

Revised January 1, 2014

Life and Accidental Death & Dismemberment Insurance Program

(No Cash or Paid Up Values)

The Life and Accidental Death & Dismemberment (AD&D) Insurance Enrollment/Change Form and Life Insurance Evidence of Insurability Form are included at the back of this booklet.

Washington State
Health Care Authority
Public Employees Benefits Board

NOTE:

If you receive payment of accelerated benefits, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits may have tax consequences for you. ReliaStar Life cannot give you advice about this. You may wish to obtain advice from a tax professional or an attorney before you decide to receive accelerated benefits.

The accelerated life benefit does not and is not intended to qualify as long-term care under Washington State law. Washington State law prevents the accelerated life benefit from being marketed or sold as long-term care.

Save this booklet for future reference

Please read this booklet carefully before you select your Life and Accidental Death & Dismemberment (AD&D) Insurance options. This booklet is not a contract. It contains your Certificate of Insurance and a summarized explanation of the Life and AD&D Insurance Program sponsored by the Public Employees Benefits Board (PEBB) for eligible employees. The benefits are subject to the terms, conditions, and limitations of the insurance contract between ReliaStar Life Insurance Company (the Company) and the Washington State Health Care Authority. Benefits available are based solely on the contract.

These Life and AD&D Insurance benefits are underwritten by the ReliaStar Life Insurance Company and this booklet is printed at their expense. If you have questions about eligibility or enrollment, contact your payroll, personnel, or benefits office.

All newly eligible employees are required to complete a *Life and AD&D Insurance Enrollment/Change Form* and return it to their payroll, personnel, or benefits office. Employees must return the completed *Life and AD&D Insurance Enrollment/Change Form* no later than 60 days from the date they become eligible for PEBB benefits to designate a beneficiary and obtain coverage options that are available without providing evidence of insurability.

For questions about life insurance claims, contact your payroll, personnel, or benefits office or ReliaStar Life Insurance Company at P.O. Box 20, Route 7325, Minneapolis, MN 55440-0020, 1-866-689-6990.

To obtain this document in another format (such as Braille or audio), call 1-800-200-1004. TTY users may call through the Washington Relay service by dialing 711.

Policy Number 12373-1 GAT T

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Certificate of Coverage

ReliaStar Life Insurance Company certifies that the Group Policy indicated below has been issued to the Policyholder. The Group Policy is on file and may be examined at the office of the Washington State Health Care Authority (HCA).

Policy Number 12373-1 GAT T	Policyholder Washington State Health Care Authority
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This is a certificate of insurance issued under, and subject to, the terms, conditions, and provisions of the Group Policy (such policy controls in all instances). This certificate summarizes and explains pertinent provisions of the Group Policy, but it does not constitute a contract of insurance.

This certificate applies only to individuals who have applied for and are insured under this program. Dependents' coverage applies only to those who are eligible and enrolled.

Your beneficiary is your last designation that is on file with your payroll, personnel, or benefits office. You may change your beneficiary at any time by notifying your payroll, personnel, or benefits office, in accordance with the terms of the Group Policy.

This certificate replaces any and all insurance certificates that may have been issued previously to the insured under the Group Policy and is subject to the terms of the Group Policy.

ReliaStar Life Insurance Company



Registrar

Definitions

Actively at work

With respect to appointed and elected officials, this means being in pay status. With respect to all other employees, this means being in pay status and not totally disabled.

Annual earnings

An employee's basic compensation plus position stipends received from the employer, exclusive of bonuses, overtime, supplemental stipends, and other extra compensation. For full-time employees who are paid less than 12 months per year, annual salary is determined by multiplying monthly salary by 12.

Company

ReliaStar Life Insurance Company.

Dependent insurance

Insurance provided by the Group Policy, according to the Schedule of Benefits, with respect to the eligible dependents of an employee.

Employee

Any employee who is eligible to receive the employer's contribution toward the cost of insurance coverage as specified in the "Eligibility" section of this certificate of coverage.

Employer

The State of Washington and Employer Groups that have a contract with the Health Care Authority to participate in this PEBB benefit.

Insured individual

Any person insured under the terms and provisions of the Group Policy.

Legal representative

A court appointed guardian or person with power of attorney.

Pay status

As of any specific date, this means that the employee is being compensated by the employer for services performed.

Physician

A duly licensed doctor of medicine, osteopath, chiropractor, optometrist, or chiropractist (other than insured individual) treating illness or injury within the scope and limitations of the physician's license.

Policyholder

Washington State Health Care Authority.

Portability

Employees under age 70 have the option to continue their employee and dependent coverage under portability coverage should the employee become ineligible for PEBB coverage, and pay premiums directly to the Company. Five-year age banded rates plus a billing fee apply to portability coverage.

Providing Evidence of Insurability means you must:

1. Complete and sign the *Life Insurance Evidence of Insurability Form*.
2. Sign the form authorizing the Company to obtain information about your health.
3. Undergo a physical examination, if required by the Company, which may include blood testing.
4. Provide any additional information about your health that the Company may reasonably require.

Providing Evidence of Insurability does not assure that your application for coverage will be approved.

Terminal condition

An injury or sickness that is expected to result in an insured individual's death within 24 months and from which there is no reasonable chance of recovery.

Total disability

Complete inability, because of sickness or accidental injury, to work at any occupation suited to your education, training, or experience.

Uniformed Services

As used in this book, Uniformed Services has the same meaning as in the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Eligibility

(See “Effective Dates” to determine when coverage for eligible employees begins.)

The employing agency will inform an employee whether or not he or she is eligible for benefits upon employment and whenever the employee’s eligibility status changes. Employees eligible for the employer contribution towards insurance benefits are eligible for all parts of the Life and Accidental Death and Dismemberment (AD&D) Insurance program.

Dependents:

1. The employee’s lawful spouse.
2. The employee’s domestic partner.
 - a. Effective January 1, 2010, a state-registered domestic partner.
 - b. A domestic partner who was qualified under PEBB eligibility criteria as a domestic partner before January 1, 2010, and was continuously enrolled under the employee in a PEBB health plan or life insurance.
3. Children ages 14 days or over, but under 26 years of age, who meet the definition of dependent as defined below:
 - The employee's biological children where parental rights have not been terminated, stepchildren, legally adopted children, children for whom the employee has assumed a legal obligation for total or partial support in anticipation of adoption, children of the employee's state-registered domestic partner, or children specified in a court order or divorce decree, and children as defined in state statutes that establish the parent-child relationship.
 - Extended dependents in the legal custody or legal guardianship of the employee, the employee's spouse, or employee's state-registered domestic partner. The legal responsibility is demonstrated by a valid court order and the child's official residence with the custodian or guardian. "Children" does not include foster children for whom support payments are made to the employee through the state Department of Social and Health Services foster care program.
4. Children of any age with a developmental disability or physical handicap that renders the child, incapable of self-sustaining employment and chiefly dependent upon the employee for support and maintenance, provided such condition occurs before age 26, subject to the following:
 - I. You must provide evidence of the disability and evidence that the condition occurred before age 26.
 - II. You must notify the PEBB program, in writing, no later than 60 days after the date a child age 26 or older no longer qualifies under this provision.
 - III. A child with a developmental disability or physical handicap who becomes self-supporting is not eligible for coverage as of the last day of the month in which he or she becomes capable of self-support.
 - IV. A child with a developmental disability or physical handicap age 26 and older who becomes capable of self-support does not regain eligibility if he or she later becomes incapable of self-support.

Program Summary

This program has six parts. Coverage options allow you to design your own plan. Study the chart below to determine which parts of the program suit your needs.

	Amount of Insurance	Monthly Cost
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance for Employees	\$25,000 Basic Life Insurance for death from any cause and \$5,000 Basic Accidental Death & Dismemberment Insurance.	Your employer provides Basic Life and AD&D coverage through the PEBB Program at no cost to you.
Supplemental Life Insurance for Employees	<p>You may apply for additional amounts in \$10,000* increments from \$10,000 to \$750,000. If you apply within 60 days of the date you become eligible for benefits, you may obtain up to \$250,000 of coverage without evidence of insurability if you are under age 60. If you are age 60 or older, you may obtain up to \$100,000 of coverage without evidence of insurability. After 60 days, or for coverage in excess of \$250,000 (if under age 60) or \$100,000 (if age 60 or older), you must provide evidence of insurability at the Company's expense.</p> <p>Supplemental Life Insurance for Employees covers death from any cause.</p> <p><i>*Coverage grandfathered on January 1, 2012 might not be in increments of \$10,000 if no changes have been made to your coverage since that date. Any changes made to coverage amounts on or after January 1, 2012 must adhere to the plan design and be in \$10,000 increments.</i></p>	See page 28.
Basic Dependent Life Insurance	<p>\$2,500 spouse/state-registered domestic partner and \$2,500 each dependent child.</p> <p>Basic Dependent Life Insurance covers death from any cause.</p>	You pay \$0.50 per family per month, regardless of the number of covered dependents.
Supplemental Spouse Life Insurance	If you have enrolled your spouse/state-registered domestic partner in Basic Dependent Life Insurance, you may apply for additional amounts of Supplemental Spouse Life Insurance in \$5,000** increments up to one-half of the amount of Supplemental Life Insurance you obtain for yourself. If you apply no later than 60 days from the date you become eligible or no later than 60 days from your marriage or the effective date of your state-registered domestic partnership, you may purchase up to \$50,000 of coverage without providing evidence of insurability. After 60 days, or for coverage in excess of \$50,000, you must provide evidence of your spouse's/state-registered domestic partner's insurability at the Company's expense.	See page 28.

	Amount of Insurance	Monthly Cost
	<p>Supplemental Spouse Life Insurance covers death from any cause.</p> <p><i>**Coverage grandfathered on January 1, 2012 might not be in increments of \$5,000 if no changes have been made to your spouse/state-registered domestic partner's coverage since that date. Any changes made to coverage amounts on or after January 1, 2012 must adhere to the plan design and be in \$5,000 increments.</i></p>	
Supplemental Employee Accidental Death & Dismemberment Insurance	You may enroll in Supplemental Employee Accidental Death & Dismemberment Insurance in multiples of \$25,000 (\$25,000 minimum) up to \$250,000. Exclusions apply. See the Accidental Death & Dismemberment section of this booklet on page 12 for a more complete description of coverage.	See page 28.
Supplemental Dependents' Accidental Death & Dismemberment Insurance	If you select Supplemental Dependents' Accidental Death & Dismemberment Insurance in addition to your own, your spouse/state-registered domestic partner will be insured for 50% of your benefit if you have no dependent children. If you have children, your spouse/state-registered domestic partner will be insured for 40% and each dependent child for 5% of your benefit. If there is no spouse/state-registered domestic partner, each dependent child will be insured for 10% of your benefit. This dependent coverage will not reduce your coverage.	See page 28.

