

Plan Administrator's Guide
Paper Self Administered

FACTS	WHAT DOES RELIANCE STANDARD DO WITH YOUR PERSONAL INFORMATION?	
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number • Financial Information • Date of birth • Name, address, telephone number • Health information, including medical history • Information about your job and salary <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information, the reasons Reliance Standard chooses to share, and whether you can limit this sharing.	
Reasons we can share your personal information	Does Reliance Standard share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	YES	NO
For our marketing purposes – to offer our products and services to you	YES	NO
For joint marketing with other financial companies	NO	N/A
For our affiliates' everyday business purposes – Information about your transactions and experiences	YES	NO
For our affiliates' everyday business purposes – Information about your credit worthiness	NO	N/A
For our affiliates to market to you	NO	N/A
For our non-affiliates to market to you	NO	N/A
Who we are		
Who is providing this notice?	Reliance Standard Life Insurance Company, First Reliance Standard Life Insurance Co., Reliance Standard Life Insurance Company of Texas	
What we do		
How does Reliance Standard protect my information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. In addition, we have policies and procedures that direct our employees and agents to protect your personal information. We do not share your personal information except as authorized by you or allowed by law.	
How does Reliance Standard collect my personal information?	We collect your personal information; for example, when you apply for insurance or file a claim. We may collect your personal information from you, your insurance agent or broker, your employer, your medical providers, consumer reporting agencies or anyone you have authorized to provide us with information.	
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes – information about your credit worthiness. • affiliates from using your information to market to you • sharing for non-affiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing</p>	
Definitions		
Affiliates	<p>Companies related by common ownership or control. They can be financial and non-financial companies.</p> <ul style="list-style-type: none"> • Our affiliates include other companies which are part of the Tokio Marine Group 	
Non-Affiliates	Companies not related by common ownership or control. They can be financial and non-financial companies. This includes entities which provide claim administration, underwriting, investigation, reinsurance, policyholder or other services to us or on our behalf.	
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Our joint marketing partners include insurance agents and brokers.	
Questions?	Call 800-351-7500 or go to www.reliancestandard.com	

TABLE OF CONTENTS

INTRODUCTION	3
ONLINE SERVICES – RELIANCE STANDARD.COM	4
ENROLLMENT PROCEDURES	6
Confidentiality of Medical Information	8
Request to Waive Coverages Offered	8
Certificates	8
BENEFICIARY DESIGNATION GUIDELINES	9
Designating/Recording Beneficiaries	9
Absolute Assignment	11
SUBMISSION OF PREMIUM PAYMENTS	11
Additions	11
Terminations	12
Benefit Increases	12
Benefit Decreases	12
Back Charges	13
Back Credits	13
Sample Bill	14
CLAIM FILING INSTRUCTIONS	18
How To Submit a Short Term Disability Claim.....	18
How To Submit a Long Term Disability Claim	19
How To Submit an Integrated Disability Claim.....	20
Telephonic Short Term Disability Claim Filing	21
Waiver of Premium for LTD	22
Waiver of Premium for Group Term Life Insurance	22
How to Submit a Group Life, Accidental Death, Accidental Dismemberment, Living Benefit, Voluntary Accident Insurance, Voluntary Critical Illness and Waiver of Premium Claim	22
Group Life and Accidental Death Claim	23
Accidental Dismemberment Claim.....	24
Accelerated Death Benefit (Living Benefit Rider)	24
Group Voluntary Accident Insurance – Wellness Benefit.....	25
Group Voluntary Accident Insurance – Accident Benefit.....	25
Group Voluntary Accident Insurance – Death Benefit.....	25
Group Voluntary Accident Insurance – Dismemberment Benefit.....	26
Group Voluntary Critical Illness – Wellness Benefit	27
Group Voluntary Critical Illness – VCI Critical Illness Benefit	27
Waiver of Premium in Event of Total Disability Claim	28
Waiver of Premium Total Disability Claim Chart	29
TERMINATION OF INSURANCE COVERAGE	30
CONVERTING FROM GROUP TO INDIVIDUAL LIFE INSURANCE	30
Applying for Conversion	30
PORTABILITY	31
Porting Group Life Insurance	31
Applying for Portability	31
REFERENCE	32
Important Addresses	32
Forms	33
Glossary of Insurance Terms	34

This Plan Administrator’s Guide is intended to be a reference source only.

If there are discrepancies between this guide and the Policy, the language in the Policy will prevail.

You can get the answers to Claims and Evidence of Insurability status inquiries 24/7 on our website, www.reliancestandard.com (click Customer Care), or through our automated telephone system by calling (800) 351-7500. Customer Care Representatives are available weekdays from 8:00 AM - 7:00 PM Eastern Time.

INTRODUCTION

Reliance Standard Life Insurance Company (Reliance Standard) is pleased to welcome you as a new Policyholder. In an effort to provide exceptional service to you, Reliance Standard has designed this Plan Administrator's Guide. We have tried to make it as complete and easy to understand as possible. It is our hope that you find this guide useful in the daily administration of your group insurance plan.

As the Policyholder, your main responsibilities are:

- Determining if employees are eligible to enroll for coverage (subject to final determination by Reliance Standard);
- Enrolling newly eligible employees into the plan;
- Distributing Evidence of Insurability applications and certificates to all employees who are approved;
- Submitting premium payments;
- Managing records;
- Reporting claims; and
- Reordering forms.

At the end of this guide is a reference section, which includes important addresses for submitting premiums, filing claims, and reordering forms. The reference section also includes a list of all of the forms that have been included with this guide, and a glossary of some terms that may need additional definition.

This guide discusses several different types of insurance, including Short Term Disability, Long Term Disability, Life, Voluntary Critical Illness, Voluntary Accident Insurance and Accidental Death & Dismemberment Insurance. Your group may have one or more of these benefits.

Please refer to your group's Certificate(s) if you are unsure of which coverages have been selected for your eligible employees. If you should have any problems or questions concerning your group insurance plan, please contact our Customer Care Department at 1-800-351-7500.

Again, welcome to Reliance Standard!
We look forward to serving you, and your company, for many years!

ONLINE SERVICES – Reliance Standard.com.

You have been granted access to a secured site on our website, www.reliancestandard.com, which contains customized information for your company. We encourage you to register today and begin taking advantage of the information provided by visiting us at **www.reliancestandard.com**.

You have been assigned a temporary User ID and password that should be used during your company's initial registration process.

You should have received your User ID and password via email.

To begin the registration process now, please visit our User Services portal at <http://www.reliancestandard.com/userservices/>.

Should you encounter any difficulties registering your company's account please feel free to contact our User Services department at user.services@rsl.com.

The following instructions are intended to help guide you through our Registration process.

Step One: Login

Please proceed to our User Services portal at <http://www.reliancestandard.com/userservices>.

To begin the registration process, enter your Temporary User ID and Temporary Password and Click Continue.

Step Two: New Account Creation

You will now be asked to complete the Account Registration form.

Please enter a unique User ID. After registration, this will become the User ID that you will use to access your account information. As a security precaution, your temporary login information will be deactivated.

Please ensure that your User ID is something that you can remember, yet complex enough so that it would be difficult for others to guess.

You are required to create and confirm a password for your new account. Our password policy mandates that every password meets the following criteria:

- Must be a minimum of 7 characters
- Must include at least one uppercase letter
- Must include at least one lowercase letter
- Must include at least one number

Please enter your first name, last name and email address. The email address you supply will be our primary means of contacting you regarding your user account.

Please select a password reminder question and enter the corresponding reminder answer. This information will be used in the event you require a password reminder.

Click Continue to save your account information.

Congratulations!

You have now completed the registration process.

Please remember that the User ID that you have created will serve as your permanent User ID. The password you have just created will serve as the password for your new User ID unless you change your password.

