

**Coma** means that you remain unresponsive to any stimuli and speechless for a period of time not less than 30 days, as determined by a doctor.

If you are physically and mentally incapable of receiving and cashing Coma benefit payments, then the payments instead will be made to a person legally authorized to receive the payments on your behalf.

### 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 a covered 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.



# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

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.

<b>For:</b>		<b>The benefit is:</b>
Education .....	An additional 5% of Full Amount of AD&D benefit per year for up to 4 years to a maximum of \$5,000 per year	

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

**Training Benefit**

If you die due to a covered accident, ReliaStar Life will pay a **Training** benefit in addition to the AD&D benefit for the actual cost of any professional or trade training program in which your spouse has enrolled. The Training benefit is subject to the following conditions:

- the training program must be for the purpose of obtaining an independent source of support and maintenance;
- the actual cost must be incurred during a one year period; and
- your spouse must enroll within 12 months of your death.

<b>For:</b>		<b>The benefit is:</b>
Training .....	An additional 5% of Full Amount of AD&D benefit to a maximum of \$5,000	

Training benefits are paid to your spouse.

**Transportation Benefit**

ReliaStar Life pays a **Transportation** benefit in addition to the AD&D benefit if you die due to a covered accident that occurs at least 75 miles from your primary residence.

<b>For:</b>		<b>The benefit is:</b>
Transportation .....	An additional 2% of Full Amount of AD&D benefit to a maximum of \$2,500	

Transportation benefits are paid to your beneficiary.

**Child Care Benefit**

ReliaStar Life pays a **Child Care** benefit in addition to the AD&D benefit if you die due to a covered 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; or
- your dependent child is not under age 13 years for any part of that year.

<b>For:</b>		<b>The benefit is:</b>
Child Care .....	An additional 5% of Full Amount of AD&D benefit per year for up to 4 years to a maximum of \$5,000 per year	

Child Care benefits are paid only once, either in the event of your death or your insured dependent spouse's death.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

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

## Elder Care Benefit

ReliaStar Life pays an **Elder Care** benefit in addition to the AD&D benefit if you die due to a covered accident while an elderly relative is dependent on you for support and maintenance.

<b>For:</b>	<b>The benefit is:</b>
Elder Care .....	An additional 5% of Full Amount of AD&D benefit to a maximum of \$5,000

**Elderly relative** means a person age 65 or over who is residing in your primary residence at the time of the covered accident and who is your spouse, your sibling, your parent, your grandparent, or the sibling, parent or grandparent of your spouse.

Elder Care benefits are paid to your beneficiary. Benefits are payable for only one elderly relative.

## 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.

<b>For:</b>	<b>The benefit is:</b>
Common Carrier .....	An additional 50% of the AD&D benefit otherwise payable for this loss to a maximum of \$50,000

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

## Burn Disfigurement Benefit

ReliaStar Life pays a **Burn Disfigurement** benefit if due to a covered accident you suffer disfigurement due to burns covering at least 5% of your body.

<b>For:</b>	<b>The benefit is:</b>
Burn Disfigurement .....	25% of Full Amount of AD&D benefit to a maximum of \$25,000

**Burn Disfigurement** means damage to the skin or other body parts resulting in permanent scarring caused by extreme heat, flame, contact with heated objects, or chemicals.

Burn Disfigurement benefits are paid to you if living, otherwise to your beneficiary.

## Rehabilitation Benefit

ReliaStar Life pays a **Rehabilitation** benefit in addition to the AD&D benefit if you receive rehabilitation services due to a covered loss, subject to all the following conditions –

- Rehabilitation services must be received within 2 years of the covered accident.
- Only one maximum benefit is payable for all losses or injuries due to the same covered accident.
- No benefit is payable if you are entitled to benefits under any Workers' Compensation or similar law.

<b>For:</b>	<b>The benefit is:</b>
Rehabilitation .....	An additional 5% of Full Amount of AD&D benefit for up to 12 months to a maximum of \$500

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Rehabilitation benefits will only be paid for covered AD&D losses, and the rehabilitation services must be prescribed by a doctor.

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

## **Total and Permanent Disability Benefit**

ReliaStar Life pays a **Total and Permanent Disability** benefit if you become totally and permanently disabled due to a covered accident, subject to **all** of the following conditions:

- you must be insured for this benefit on the date you become disabled;
- the disability must begin within 180 days of the accident;
- you must submit proof to ReliaStar Life that you have been totally and permanently disabled for the immediately preceding 12 consecutive months, and that your disability continues to be total and permanent on the date you submit such proof.