Life Insurance coverage is eligible to be continued under the Portability provision. The employee may apply to continue 100%, 75%, 50%, or 25% of the employee's total amount of Basic and Supplemental Life Insurance coverage under the Portability provision. The same elected percentage will apply to dependent coverage if the employee also applies to continue dependent coverage under the Portability provision.

If the employee's total amount of coverage to be continued is not a multiple of \$1,000, it will be rounded to the next higher \$1,000 multiple. If the dependent's amount to be continued is less than \$1,000, it will be rounded up to \$1,000.

The minimum amount the employee can continue is \$5,000. The minimum amount each insured dependent can continue is \$1,000. The maximum amount the employee can continue will not exceed the lesser of five times the employee's annual earnings or \$750,000.

AD&D Insurance cannot be continued under the Portability provision.

Summary of Provisions

	Employee Basic Life	Employee Basic AD&D	Employee Supplemental Life	Dependents Basic Life	Spouse Supplemental Life	Supplemental AD&D
EXCLUSIONS Are you covered for death from any cause with no contractual exclusions?	Yes	No (See page 12.)	Yes	Yes	Yes	No (See page 12.)
HEALTH STATEMENTS Are you insured without a health statement or physical exam if you enroll within 60 days after becoming eligible?	Yes	Yes	Evidence of insurability required for more than \$250,000 of coverage if you are under age 60 and for more than \$100,000 if you are age 60 or older.	Yes	Evidence of insurability required for more than \$50,000 of coverage.	Yes
WAIVER OF PREMIUM Can you continue your insurance coverage without a premium if you become totally disabled prior to age 60 and the disability continues at least six months?	Yes	No	Yes	Yes	Yes	No
BENEFICIARY Can you choose any beneficiary?	Yes	Yes	Yes	No—you are the beneficiary.	No—you are the beneficiary.	Yes, but you are the beneficiary for dependents' AD&D.

	Employee Basic Life	Employee Basic AD&D	Employee Supplemental Life	Dependents Basic Life	Spouse Supplemental Life	Supplemental AD&D
24-HOUR COVERAGE Will you have 24-hour coverage?	Yes	Yes	Yes	Yes	Yes	Yes
FLYING Is flying covered?	Yes	Yes	Yes	Yes	Yes	Yes, but as a passenger only. (Accidents as pilots or crew members are not covered.)
OTHER EXCLUSIONS What other exclusions are there?	None	See page 12.	None	None	None	See page 12.
PORTABILITY Can you continue coverage if you leave state employment for any reason?	Yes, if you are under age 70 and satisfactorily answer three questions on the Portability application	No	Yes, if you are under age 70 and satisfactorily answer three questions on the Portability application	Yes, if you continue your coverage and your spouse/ state- registered domestic partner satisfactorily answers two health questions on the Portability application (no questions for children)	Yes, if you continue your coverage and your spouse/ state- registered domestic partner satisfactorily answers two health questions on the Portability application	No

	Employee Basic Life	Employee Basic AD&D	Employee Supplemental Life	Dependents Basic Life	Spouse Supplemental Life	Supplemental AD&D
CONVERSION Can you convert to an individual policy without evidence of insurability if you leave state employment for any reason?	Yes, if you have not continued that coverage under the Portability provision	No	Yes, if you have not continued that coverage under the Portability provision	Yes, spouse/ state-registered domestic partner and dependent children can convert if you have not continued that coverage under the Portability provision	Yes, spouse/ state-registered domestic partner can convert if you have not continued that coverage under the Portability provision	No

Schedule of Benefits

Basic Employee Life and AD&D Insurance

Classification	Face Amount (Life Insurance)	Principal Sum (Accidental Death and Dismemberment Insurance)
Employee	\$25,000	\$5,000
Employee approved for portability coverage	Approved amount, but the total amount of Life Insurance under Basic and Supplemental Life Insurance will not exceed the lesser of 5 times your annual earnings or \$750,000	NONE

The following applies only if the employee is on waiver of premium:

65 but less than 70 years of age	\$3,500
Age 70 and over	\$3,000

Supplemental Employee Life Insurance

Classification	Amount of Life Insurance
Employee	Available in increments of \$10,000, not to exceed \$750,000
Employee approved for portability coverage	Approved amount, but the total amount of Life Insurance will not exceed the lesser of 5 times your annual earnings or \$750,000

Basic Dependent Life Insurance

Classification	Amount of Life Insurance
Spouse/state-registered domestic partner	\$2,500
Spouse/state-registered domestic partner approved for portability coverage	Approved amount, but the total amount of Life Insurance under Basic and Supplemental Dependent Life Insurance will not exceed the employee's amount of portability coverage
Child	\$2,500
Child approved for portability coverage	Approved amount, not to exceed the lesser of the employee's amount of portability coverage or \$2,500

Supplemental Spouse Life Insurance

Classification	Amount of Life Insurance
Spouse/state-registered domestic partner	Available in increments of \$5,000, not to exceed 50% of Employee Supplemental Life Insurance coverage in force
Spouse/state-registered domestic partner approved for portability coverage	Approved amount, but the total amount of Life Insurance under Basic and Supplemental Dependent Life Insurance will not exceed the employee's amount of portability coverage

Supplemental Accidental Death & Dismemberment Insurance

Classification	Principal Sum (Accidental Death & Dismemberment Insurance)
Employee	An amount of insurance you select that is equal to any multiple of \$25,000, subject to a maximum of \$250,000.

The Principal Sum of Accidental Death & Dismemberment Insurance for a dependent shall be the appropriate percentage, shown below, of the employee's principal sum of Accidental Death & Dismemberment Insurance.

Dependents	Percentage
Spouse/state-registered domestic partner only (no dependent children)	50%
Spouse/state-registered domestic partner with dependent children	
Spouse/state-registered domestic partner	40%
Each dependent child	5%
Children only (no spouse/state-registered domestic partner)	
Each dependent child	10%

Accidental Death & Dismemberment Insurance

When the Company receives notice and satisfactory proof that any individual insured under Basic or Supplemental Accidental Death & Dismemberment Insurance has sustained any loss shown in the Schedule of Indemnities as a direct result of accidental bodily injuries and within 365 days of such injury, the Company will pay the amount specified for such loss in the Schedule of Indemnities, subject to the terms of the Group Policy.

Accidental bodily injury means a bodily injury sustained by the insured person that is a direct result of an accident, independent of disease or bodily infirmity or any other cause, and that occurs while the insurance is in force. However, the Company will not pay for any loss if the accident is caused directly or indirectly by any of the following:

1. Any insurrection, war, or act of war. War includes declared or undeclared war, whether civil or international, and any substantial armed conflict with organized forces of a military nature.
2. Suicide or injuries intentionally inflicted by the insured individual, while sane or insane.
3. Committing or attempting to commit a criminal assault or felony, or participating in a violent disorder.
4. Stroke, coronary occlusion, or rupture; any self-administered drug not prescribed by a physician for illness or injury; an intentionally self-administered poison or other chemical compound; bodily or mental infirmity; sickness, disease, or infection existing at the time of the accident; or medical or surgical treatment for any of the situations mentioned.
5. With respect to Supplemental Accidental Death & Dismemberment Insurance only, travel or flight in or descent from any kind of aircraft, as a pilot or crew member.

No more than the Principal Sum shall be paid for all losses during all periods of coverage.

Accidental Death & Dismemberment Insurance under the Group Policy is not in lieu of and does not affect any requirement for coverage by workers' compensation insurance.

No life insurance is provided under Supplemental Accidental Death & Dismemberment Insurance, except as specified for accidents.

Schedule of Indemnities

Benefit for loss of:

Life	The Principal Sum
Both hands, both arms, both feet, both legs, or sight of both eyes.....	The Principal Sum
One hand and one foot or one arm and one leg.....	The Principal Sum
Either hand, arm, foot, or leg and sight of one eye.....	The Principal Sum
Either hand, arm, foot, or leg	One-Half The Principal Sum
Sight of one eye.....	One-Half The Principal Sum

Loss shall mean, with regard to hands and feet, actual severance through or above the wrist or ankle joints; with regard to eyes, entire and irrecoverable loss of sight.

Accelerated Life Benefit

This benefit is equal to 50% of your amount of Basic and/or Supplemental Life Insurance in force, or \$100,000, whichever is less. This benefit is available to you and your spouse/state-registered domestic partner. Each insured individual must have at least \$10,000 in Life Insurance coverage in force to qualify for this benefit.

The Company pays this benefit if it has been determined that you or your insured spouse/state-registered domestic partner have a terminal condition. Accelerated Life Benefit proceeds are paid by the Company to you or your legal representative while the insured individual is living when it has been determined that the insured individual has a terminal condition. Accelerated Life Benefit proceeds are paid in one lump sum and are paid only once. This lump sum payout is the only Life Insurance settlement option available to an insured individual prior to death.

A terminal condition is defined as an injury or sickness that is expected to result in an insured individual's death within 24 months and from which there is no reasonable chance of recovery.

The Accelerated Life Benefit is based on the amount of Life Insurance coverage in effect on the date the insured individual applies for the Accelerated Life Benefit proceeds. An insured individual will not be able to increase Supplemental Life Insurance amounts after applying for the Accelerated Life Benefit proceeds, unless the insured individual is determined to be ineligible to receive the Accelerated Life Benefit proceeds.