You may now use your newly created User ID and password to access your account information. To login to your account, please click the link to the login form that is located on the main page of our website, <http://www.reliancestandard.com>.

For your convenience, a link to our login form is also located in the upper right-hand corner of all pages of our public website.

For account maintenance, please refer to the secured User Services link, which can be found under Website Support in your RSL Toolbox.

Please forward any questions, comments or concerns relating to your user account to our User Services department by emailing user.services@rsli.com or contact Customer Service by emailing customer.service@rsli.com or by dialing (800)351-7500.

Once again, we would like to thank you for taking a moment to complete our account registration process and welcome to Reliance Standard Online!

Note: You should review the Legal Information Section on the web site before using these features.

ENROLLMENT PROCEDURES

For non-contributory coverage, no enrollment is necessary. Coverage for eligible employees will begin automatically pursuant to the terms of the applicable Policy.

For contributory plans, eligible employees must first enroll. Coverage for eligible employees who have enrolled will then begin pursuant to the terms of the applicable Policy. Before becoming eligible, all employees are required to fulfill the service waiting period as stated on your *Schedule of Benefits* page of your Policy. An eligible class should contain active, full-time employees, who work 30+ hours per week, year round. The employees must be performing all the material duties of their usual occupation on a full-time basis. A further explanation of eligibility and individual effective date can be found on the *Schedule of Benefits* page of your Certificate. All Plans require that minimum participation levels must be maintained.

Contributory plans require employees to enroll within 31 days of their date of eligibility. Any employee who enrolls after the 31day enrollment period is considered a late enrollee.

For all enrollees, as well as employees who are applying for amounts in excess of the guaranteed issue (GI) amount, must provided proof of good health by completing the **Enrollment and Statement of Health LRS-9457-0111** (versions vary by state). The employee will become insured on the later of the date stated in the policy or the first of the month following the date Reliance Standard approves the required proof of good health.

For all enrollees, as well as employees who are applying for amounts in excess of the guaranteed issue (GI) amount, must provided proof of good health by completing the **Enrollment and Statement of Health LRS-9457-0111** (versions vary by state). The employee will become insured on the later of the date stated in the policy or the first of the month following the date Reliance Standard approves the required proof of good health.

Employees who are hired after the company effective date must complete and submit a new hire **Enrollment and Statement of Health LRS-9457-0111** (versions vary by state).

Excess of Guaranteed Issue:

Please refer to the Schedule of Benefits page of your Certificate for amounts of insurance subject to our approval of a person's good health.

Late Enrollees:

Employees who apply and are considered Late Enrollees must provide proof of good health by completing an **Enrollment and Statement of Health LRS-9457-0111 (versions vary by state) or by logging onto Reliance Standard's online enrollment system**. The employee will become insured on the later of the date stated in the Policy, or first of the month following the date Reliance Standard approves the required proof of good health.

For Basic, Supplemental, Dependent Life and Disability Insurance, late enrollees, as well as employees or spouses who are applying for amounts in excess of the Guaranteed Issue (GI) amount, must provide proof of good health by completing **Enrollment and Statement of Health LRS-9457-0111 (versions vary**

by state). The employee and or spouse will become insured on the later of the date stated in the Policy or the first of the month following the date Reliance Standard approves the required proof of good health.

For Voluntary Group Term Life Insurance late enrollees, as well as employees or spouses who are applying for amounts in excess of the Guaranteed Issue (GI) amount, must provide proof of good health by completing **Enrollment and Statement of Health LRS-9457-0111 (versions vary by state).** The employee and or spouse will become insured on the later of the date stated in the Policy or the first of the month following the date Reliance Standard approves the required proof of good health.

Employees who are applying for amounts subject to our approval must provide proof of good health either by completing **Enrollment and Statement of Health LRS-9457-0111 (versions vary by state) or by logging onto Reliance Standard's online enrollment system.** The employee will become insured on the later of the date stated in the Certificate, or the date Reliance Standard approves the required proof of good health.

Paper Statement of Health

Please retain a copy of all applications for your records. Sections of the Application form to be completed include:

- Policy Number
- Employee Name, Address, Social Security Number, and Beneficiary
- Amount of Coverage Applied
- Date of Hire, Salary
- Name of Proposed Insureds
- Occupation, Salary, Sex, Date of Birth, Height and Weight
- Medical Questions

If the employee answers "yes" to any questions, he/she must give details and be sure to include the doctor's name, address and telephone number.

In the event that all or any portion of the requested amount of insurance is declined or considered incomplete by our Medical Underwriting Department, an adverse letter will be sent to the employee.

Enrollment material for late applicants, or applications for amounts in excess of the GI amount (when applicable), can be mailed or scanned and emailed to:

**Mail: Reliance Standard Life Insurance Company
Group Medical Underwriting
P.O. Box 7818
Philadelphia, PA 19101-7818**

Scan: eoiapplications@rsli.com

Failure to comply with evidence of insurability requirements may result in denial of benefits.

Coverages applied for by your employees will not be in effect until all amounts are approved by Reliance Standard. Please make sure all of your employees that have requested coverage are aware of this.

Confidentiality of Medical Information

Any medical or other personal information obtained from an applicant for insurance is to be held in the strictest of confidence by you and any other person acting on your behalf. Such information will be used solely by Reliance Standard for the purpose of determining acceptance. The **"Notice Regarding Information Practices"** is attached to the Application Form and explains our practices with regard to confidential medical information.

Request to Waive Coverages Offered

Employees who are contributing toward the cost of insurance and who do not wish to participate in the contributory plan should complete the **Enrollment and Statement of Health LRS-9457-0111** (versions vary by state). Employee's signature and date is required. The application form should be retained by you, the Policyholder, and a copy given to the employee.

Certificates

Reliance Standard will prepare certificates describing the coverage provided under your Plan, and provide them to you in electronic format (PDF). It is your responsibility to make these certificates of insurance available to each insured employee. Hard copies of certificates are available on request. If your Plan is amended, PDFs of new certificates reflecting the Policy change(s) will be provided to you. Subsequent orders for additional hard copies should be directed to the Customer Care Department. Please allow two to five weeks for printing and shipping.

LIFE INSURANCE — BENEFICIARY DESIGNATION GUIDELINES

Each Insured should designate a beneficiary to receive the proceeds from their life insurance coverage. A "beneficiary" is the person, persons or entity named in writing by the Insured to whom the insurance proceeds are to be paid upon the Insured's death. Employees must complete form **(EF-1245)** to designate his/her beneficiary. This beneficiary designation must be on file with you, the Policyholder, and is effective on the date the Insured signs it.

An Insured also has the right to change his/her beneficiary unless he/she has previously designated the beneficiary as "irrevocable," or has "absolutely assigned" the ownership rights to another person. For more information regarding beneficiary changes, refer to the sections entitled **Name or Beneficiary Changes and Absolute Assignment**.

Designating/Recording Beneficiaries

Be certain that the Insured designates in writing a beneficiary (ies) to receive the insurance proceeds upon his/her death. This document must be signed and dated by the Insured and you should maintain the original designation form with your records.

The designation must be clear and unambiguous; otherwise, the insurance proceeds may not be paid as intended by the Insured. White-out may not be used, and names that are scratched out or marked over are **not acceptable**.

The designation must provide the legal name and relationship of the beneficiary to the Insured. For example, the Insured should designate his/her beneficiary as follows: "Nancy C. Jones, my spouse." **We also suggest that the Insured provide each named beneficiary's date of birth, address and social security number, if known.** This identifying information could greatly assist both you and the Reliance Standard Life Insurance Company (Reliance Standard) Claims Department in locating and verifying the correct beneficiary to the insurance proceeds at claim time.