<b>For:</b>	<b>The benefit is:</b>
Total and Permanent Disability .....	1% of Full Amount of AD&D benefit per month for up to 100 months

**Total and Permanent Disability** means that you are totally and continually disabled due to an accident and unable to work at any job suited to your education, training, or experience, as determined by a doctor.

Total and Permanent Disability benefits are paid to you, if living, otherwise to your beneficiary.

## **Bereavement and Trauma Counseling Benefit**

ReliaStar Life pays a **Bereavement and Trauma Counseling** benefit if you require bereavement and trauma counseling because you, your insured dependent spouse or your insured dependent child suffer a covered loss.

Bereavement and Trauma Counseling sessions must be held within 365 days after the date of the accident causing the loss and must be with a licensed psychiatrist, psychologist or other medical professional acting within the scope of the license that is essential to assist in coping with the Loss for which it is provided and for which a charge is made.

<b>For:</b>	<b>The benefit is:</b>
Bereavement and Trauma Counseling .....	An additional amount equal to the lesser of \$50 or the actual cost charged for each session, up to a maximum of 10 sessions per person

## **Monthly Expense Benefit**

ReliaStar Life pays a **Monthly Expense** benefit if all of the following conditions are met:

- You die to a covered accident within 365 days of that accident.
- You have a surviving spouse at the time of your death.

<b>For:</b>	<b>The benefit is:</b>
Monthly Expense Benefit .....	An additional 1% of Full Amount of AD&D benefit per month for up to 12 months to a maximum of \$1,000 per month

This benefit will be paid monthly until the first of these occurs:

- Your spouse dies.
- The benefit has been paid for 12 consecutive months.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

## 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.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while serving on full-time active military duty for more than 30 days, in any armed forces. **Exception:** Reserve or National Guard active duty for training.
- Injury which occurs when you commit or attempt to commit a crime.
- Travel or flight in any vehicle used for aerial navigation, if any of these apply:
  - You are riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.
  - You are performing as a pilot or crew member of any aircraft.
  - You are riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Federal Agency or any of its subsidiaries or affiliates.
 This includes getting in, out, on or off any such vehicle.
- 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 Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit for covered losses due to a covered accident suffered by your insured dependent. All of the following conditions must be met:

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

Unless otherwise indicated, ReliaStar Life pays only one Full Amount for all losses and benefits while the Group Policy is in effect. The Full Amount is shown on the Schedule of Benefits. For example, if your insured dependent has a loss for which ReliaStar Life paid 50% of the Full Amount, ReliaStar Life pays no more than 50% of the Full Amount for the next loss.

### AD&D Benefit

#### Covered Accident Resulting In:

#### 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 .....	50% of Full Amount
Loss of speech .....	50% of Full Amount
Loss of hearing in both ears .....	50% of Full Amount
Loss of thumb and index finger of same hand .....	25% of Full Amount
Loss of hearing in one ear .....	25% of Full Amount
Quadriplegia .....	Full Amount
Paraplegia .....	75% of Full Amount
Hemiplegia .....	50% of 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.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Unless otherwise indicated, ReliaStar Life does not pay a benefit for loss of use of one or both hands or feet, or thumb and index finger of the same hand.

**Quadriplegia** means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Unless otherwise indicated, paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by a doctor to be permanent, complete and irreversible.

Unless otherwise indicated, ReliaStar Life pays benefits for all covered AD&D losses for your insured dependent to you.

### Exposure and Disappearance Benefit

ReliaStar Life pays an **Exposure** benefit if:

- your insured dependent's loss of use of hands, feet, thumb and index finger of the same hand, or paralysis is caused by exposure to the elements, and
- is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- your insured dependent is in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- your insured dependent disappears and your insured dependent's body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that your insured dependent is living.

The amount payable for the Exposure benefit is the amount of Dependent AD&D benefit otherwise payable for the loss. The amount payable for the Disappearance benefit is the Full Amount of Dependent AD&D.

Exposure and Disappearance benefits for your insured dependent are paid to you.

If ReliaStar Life pays the Disappearance benefit and it is later found your insured dependent is alive, the amount of benefits paid must be refunded to ReliaStar Life.