To receive the Accelerated Life Benefit proceeds, an insured individual must meet all of the following conditions:

1. Request this benefit in writing. If the insured is unable to request this benefit, the insured's legal representative may request it.
2. Be insured as an employee or spouse/state-registered domestic partner for Life Insurance benefits.
3. Have Life Insurance benefits of at least \$10,000 under this PEBB Program.
4. Provide to the Company a doctor's statement that gives the diagnosis of the insured's medical condition, along with a statement that because of the nature and severity of such condition, life expectancy is no more than 24 months. You may be required to be examined by a doctor of the Company's choice at the Company's expense. If the second doctor's opinion is in conflict with the first opinion, and cannot be resolved, the insured has the right to mediation or binding arbitration conducted by a disinterested third party who has no ongoing relationship with either the Company or the insured.
5. Provide to the Company written consent from any irrevocable beneficiary; assignee; and, in community property states, the insured's spouse.
6. Not have notified the Company in writing that the insured is waiving this benefit. An insured's decision to waive this benefit may not be revoked or changed.

Benefit Payment: The Company pays Accelerated Life Benefits to the employee unless both of the following are true:

1. It is shown, to the satisfaction of the Company, that the employee is physically and mentally incapable of receiving and cashing the lump sum payment.
2. A representative appointed by the court to act on behalf of the employee makes a claim for the payment.

If the Company does not pay the employee because the two above conditions apply, payments will be made to (1) an individual who is responsible for the insured, (2) an institution that is responsible for the insured, or (3) any other person the Company considers entitled to receive the payments as a trustee for the insured.

Accelerated Life Benefit Exclusions: The Company does not pay benefits for a terminal condition if the required Life Insurance premium is due and unpaid.

Effects on Coverage: When the Company pays this benefit, the insured's coverage is affected in the following ways:

1. The insured's total available Life Insurance Benefit equals the amount of Basic and Supplemental Life Insurance in effect at the time the insured applies for the Accelerated Life Benefit.
2. The insured's total available Life Insurance Benefit is reduced by the amount of Accelerated Life Benefit paid under this provision.
3. The insured's Life Insurance benefit amount that may be continued under the Portability provision or converted is reduced by the Accelerated Life Benefit proceeds paid.
4. The insured will not be able to increase any Supplemental Life Insurance coverage after the Company approves the insured to receive the Accelerated Life Benefit.
5. The insured's premium is reduced based upon the remaining amount of Life Insurance Benefit. The reduced premium must be paid, unless waived, to keep Life Insurance coverage in force.
6. The remaining Life Insurance Benefit is subject to future age reductions (if any).
7. The insured will not be able to reinstate coverage to its full amount in the event of recovery from a terminal condition.
8. The insured's dependent Life Insurance coverage will not be affected by Accelerated Life Benefit proceeds paid because of an employee's terminal illness, provided all required premiums are paid.
9. The insured's receipt of Accelerated Life Benefit proceeds does not affect any Accidental Death & Dismemberment Insurance. Thus, if the insured should die in a covered accident after receiving Accelerated Life Benefits, the accidental death benefit will be based on the AD&D Principal Sum in force on the date of the accident.

General Information

Enrollment Process

To enroll in this program or change your coverage, you must complete a *Life and AD&D Insurance Enrollment/Change Form* and return the form to your payroll, personnel, or benefits office.

You must also complete a *Life and AD&D Insurance Enrollment/Change Form* to:

1. Designate a beneficiary for your insurance, including coverage provided automatically for eligible employees.
2. Provide coverage for your dependents under Basic Dependent Life Insurance, Supplemental Spouse Life Insurance, and Supplemental Dependents' Accidental Death & Dismemberment Insurance.
3. Apply for additional coverage up to \$750,000 under Employee Supplemental Life Insurance.
4. Supplement your Basic Employee Accidental Death & Dismemberment coverage with Supplemental Employee Accidental Death & Dismemberment coverage.
5. Authorize payroll deductions for your premium contributions.
6. Request coverage after returning from a leave of absence.
7. Remove your spouse/state-registered domestic partner, or child(ren) from coverage.
8. Cancel Life and/or AD&D Insurance. (You cannot cancel Basic Life and AD&D Insurance for employees.)

You may enroll **no later than 60 days** after you become newly eligible for coverage without evidence of insurability for Basic Dependent Life Insurance, Supplemental Spouse Life Insurance up to \$50,000, and Supplemental Employee Life Insurance to \$250,000 (if you are under age 60), and Supplemental Employee Life Insurance to \$100,000 (if you are age 60 or older). Dependent children do not require evidence of insurability. **Exception:** You do not need to apply for Supplemental Dependents' Accidental Death & Dismemberment Insurance within 60 days of eligibility.

The following apply to employees who are **newly eligible**:

1. If you are a new employee, you must complete a *Life and AD&D Insurance Enrollment/Change* form within 60 days of becoming newly eligible.
2. If you do not apply for coverage within 60 days of becoming newly eligible, you will be enrolled in the employee basic life insurance. Dependents will not be enrolled.

If you do not apply to enroll during your first 60 days of eligibility, you must provide evidence of insurability that meets the requirements of the Company. You must also provide evidence of insurability for your spouse/state-registered domestic partner if you do not apply to enroll your spouse/state-registered domestic partner within 60 days of you becoming eligible or within 60 days of the date of marriage or the effective date of your domestic partnership.

The following apply to employees who regain eligibility:

1. If you regain eligibility upon returning from a leave of absence, you must complete a *Life and AD&D Insurance Enrollment/Change* form within 31 days after regaining eligibility.
2. An employee who self-paid for optional life insurance coverage after losing eligibility will have that level of coverage reinstated without evidence of insurability.
3. An employee who was eligible to continue optional life under continuation coverage but discontinued that insurance coverage must submit evidence of insurability that meets the requirements of the Company.
4. If you do not return the required forms to your agency within 31 days of regaining eligibility, you will be enrolled in the employee basic life insurance. Dependents will not be enrolled.

Exception for transferring employees: An employee's insurance coverage elections remain the same when an employee transfers from one employing agency to another employing agency without a break in PEBB coverage. Insurance coverage elections remain the same when employees have a break in employment that does not interrupt his or her employer contribution toward PEBB insurance coverage.

You must purchase Basic Dependent Life Insurance to be eligible to purchase Supplemental Spouse Life Insurance.

Effective Dates

Basic Employee Life and AD&D Insurance

Your Basic Employee Life and AD&D Insurance becomes effective on the first day of the month following the day you become eligible. If you become eligible on the first working day of a month, then insurance coverage begins on that date (except that eligibility for employees of participating Employer Groups will be determined based on the Employer Group's contract with the HCA).

Basic Dependent, Supplemental Spouse, and Supplemental Employee Life Insurance

If you enroll your dependents in Basic Life insurance within 60 days of becoming newly eligible, coverage begins on the first day of the month following the day you become eligible. If you become eligible on the first working day of a month, then insurance coverage begins on that date.

If you apply for the following coverage no later than 60 days after your date of eligibility, coverage becomes effective the first of the month following the signature date on the *Life and AD&D Insurance Enrollment/Change Form*:

- Basic Spouse Life Insurance. (Your spouse/state-registered domestic partner must be enrolled in Basic Spouse Life Insurance to be eligible for Supplemental Spouse Life Insurance.)
- Supplemental Spouse Life Insurance up to \$50,000.
- Supplemental Employee Life Insurance up to \$250,000 (\$100,000 if you are age 60 or older).

If you apply for more than \$50,000 Supplemental Spouse Life Insurance or more than \$250,000 Supplemental Employee Life Insurance (\$100,000 if you are age 60 or older), you must submit evidence of insurability to the Company. If a medical examination is required, it will be paid for by the Company. Insurance amounts that require evidence of insurability become effective on the first day of the calendar month after the Company approves your application.

If you apply for Basic Spouse, Supplemental Spouse, or Supplemental Employee Life Insurance more than 60 days after your date of eligibility, or later than 60 days after the eligibility date for a new spouse/state-registered domestic partner, you must submit evidence of insurability to the Company (except for dependent children). If a medical examination is required, it will be paid for by the Company. Insurance amounts that require evidence of insurability become effective on the first day of the calendar month after the Company approves your application.

Supplemental AD&D Insurance

Supplemental Accidental Death & Dismemberment Insurance shall become effective on the first day of the month following signature date on the *Life and AD&D Insurance Enrollment/Change Form*. Supplemental Accidental Death & Dismemberment Insurance does not require evidence of insurability.

Actively at Work Provision

If you are not at work on the date coverage would become effective as described above, the insurance will become effective the first of the month following the date you return to active work. If the date your insurance would otherwise become effective falls on a non-working day, such insurance shall nevertheless become effective if you were actively at work on the last preceding work day, provided that you would have been able to work had the effective date been a work day. The effective date of increases in insurance or purchase of additional insurance (including insurance for a new dependent) will also be delayed until you return to active work.

Changes in Coverage

Supplemental Spouse Life Insurance

You may change the face amount of Supplemental Spouse Life Insurance by completing a *Life and AD&D Insurance Enrollment/Change Form* and submitting it to your payroll, personnel, or benefits office. A decrease in the face amount of Supplemental Spouse Life Insurance will become effective on the first day of the calendar month following the signature date on the form. An increase in the face amount of Supplemental Spouse Life Insurance will become effective, after such election, on the first day of the calendar month following approval of evidence of insurability satisfactory to the Company.

Any increase in the amount of insurance for any dependent who is for any reason confined to a hospital on a date when the increase would otherwise become effective, shall be deferred until the dependent's final discharge from the hospital.

Supplemental Employee Life Insurance

You may elect to change the face amount of your Supplemental Life Insurance by completing a *Life and AD&D Insurance Enrollment/Change Form* and returning it to your payroll, personnel, or benefits office. A decrease in the face amount of your Supplemental Life Insurance will become effective on the first day of the calendar month following the month in which the election is made. An increase in the face amount of your Supplemental Life Insurance will become effective on the first day of the calendar month following approval of evidence of insurability satisfactory to the Company.

Supplemental AD&D Insurance

You may change the Principal Sum of Accidental Death & Dismemberment Insurance or apply for Supplemental Dependents' Accidental Death & Dismemberment Insurance by completing a *Life and AD&D Insurance Enrollment/Change Form* and returning it to your payroll, personnel, or benefits office. Any changes in the Principal Sum or addition of Supplemental Dependents' AD&D Insurance will become effective on the first day of the calendar month following such election.

Note: Your coverage continued under the Portability provision cannot be increased.