In an attempt to satisfy the Insured's intent and provide Reliance Standard with a valid release upon the presentation of a claim and disbursement of insurance proceeds, we offer the following suggestions when preparing and approving beneficiary designations:

Types of Beneficiaries	Suggested Wording
WIFE	Jane E. Doe – Wife
HUSBAND	John E. Doe – Husband
MOTHER	Jane E. Doe – Mother
FATHER	John E. Doe – Father
SISTER	Janet Doe – Sister
BROTHER	James Doe – Brother
CHILD	Jane Doe – Daughter
SURVIVING CHILDREN OF THE INSURED	My Surviving Children, in equal shares
WIFE – PRIMARY CHILDREN – CONTINGENT	Jane E. Doe – Wife, if she survives me, otherwise my surviving children, in equal shares.
WIFE – PRIMARY CHILDREN OF MARRIAGE – CONTINGENT	Jane E. Doe – Wife, if she survives me, otherwise children born or legally adopted of the marriage of said wife and me who survive me, equally, or the survivor.
WIFE AND CHILDREN EQUALLY	Jane E. Doe – Wife, Jack – Son, Janet – Daughter, equally or to the survivor of them
PARENTS EQUALLY	John J. Doe and Jane J. Doe – Parents, equally or to the survivor
PARENTS – PRIMARY CHILDREN – CONTINGENT	John J. Doe and Jane J. Doe – Parents, equally or the survivor, but if neither survives me, my surviving children.
SPECIFIED SUM TO ONE INDIVIDUAL, REMAINDER TO OTHER PERSON (S)	\$500 or entire sum, whichever is less, to Jane E. Doe – Wife, Remainder if any, to my surviving children, in equal shares.
VARIED PERCENTAGES TO MORE THAN ONE INDIVIDUAL (the total for all primary beneficiaries must total 100%)	50% to Jane E. Doe – Mother 25% to John J. Doe – Father 25% to Mary E. Smith – Mother
INSURED'S ESTATE	The Executors or Administrators of My Estate or My Estate.
TRUSTEE – If this is a written trust agreement in effect and it is desired to have the insurance payable to the trustee, the designation should be expressed as:	Jane E. Doe, as Trustee under Trust Agreement Dated January 1, 2002.
TRUST UNDER LAST WILL AND TESTAMENT	To the Trust established under my last will and testament

You can get the answers to Claims and Evidence of Insurability status inquiries 24/7 on our website, www.reliancestandard.com (click Customer Care), or through our automated telephone system by calling (800) 351-7500. Customer Care Representatives are available weekdays from 8:00 AM - 7:00 PM Eastern Time.

If the Insured does not designate a beneficiary, or no beneficiary is surviving at his/her death, the insurance proceeds would be paid in accordance with the Beneficiary and Facility of Payment provision of the Certificate. This may result in a delay in processing the insurance benefit and result in additional expense to the family, particularly if they are required to probate the Insured's estate and provide the certified letters of testamentary or administration in order to collect the proceeds.

If you, or the Insured, have questions concerning designating a beneficiary, please contact the Customer Care Department.

Absolute Assignment

An Absolute Assignment is an irrevocable transfer, from one person to another person or entity of certain ownership rights and privileges under a Certificate of Insurance. The Insured may absolutely assign his/her rights under the Plan to another person or entity by completing an **Absolute Assignment of Ownership Form (EF-1108)**. The Insured then unconditionally transfers all of his/her rights under the Policy, including the right to change the beneficiary. Note that the new owner is expected to designate a new beneficiary under the Plan by completing a **Special Beneficiary Designation by Absolute Assignee (EF-1040)**. Both fully completed forms should be sent to the Individual Processing Unit at Reliance Standard to be endorsed. Once the **Absolute Assignment of Ownership Form (EF-1108)** is endorsed by Reliance Standard, it will become effective on the date it was signed by the Insured. The new owner's interest then becomes irrevocable and it cannot be canceled without his/her consent.

Reliance Standard Life Insurance Company
Attn: Group Life/AD&D Unit
2001 Market Street, Suite 1500
Philadelphia, PA 19103-7090

SUBMISSION OF PREMIUM PAYMENTS

Every month you will receive a STATEMENT OF PREMIUM DUE from RSL that contains the policy number and the premium due date. This statement must be completed by you based on your current census and returned to RSL, along with your payment. For each policy, enter the number of lives and volume applicable for the billing period on the STATEMENT OF PREMIUM DUE. All premium payments should be returned to RSL along with the STATEMENT OF PREMIUM DUE on or before the due date.

1. Additions

All new employees whose insurance coverage is effective from the 2nd of the prior month through and including the 1st of the current month should be included on the current premium report. On the Report of Employee Changes, indicate: the name of the new employee; class; effective date; and insurance benefit.

2. Terminations

Terminations include employees who: terminate employment; elect to terminate insurance (contributory plans only); are no longer eligible for insurance coverage; or are discontinued because of a claim.

Employees whose termination date of insurance coverage is the 2nd of the prior month through and including the 1st of the current month should be deleted from the current premium report. (See General Information -Termination Date of Insurance Coverage.)

On the Report of Employee Changes, indicate: the name of the terminated employee; class; effective date of termination; and insurance benefit.

3. Benefit Increases

Benefit increases include an increase due to a change in eligible class (if the benefit is based on classification), or an increase in salary (if the benefit is based on salary). Benefit increases that are effective after the prior month's premium due date, but on or before the current month's premium due date, should be included on the current premium report.

On the Report of Employee Changes indicate the name of the employee whose benefit has increased and the effective date of the increase.

Calculate the amount of the benefit increase by subtracting the prior benefit from the new benefit. Show the amount of the benefit increase in the column headed "Salary or Class".

For coverages that require Statement of Health to be submitted for benefit increases, please use **Enrollment and Statement of Health LRS-9457-0111 (versions vary by state)**.

4. Benefit Decreases

Benefit decreases include a decrease due to a change in eligible class (if the benefit is based on classification), a decrease in salary (if the benefit is based on salary), a reduction in benefit due to age.

Benefit decreases that are effective after the prior month's premium due date, but on or before the current month's premium due dates, should be included on the current premium report.

On the Report of Employee Changes, indicate: the name of the employee whose benefit has decreased and the effective date of the decrease. Calculate the amount of the benefit decrease by subtracting the current benefit from the prior benefit. Show the amount of the benefit decrease in the "Salary or Class" column.

5. Back Charges

It may occur that, because of clerical error, the addition of a new employee or a benefit increase was not reported when it should have been. Back charges are necessary when these changes are reported late.

Those months for which the addition or benefit increase was not reported should be treated as a "Back Charge" under the column headed "Net Adjustment" on the Statement of Premium Due.

Report the actual "addition" or "increase" as described under Item 1-Additions, or Item 3-Benefit Increases.

Proceed as follows for "Back Charges"

Indicate the name of the employee for whom the back charge is being made.

Under the column "Comments" indicate the number of months you are adjusting. Do not count the current month as an adjustment.

In the column headed "Salary or Class" multiply the new insurance benefit or insurance benefit increase times the number of "Back Charge" months.

6. Back Credits

It may occur that, because of clerical error, an employee termination or benefit decrease was not reported when it should have been. Back credits are necessary when these changes are reported late.

Those months for which the termination or benefit decrease was not reported will be treated as a "Back Credit" under the column headed "Net Adjustment" on the Statement of Premium Due.

Report the actual "termination" or "salary decrease" as described under Item 2-Terminations, or Item 4-Benefit Decreases.

Proceed As follows:

Indicate the name of the employee for whom the back credit is being made.

Under the column "Comments" indicate the number of months you are adjusting. Do not count the current month as an adjustment.

In the column headed "Salary or Class" multiply the insurance benefit decrease times the number of "Back Charges" months.