### 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 your insured dependent was:

- 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 your insured dependent was 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 Dependent AD&D benefit to a maximum of \$25,000

Life (with safety belt and airbag) ..... An additional 10% of Full Amount of Dependent AD&D benefit to a maximum of \$30,000

**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 your insured dependent was 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 your insured dependent or by the driver of the automobile in which your insured dependent was riding.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Safe Driver benefits for your insured dependent are paid to you.

## Coma Benefit

ReliaStar Life pays a **Coma** benefit if, due to a covered accident, your insured dependent is in a coma. Coma benefit payments will stop when your insured dependent is no longer in a coma or when maximum benefits have been paid, whichever comes first.

### In the event of:

### The benefit is:

Coma ..... 1% of Full Amount  
of Dependent AD&D benefit  
per month for up to 100 months

**Coma** means that your insured dependent remains unresponsive to any stimuli and speechless for a period of time not less than 30 days, as determined by a doctor.

Coma benefits for your insured dependent are paid to you.

## Education Benefit

ReliaStar Life pays an **Education** benefit in addition to the AD&D benefit and subject to the conditions below if your insured dependent spouse dies due to a covered accident. This benefit will be paid at the end of each annual period following your dependent spouse's death to your spouse's 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 spouse's 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 spouse's eligible dependent under the definition of dependent in the policy.

### For:

### The benefit is:

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

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

## Transportation Benefit

ReliaStar Life pays a **Transportation** benefit in addition to the AD&D benefit if your insured dependent dies due to a covered accident that occurs at least 75 miles from his or her primary residence.

### For:

### The benefit is:

Transportation ..... An additional 2% of Full Amount  
of Dependent AD&D benefit  
to a maximum of \$2,500

Transportation benefits for your insured dependent are paid to you.

## Child Care Benefit

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

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

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

**For:** **The benefit is:**

Child Care ..... An additional 5% of Full Amount of Dependent AD&D benefit per year for up to 4 years to a maximum of \$5,000 per year

Child Care benefits are paid only once, either in the event of your death or your insured dependent spouse's death.

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

## Common Carrier Benefit

ReliaStar Life pays a **Common Carrier** benefit in addition to the AD&D benefit if your insured dependent suffers a covered loss due to a covered 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 50% of the Dependent AD&D benefit otherwise payable for this loss to a maximum of \$50,000

Common Carrier benefits for your insured dependent are paid to you.

## Rehabilitation Benefit

ReliaStar Life pays a **Rehabilitation** benefit in addition to the AD&D benefit if your insured dependent receives rehabilitation services due to a covered loss, subject to all the following conditions –

- Rehabilitation services must be received within 2 years of the covered accident.
- Only one maximum benefit is payable for all losses or injuries due to the same covered accident.
- No benefit is payable if your insured dependent is entitled to benefits under any Workers' Compensation or similar law.

**For:** **The benefit is:**

Rehabilitation ..... An additional 5% of Full Amount of Dependent AD&D benefit for up to 12 months to a maximum of \$500

Rehabilitation benefits will only be paid for covered AD&D losses, and the rehabilitation services must be prescribed by a doctor.

Rehabilitation benefits for your insured dependent are paid to you.

## Child's Loss Benefit

ReliaStar Life pays a **Child's Loss** benefit in addition to the AD&D benefit if your insured dependent child suffers a covered loss (other than loss of life) due to a covered accident.

**For:** **The benefit is:**

Child's Loss ..... Full Amount of Dependent AD&D benefit to a maximum of \$100,000

Child's Loss benefits for your insured dependent child are paid to you. The Child's Loss benefit is not payable if the child dies within 90 days of the accident.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

## 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.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while serving on full-time active military duty for more than 30 days, in any armed forces. **Exception:** Reserve or National Guard active duty for training.
- Injury which occurs when your insured dependent commits or attempts to commit a crime.
- 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.
- Travel or flight in any vehicle used for aerial navigation, if any of these apply:
  - Your insured dependent is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.
  - Your insured dependent is performing as a pilot or crew member of any aircraft.
  - Your insured dependent is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Federal Agency or any of its subsidiaries or affiliates.This includes getting in, out, on or off any such vehicle.
- Your insured dependent's intoxication. Intoxication means your insured dependent's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.



# 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 one of its licensed agents authorized to accept claims.
- be sent within 20 days after the loss for which claim is based has occurred or as soon as reasonably possible.