Termination of Employee Coverage

Your employee coverage shall terminate on the earliest of the following dates:

- A. With respect to Basic Life Insurance for employees in pay status, the last day of the month in which (1) the employee is eligible for the employer contribution, or (2) employee premiums were withheld, or (3) the last day of the month your approved leave under the Family and Medical Leave Act ends.
- B. With respect to Supplemental Employee Life Insurance, Basic Dependent and Supplemental Spouse Life Insurance, Supplemental AD&D Insurance, and Basic Life and AD&D Insurance for members not in pay status, the earlier of (1) the last day of the month in which employment is terminated, or (2) the last day of the month in which the employee is eligible for the employer contribution or employee premiums were withheld, whichever is later.
- C. With respect to Basic and Supplemental Accidental Death & Dismemberment Insurance, the last day of the calendar month in which your claim for total disability is approved by the Company.
- D. The last day of the calendar month in which you begin full-time service of the military (land, sea, or air) forces of any country. However, if you cease active work because you are called to active duty in the uniformed services as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA), your employer will maintain your Basic Employee Life Insurance for each month you maintain eligibility for the employer contribution by using approved annual or military leave. You may continue your Supplemental Employee Life Insurance, Basic Dependent Life Insurance, and Supplemental Spouse Life Insurance for the amounts you had under this plan immediately before your leave for a maximum of 29 months from the date you are called to active duty. If you do not maintain your eligibility for the employer contribution by using approved annual or military leave, you may continue your insurance coverage on a self-pay basis as described under "Termination of Employee Coverage."
- E. The date the Group Policy terminates.
- F. With respect to your and your dependent's Life Insurance only, if you cease active work directly or indirectly because of a strike, lockout, or other labor dispute which results in suspension or termination of your compensation, you have the right to continue such Life Insurance by paying the entire premium directly to the HCA. If you elect to pay the entire premium for this continued insurance, termination of such continued insurance shall occur on the earlier of (1) the last day of the calendar month for which you made a premium payment, (2) your return to active work, (3) the last day of the sixth calendar month following the date of suspension or termination of compensation by your employer, or (4) the date of discontinuance of the Group Policy.
- G. If you cease active work because of an approved Family and Medical Leave of up to 26 weeks, your employer will maintain your Basic Employee Life and AD&D Insurance that you had under this plan before you went on such leave. You may continue your Supplemental Employee Life Insurance, Basic Dependent and Supplemental Spouse Life Insurance, and Supplemental AD&D Insurance by self-paying premiums during this time.

If you elect not to continue coverage during your approved Family and Medical Leave, when you return to work you will be eligible for the amounts of Supplemental Employee Life Insurance, Basic Dependent and Supplemental Spouse Life Insurance, and Supplemental AD&D Insurance you and your dependents had under this plan immediately before your leave. You won't be required to provide additional evidence of insurability to reinstate prior amounts of coverage. Coverage will be reinstated on the date you return from approved Family and Medical Leave, if you resume paying the required contributions at that time.

You May Continue Your Life Insurance Coverage on a Self-Pay Basis Under Certain Circumstances

If the employer contribution to life insurance ends due to an event described in 1 through 6 below, you may continue insurance coverage by self-paying the premiums with no contribution from the employer for a maximum of 29 months under the following circumstances:

1. You are on authorized leave without pay.
2. You are on approved educational leave.

3. You are receiving time-loss benefits under workers' compensation.
4. You are called to active duty in the uniformed services as defined under the USERRA and you are not using agency-approved annual or military leave to maintain your eligibility for the employer contribution toward insurance coverage;
5. Your employment ends due to a layoff.
6. You are applying for disability retirement.

If you are a faculty or benefits-eligible seasonal employee and you are between periods of eligibility, you may continue life insurance by self-paying the premiums with no contribution from the employer for a maximum of 12 months.

If an employee reverts for reasons other than a layoff and is not eligible for the employer contribution toward insurance coverage, the employee may continue life insurance by self-paying the premiums for a maximum of 18 months.

If you are awaiting hearing of a dismissal action, you may continue life insurance by self-paying the premiums with no contribution from the employer until the end of the month in which a decision is entered, up to a maximum of 29 months.

Coverage Continued Under the Portability Provision

Your coverage continued under the Portability provision shall terminate on the date you turn age 70 or the date the Group Policy terminates, whichever is earlier.

Reinstating Coverage When You Return To Work

When you return to work, you will need to complete and submit a *Life and AD&D Insurance Enrollment/Change Form* within 31 days of your return. If you are in one of the following circumstances, your previous level of coverage will be reinstated and you do not have to complete the *Life Insurance Evidence of Insurability Form* to reinstate your life insurance:

- You were on approved Family and Medical Leave and you return to work no later than the end of the month in which your agency-approved Family and Medical Leave ends.
- You were eligible and self-paid for your life insurance as described in the section titled, **“You May Continue Your Life Insurance Coverage on a Self-Pay Basis Under Certain Circumstances.”**

If you were eligible to self-pay for your coverage and you chose not to continue the coverage or paid for a reduced amount of coverage, you will need to complete a *Life and AD&D Insurance Enrollment/Change Form*, provide evidence of insurability, and apply for reinstatement of your prior amounts of coverage.

USERRA Leave

Employees who self-paid for your (and your dependents) life insurance during a USERRA leave of absence, are not required to provide evidence of insurability upon reinstating coverage. Your Basic Life, Basic AD&D, Supplemental Term Life, and Supplemental AD&D coverage (all that apply) will remain the same. Your effective date of coverage will be the first of the month in which you return to work with a minimum of eight hours pay status.

Employees who did not self-pay for your life insurance during a USERRA leave of absence must submit an enrollment form and evidence of insurability. Your effective date of coverage for the basic life and basic AD&D life coverage will be the first of the month in which you return to work with a minimum of eight hours pay status. Supplemental coverage will be effective the first of the month following approval from the carrier.

Transferring Life Insurance Coverage to a Spouse/State-Registered Domestic Partner

When both husband and wife (or state-registered domestic partners) are covered employees, and one employee's coverage terminates for reasons outlined in this section, any in-force Supplemental Employee Life Insurance may be transferred, without evidence of insurability, to the remaining insured employee's Basic Dependent and Supplemental Spouse Life Insurance. The transferred coverage amount may not exceed the maximum limit for Basic Spouse and Supplemental Spouse Life Insurance (up to 50% of the Supplemental

Employee Life Insurance) and must be in increments of \$5,000. Likewise, any in-force Supplemental Spouse Life Insurance may be transferred to the remaining insured employee's Supplemental Employee Life Insurance up to the maximum allowed amounts, and must be in increments of \$10,000.

Any transfer of coverage through this special provision must be immediate and without lapse in coverage. Life coverage in excess of the maximum amounts to be transferred may be converted within 31 days of termination.

Note: See "Conversion of Life Insurance" in section B.4 on page 24. In some circumstances, employees and their insured dependents may be entitled to benefits if death occurs within the 31-day period (60 days for retirees and their dependents) following termination of insurance.

Termination of Dependent Coverage

Your dependents' coverage will automatically terminate on the earliest of the following dates:

1. With respect to Life Insurance, five months (subject to self-payment of premium) after your death.
2. With respect to Life Insurance, the date your Life Insurance terminates due to any cause other than death.
3. With respect to Accidental Death & Dismemberment Insurance, the date your Accidental Death & Dismemberment Insurance terminates.
4. The last day of the month in which your dependent begins full-time service in the military (land, sea, or air) forces of any country.
5. The last day of the month in which your child ceases to be eligible as a dependent (see Eligibility on page 4 of this booklet).
6. The last day of the month in which your disabled child age 26 or older becomes self-supporting.
7. The last day of the month in which you are divorced or your state-registered domestic partnership is dissolved.
8. The last day of the month a stepchild or child of a domestic partner loses eligibility due to the employee's legal relationship with the spouse or domestic partner ends due to divorce, annulment, dissolution, termination, or death
9. The last day of the month in which premium is paid to the Company by the HCA for your dependent insurance.

Note: See "Conversion of Life Insurance" in section B.4 on page 24. In some circumstances, employees and their insured dependents may be entitled to benefits if death occurs within the 31-day period (60 days for retirees and their dependents) following termination of insurance.

Portability

You can apply to continue your terminated Basic and Supplemental Life Insurance until age 70 if certain conditions are met. You may elect to decrease your coverage continued under the Portability provision; however, you will not be eligible to increase it.

The minimum amount of your Life Insurance that you can apply to continue under the Portability provision is \$5,000. See the “Schedule of Benefits” for maximum amounts. If your total amount of terminated life insurance otherwise eligible to be continued under the Portability provision is less than \$5,000, then you may be eligible for conversion as described in the “Conversion of Life Insurance” section.

You must apply to continue your coverage under the Portability provision within 31 days (60 days if you are retiring) of the date your insurance terminates due to the following:

- You retire or terminate employment with the Policyholder, if coverage is in effect for active employees under the Group Policy.
- The Policyholder terminates Basic and Supplemental Life Insurance for employees under the Group Policy and does not replace it with a similar life insurance plan.
- You are no longer eligible for life insurance under the Group Policy.
- All other continuation under the Group Policy ends.

If your amount of insurance reduces due to age or a change in employment status (other than termination of employment), this is not considered a termination of insurance for purposes of portability coverage. Please refer to the “Conversion of Life Insurance” section for more information about conversion following reductions in coverage.

You can also apply to continue your terminated Basic Dependent and Supplemental Spouse Life Insurance at the same time you apply to continue your coverage under the Portability provision. Dependent Life Insurance may only be continued if your life insurance is continued. You may elect to decrease dependent coverage continued under the Portability provision; however, you will not be eligible to increase it.

Your application to continue your and your dependent’s life insurance under the Portability provision is subject to approval by the Company. If you and your dependents are not approved for Portability coverage, you and your insured dependents may still be eligible for conversion as described in the “Conversion of Life Insurance” section.

The Incontestability provision in the “Miscellaneous Provisions” section also applies to coverage continued under the Portability provision starting with the effective date of Portability coverage and continuing for two years while you (or your insured dependent) is living.

If you continue your and your dependents’ life insurance under the Portability provision and then later become eligible for employee and dependent life insurance under a Group Policy issued by the Company, then your amount of Portability coverage will be reduced by your amount of employee and dependent life insurance. The Company will make the necessary adjustments to your Portability coverage when it is notified of your change in status; for example, when you notify the Company of the change or when a claim is submitted.