Please Remit Payment To :

Reliance Standard Life Insurance Company
P.O. Box 3124
Southeastern PA 19398-3124

ABC Company
123 Main Street
City, ST 00000

NSC - TEAM L

Overnight Address :

Processing Center
1085 Andrew Drive, Suite F
West Chester PA 19380

Note: Please return the completed "Premium Due Worksheet" with your payment to ensure timely and accurate posting of your premium. Total amount due is payable on or before the premium due date.

Invoice Details

Invoice Period : 05/01/2011 TO 05/31/2011
Premium Mode : Monthly
Customer Name : ABC Company
Bill Group # : 01000001
Master Policy # : 123456
Policy / Policies # : 123456

PREMIUM DUE WORKSHEET

Bill Group Name : ABC Company

Bill Group# : 01000001

Due Date : 05/01/11

NSC - TEAM L

Policy Number	Coverage	Class	Age Bracket	In Force from Last Statement	Additions and Increases	Deletions and Decreases	Current in Force	Net Adjustment	Adjusted in Force	Rate per Dollar/ Unit of Coverage	Premium Due
123456	Basic Life	1	NA	Lives: Volume:						\$0.0700 Per \$1000	
123456	Long Term Disability	1	NA	Lives: Volume:						\$0.7500 Per \$100	
123456	Weekly Disability	1	NA	Lives: Volume:						\$0.3150 Per \$10	
123456	Voluntary AD&D - EMP*	1	NA	Lives: Volume:						\$0.0180 Per \$1000	
123456	Voluntary AD&D - CH*	1	NA	Lives: Volume:						\$0.0300 Per \$1000	
	Voluntary AD&D - EMP*	1	NA	Lives: Volume:						\$0.0300 Per \$1000	
	Voluntary AD&D - SP*	1	NA	Lives: Volume:						\$0.0300 Per \$1000	
123456	Basic Life	1	Varies	Lives: Volume:						Rate Varies Per \$10000	
	Dependent Life : CH	1	NA	Lives: Volume:						Rate Varies Per Unit	
	Dependent Life : SP	1	Varies	Lives: Volume:						Rate Varies Per \$10000	

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Bill Group Name : ABC Company

Bill Group# : 01000001

Due Date : 05/01/11

NSC - TEAM L

Policy Number	Coverage	Class	Age Bracket	In Force from Last Statement	Additions and Increases	Deletions and Decreases	Current in Force	Net Adjustment	Adjusted in Force	Rate per Dollar/ Unit of Coverage	Premium Due
123456	Voluntary Long Term Disability	1	Varies	Lives: Volume:	Rate Varies Per \$100

*EMP - Employee Only *EMPFAM - Employee and Family

Total amount due is payable on or before the premium due date.

Important Notice: Please check your bills carefully. Adjustments for premium overpayments are limited to 12 months from the date of the most current bill.

Customer Service: Claims Questions: 1-800-351-7500 Ext. 4149

Customer Service: Questions regarding this Invoice: 1-800-644-1103.

I hereby certify that this statement exhibits changes in accordance with the terms of the Group Contract.

Authorized Signature _____ Date _____

Please return this Premium Due Worksheet with your check for the total amount due.

Additional Fees : \$0.00
Premium Due Date : 05/01/11

Total Amount Due : _____

Recent Evidence of Insurability Status

Master Policy #: 123456

Name	Cert #	Activity Date	Description

* The EOI status displayed is the most recent status. If multiple coverages are applied for, please check the Online EOI report for the status by coverage type.

CLAIM FILING INSTRUCTIONS

In the event of a covered loss, various claim forms and supplemental information (as specified below) must be submitted to Reliance Standard in order to make a claim for benefits. It is essential that claims be reported to Reliance Standard as soon as possible.

Complete information furnished by the insured or claimant, and the Plan Administrator, will assist us in expediting the claim process. Once the necessary forms are submitted, Reliance Standard will send the Policyholder a letter of acknowledgment that we have received the claim.

How to Submit a Short Term Disability Claim

A Short Term Disability Income Insurance claim should be submitted when an insured employee becomes Totally Disabled, and it appears that the employee may be disabled beyond the elimination period stated in your Certificate. At the time of Loss, we suggest that the **Short Term Disability Benefits, Initial Statement of Claim Form (EF-1029)** be completed and submitted as follows:

The Employer is responsible for completing the following sections:

- 1) Complete and sign Part I answering all the questions; and
- 2) Attach Job Description; and
- 3) Attach proof of earnings as defined by applicable policy (example: payroll records, W-2, 1099, etc.)

The Employee is responsible for completing the following sections:

- 1) Complete and sign Part II answering all the questions; and
- 2) Complete and sign the AUTHORIZATION FOR USE IN OBTAINING INFORMATION form; and
- 3) Have the attending physician complete and sign the ATTENDING PHYSICIAN STATEMENT.

All forms must be fully completed, signed and dated. Once complete, please mail, scan or fax to the following address:

Mail:

**Reliance Standard Life Insurance Company
Attn: Short Term Disability Claims Department
P.O. Box 7749
Philadelphia, PA 19101-7749**

Scan: claimsintake@rsli.com

Fax: (267) 256-3519

Depending on the circumstances of a given claim, additional information may be necessary before making a claim determination including, but not limited to, medical records and employment-related documents.

How to Submit a Long Term Disability Claim

A Long Term Disability Income Insurance claim should be submitted when an insured employee becomes Totally Disabled, and it appears that the employee may be disabled beyond the Elimination Period stated in your Certificate. At the midpoint of the Elimination Period, we suggest that the **Disability Claim Statement; Group Long Term Disability Form (RS-1936)** be completed and submitted as follows:

The Employer is responsible for completing the following sections:

- Section 1 Employer's Statement, both sides
- Section 2 Occupation Analysis, both sides

The Employee is responsible for completing the following sections:

- Section 3 Employee's Statement, both sides
- Section 4 Employment and Education Information, both sides
- Section 5 Sign and date the Authorization for Use in Obtaining Information

The Attending Physician is responsible for completing the following sections:

- Section 6 Physician's Statement

All forms must be fully completed, signed and dated. Once complete, please mail, scan or fax to the following address:

Mail:

Reliance Standard Life Insurance Company
Attn: Long Term Disability Claims Department
P.O. Box 7749
Philadelphia, PA 19101-7749

Scan: claimsintake@rsli.com

Fax: (267) 256-3519

Depending on the circumstances of a given claim, additional information may be necessary before making a claim determination including, but not limited to, medical records and employment-related documents.

Note: If applicable, LTD benefit will commence upon termination of the Specific Indemnity Benefit.

How to Submit an Integrated Disability Claim

An Integrated Disability Insurance claim should be submitted when an insured employee becomes Totally Disabled, and it appears that the employee may be disabled beyond the elimination period stated in the applicable policies. At the time of loss, we suggest that the **Disability Claim Statement; Integrated Disability Form (RS-1971-A)** be completed and submitted as follows:

The Employer is responsible for completing the following sections:

- Section 2 Employer's Statement
- Section 3 Job Description and Requirements

The Employee is responsible for completing the following sections:

- Section 1 Employee's Statement
- Section 4 Sign and Date the Authorization for Use in Obtaining Information

The Attending Physician is responsible for completing the following sections:

- Section 5 Physician's Statement

All forms must be fully completed, signed and dated. Once complete, please mail, scan or fax to the following address:

Mail:

**Reliance Standard Life Insurance Company
Attn: Long Term Disability Claims Department
P.O. Box 7749
Philadelphia, PA 19101-7749**

Scan: claimsintake@rsli.com

Fax: (267) 256-3519

Depending on the circumstances of a given claim, additional information may be necessary before making a claim determination including, but not limited to, medical records and employment-related documents.