## Claim Forms

ReliaStar Life or its authorized agent will send proof of loss claim forms to you, to your insured dependent or to the Policyholder to give to you. ReliaStar Life will send the forms within 15 days after ReliaStar Life receives your notice of claim.

You, your insured dependent or someone on your behalf must return the completed proof of loss claim forms to ReliaStar Life within 90 days of the loss. Even if you or your insured dependent do not receive the forms, written proof of loss must be sent to ReliaStar Life within 90 days after the loss or as soon as reasonably possible. Written proof of loss includes details of how the loss occurred.

## Benefit Payments

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

## Payment of Proceeds

Where indicated, 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.

## Overpayment

If ReliaStar Life pays a benefit under the Group Policy and it is later shown that a lesser amount should have been paid, ReliaStar Life will be entitled to a refund of the excess.

## GENERAL PROVISIONS

### **Health Insurance Assignment**

You or your insured dependent may not transfer to anyone else –

- ownership of any certificate issued under the Group Policy.
- insurance under the Group Policy.

### **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**

When reasonably necessary, ReliaStar Life may have you or your insured dependent examined while a claim is pending under the Group Policy. ReliaStar Life pays for the initial exam. If not forbidden by state law, ReliaStar Life may have an autopsy made if you or your insured dependent die.

### **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, Accidental Injury** – bodily injury resulting from a sudden, violent, unexpected and external event. ReliaStar Life considers all injuries received in one accident as one accidental injury. Infection resulting from a cut or wound caused by an accident is also an accidental injury.

Accidental injury does not include poisoning, disease or any other type of infection, except as stated above.

**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.

**Child** –

- your natural or adopted child, who is dependent on you for support and maintenance.
- a child for whom you have legal obligation 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 a legal guardian.

**Close Relative** – you, your spouse, and a child, brother, sister, or parent of you or your spouse.

**Dependent** –

- your legal spouse.
- your unmarried child less than 26 years of age.

The term “dependent” does not include –

- a spouse or child living outside the United States.
- a spouse or child eligible for Employee's Insurance under the Group Policy.
- a spouse or child on active military duty.
- a parent of you or your spouse.

**Doctor** – a person, other than a close relative, 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 that benefits be paid for professional services of a practitioner other than a medical doctor. If so, the term “doctor” also includes persons recognized as qualified to treat the accidental injury for which claim is made, by the state in which treatment is received.

**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 United States 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.

## DEFINITIONS

**Retirement** – the first of the following dates to occur:

- The effective date of the employee's retirement benefits under –
  - any plan of a federal, a state, a county, a municipal or an association retirement system for which the employee is eligible as a result of employment with the employer;
  - any plan the employer sponsors; or
  - any plan for which the employer makes or has made contributions.
- The effective date of the employee's retirement benefits under the United States Social Security Act or any similar plan or act.

However, any employee in active employment and receiving retirement benefits under the United States Social Security Act or any similar plan or act will not be considered retired.

**Sickness** – any physical illness.

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

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

**You, Your** – an employee insured for Employee's Insurance under the Group Policy.

The following pages contain state mandated provisions and notices.

Applicable states are:

AZ, AR, CA, FL, HI, ME, MD, MA, MN, NH,  
NM, NC, OK, TX, UT, WA, WV, WI

For Arizona Residents:

**NOTICE: THIS CERTIFICATE OF INSURANCE MAY NOT PROVIDE ALL BENEFITS AND PROTECTIONS PROVIDED BY LAW IN ARIZONA. PLEASE READ THIS CERTIFICATE CAREFULLY.**

R-06702

## Consumer Notice for Arkansas Residents

The nearest servicing office is the Minneapolis, Minnesota office of ING 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.

**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 April 1, 2011, is \$470,125. 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.



## 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).

---

### 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.**



**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**

**FLORIDA RESIDENTS:**

The benefits of the policy providing your coverage are governed primarily by the Law of a state other than Florida.

R-03404

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 Maine Residents

Please insert this notice in your certificate.

#### **Third Party Notice**

You may designate an additional person to receive notice of any intent to cancel health coverage. You may change this designation at any time. The form is available upon request from the Policyholder.

If health coverage cancels due to a lapse or default on your part, this coverage may be reinstated upon payment of premiums and proof that you suffered from organic brain disease at the time of cancellation. Request for reinstatement must be received within 90 days of cancellation and be made by you, your insured dependent, or someone authorized to act on your behalf.