Beneficiary

Payment of any insurance under this plan shall be made to the employee if living. You are the beneficiary for dependent Life Insurance and dependent Accidental Death & Dismemberment Insurance if you are enrolled for those coverages and are living.

Employee death benefits will be paid to the employee's beneficiary. The employee's beneficiary is the last designation on file with the employee's payroll, personnel, or benefits office. In other cases, payment will be made in equal shares to your surviving beneficiaries in this order: (a) spouse/state-registered domestic partner; (b) living children; (c) father and mother; (d) your estate. The Company may, in lieu of payment to your executors or administrators, pay up to \$1,000 of the insurance to any employee's relative by blood or connection by marriage or state-registered domestic partnership appearing to the Company to be equitably entitled to such payment.

If your beneficiary is a minor (under age 18), benefits may be paid to the child's court-appointed legal guardian or proceeds may be held in an interest-bearing account by the Company. The payment method is determined by the legal guardian.

You may change your beneficiary at any time by completing a *Beneficiary Designation form* and returning it to your payroll, personnel, or benefits office, according to terms of the Group Policy. Be sure to update your beneficiary in the event of dissolution of marriage or state-registered domestic partnership.

Relationship to Law and Regulations

Any provision of this certificate of coverage that is in conflict with any governing law or regulation of the state of Washington is hereby amended to comply with the minimum requirements of such law or regulation.

Appealing a Determination of Ineligibility for Insurance Coverage

Any employee of a state agency or his or her dependent may appeal a decision made by the employing state agency about public employee benefits eligibility or enrollment to the employing state agency.

Any employee of an employer group or his or her dependent may appeal a decision by an employer group about PEBB eligibility or enrollment to the employer group.

Any enrollee may appeal a decision made by the PEBB Program about eligibility, enrollment, or premium payments to the PEBB appeals committee.

Any enrollee may appeal a decision about the administration of a PEBB life insurance plan by following the appeal provisions of the plan, with the exception of eligibility, enrollment, and premium payment determinations.

Benefits in Event of Disability

Your Basic Employee and Supplemental Employee Life Insurance and your Basic Dependent and Supplemental Spouse Life Insurance will be continued in force without payment of premiums, subject to the terms and conditions of the Group Policy, if you become totally disabled for a period of at least six consecutive months. (Premiums will also be waived during the first six months should you die due to an otherwise covered disability.) Total disability must begin while you are under age 60 and insured for this benefit. The amount of life insurance continued in force under this benefit is based upon your age at the time of death and will be provided as follows:

Basic Employee Life

- Under age 65The face amount of life insurance on the day total disability began.
- Age 65 but under age 70\$3,500
- Age 70 and over\$3,000

Supplemental Employee Life Insurance

- All insured employees.....The face amount of life insurance on the day total disability began.

Basic Dependent Life Insurance and Supplemental Spouse Life Insurance

- All insured dependents whose insurance is continued due to your continued insurance under this benefitThe face amount of life insurance on the day total disability began.

With respect to dependent children only, each child's insurance shall automatically terminate as specified in "Termination of Dependent Insurance."

Premiums are waived for life insurance only. Premiums are not waived for Accidental Death & Dismemberment Insurance.

Basic and Supplemental AD&D Insurance will terminate on the first day of the calendar month after the Company approves your claim for total disability.

"Total disability" means your complete inability, because of sickness or accidental injury, to work at any occupation suited to your education, training, or experience.

Due proof of total disability must be submitted to the Company by you or on your behalf. This proof must be submitted within 12 months after the total disability commences and as often thereafter as reasonably required by the Company. The Company, at its own expense, may require you to have a medical examination by a designated physician each time proof of total disability is required. Medical examinations may not, however, be required more often than once in any 12-month period after disability benefits have been provided for two full years.

Any life insurance continued in force under this benefit will immediately terminate if (a) you cease to be totally disabled, or (b) proof of total disability is not submitted to the Company as required. You may exercise your conversion privilege if life insurance under this benefit terminates and you are not then eligible for insurance under the policy. However, life insurance will be in force if you are then eligible for insurance under the policy and premiums are paid. You will not be eligible to continue insurance under the Portability provision when the Company stops waiving your premiums.

Your rights under this benefit may be restored only if you have been issued an individual policy of life insurance under the "Conversion of Life Insurance" section within 12 months of the date total disability commenced. Due proof that this benefit would have been provided had the individual policy not been issued must be submitted to the Company within 12 months of the date total disability commenced. This benefit will then be provided, upon surrender of the individual policy, without claim except for the refund of premiums. The beneficiary will remain as designated in the individual policy.

Waiver of Premium for Dependents

The Company will waive payment of premiums for your dependent life insurance when your life insurance remains in force without payment of premiums as a result of your disability.

Conversion of Life Insurance

A. Upon written application and payment of the applicable premium to ReliaStar Life Insurance Company (the Company) within 31 days (60 days for persons retiring and their dependents), you or your insured dependents will be entitled, without evidence of insurability, to an individual policy of life insurance (without Disability, Accelerated Life, or Supplemental Accidental Death & Dismemberment Insurance benefits) on the earliest of the following:

1. For coverage not continued under the Portability provision, the date your or your insured dependents' insurance ends because of termination of your employment or termination of eligibility for insurance under the Group Policy, and you do not elect the Portability provision.

If your insurance is reduced, you may convert that portion of your insurance reduced under the Group Policy.

2. For Portability coverage, the date you reach the termination age under the Group Policy.
3. The date life insurance ends as provided under "Benefits in Event of Disability."
4. The date the Group Policy ends, provided such date is five years or more after the effective date of your or your insured dependents' insurance.

Note: If you or your insured dependents have been insured for less than five years when the Group Policy ends, you or your insured dependents will not be entitled to an individual policy of life insurance under this Conversion of Life Insurance provision.

B. The following conditions and provisions will apply to the individual policy of life insurance:

1. The individual policy will, at the option of you or your insured dependents, be on any one of the forms (except term insurance) then customarily issued by the Company at the age and for the amount applied for.

If your or your insured dependents' previous coverage included benefits such as Disability, Accidental Death & Dismemberment Insurance, or the Accelerated Life Benefit, the new insurance will not include those benefits.

2. The premium for the individual policy will be applicable to the class of risk to which you or your insured dependents belong, and to the form and amount of the individual policy at your or your insured dependents' attained age (nearest birthday) on the effective date of the individual policy.
3. The amount of the individual policy will be equal to (or at your option, less than) the amount of your or your insured dependents' life insurance under the Group Policy on whichever of the termination dates listed above (see subsection A1, A2, or A3) is applicable. However, if your or your insured dependents' life insurance ends because of the discontinuance of the Group Policy five years or more after the effective date of the person's insurance, the amount of the individual policy may not exceed the lesser of:
 - a. The amount of your or your insured dependents' life insurance when such insurance ends, reduced by any life insurance for which you or your insured dependent may become eligible under any group policy issued or reinstated by the Company (or by any other insurer to the Policyholder) within 31 days (60 days for retirees and their dependents) after such cessation; or
 - b. \$3,000.
4. Any individual policy issued shall become effective on the date of expiration of the 31-day period (60 days for retirees and their dependents) during which application may be made. However, if you or your insured dependents die during this 31-/60-day period, the Company will pay, whether or not you or your insured dependent made application for an individual policy, the maximum amount of life insurance for which an individual policy could have been issued.

In no event, however, will payment be made under these provisions:

- a. If payment is made as specified under the life insurance benefit provisions of the sections titled "Beneficiary" or "Benefits in Event of Disability," or
 - b. To the extent payment is made as specified under the life insurance benefit provision titled "Accelerated Life Benefit."
5. If any individual policy is issued to you in accordance with this Conversion of Life Insurance provision, you shall not thereafter be insured for Supplemental Life Insurance under the Group Policy unless you, at your own expense, furnish satisfactory evidence of insurability to the Company, subject to all other provisions of the Group Policy.

Miscellaneous Provisions

Payments of Benefits

All benefits provided in the Group Policy shall be paid as stated in this section upon receipt of written proof on the Company's forms, or if such forms are not furnished by the Company, within 15 days after demand therefore, then upon receipt of written proof covering the occurrence, character, and extent of the event for which claim is made.

The amount payable to a beneficiary when an insured individual dies may be paid in a lump sum or in installments over a period of years, upon mutual agreement with the Company. The member will receive a lump sum amount under the Accelerated Life Benefit. To the extent permitted by law, amounts payable to beneficiaries shall not be subject to the claims of any creditor or its representatives, or to any legal process against a beneficiary. All other indemnities will be paid to the employee.

Proof of Loss

Written proof of loss must be furnished to the Company within 90 days after the date of the loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity of the insured individual, will the Company accept proof later than one year and 90 days from the date of the loss.

Physical Examination and Autopsy

The Company, at its own expense, shall have the right and opportunity to examine any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the period in which a claim is pending. This includes an autopsy in the case of death, where it is not forbidden by law.

Assignment

All Life Insurance and Accidental Death & Dismemberment Insurance that may be provided in the Group Policy may be assigned to an employee's spouse/state-registered domestic partner, children, parents, or a trust established for their benefit by absolute assignment (not collateral assignment) according to the following provisions:

- A. Any assignment of group Life Insurance shall operate to transfer all rights, including but not limited to:
 1. The right to change the beneficiary (except that an irrevocable beneficiary designation may not be changed without the irrevocable beneficiary's consent); and
 2. The right to have issued an individual policy of Life Insurance on the insured individual's life under the Conversion of Life Insurance provision.
- B. Any benefits which, under the terms of the Group Policy, are payable to the insured individual or the insured individual's estate shall be paid to the assignee. All other benefits shall be paid to the beneficiary (not to the assignee, unless the assignee is also the beneficiary).
- C. Any assignment will be binding upon the Company and effective as of its date, when made in writing whether or not the insured individual is living at the time the assignment is filed. The Company shall be fully protected in any action taken prior to receipt of the assignment or written notice of an adverse claim at the Company's home office. The Policyholder and the Company assume no responsibility for the validity or effect of any assignment (including an assignment on forms furnished by them).

No separate assignment may be made of any Dependent Life Insurance provided in the Group Policy, but any assignment by an insured individual of a certificate that provides Dependent Life Insurance will apply to such Dependent Life Insurance.