Telephonic Short Term Disability Claim Filing

Telephonic Short Term Disability claim filing requires prior approval and implementation by Reliance Standard. In the event of a covered loss, including New Jersey Temporary Disability Benefits Law (TDB) or New York Disability Benefits Law (DBL), if these coverages are insured with through Reliance Standard, information is required to make a claim for benefits. It is essential that claims be reported to Reliance Standard as soon as possible by having the employee call the Reliance Telephonic Claims Intake Center. Please contact your account manager to obtain the claim filing toll free number.

When the employee reports their claim through the Reliance Standard Telephonic Claims Intake Center, information will be taken from the employee to start their claim and will also be retrieved from the employer's data feed (if there is no data feed, an employer's statement will be sent). Additionally, a Medical Certification Form will be faxed on behalf of the employee to his/her attending physician.

Once the information is obtained from the employee and employer, paperwork will be sent to the employee for them to complete and return. All forms must be fully completed, signed and dated. Once complete, please mail, scan or fax to the following address:

Mail:

Reliance Standard Life Insurance Company

P.O. Box 7749

Philadelphia, PA 19101-7749

Attn: RSL Claims Intake

Scan: claimsintake@rsli.com

Fax: (267) 256-3519

Depending on the circumstances of a given claim, additional information may be necessary before making a claim determination including, but not limited to, medical records and employment-related documents.

Please note the disability application (including employee, employer and attending physician's sections) must be completed and returned to Reliance Standard within 45 days, or the claim will be considered incomplete and closed.

Waiver of Premium for LTD

Once an insured employee starts to receive Long Term Disability Insurance benefits from Reliance Standard, no premium payments are due for that employee. Once benefits cease and the employee has returned to active work and becomes a member of an eligible class, premium payment for the employee must begin again if insurance is to continue.

Waiver of Premium for Group Term Life Insurance

Note: If Reliance Standard also provides group term life insurance coverage which includes a *Waiver of Premium* ("WOP") or similar benefit, we will automatically contact the disabled employee, explain the WOP benefit, and ask whether they wish to assert a claim. If so, we will ask them to complete a *Waiver of Premium Request and Beneficiary Designation* form. This form also provides them with the opportunity to update their beneficiary designation (which we will maintain in conjunction with their claim). If a WOP claim is asserted, the LTD examiner will then review the medical information on file and notify the policyholder and claimant in writing of our determination (approval or denial of the waiver of premium benefit). Please note that additional information may be requested to confirm the claimant's eligibility for coverage and/or the amount of insurance under the group life insurance policy.

How to Submit a Group Life, Accidental Death, Accidental Dismemberment, Living Benefit, Voluntary Accident Insurance, Voluntary Critical Illness and Waiver of Premium Claim

Prior to the submission of a claim, please refer to your Certificate, which describes Eligible Persons, Amounts of Insurance, and Termination Dates. The required forms and supplemental information needed for processing life benefit claims are categorized below (in some instances additional information may be requested by Reliance Standard in order to process the claim):

Group Life and Accidental Death Claim

(For the Employee)

Beneficiary	Employer	Physician
<ul style="list-style-type: none"> • Proof of Loss Claim Statement Group Life/Accidental Death Insurance- Part B&C (EF-1036) • Authorization found on the Proof of Loss Claim Statement (EF-1036) • Certified Death Certificate • Other supporting documents, if applicable, i.e. Letters of Testamentary, Letters of Administration, Letters of Guardianship of Estate (if beneficiary is a minor)* <ul style="list-style-type: none"> – If Accidental Death Benefits are being claimed, the beneficiary should also provide the following: • Police Report • Autopsy Report, including Toxicology Report and Medical Examiner’s Investigative Report • Written Statement explaining in detail the circumstances of the loss; include newspaper article(s) regarding incident, if any. 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement Group Life/ Accidental Death Insurance - Part A (EF-1036) • Designation of Beneficiary (EF- 1245) (along with any benefit election or beneficiary changes) • Payroll Records for 2 pay periods prior to date of loss • OSHA Incident Report (when applicable) • Worker’s Compensation Information, i.e. carrier name, policy number, address and contact name. 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement Group Life/ Accidental Death Insurance - Part D (EF-1036) <p><i>Note: Part D should be completed if the employee stopped working more than one month prior to date of loss due to illness or injury (unless Reliance Standard has been extending the insurance under the Waiver of Premium provision) or when accidental death benefits are being claimed.</i></p>

*The family may wish to contact their local Probate or District Court for assistance and instructions in obtaining the appropriate document.

Accidental Dismemberment Claim

(For the Employee)

Employee	Employer	Physician
<ul style="list-style-type: none"> • Proof of Loss Claim Statement Accidental Dismemberment Benefits – Part B&C (EF-1172) • Authorization found on the Proof of Loss Claim Statement (EF-1172) • Name and address of treating Physicians • Name and address of Hospital(s) where Employee sought treatment for injury • Copy of Operative Report, Hospital Admission and Discharge Summary • Police Report • Written Statement explaining in detail the circumstances of the loss • Name, Address and Policy Number of any other carrier providing accidental dismemberment coverage to Employee (include claim contact name) 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement Accidental Dismemberment Benefits – Part A (EF-1172) • Group Enrollment Card (along with any benefit election changes) • Payroll Records for 2 pay periods prior to date of loss • Premium Payment Verification (if the employee was required to pay a portion of the premium) • OSHA Incident Report, (when applicable) • Worker’s Compensation Information, i.e. carrier name, policy number, address and contact name. 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement Accidental Dismemberment Benefits – Part D (EF-1172)

Accelerated Death Benefit (Living Benefit Rider)

(Employee)

Employee	Employer	Physician
<ul style="list-style-type: none"> • Proof of Loss Claim Statement, Group Life Accelerated Benefit – Part B&C (EF-1017) • Authorization found on the Proof of Loss Claim Statement (EF-1017) • Name and address of treating Physicians • Name and address of Hospital(s) where Employee sought treatment for condition • Copy Hospital Admission and Discharge Summary 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement, Group Life Accelerated Benefit – Part A (EF-1017) • Group Enrollment Card or Benefit Confirmation Statements for online elections (along with any benefit election or beneficiary changes) • Payroll Records for 2 pay periods prior to date of loss • Premium Payment Verification (if the employee was required to pay a portion of the premium) • Name, Address and Policy Number of Long Term Disability Carrier (if other than RSLIC). If available, we suggest that the Employer provide us with a copy of the decision letter issued by the disability carrier. 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement, Group Life Accelerated Benefit – Part D (EF-1017) • Copies of treatment records, including results of any diagnostic tests, laboratory results, etc.

You can get the answers to Claims and Evidence of Insurability status inquiries 24/7 on our website, www.reliancestandard.com (click Customer Care), or through our automated telephone system by calling (800) 351-7500. Customer Care Representatives are available weekdays from 8:00 AM - 7:00 PM Eastern Time.

Group Voluntary Accident Insurance – Wellness Benefit

Employee	Employer	Physician
<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Wellness Benefit - Part B (EF-2555) • A receipt or explanation of benefits showing the name of the test recipient, the screening test administered and the date of that test; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Part C must be completed by the health care service provider who performed the covered screening test 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Wellness Benefit - Part A (EF-2555) 	<ul style="list-style-type: none"> • Part C must be completed by the health care service provider who performed the covered screening test ONLY if a receipt or explanation of benefits showing the name of the test recipient, the screening test administered and the date of that test is not being provided.

