

RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota 55440

MINNESOTA CERTIFICATE ENDORSEMENT
for Group Accident Insurance

Your Certificate has been changed as follows. Please keep this endorsement with Your Certificate. This endorsement is subject to all other terms of the Policy.

I. DEFINITIONS

If Your Certificate (including any Children's Accident Rider) includes a definition of **Child** or **Children**, that definition is changed to the following:

Child or **Children** means Your unmarried natural or adopted child or stepchild or child for whom You or Your Spouse are a legal guardian, from birth to 26 years of age. This includes Your grandchild who is financially dependent on You and resides with You continuously from birth.

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

This definition includes Your Child age 26 or older who remains dependent on You for support and maintenance because that Child is incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability. For the Family Care benefit, written proof of the Child's incapacity must be furnished along with any proof of claim. Under the Children's Accident Rider, written proof of the Child's incapacity must be furnished to Us at our home office within 31 days prior to the Child reaching the limiting age while insured under the Children's Accident Rider. We may require, at reasonable intervals, but not more than once a year after the two year period following attainment of the limiting age, evidence satisfactory to Us that the incapacity is continuing.

II GENERAL PROVISIONS

The POLICY TERMINATION provision is changed to add the following statement:

If the Policy is terminated, We will make a good faith effort to notify all Insured Persons at least 30 days before the termination date. We will not notify Insured Persons if We have reasonable evidence that the Policy has been or will be replaced by a substantially similar group policy, plan or contract.

III. EXCLUSIONS

The EXCLUSIONS section of Your Certificate (including any Spouse Accident Rider and Children's Accident Rider) is changed to the following:

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

- Participation or attempt to participate in a felony or illegal occupation.
- An Accident while You are operating a motorized vehicle while under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit. (Note: Under riders this applies to the Covered Person.)
- Any intentionally self-inflicted injury, other than attempted suicide, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism or drug abuse.
- Being under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a Doctor.
- Riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any Sickness or declining process caused by a Sickness.

IV. EFFECTIVE DATE

This endorsement is effective for You on or after the later of the following dates:

- The Policy effective date.
- The effective date of Your insurance.



Secretary

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NEW HAMPSHIRE CERTIFICATE ENDORSEMENT
for Group Accident Insurance

Your Certificate has been changed as follows. Please keep this endorsement with Your Certificate. This endorsement is subject to all other terms of the Policy.

I. CONFINEMENT BENEFITS

If any Confinement benefit in Your Certificate is less than \$40 per day, then this benefit is increased to be \$40 per day.

If any Confinement benefit in Your Certificate is for less than 31 days, then this benefit is increased to be 31 days.

II. EXCLUSIONS

If the EXCLUSIONS provision in Your Certificate (and any riders) contains any of these:

- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

then these exclusions do not apply to You or to any Covered Person.

III. CLAIMS

If the PROOF OF CLAIM provision in Your Certificate (and any riders) indicates that there is a 1 year limit for providing proof of claim, then this statement does not apply to You.

IV. EFFECTIVE DATE.

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- The effective date of Your insurance.



Secretary

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TEXAS CERTIFICATE ENDORSEMENT
for Group Accident Insurance

Your Certificate has been changed as follows. Please keep this endorsement with Your Certificate. This endorsement is subject to all other terms of the Policy.

I. DEFINITIONS

If Your Certificate (including any Children's Accident Rider) includes a definition of **Child** or **Children**, that definition is changed to the following:

Child or **Children** means Your unmarried natural or adopted child or stepchild from birth to 26 years of age. This includes Your unmarried grandchild who is Your dependent for federal income tax purposes on the date the grandchild is first eligible under the Children's Accident Rider, and a child for whom You must provide medical support under a court order.

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

This definition includes Your Child age 26 or older who remains dependent on You for support and maintenance because that Child is incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability. For the Family Care benefit, written proof of the Child's incapacity must be furnished along with any proof of claim. Under the Children's Accident Rider, written proof of the Child's incapacity must be furnished to Us at our home office within 31 days prior to the Child reaching the limiting age while insured under the Children's Accident Rider. We may require, at reasonable intervals, but not more than once a year after the two year period following attainment of the limiting age, evidence satisfactory to Us that the incapacity is continuing.

II. EFFECTIVE DATE

This endorsement is effective for You on or after the later of the following dates:

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- The effective date of Your insurance.



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WASHINGTON CERTIFICATE ENDORSEMENT for Group Accident Insurance

Your Certificate has been changed as follows. Please keep this endorsement with Your Certificate. This endorsement is subject to all other terms of the Policy.

I. ACCIDENT HOSPITAL CARE BENEFITS

The time period in the **Hospital Admission** provision between the Covered Accident and admission is changed to one year.

The time period in the **Hospital Confinement** provision between the Covered Accident and Hospital Confinement is changed to one year.

The time period in the **Critical Care Unit Confinement** provision between the Covered Accident and Confinement is changed to one year.

The time period in the **Surgery** provision between the Covered Accident and surgery is changed to one year.

II. FOLLOW-UP CARE BENEFITS

The time period in the **Medical Equipment** provision between the Covered Accident and the beginning use of the prescribed medical equipment is changed to one year.

The time period in the **Physical Therapy** provision between the Covered Accident and the beginning of therapy is changed to one year. The time period between the Covered Accident and the completion of therapy is changed to 18 months.

III. EMERGENCY CARE BENEFITS

The time period in the **Ambulance, Air** provision between the Covered Accident and transport is changed to one year.

The time period in the **Ambulance, Ground** provision between the Covered Accident and transport is changed to one year.

The time period in the **Emergency Room Treatment** provision between the Covered Accident and treatment is changed to one year.

The time period in the **Initial Doctor Visit** provision between the Covered Accident and treatment is changed to one year.

The time period in the **Follow-Up Doctor Treatment** provision between the Covered Accident and treatment is changed to one year.

IV. COMMON INJURIES BENEFITS

The time period in the **Burns** provision between the Covered Accident and treatment is changed to one year.

The time period in the **Concussion** provision between the Covered Accident and diagnosis is changed to one year.

The time period in the **Dislocations** provision between the Covered Accident and diagnosis is changed to one year.

The time period in the **Eye Injury** provision between the Covered Accident and treatment is changed to one year.

The time period in the **Fractures** provision between the Covered Accident and diagnosis is changed to one year.

The time period in the **Laceration** provision between the Covered Accident and treatment is changed to one year.

The time period in the **Ruptured Disk** provision between the Covered Accident and treatment is changed to one year. The time period between the Covered Accident and surgical repair is also changed to one year.

The time period in the **Tendon/Ligament/Rotator Cuff** provision between the Covered Accident and surgical repair is changed to one year.

The time period in the **Torn Knee Cartilage** provision between the Covered Accident and treatment is changed to one year. The time period between the Covered Accident and surgical repair is also changed to one year.

V. EXCLUSIONS

If the EXCLUSIONS section of Your Certificate and any riders has an exclusion for intoxication, then this exclusion does not apply.

VI. EFFECTIVE DATE

This endorsement is effective for You on or after the later of the following dates:

- The Policy effective date.
- The effective date of Your insurance.



Secretary