Incontestability

There is a contestable period starting with the effective date of the insured's insurance and continuing for two years while the insured is living. During those two years, the Company can contest the validity of an insured's insurance because of inaccurate or false information received relating to an insured's insurability. Only statements that are in writing and signed by the insured can be used to contest the insurance.

Misstatement of Age

In the event of the misstatement of the age of any insured individual, there will be made an equitable adjustment of the premiums or of benefits or of both, such adjustment to be based on the difference between the total premiums paid and the total premiums that would have been paid had the information been correctly stated.

Premium Rates (Effective January 1, 2014)

Supplemental Life Insurance for Employees and Supplemental Spouse Life Insurance

EMPLOYEE'S AGE	COST PER \$1,000 PER MONTH	
	Non-Tobacco User	Tobacco User*
Less than 25	\$0.024	\$0.031
25-29	0.026	0.037
30-34	0.029	0.049
35-39	0.036	0.056
40-44	0.054	0.063
45-49	0.078	0.095
50-54	0.122	0.145
55-59	0.228	0.270
60-64	0.350	0.411
65-69	0.646	0.792
70+	0.964	1.287

(Your premium rate changes to the next higher rate as you reach each new age bracket.)

*The Tobacco User premium rates apply as follows:

- 1) to the employee if s/he has used tobacco products in the last 12 months
- 2) to the employee and the spouse/state-registered domestic partner if either person has used tobacco products in the last 12 months.

Supplemental Accidental Death & Dismemberment Insurance

Employee AD&D Benefit	Cost to Cover Only Yourself	Cost to Cover You & Your Dependents	Coverage Your Spouse/State-Registered Domestic Partner Would Have:		Coverage Your Children Would Have:	
			With No Children	With Children	If You Have a Spouse/State-Registered Domestic Partner	If You Have No Spouse/State-Registered Domestic Partner
\$25,000	\$0.20	\$0.30	\$12,500	\$10,000	\$1,250	\$2,500
50,000	0.40	0.60	25,000	20,000	2,500	5,000
75,000	0.60	0.90	37,500	30,000	3,750	7,500
100,000	0.80	1.20	50,000	40,000	5,000	10,000
125,000	1.00	1.50	62,500	50,000	6,250	12,500
150,000	1.20	1.80	75,000	60,000	7,500	15,000
175,000	1.40	2.10	87,500	70,000	8,750	17,500
200,000	1.60	2.40	100,000	80,000	10,000	20,000
225,000	1.80	2.70	112,500	90,000	11,250	22,500
250,000	2.00	3.00	125,000	100,000	12,500	25,000

Appendix A: Forms

- *Life and AD&D Insurance Enrollment/Change Form*
- *Life Insurance Evidence of Insurability Form*

Suggested Beneficiary Designations

Washington is a community property state. Enrollees are urged to obtain legal advice before using beneficiary designations limiting their spouses/state-registered domestic partners to less than half the proceeds. Also, reference to a will is not acceptable. Always use the full legal name, for example, “Anna May Smith, wife,” not “Mrs. John Smith.” You should be sure to check with your attorney and discuss whether to update your beneficiary if your marriage or state-registered domestic partnership is dissolved or invalidated. Upon your death, Washington State law prohibits payment of assets to the former spouse except under specific circumstances.

Personal Beneficiaries

1. If one individual is to be designated, use full legal name thus – “Anna May Smith,” not “Mrs. John Smith.”
2. If two individuals are to be named, designate as follows: “Anna May Smith, wife and Dorothy Smith Andrews, daughter, in equal shares, or the survivor.”
3. If three or more individuals are to be named, designate as follows: “Anna May Smith, wife, Dorothy Smith Andrews, daughter, and William Smith, son, or the survivors, in equal shares, or the survivor.”
4. If one or more secondary beneficiaries are to be named, they may be designated individually as follows: “Anna May Smith, wife, if living, otherwise Joseph Smith, father, and Elizabeth Smith, mother, in equal shares, or the survivor;” or
 - a) If all children of the marriage are to be named secondary beneficiaries, designate them collectively rather than individually as follows: “Anna May Smith, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife, in equal shares.” (This designation will include children born later without the necessity of changing the designation.)
 - b) If all children of the marriage are to be named secondary beneficiaries and a second alternate beneficiary is to be named, designate as follows: “Anna Smith, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife, in equal shares, or if said wife is not living and there is no such child, James Smith, father.”
 - c) If children not of the present marriage are to be included, designate as follows: “Anna May Smith, wife, if living, otherwise John Smith and Mary Smith, children, and any other child or children born of insured’s marriage with said wife, or the survivors, in equal shares, or the survivor.”
 - d) If a “Clean Up Fund” of a stated amount is desired and there are secondary beneficiaries who are minors, the designation may be as follows: “The proceeds up to \$_____ to Anna Smith, wife, if living, otherwise the executors or administrators of the estate of the insured, and the remainder to said wife, if living, otherwise John Smith and Mary Smith, children, in equal shares, or the survivor.” Minor children should not be named beneficiaries of proceeds intended for “Clean Up Fund” because the guardian of the children probably could not use the proceeds for the purpose.

Estate

5. If an estate is named, specify whose estate, such as: "Estate of the Insured."

Trustee

6. Trustee under the last will and testament of the insured, or his successors in trust, **PROVIDED**, **HOWEVER**, that if no claim is made by said Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing a trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
7. "The _____ Trust Company, trustee under written trust agreement date _____, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability."

Business Partners

8. Under a cross ownership plan, designate the surviving partners as beneficiaries. For example, for insurance on the life of John Jones, designate "Henry Smith and William Brown, partners, in equal shares, or the survivor." Similar designation may be made for the other partners.

Just as a corporation may be the owner and beneficiary of a policy, a partnership may, in the partnership name, own and be the beneficiary of a policy. The firm name should be used together with the words, "a partnership." For example, "Jones, Smith and Brown, a partnership presently consisting of John Jones, Henry Smith and William Brown."

Per Stirpes

9. "_____, wife, if living, otherwise the then surviving children, if any, born of insured's marriage with said wife and the then surviving legally adopted child or children of the insured, if any, in equal shares, except in case of death of any child or children of said marriage or any legally adopted child or children of the insured, leaving lawful surviving child or children (including legally adopted children but not including grandchildren or other remote descendants), such child or children of the deceased child shall receive, in equal shares, the share which such deceased child would have received if he or she had survived."

Irrevocable Beneficiary

10. If you want to name a beneficiary that you cannot change without his/her consent, designate him/her as irrevocable beneficiary, such as: "Frank Jones, as irrevocable beneficiary." Then if you change the designation in the future, both you and the irrevocable beneficiary must sign the front of the form.

Life and Accidental Death & Dismemberment (AD&D) Insurance Enrollment/Change Form

SECTION 1: AGENCY/POLICY HOLDER INFORMATION *Personnel, payroll, or benefits office completes this section.*

Employing agency		Policyholder name/number Washington State Health Care Authority/123731	Agency/subagency code
Employee's hire date	Initial benefits eligibility date	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee	Effective date of coverage or change in coverage

SECTION 2: EMPLOYEE INFORMATION *Employee completes this section.*

Social security number	Name (last, first, middle initial)	Date of birth (mm/dd/yyyy)	Employee I.D. number
Street address (include city, state, ZIP Code)			<input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing address (include city, state, ZIP Code)—if different from above		Work phone number	Home phone number
Have you used tobacco products of any kind (including nicotine gum) in the last 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If your spouse/state-registered domestic partner is enrolled in Supplemental Life Insurance, has your spouse/state-registered domestic partner used tobacco products of any kind (including nicotine gum) in the last 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a retiree returning to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, and you were enrolled in PEBB retiree term life insurance, do you want to keep retiree term life insurance while you're employed? (Cost is \$6.57 per month.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of request (<i>check all that apply</i>):			
<input type="checkbox"/> New hire (newly eligible)		<input type="checkbox"/> Late entrant (person requesting coverage after initial eligibility)	
<input type="checkbox"/> Cover spouse/state-registered domestic partner*		<input type="checkbox"/> Remove spouse/state-registered domestic partner from coverage	
<input type="checkbox"/> Cover child(ren)		<input type="checkbox"/> Remove child(ren) from coverage	
<input type="checkbox"/> Return from leave of absence		<input type="checkbox"/> Change coverage amounts after initial eligibility	
<input type="checkbox"/> Transfer of coverage from spouse/state-registered domestic partner PEBB life insurance coverage*		<input type="checkbox"/> Cancel all life and AD&D insurance coverage (except Basic Life Insurance and Basic AD&D Insurance for employee)	
*Allowable within 60 days of marriage or state-registered domestic partnership, or within 31 days of spouse's/state-registered domestic partner's loss of other PEBB life insurance			

SECTION 3: EMPLOYEE LIFE INSURANCE *Employee completes this section. See "Premium Rates" in the Life & Accidental Death & Dismemberment Insurance Program booklet to determine your estimated monthly costs.*