Group Voluntary Accident Insurance – Accident Benefit

Employee	Employer
<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Accident Benefit - Part B&C (EF-2554) • Authorization found on the Proof of Loss Claim Statement VAI Accident Benefit • Include receipts, reports or other proof to support the benefit(s) claims. 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Accident Benefit - Part A (EF-2554)

Group Voluntary Accident Insurance – Death Benefit

Beneficiary	Employer
<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Death Benefit - Part B&C (EF-2556) • Authorization found on the Proof of Loss Claim Statement VAI Death Benefit • Certified Death Certificate • Other supporting documents, if applicable, i.e. Letters of Testamentary, Letters of Administration, Letters of Guardianship of Estate (if beneficiary is a minor)* • Police Report • Autopsy Report, including, Toxicology Report and Medical Examiner's Investigative Report • Written Statement explaining in detail the circumstances of the loss; include newspaper article(s) regarding incident, if any. 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Death Benefit - Part A (EF-2556) • Designation of Beneficiary (EF-1245) (along with any benefit election or beneficiary changes) • Payroll records showing premium deduction if the employee was required to pay any portion of the premiums for this insurance • Copy of original enrollment forms and any subsequent changes, including all beneficiary designations. • OSHA Incident Report (when applicable) • Worker's Compensation Information, i.e. carrier name, policy number, address and contact name.

You can get the answers to Claims and Evidence of Insurability status inquiries 24/7 on our website, www.reliancestandard.com (click Customer Care), or through our automated telephone system by calling (800) 351-7500. Customer Care Representatives are available weekdays from 8:00 AM - 7:00 PM Eastern Time.

Group Voluntary Accident Insurance – Dismemberment Benefit

Claimant	Employer	Physician
<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Dismemberment Benefit - Part B (EF-2557) • Authorization found on the Proof of Loss Claim Statement VAI Dismemberment Benefit • Police Report • Autopsy Report, including, Toxicology Report and Medical Examiner’s Investigative Report • Written Statement explaining in detail the circumstances of the loss; include newspaper article(s) regarding incident, if any. 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Dismemberment Benefit - Part A (EF-2557) • Payroll records showing premium deduction if the employee was required to pay any portion of the premiums for this insurance • Copy of original enrollment forms and any subsequent changes • OSHA Incident Report (when applicable) • Worker’s Compensation Information, i.e. carrier name, policy number, address and contact name. 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Dismemberment Benefit - Part C (EF-2557)

You can get the answers to Claims and Evidence of Insurability status inquiries 24/7 on our website, www.reliancestandard.com (click Customer Care), or through our automated telephone system by calling (800) 351-7500. Customer Care Representatives are available weekdays from 8:00 AM - 7:00 PM Eastern Time.

Group Voluntary Critical Illness – Wellness Benefit

Employee	Employer	Physician
<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Wellness Benefit - Part B (EF-2543) • A receipt or explanation of benefits showing the name of the test recipient, the screening test administered and the date of that test; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Part C must be completed by the health care service provider who performed the covered screening test 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement VAI Wellness Benefit - Part A (EF-2543) 	<ul style="list-style-type: none"> • Part C must be completed by the health care service provider who performed the covered screening test ONLY if a receipt or explanation of benefits showing the name of the test recipient, the screening test administered and the date of that test is not being provided.

Group Voluntary Critical Illness – VCI Critical Illness Benefit

Employee	Employer	Physician
<ul style="list-style-type: none"> • Proof of Loss Claim Statement VCI Critical Illness Benefit - Part B (EF-2544) • Authorization found on the Proof of Loss Claim Statement VCI Critical Illness Benefit 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement VCI Critical Illness Benefit - Part A (EF-2544) • Payroll records showing premium deduction if the employee was required to pay any portion of the premiums for this insurance • Copy of original enrollment forms and any subsequent changes 	<ul style="list-style-type: none"> • Proof of Loss Claim Statement VCI Critical Illness Benefit - Part C (EF-2544)

Waiver of Premium In Event of Total Disability Claim

(Employee Only)

The following guidelines pertain to the Waiver of Premium In Event of Total Disability when Reliance Standard Life Insurance Company does not provide Long Term Disability coverage.

This benefit is not automatic. This benefit provides for the extension of the group life insurance coverage without payment of premium while an eligible insured employee remains Totally Disabled (as defined in the Master Policy). Consideration for this benefit depends upon submission of satisfactory proof of an Insured employee's Total Disability within twelve (12) months from the date such Total Disability began and annually thereafter. Total Disability must exist for a specified period of time as defined in your Master Policy before an Insured employee qualifies for this benefit (subject to the other provisions and requirements stated in the Master Policy). We suggest that the claim be submitted to our office at least two (2) months prior to the expiration of the applicable qualifying period.

Premium payments should continue until Reliance Standard Life approves the Total Disability but not beyond twelve (12) months from the date the employee ceased active work. In the event a determination has not yet been made regarding the Waiver of Premium claim when premium payments are discontinued, the Insured employee should be advised of his or her option to exercise the Conversion Privilege if he/she wishes to continue the insurance coverage. If the Waiver of Premium is approved, the premium paid through the Total Disability period will be refunded.

The following forms are required to be submitted to:

Mail:

**Reliance Standard Life Insurance Company
Attn: Long Term Disability Claims Department
P.O. Box 7749
Philadelphia, PA 19101-7749**

Scan: claimsintake@rsli.com

Fax: (267) 256-3519

Waiver of Premium In Event of Total Disability Claim

(Employee Only)

Employee	Employer	Physician
<ul style="list-style-type: none"> • Disability Claim Statement, Employee's Statement - Section 3 and Section 4 (RS-1936-D) • Authorization found in the Disability Claim Statement - Section 5 (RS-1936-D) • Name and Address of all treating Physicians • Name and Address of Hospital(s) where Employee sought treatment for illness or injury • Resume • Award or denial letter for Social Security Disability Benefits • Name, Address and Policy Number for any other carrier providing disability coverage (include claim contact name) 	<ul style="list-style-type: none"> • Disability Claim Statement, Employer's Statement and Occupational Analysis – Section 1 and Section 2 (RS-1936-D) • Group Enrollment Card (along with any benefit election changes) • Payroll Records for 2 pay periods prior to date of loss • Job description • Premium Payment Verification (if the employee is required to pay a portion of the premium) • OSHA Incident Report (when applicable) • Worker's Compensation Information, i.e. carrier name, policy number, address and contact name. 	<ul style="list-style-type: none"> • Physician's Statement – Section 6 of the Disability Claim Statement – (RS-1936-D) • Copy of claimant's treatment records

NOTE: In the event RSLIC underwrites both the LTD and Life coverage, we will coordinate information between both departments in the adjudication and review of the Waiver of Premium claim.

TERMINATION OF INSURANCE COVERAGE

Insurance for the Insured will terminate in accordance with the Termination of Individual Insurance provision in the Policy. It is important you refer to these provisions, along with the Conversion Privilege section of the Policy, when Insured employees are no longer eligible for insurance.

CONVERTING FROM GROUP TO INDIVIDUAL LIFE INSURANCE

If an Insured's coverage terminates or reduces, he/she may elect to convert the amount of Life coverage that terminated or reduced to an individual Whole Life Insurance Policy typically within 31 days (see policy for specific timeframe) from the date his/her life insurance is terminated or reduced. It is your responsibility to provide written notification to the employee or within 15 days of the termination of his/her insurance. The Conversion Privilege is not available to any Insured whose coverage is currently being continued under Waiver of Premium in Event of Total Disability. No individual may convert an amount of life insurance that exceeds the amount that was in force on the date his/her Life insurance terminated or reduced. Refer to the Conversion provision in the Policy for additional guidelines regarding Conversion.

Applying for Conversion

It is your responsibility to let individuals know of their right to convert and provide them with the Group Life Conversion Application (LRS-1330-0299; varies by state). The Conversion Application must be completed by you and the individual, and submitted to Reliance Standard typically within 31 days (see policy for specific timeframe) of the date insurance terminated.

