



**RELIASTAR LIFE INSURANCE COMPANY
CERTIFICATE BOOKLET RIDER**

**State of South Dakota
68254-3GAT**

(Applicable only to Active Insureds formerly covered under policy 36516-5)

Your certificate B-14517 has been changed as follows. Please insert this rider in your certificate. This rider is subject to all of the terms of the Group Policy.

I. SCHEDULE OF BENEFITS

A. The provision "Supplemental Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance" under the Schedule of Benefits section is changed to read as follows:

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

| Class | Amount of Life Insurance | Full Amount of AD&D Insurance |
|-------------------------------|---|---|
| All Active Eligible Employees | 2, 3, 4, or 5 times your Basic Yearly Earnings, plus Policy 36516-5 rollover schedule of \$10,000 to \$500,000, in \$10,000 increments, not to exceed \$900,000 | 2, 3, 4, or 5 times your Basic Yearly Earnings, plus Policy 36516-5 rollover schedule of \$10,000 to \$500,000, in \$10,000 increments, not to exceed \$900,000 |

B. The provision "Dependent Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance" under the Schedule of Benefits section is changed to read as follows:

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

| Class | Amount of Life Insurance | Full Amount of AD&D Insurance |
|--|---|---|
| • Spouse | \$10,000 to \$510,000, in \$10,000 increments | \$10,000 to \$260,000, in \$10,000 increments |
| • Child (each) | | |
| • from birth but less than 26 years, student dependent to age 29 | \$2,500, \$5,000, \$7,500, \$10,000 or \$20,000 | \$10,000 |

C. The provision "Proof of Good Health" under the Schedule of Benefits section is changed to read as follows:

Proof of Good Health

Proof of good health is required for amounts in excess of the limits described below. Coverage is subject to the Group Policy's proof of good health requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Group Policy's proof of good health requirements that are in force on the effective date of the increase. For proof of good health, a completed Evidence of Insurability form must be submitted to ReliaStar Life for approval.

Employee-Supplemental Life Insurance

Limit without Proof

- Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan... Current amount, up to \$900,000
- Enrollment on the Group Policy Effective Date, for employees who had no supplemental coverage under the Policyholder's prior plan... None. Proof of good health is required.
- Initial eligibility after the Group Policy Effective Date... \$400,000 or 5 times Basic Yearly Earnings, whichever is less.
- Application at annual enrollment or a qualified change in family status for an increase to existing supplemental coverage by one plan increment, when new coverage combined with existing supplemental coverage does not exceed... \$400,000 or 5 times Basic Yearly Earnings, whichever is less.
- Application for supplemental coverage due to a qualified change in family status for employees who do not have existing supplemental coverage... \$400,000 or 5 times Basic Yearly Earnings, whichever is less.
- Increases due to salary, job or class changes, that combined with existing coverage do not exceed \$400,000... Amount of the increase
- All other applications for new coverage more than 31 days after the date you become eligible for insurance... None. Proof of good health is required.
- All other applications for an increase to existing supplemental coverage... None. Proof of good health is required.

Dependent Life Insurance

Limit without Proof

- Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan... Current amount, up to \$510,000 on your spouse and up to \$20,000 on your child(ren).
- Enrollment on the Group Policy Effective Date, for employees who had no dependent coverage under the Policyholder's prior plan... None. Proof of good health is required.
- Initial eligibility for dependent coverage after the Group Policy Effective Date... \$10,000 on your spouse and \$10,000 on your child(ren).

- All other applications for new dependent coverage more than 31 days after the date you become eligible for dependent's insurance...

None. Proof of good health is required.

- All other applications for an increase to existing dependent coverage...

None. Proof of good health is required.

The remaining provisions of the Schedule of Benefits are applicable.

II. EFFECTIVE DATE

This Certificate Booklet Rider is effective for you on the latest of the following dates:

- February 1, 2014.
- The effective date of your insurance.
- The date you return to active work if you are not actively at work on the date this Rider would otherwise start.



Registrar