	I am requesting the coverage below (enter or check your selections):
Basic Life and Basic Accidental Death & Dismemberment (AD&D) Insurance for Employee Paid by your employer, except if you are on Leave Without Pay.	<input checked="" type="checkbox"/> \$25,000 Basic Life Insurance \$5,000 Basic AD&D Insurance
Supplemental Life Insurance for Employee You may apply for \$10,000 to \$750,000 of Employee Supplemental Life Insurance (in \$10,000 increments). When you are newly eligible for Employee Supplemental Life Insurance: <ul style="list-style-type: none"> • If you are less than age 60, you can elect up to \$250,000 without evidence of insurability. • If you are age 60 or over, you can elect up to \$100,000 without evidence of insurability. At all other times or to request higher coverage amounts, you must complete a <i>Life Insurance Evidence of Insurability</i> form, to be approved by ReliaStar Life.	A. Total amount desired \$ _____ This is the total amount of coverage you want. B. Current amount \$ _____ If you do not currently have coverage, enter \$0. C. Guaranteed issue amount \$ _____ Newly eligible employees can elect up to \$250,000 (if under age 60) without evidence of insurability, or \$100,000 (if age 60 or over). If you are not a newly eligible employee, enter \$0. D. Amount requiring evidence of insurability \$ _____ (A) - (B) - (C) = (D) <input type="checkbox"/> Cancel this coverage

continued

SECTION 4: SPOUSE/STATE-REGISTERED DOMESTIC PARTNER/DEPENDENT LIFE

INSURANCE *Employee completes this section.*

<p>Basic Life Insurance for Spouse/State-Registered Domestic Partner and Children</p> <p>You must have Employee Supplemental Life Insurance and Basic Life Insurance for your spouse/state-registered domestic partner to apply for Supplemental Life Insurance for your spouse/state-registered domestic partner.</p>	<p style="text-align: center;">I am requesting the coverage below (enter or check your selections):</p> <p><input type="checkbox"/> Apply for coverage for my spouse/state-registered domestic partner--\$2,500 life insurance</p> <p><input type="checkbox"/> Keep coverage for my spouse/state-registered domestic partner--\$2,500 life insurance</p> <p><input type="checkbox"/> Apply for coverage for my children--\$2,500 life insurance per child</p> <p><input type="checkbox"/> Keep coverage for my children--\$2,500 life insurance per child</p> <p><input type="checkbox"/> Cancel spouse/state-registered domestic partner's coverage</p> <p><input type="checkbox"/> Cancel children's coverage</p>
<p>Supplemental Life Insurance for Spouse/State-Registered Domestic Partner</p> <p>If you have Employee Supplemental Life Insurance and Basic Life Insurance for your spouse/state-registered domestic partner, you may apply for Supplemental Life Insurance for your eligible spouse/state-registered domestic partner. You may apply for up to 50% of the amount of your Employee Supplemental Life Insurance, in \$5,000 increments.</p> <p>When you or your spouse/state-registered domestic partner is newly eligible for Supplemental Life Insurance, you can elect up to \$50,000 without evidence of insurability.</p> <p>At all other times or to request higher coverage amounts, you must complete a <i>Life Insurance Evidence of Insurability</i> form for your spouse/state-registered domestic partner, to be approved by ReliaStar Life.</p>	<p>You must have Employee Supplemental Life Insurance and Spouse/State-Registered Domestic Partner Basic Life Insurance to apply for Spouse/State-Registered Domestic Partner Supplemental Life Insurance.</p> <p>A. Total amount desired \$ _____ This is the total amount of coverage you want. This coverage cannot exceed 50% of the Employee Supplemental Life Insurance amount.</p> <p>B. Current amount \$ _____ If you do not currently have coverage, enter \$0.</p> <p>C. Guaranteed issue amount \$ _____ Newly eligible employees or newly eligible spouses/state-registered domestic partners can elect up to \$50,000 (not to exceed 50% of the Employee Supplemental Life Insurance amount) without evidence of insurability. If you are not a newly eligible employee or spouse/partner, enter \$0.</p> <p>D. Amount requiring evidence of insurability \$ _____ (A) - (B) - (C) = (D)</p> <p><input type="checkbox"/> Cancel this coverage</p>

SECTION 5: SUPPLEMENTAL AD&D INSURANCE *Employee completes this section.*

	<p>I am requesting the coverage below (check your selections):</p>
<p>Supplemental Accidental Death & Dismemberment (AD&D) Insurance for Employee</p> <p>You may apply for \$25,000 to \$250,000 of Employee Supplemental AD&D Insurance (in \$25,000 increments).</p>	<p><input type="checkbox"/> Employee Supplemental AD&D Insurance in the amount of \$ _____ (in \$25,000 increments, up to \$250,000)</p> <p><input type="checkbox"/> Cancel this coverage</p>
<p>Supplemental Accidental Death & Dismemberment (AD&D) Insurance for Dependents</p> <p>You must have Employee Supplemental AD&D Insurance to apply for Dependent Supplemental AD&D Insurance.</p>	<p><input type="checkbox"/> Include this coverage for my dependents.</p> <p><input type="checkbox"/> Do not include coverage for my dependents.</p> <p><input type="checkbox"/> Cancel this coverage.</p>

SECTION 6: BENEFICIARIES *Employee completes this section. Attach a list of other beneficiaries if needed (signed and dated).*

Name of beneficiary (last, first, middle initial)	<input checked="" type="checkbox"/> Primary	Relationship to employee	Date of birth (mm/dd/yyyy)
Address (include city, state, ZIP Code)	Benefit %	Social security number	Phone number
Name of beneficiary (last, first, middle initial)	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Relationship to employee	Date of birth (mm/dd/yyyy)
Address (include city, state, ZIP Code)	Benefit %	Social security number	Phone number

SECTION 7: SIGNATURE *Employee completes this section.*

By signing this form, I declare that the information I have provided is true, complete, and correct. **I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, and denial of PEBB benefits.** I authorize my employer to deduct premiums for supplemental coverage from my paycheck. I understand that coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work. I also understand that ReliaStar may require evidence of insurability for coverage to be effective. This form replaces all previous forms and submissions I have made for PEBB life insurance. The information collected about you is confidential. We will not release any information about you without your authorization, except to conduct our business or as required or permitted by law.

Employee's signature _____ Date _____

Return this form to your personnel, payroll, or benefits office.

Underwritten by ReliaStar Life Insurance Company

161989 WA 9/13

EVIDENCE OF INSURABILITY (EOI) Instructions

Washington State Health Care Authority

When you need more Life Insurance.

By completing the Evidence of Insurability (EOI) form, you are providing the additional information needed to review your request. Any Guaranteed Issue amount available to you will be provided regardless of your EOI application.

1. Getting Started:

- State of Washington personnel, payroll or benefits office should complete the following prior to providing the EOI form to the employee:
 - Complete Section **A**.
 - Complete Section **C**, Column **B**.
 - Sign and Date Confirmation at bottom of Section **C**.
- Employee:
 - Know how much insurance you need.
 - Know your/your spouse/state-registered domestic partner's primary health practitioner contact info.

2. Completing the EOI:

- If you do not require underwriting for your spouse/state-registered domestic partner, you do not need to complete those sections.
- Complete all other sections of this form.
- The privacy and security of your personal contact and health information is critically important to us.
- We will not share your information with your employer or anyone not directly involved in the underwriting process per the attached privacy statement.
- Personally sign and date this form as employee. (Your spouse/state-registered domestic partner's signature is only required if you are applying for spouse/state-registered domestic partner's coverage.)

3. Submitting Your EOI Application:

- Make a copy of Your EOI form for your records.
- Submit your EOI form to ReliaStar Life Insurance Company. Mail and fax information is included on page 3 of the EOI form.
 - Fax to:** 1-612-342-3913
 - Mail to:**
ReliaStar Life Insurance Company
PO Box 20, Route 7812
Minneapolis, MN 55440

4. Questions:

- Your plan is administered by your employer. Any questions regarding plan provisions, coverage amounts and/or payroll deductions should be directed to your personnel, payroll or benefits office. If you have general questions regarding form completion, call **1-866-689-6990**.
- Call Reliastar Medical Underwriting Customer Service at **1-800-537-5024**, Option **4**, only if you have a question on the status of your submitted EOI.
- Medical Underwriting does not have information concerning the amounts you should indicate on your EOI form.

FORM EXAMPLE AND DEFINITIONS

Coverage Type Use the check boxes to choose the types of coverage(s).

(A) This is the total amount of life coverage desired.

(B) Have your personnel, payroll or benefits office complete this section prior to you completing the health questions. This is the current amount of insurance being deducted from your pay.

(C) This is the amount your plan allows you to have, when you are newly eligible, without completing the health questions on this form.

If you are enrolling after your initial eligibility and no longer qualify for the Guaranteed Issue coverage, just enter \$0 here.

Coverage Type	(A) Total Amount Desired	(B) Current Amount	(C) Guaranteed Issue Amount	(A) – (B) – (C) = Amount to Be Underwritten
<input checked="" type="checkbox"/> Employee Supplemental Life	\$350,000	\$50,000	\$0	\$300,000
<input checked="" type="checkbox"/> Spouse/Domestic Partner Basic Life	\$2,500	\$0	\$0	\$2,500
<input checked="" type="checkbox"/> Spouse/Domestic Partner Supplemental Life	\$50,000	\$0	\$0	\$50,000

EVIDENCE OF INSURABILITY (WA)

ReliaStar Life Insurance Company, Minneapolis, MN
 A member of the ING family of companies
 PO Box 20, Route 7812, Minneapolis, MN 55440
 Phone: 1.866.689.6990 Fax: 612.342.3913



Use this form to apply for insurance coverage in addition to coverage you may already have through this plan.

A. AGENCY/POLICYHOLDER INFORMATION *(Personnel, payroll, or benefits office completes this section.)*

Group Number 123731 Account Number _____ Employer Name Washington State Health Care Authority

Agency/Subagency Code _____ Employee Hire Date _____

B. EMPLOYEE INFORMATION

Employee Name *(First, MI, Last)* _____ Gender: Male Female

SSN _____ Birth Date _____

Address _____ City _____ State _____ ZIP _____

Home Phone (_____) _____ Cell Phone (_____) _____

Primary Health Practitioner _____ Practitioner Phone (_____) _____

Practitioner Address _____ City _____ State _____ ZIP _____

C. INSURANCE DETAILS *(Complete this table based only on the coverage you have through this plan)*

Are you completing this form due to a Family Status Change *(Marriage, Divorce, Birth, Adoption, etc.)*? Yes No

Coverage Type	(A) Total Amount Desired	(B) Current Amount	(C) Guaranteed Issue Amount	(A) – (B) – (C) = Amount To Be Underwritten
<input type="checkbox"/> Employee Supplemental Life	\$	<i>(Agency to Complete)</i>	\$	\$
<input type="checkbox"/> Spouse/State-Registered Domestic Partner Basic Life	\$	\$	\$	\$
<input type="checkbox"/> Spouse/State-Registered Domestic Partner Supplemental Life	\$	\$	\$	\$

Agency confirmation completed by *(Agency /Policyholder Contact)* _____ Today's Date _____

D. SPOUSE/STATE-REGISTERED DOMESTIC PARTNER INFORMATION

Spouse/State-Registered Domestic Partner Name *(First, MI, Last)* _____ Gender: Male Female