**Organic Brain Disease** – a mental or nervous disorder with a demonstrable organic origin causing significant cognitive impairment, including but not limited to Pick's Disease, Parkinson's Disease, Huntington's Chorea, and Alzheimer's Disease and related dementias.

#### **Effective Date**

This Certificate Booklet Rider is effective for you and your insured dependents on the later of the following dates:

- December 1, 1996.
- The effective date of your insurance.

For Maryland Residents:

**NOTICE: THIS CERTIFICATE OF INSURANCE MAY  
NOT PROVIDE ALL BENEFITS REQUIRED FOR A  
POLICY ISSUED AND DELIVERED IN MARYLAND.**

R-07624

# RELIASTAR LIFE INSURANCE COMPANY

## ENDORSEMENT

### Applicable to Massachusetts Residents Covered under Accident-Only Policies

Massachusetts law requires the following disclosure to be provided to Massachusetts residents:

**As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website ([www.mahealthconnector.org](http://www.mahealthconnector.org)).**

This plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the insured's other health plans.



# **RELIASTAR LIFE INSURANCE COMPANY**

## **CERTIFICATE BOOKLET RIDER**

### **Applicable to Minnesota Residents**

Minnesota law requires the following benefit be provided to Minnesota residents.

If dependents are covered, an eligible child is covered to age 25, regardless of student status. Any reference contained in the certificate to student dependent is not applicable.

All other provisions of the certificate remain unchanged.

# **RELIASTAR LIFE INSURANCE COMPANY**

## **CERTIFICATE BOOKLET RIDER**

### **Applicable to New Hampshire Residents**

New Hampshire law requires the following benefit be provided to New Hampshire residents.

If dependents are covered, an eligible child is covered to age 26, regardless of student status. Any reference contained in the certificate to student dependent is not applicable.

All other provisions of the certificate remain unchanged.

R-08657

# RELIASTAR LIFE INSURANCE COMPANY

## CERTIFICATE BOOKLET RIDER

### Applicable to New Hampshire Residents

New Hampshire law requires the following benefit be provided to New Hampshire residents.

The following provision is added to the DEPENDENT'S INSURANCE section of your certificate under Continuation of Insurance:

#### **Divorce or Legal Separation**

If you divorce or legally separate, your former spouse will remain eligible as your dependent spouse unless the final decree of divorce or legal separation expressly provides otherwise. Dependent's Insurance on your former spouse will stop 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. If the Policyholder replaces the Group Policy with another plan of group insurance covering dependent spouses, your former spouse's eligibility may be continued under the replacing group policy.
- The date your insurance stops.
- The 3 year anniversary of the final decree of divorce or legal separation.
- The date your former spouse remarries.
- The date you remarry.
- The date of your death.
- An earlier date if provided by the final decree of divorce or legal separation.

All other provisions of the certificate remain unchanged.

# RELIASTAR LIFE INSURANCE COMPANY

## CERTIFICATE BOOKLET RIDER

### Applicable to New Hampshire Residents

#### **Grievance Procedure**

You may appeal an adverse claim determination. You may also authorize a representative to act on your behalf.

**The appeal must be made within 180 days of the date notice of the claim denial is received.**

The appeal must be in writing and should include the following:

- Your name, Social Security Number, and the Policy number.
- The specific reasons for your appeal and/or disagreement with ReliaStar Life's decision.
- Any new or additional evidence or other documentation to support your appeal.

You have the right to submit written comments, documents, records and other information relating to the claim for benefits.

You will be advised of a decision in writing, setting out the reasons for the decision, with specific references to pertinent provisions of the Policy on which the decision is based. If the appeal is based in whole or part on a medical judgment, the title(s) and qualifying credentials of the person conducting the review will also be included. The written decision will be sent to you within 30 days after receipt of the written appeal, unless matters beyond the control of ReliaStar Life require an extension. If an extension is needed, you will be provided notice within 15 days after receipt of the written appeal. This notice will state the reason for the extension, any additional information needed, and the date by which a determination is expected to be made. If additional information is needed, you will have 45 days to provide it. A written decision will be sent to you within 30 days of the date the additional information is submitted.

For assistance in preparing an appeal, please call 1-800-627-0004.

For assistance at any time, you may contact the Insurance Commissioner's Office at:

New Hampshire Department of Insurance  
21 South Fruit Street  
Suite 14  
Concord, New Hampshire 03301  
1-800-852-3416

# RELIASTAR LIFE INSURANCE COMPANY

## CERTIFICATE BOOKLET RIDER

### Applicable to New Mexico Residents

New Mexico law requires the following benefits be provided to New Mexico residents.