PORTABILITY

Porting Group Life Insurance

(if applicable – see policy for specific provisions)

If an Insured's coverage terminates, he/she may typically elect to continue ("port") his/her coverage within 31 days of the date his/her coverage terminated. Portability is typically not available if the Insured (1) has reached the maximum age stated in the Policy; (2) is considered Totally Disabled under the Waiver of Premium in Event of Total Disability provision; or (3) has applied to convert their coverage under the Conversion Privilege. Refer to the Portability provision in the Policy or contact Customer Service for additional guidelines regarding this provision.

Applying for Portability

It is your responsibility to let individuals know of their Portability options, and provide them with the **Portability Application EF-1008 for Life insurance, EF-2686 for Voluntary Accident insurance and EF-2685 for Critical Illness insurance**. The Portability Application must be completed by you and the individual, and submitted to RSL within 31 days (see policy for specific time period) of the date insurance terminated. If an individual is interested in porting coverage, please contact our customer Care Department at 1-800-351-7500 for applicable port rates.

Completed Group Life Portability Applications should be mailed to:

Reliance Standard Life Insurance Company
Individual Processing
2001 Market Street, Suite 1500
Philadelphia, PA 19103

REFERENCE

Important Addresses

Enrollment and Statement of Health Forms should be sent to:

**Reliance Standard Life Insurance Company
Group Medical Underwriting
P.O. Box 7818
Philadelphia, PA 19101-7818
Scan: eoiapplications@rsli.com**

**Payment Mailing Address
(Please include Statement of Premium Due):**

Reliance Standard Life –
(all regions except the West Region)
P.O. Box 3124
Southeastern, PA 19398-3124

Reliance Standard Life – (West Region)
P.O. Box 34486
Seattle, WA 98124-1486

First Reliance Standard Life – (all regions)
P.O. Box 3123
Southeastern, PA 19398-3123

Reliance Standard Life of Texas - (all regions)
P.O. Box 3122
Southeastern, PA 19398-3122

Overnight Address:

Reliance Standard Life or
First Reliance Standard Life
c/o Processing Center
1085 Andrew Drive – Suite F
West Chester, PA 19380

**Payments sent via wire/automated clearing house
(ACH) transfer:**

Please contact Customer Care for
instructions 1-800-351-7500

**New Life, Voluntary Accident Insurance & Voluntary
Critical Illness Claims:**

Reliance Standard Life Insurance Company
Life Claims Department
P.O. Box 7307
Philadelphia, PA 19101-7307

**Existing Life, Waiver of Premium, Voluntary Accident
Insurance & Voluntary Critical Illness Claims:**

Reliance Standard Life Insurance Company
Life Claims Department
P.O. Box 7698
Philadelphia, PA 19101-7698

New Waiver of Premium Claims:

Reliance Standard Life Insurance Company
Life Claims Department
P.O. Box 7749
Philadelphia, PA 19101-7749

Completed Group Life Conversion Applications

Insurance Services Division of
Protective Life Insurance Company
P.O. Box 12687
Birmingham, AL 35202-6687
Fax: (205) 268-3402
Email: ladphs@protective.com
Telephone #: 1-800-955-4304

**Completed Group Life, Accident Insurance,
Critical Illness Insurance Portability Applications**

Reliance Standard Life Insurance Company
Individual Processing
2001 Market Street, Suite 1500
Philadelphia, PA 19103

New LTD & STD Disability Claims

Reliance Standard Life Insurance Company
Disability Claims Department
P.O. Box 7749
Philadelphia, PA 19101-7749

Existing LTD & STD Disability Claims

Reliance Standard Life Insurance Company
Disability Claims Department
P.O. Box 8330
Philadelphia, PA 19101-8330

**For information on In Force Conversion policies,
please contact:**

Insurance Services Division of
Protective Life Insurance Company
P.O. Box 12687
Birmingham, AL 35202-6687
Fax: (205) 268-3402
Email: ladphs@protective.com
Telephone #: 1-800-955-4304

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Forms

This Plan Administrator's Guide includes references all of the forms you will need to properly administer your group's insurance coverage. When you need additional forms and/or replacement booklet/certificates, please contact the Customer Care Department. For your convenience, a complete list of available forms is listed below.

Please note, the forms indicated with an "*" are also available on www.reliancestandard.com. Click on "Download Forms" and select your situs state.

Title of Form	Form Number
Absolute Assignment of Ownership	EF-1108
Beneficiary Designation	EF-1245
Special Beneficiary Designation by Absolute Assignee	EF-1040
Disability Claim Statement Group Life-Waiver of Premium	RS-1936*
Group Life Conversion Application	LRS-1330-0299 (versions vary by state)*
Proof of Loss Claim Statement, Group Life Accelerated Benefit	EF-1017*
Proof of Loss Claim Statement, Accidental Dismemberment Benefits	EF-1172*
Proof of Loss Claim Statement, Group Life/Accidental Death Insurance	EF-1036*
Integrated Disability Form	RS-1971-A
Term Life Insurance Portability Request	EF-1008
Accident Insurance Portability Request	EF-2686
Critical Illness Insurance Portability Request	EF-2685
Enrollment and Statement of Health	LRS-9457-0111 (versions vary by state)
Proof of Loss Claim Statement, Voluntary Accident Insurance Wellness Benefit	EF-2555
Proof of Loss Claim Statement, Voluntary Accident Insurance Accident Benefit	EF-2554
Proof of Loss Claim Statement, Voluntary Accident Dismemberment Benefits	EF-2557
Proof of Loss Claim Statement, Voluntary Accident Insurance Death Benefit	EF-2556
Proof of Loss Claim Statement, Voluntary Critical Illness Wellness Benefit	EF-2543
Proof of Loss Claim Statement, Voluntary Critical Illness Benefit	EF-2544
Short Term Disability Benefits, Initial Statement of Claim Form	EF-1029

You can get the answers to Claims and Evidence of Insurability status inquiries 24/7 on our website, www.reliancestandard.com (click Customer Care), or through our automated telephone system by calling (800) 351-7500. Customer Care Representatives are available weekdays from 8:00 AM - 7:00 PM Eastern Time.

Glossary of Insurance Terms

This Glossary is intended to be a reference source only. If a conflict exists between this Glossary and any provision in the Policy, the Policy will govern.

Absolute Assignment: An Absolute Assignment is an irrevocable transfer, from one person to another person or entity, of all ownership rights and privileges under an insurance Policy.

Accidental Death Benefit: A benefit, in addition to the face amount of a life insurance Policy, payable if the insured dies as the result of an accident. Sometimes referred to as double indemnity.

Applicant: Person applying for insurance coverage.

Application: A signed statement of facts made by a person or company applying for insurance and then used by the insurance company to decide whether or not to issue a Policy.

Attending Physician's Statement (APS): A statement by the Attending Physician relaying the personal health history of an individual. This can be used for both individual medical underwriting OR for an eligible claims determination.

Beneficiary: The person or entity designated in writing by the Insured or Policy owner, or provided for by an insurance Policy's terms, to receive any benefits provided by the Policy or plan upon the death of the Insured.

Benefit Percentage: The percentage of covered monthly earnings shown in the group policy for determining the benefit payable.

Benefits: The amount payable by the insurance company to a claimant, assignee or beneficiary under the insurance Policy.

Certificate of Insurance: A summary of coverage distributed by the Plan Administrator to an individual insured employee, which outlines the benefits and provisions of the group Policy.

Claim: A request for payment of a benefit as a result of a covered loss under an insurance contract.

Contestable Period: A period of time specified in the Policy during which we may contest the validity of insurance coverage. If an individual is required to make a representation (i.e. statement of health) when enrolling for coverage under a Policy, no misrepresentation on the part of the applicant can be used to make that coverage invalid after the covered person has been insured for a specific period of time, usually two years.