SSN _____ Birth Date _____

Home Phone (_____) _____ Cell Phone (_____) _____

Same Primary Health Practitioner as Employee *(See information above.)*

Primary Health Practitioner _____ Practitioner Phone (_____) _____

Practitioner Address _____ City _____ State _____ ZIP _____

000000000

E. EMPLOYEE AND SPOUSE/STATE-REGISTERED DOMESTIC PARTNER HEALTH QUESTIONS *(Must be answered for coverage that is not Guaranteed Issue.)*

Employee (EE)		Spouse/ Domestic Partner (SP/DP)		
Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever been treated for or been diagnosed by a member of the medical profession or health practitioner as having a positive HIV test or AIDS (Acquired Immunodeficiency Syndrome)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever had, or been treated for, any of the following: insulin dependent diabetes, heart attack, coronary bypass/angioplasty, heart valve repair/replacement, stroke, metastatic cancer, emphysema or been an organ transplant recipient?
Complete for EE and SP/DP. -->				3. Employee: Height _____ ft. _____ in. Weight _____ lbs. Spouse/DP: Height ____ ft. _____ in. Weight _____ lbs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. In the past 10 years have you consulted with, been diagnosed or treated by a health practitioner, or taken medication for any of the following:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Disease or disorder of the heart, blood vessels (excluding controlled high blood pressure), lung (excluding asthma), liver (excluding hepatitis A), pancreas, or intestine?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Non-insulin dependent diabetes, impaired glucose tolerance, or pre-diabetes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Cancer or tumor, rheumatoid arthritis, connective tissue, neurological (excluding headaches), autoimmune or blood disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Depression, psychosis, suicide attempt, drug or alcohol abuse or addiction?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Polycystic kidney disease or kidney failure?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever been diagnosed, treated or given medical advice by a physician or other health practitioner for:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Chest pain, heart trouble or circulatory disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Anemia or leukemia?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Sleep apnea, asthma or other respiratory disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Colitis, Crohn's disease, ulcerative colitis or any other intestinal disorder or disease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Stomach disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Brain or seizure disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Mental or nervous disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Arthritis, paralysis or any muscle weakness?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Abnormal urine specimen or urinary tract disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Prostate or other reproductive organ disorder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Are you pregnant? Due date _____ Pre-pregnancy weight _____ lbs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do you currently have any disorder, condition, disease, and/or are you currently taking medication prescribed or provided by a physician or other health practitioner for any disorder, condition, disease not shown above?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever received medical treatment or counseling for the use of alcohol or prescribed or non-prescribed drugs, or been advised by a health practitioner to discontinue the use of such substances?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. In the past 2 years have you experienced any symptom(s) for which you have not yet consulted a health practitioner, or are any medical, surgical or diagnostic procedures recommended or contemplated?

For every "Yes" answer to any question in the previous section, give details below. Please attach a separate sheet if additional space is needed.

Question Number	Applicant	Description of Condition	Date Condition Began	Description of Treatment Received	Fully Recovered?	Health Practitioner Name, Full Address (Street, City, State, ZIP), Phone
	<input type="checkbox"/> EE <input type="checkbox"/> SP/DP				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> EE <input type="checkbox"/> SP/DP				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> EE <input type="checkbox"/> SP/DP				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> EE <input type="checkbox"/> SP/DP				<input type="checkbox"/> Yes <input type="checkbox"/> No	

F. AUTHORIZATION AND ACKNOWLEDGMENT (Please read and sign below.)

For underwriting and claim purposes, I give my permission to any physician or other medical practitioner, hospital, clinic, insurance or reinsuring company, MIB, Inc. (MIB), any consumer reporting agency, or any other organization to give ReliaStar Life Insurance Company (ReliaStar Life) or its authorized representative (including any consumer reporting agency) acting on its behalf ALL INFORMATION on my behalf (except as limited below). This includes but may not be limited to: (a) findings on medical care, psychiatric or psychological care or examination, or surgery, as they apply to me; and (b) any non-medical information as it applies to me. I give my permission to ReliaStar Life to obtain consumer or investigative consumer reports about me.

I give my permission to ReliaStar Life and other insurance companies affiliated with ReliaStar Life to obtain any and all medical record information for the purposes described in this form. I know that my medical records, including any alcohol or drug abuse information, may be protected by Federal Regulations—42 CFR Part 2. I may revoke this permission as it applies to any information protected by 42 CFR Part 2 at any time, but not to the extent action has been taken in reliance on it. I specifically consent to the re-disclosure of medical record information as set forth in this form. In connection with any application for life insurance, or other insurance transaction that I may have with ReliaStar Life or any of its affiliated companies, I understand that I may request that this information not be communicated to companies affiliated with ReliaStar Life.

I authorize ReliaStar Life, or its reinsurers, to disclose personal health information about me to MIB, Inc. in the form of a brief coded report for participation in MIB's fraud prevention and detection programs.

I understand that my further written consent will be required before any information described above is given, sold, transferred, or, in any way, relayed to another party not before specified. My further consent must be provided on a form that states the new use of the information or why another party needs it.

I know that I have a right to receive a copy of this form. I certify that I have, will print, or will otherwise have access to a copy of all pages of this Evidence Form to keep for my records. A photocopy of this form will be as valid as the original. This form will be valid for 24 months from the latest date shown below.

I acknowledge that I have been given ReliaStar Life's Consumer Privacy Notice and Insurance Information Practices Notice.

IMPORTANT! Please carefully read the next section. Then sign and date below.

I declare that all of the statements and answers, as they pertain to me on all pages of this Evidence Form, are complete and true to the best of my knowledge and belief.

I realize that any misrepresentation or omission regarding the presence of any pre-existing impairments and/or diseases may result in the requested coverage or benefits provided by such coverage being contested. I understand that any claim incurred prior to the approval of this Evidence Form by ReliaStar Life Insurance Company's Home Office will not be valid.

I understand and agree that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

 Employee Signature _____ Date _____

 Spouse/State-Registered Domestic Partner Signature _____ Date _____

Submit your EOI form directly to the insurer for fast and confidential handling via one of the methods below:

Fax to: 1-612-342-3913

Or

Mail to: ReliaStar Life Insurance Company, PO Box 20, Route 7812, Minneapolis, MN 55440

CONSUMER PRIVACY NOTICE AND INSURANCE INFORMATION PRACTICES NOTICE

ReliaStar Life Insurance Company, Minneapolis, MN
ReliaStar Life Insurance Company of New York, Woodbury, NY
Members of the ING family of companies



We are pleased to provide you with information regarding your application or claim. This information is provided to you in accordance with legislation enacted in your state. You may also receive other privacy notices from us or from our affiliated companies. **Please keep this notice and a copy of the completed application or claim form for your records.**

Our Underwriting Procedures

For certain types of coverage, we underwrite your request to determine if you are eligible for the coverage you requested. We review all of the information in the application, and, if necessary, confirm or add to this information in the ways described in this notice. In the event of an adverse underwriting decision, we will provide you with the specific reason for the decision in writing.

Privacy and Information Practices

Collecting Information

Your application or claim form is our main source of information. But we may:

- Ask you to have a physical exam, an EKG and/or a blood profile, etc.
- Ask physicians, hospitals, or other health care providers to confirm or add to the information you have given us. The types of information we may ask for are described on the authorization form you will be asked to sign. If you want a copy of this form, it will be given to you for your records.
- Obtain information from MIB, Inc., formerly known as the Medical Information Bureau. See "Notice Regarding MIB, Inc." below.
- Seek information from other companies you have applied to for insurance.
- Ask you for additional information through use of a written request.

Notice Regarding Consumer Reports

Insurance companies commonly ask an outside source to verify and add to the information given in an application. Consumer reports are used to help us decide if you are eligible for the insurance you have applied for. The report deals with your mode of living, character, general reputation, and such personal items as your health, job, and finances. It may include information on the following: your marital status, past and present employment record, job duties, driving record, avocation, health history, use of alcohol and drugs, and hazardous sports activities. The agency may get information in these ways: from public records, and by contacting you, members of your family, business associates and employers, financial sources, friends, or others you know. This information will not be used to determine your sexual orientation. You can request that the agency interview you in connection with the preparation of the report. If the report affects your application as requested, we will notify you and provide you with the name and address of the reporting firm.

We use the report only to be sure that each application is evaluated on a fair basis. We will not reveal any of the information we obtain to your friends or associates. We may reveal the information we obtain to other companies or entities affiliated with us. The information may be kept by the consumer reporting agency; it may also later be given to others who have a legitimate need for these reports. It will be given only to the extent permitted by these laws: the Federal Fair Credit Reporting Act as amended by the Consumer Credit Reporting Reform Act of 1996; your state's Fair Credit Reporting Act, if any; or your state's Insurance Information and Privacy Protection Act, if any. If you wish, we will send you the name, address and phone number of any agency we ask to prepare a consumer report about you. The agency will give you a copy of the report if you ask for one and give proper identification.

Information Use

We will use the information only for business purposes arising from the relationship you have with us.

Information Maintenance and Disclosure

We treat the information we have about you as confidential. The authorization form that you have been asked to complete will permit us to send the information to our affiliates and to MIB, our reinsurers, employees, contractors, or other organizations that process transactions concerning coverage you have with us or our affiliates, and to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted. In certain circumstances, the information we have about you may be disclosed to third parties without your specific permission.

Access to Information

If you request it in writing, we will send you a copy of the relevant information we obtain about you in connection with your request for coverage or an adverse underwriting decision. Medical information, however, will only be disclosed through the attending licensed physician unless state law provides otherwise. If you feel that any of the information in our file is not correct or is incomplete, we will review it. If we agree with you, we will make the corrections. If we do not agree with you, you may file a short statement of dispute with us. Your statement will be included any time we disclose this information to anyone. We will not send you information we collect in expectation of or in connection with any claim or civil or criminal proceeding.

Notice Regarding MIB, Inc.

We or our reinsurers may make brief reports to MIB. The reports will include the factors that affect the insurability of any person for whom coverage is being requested. MIB is a nonprofit organization of life insurance companies. It operates an information exchange for its members. If you apply to some other member company for life or health coverage, or send in a claim for benefits, MIB may supply that company with any information in its file. If you ask, MIB will arrange to disclose to you the information it has about you in its file. If you question the accuracy of the information in MIB's file, you may contact MIB and ask them to correct it as provided in the Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB's phone number is 866-692-6901 (TTY 866-346-3642). We may also release information in our files to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.