If dependents are covered, the definition of Dependent\* is replaced by the following:

**Dependent -**

- your legal spouse.
- your unmarried child less than 25 years of age.

The term "dependent" does not include -

- a spouse or child living outside the United States.
- a spouse or child eligible for Employee's Insurance under the Group Policy.
- a spouse or child on active military duty.
- a parent of you or your spouse.

\*If your plan covers domestic partners, the definition of dependent also includes domestic partners.

All other provisions of the certificate remain unchanged.

R-08243

**This Certificate of Insurance provides all of the benefits mandated by the North Carolina Insurance Code, but is issued under a group master policy located in another state and may be governed by the state's law. R-08265**

# RELIASTAR LIFE INSURANCE COMPANY

## CERTIFICATE BOOKLET RIDER

### Applicable to North Carolina Residents

North Carolina law requires the following benefits be provided to North Carolina residents.

If dependents are covered under the plan, the following provisions are changed in your certificate:

The following applies to the **Effective Date of Dependent's Insurance** provision.

**An adopted child is insured from the date of placement of the child in your custody if you apply within 31 days following the date of placement. A foster child is insured from the date of placement in the foster home if you apply within 31 days following the date of placement.**

All other provisions of the Effective Date of Dependent's Insurance remain unchanged.

The following applies to the **Handicapped Dependent Child** provision.

**Proof must be given within 31 days after the date the child reaches the maximum age for insurance. Before granting a continuation of this child's insurance, ReliaStar Life may require that a doctor examine the child. ReliaStar Life will specify the doctor and pay the fee for all exams ReliaStar Life requires. After the child reaches the maximum age, ReliaStar Life will not ask for proof, including doctors' exams, more often than once a year.**

All other provisions of the Handicapped Dependent Child remain unchanged.

The following applies to the definition of **Child** provision.

#### **Child**

- your natural or adopted child, who is dependent on you for support and maintenance. The child need not be claimed as a dependent on your federal income tax return.
- a child for whom you have legal obligation for purposes of adoption.
- a child for whom you are required by court order to provide health coverage.
- a child who is primarily dependent on you for support and who is your stepchild, your foster child, or a child for whom you are a legal guardian. The child need not be claimed as a dependent on your federal income tax return.

R-08269

## 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.**



**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)475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: ConsumerProtection@tdi.state.tx.us

**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

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

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104  
Austin, TX 78714-9104  
FAX: (512)475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: ConsumerProtection@tdi.state.tx.us

**DISPUTAS SOBRE PRIMAS O RECLAMOS:**  
Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento.

**UNA ESTE AVISO A SU POLIZA:**  
Este avis es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

# RELISTAR LIFE INSURANCE COMPANY

## CERTIFICATE BOOKLET RIDER

### Applicable to Texas Residents

Texas law mandates the following definitions apply to Texas residents.

If dependents are covered, the following definitions apply:

#### **Child-**

- your natural or adopted child.
- Your grandchild who, at the time you apply for coverage for your grandchild, is your dependent for federal income tax purposes.
- a child who is placed in your home for purposes of adoption, or for whom you have filed suit for adoption.
- your stepchild.
- a child who is primarily dependent on you for support and lives with you in a permanent parent-child relationship, and who is your foster child or a child for whom you are a legal guardian.
- a child for whom you are responsible for medical support under the terms of an order issued under the Texas Family Code or enforceable by a Texas court.

#### **Dependent-**

- your legal spouse.
  - your unmarried child less than 25 years of age.
- The term "dependent" does not include-
- a spouse or child living outside the United States.
  - a spouse or child eligible for Employee's Insurance under the Group Policy.
  - a spouse or child on active military duty.
  - a parent of you or your spouse.

R-08204a

## 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

## CERTIFICATE BOOKLET RIDER

### Applicable to Washington Residents

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

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

ReliaStar Life pays this benefit for covered losses due to a covered 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.
- The 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.

For West Virginia Residents: Please read this certificate carefully.  
If you are not satisfied with it for any reason, you may return it to  
ReliaStar Life Insurance Company within 10 days after receipt.  
Any premium you paid will be refunded.  
R-07933b

## 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)

**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, a member of the ING family of companies  
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)