Contingent Beneficiary: The person or persons designated in writing by the Insured to receive the benefits of a Policy or plan if there is no primary beneficiary or if no primary beneficiary is living at the death of the insured.

Conversion: This privilege allows an individual to convert to an individual insurance plan without providing evidence of insurability when coverage under the group plan terminates (based on the specific reasons for termination as shown in the contract).

Coverage: The scope of protection provided under a contract of insurance; any of several risks covered by a Policy.

Covered Monthly Earnings (CME): The insured's monthly rate of earnings from the employer in effect just prior to the date disability begins. CME usually does not include bonuses, overtime pay, and other extra compensation. However, exceptions can be made at the underwriter's discretion.

Death Benefit: The amount payable in accordance with Policy provisions upon the death of the Insured.

Disability: A physical or mental impairment that prevents or limits an Insured individual's ability to work

Effective Date: The date on which the insurance under a Policy begins.

Eligibility: Criteria used to define a person who may participate in an insurance plan.

Eligibility Date: The date on which an individual member of a specified group becomes eligible to apply for insurance under a group life or health insurance plan.

Eligible Employees: Those members of a group who have met the eligibility requirements under a group life or health insurance plan.

Eligibility Period: A specified length of time, such as 30 days, following the eligibility date during which an individual member of a particular group will be eligible to apply for insurance under a group life or health insurance Policy without evidence of insurability up to the guaranteed issue limit.

Enrollment Period: The period during which employees may enroll for coverage under a group plan.

Enrollment Process: The procedures by which an eligible group member signs up for group insurance coverage.

Evidence of Insurability (E.O.I.): Any statement or proof provided by an applicant on an application form of a person's physical condition and/or other factual information affecting his/her acceptance for insurance.

Grace Period: A specified period of time, usually 31 days, following the premium due date during which the case remains in force and payment of premium may be made without penalty.

Group Enrollment Card: A document signed by the employee as notice of a desire to participate or not in the group plan. In a contributory case, this card also provides the employer with authorization to deduct contributions from the employee's payroll. It also provides the employer with signed evidence that the benefits were offered and declined by those employees not wishing to participate.

Group Insurance: Insurance written on a number of people under a single Policy, issued to their employer or to an association with which they are affiliated.

Guarantee Issue: The maximum amount of insurance that will be issued to an eligible employee without the requirement of proof of good health (evidence of insurability).

Incompleted: A term referring to an employee or spouse's coverage where the final action decision is incomplete due to lack of medical requirements.

Incontestability: A provision in insurance policies that states, except for non-payment of premium, the coverage may not be contested after the Policy has been in force for two years.

Individual Effective Date: The date on which the insured's coverage will go into effect provided any applicable service waiting period has been completed.

Insurability: Acceptance by the insurance company of an applicant for insurance.

Insurance Company: (1) An organization chartered to operate as an insurer. (2) Any corporation primarily engaged in the business of furnishing insurance protection to individuals or organizations.

Insured: A person who meets the eligibility requirements of the Policy and is enrolled for insurance.

Insurer: The party to the insurance contract who promises to pay covered losses or benefits. Also, any corporation engaged primarily in the business of furnishing insurance to the public.

Irrevocable Beneficiary: Beneficiary designation allowing no change to be made in the beneficiary of an insurance Policy without the named irrevocable beneficiary's consent.

Lapse: The termination or discontinuance of an insurance Policy due to non-payment of a premium.

Late Applicant: A person eligible for insurance under a group Policy who applies for coverage after expiration of the initial eligibility period. The prospective insured is usually required to furnish evidence of insurability.

Life Insurance: Insurance providing for payment of a specified amount on the Insured's death, either to his or her estate or to a designated beneficiary.

Long Term Disability Income Insurance: Insurance issued to an employer (group) to provide a reasonable replacement of a portion of an employee's earned income lost through prolonged illness or injury.

Loss: The occurrence of the event for which an insurance benefit may be payable.

Maximum Monthly Benefit: The maximum monthly amount any one individual may receive under the policy.

Maximum Covered Monthly Earnings: The maximum amount of monthly earnings for which an employee may be insured. The maximum covered payroll for any individual depends on the Maximum Monthly Benefit and the Benefit Percentage.

Medical Examination: A physical examination performed to provide information for an insurance company to determine an individual's acceptability for insurance or eligibility for additional benefits under existing insurance; or an examination of an Insured by a physician to determine extent, validity or duration of a disability.

Misrepresentation: A false, incorrect, improper, or incomplete statement of a material fact, made in the application for an insurance Policy.

Paid Claims: The total amount of money expended by the insurance company on claims submitted by the Policyholder for a specified period of time.

Paramedical Examination: Physical examination of an applicant by a trained person other than a physician.

Policy: The legal document issued by an insurance company to a Policyholder, which outlines the conditions and terms of the insurance; also called the Policy contract or the contract.

Policyholder: An entity to which an insurance Policy is issued.

Portability: The right to continue the insured life benefit using the applicable rates when employment terminates.

Premium: The sum remitted by a Policyholder to keep an insurance Policy in force.

Provision: A clause, sentence or paragraph of an insurance contract that describes or explains a feature, benefit, condition, requirement, etc. of the insurance protection afforded by the contract.

Rate: The pricing factor upon which the insurance buyer's premium is based.

Reinstatement: The resumption of coverage under a Policy that has lapsed after the Insured meets specified requirements.

Renewal: Continuance of coverage under a Policy beyond its original term by the insurer's acceptance of the premium for a new Policy term.

Representation: Statements made by an applicant in an insurance application, which he represents as being substantially true to the best of his/her knowledge and belief, but which are not warranted as exact in every detail.

Rescission: Termination of an insurance contract by the insurer on the grounds of material misrepresentation in the application for insurance. The action of rescission must take place within the contestable period clause set forth in the Policy, but takes effect as of the effective date of the Policy, thus voiding the contract from its inception.

Rider: An amendment to an insurance Policy. A rider becomes part of the insurance Policy and either expands or limits the benefits payable under the contract.

Seasonal Worker: A temporary employee, working in an industry or business that limits activity to a certain portion or season of the calendar year. Under normal circumstances, such employees are not eligible for coverage.

Service Waiting Period: The continuous length of time an employee must be employed and in an eligible class before becoming eligible for coverage.

Settlement Options: Various options listed in the insurance Policy from which the insured or beneficiary may choose to have Policy benefits paid.

Short Term Disability Income Insurance: Insurance issued to an employer (group) to provide a reasonable replacement of a portion of an employee's earned income lost due to sickness or injury. Also referred to as Weekly Income Insurance (WI).

Term Insurance: Life insurance payable to a beneficiary only when an insured dies within a specified period. The coverage expires without value if the insured survives the stated period.

Underwriting: The process of identifying and classifying the degree of risk presented by the proposed insured.

Voluntary Accident Insurance: An indemnity based insurance program making pre-defined cash payments to an insured that result from accidental injuries. The pre-defined cash payments are listed in the plan schedule and change relative to severity and plan choice. May include AD&D benefits as well.

Voluntary Critical Illness Insurance: An indemnity based insurance program making cash payments upon the diagnosis of certain illnesses or medical procedures.

Waiver of Premium: A provision in some policies to waive the payment of premium falling due during a period of continuous total disability of an insured employee that has lasted for a specified length of time, such as nine months, subject to approval by the insurance company.

Wellness Benefit: The amount payable in accordance with Policy provisions for one (1) health screening test performed during a twelve (12) month period.

Whole Life Insurance: Individual Life insurance coverage that builds cash value. The benefit is payable to a named beneficiary at the death of the insured which occurs while the Policy is in force.