

LONG TERM DISABILITY CONVERSION INFORMATION REQUEST

ReliaStar Life Insurance Company, Minneapolis, MN
A member of the ING family of companies
Group Conversions: Route 6960, PO Box 20, Minneapolis, Minnesota 55440-0020



Policyholder/Plan Sponsor Instructions

This form should be completed and furnished to every terminating Employee who has the LTD Conversion privilege. A copy of the Employee's Group LTD (Monthly Income) Schedule of Benefits must accompany this form.

Employee Instructions

Complete the Employee section and mail to ReliaStar Life at the address shown above within 31 days of the date of termination of group benefits.

FOR POLICYHOLDER/PLAN SPONSOR COMPLETION

Group Policyholder/Plan Name
Policy/Plan Number Account Number
Employee's Name (last, first, MI)
Birth Date SSN Gender: Male Female
Initial Coverage Effective Date Employment Termination Date
Coverage Termination Date Occupation on Termination Date
Basic Monthly Earnings on Termination Date \$
Was employee covered under the Group LTD plan for at least 12 months? Yes No
Reason for Group LTD coverage termination Termination of Employment Disability Retirement Other
This form will be handed mailed to employee Date
Signature Date
Title Phone E-mail

FOR EMPLOYEE COMPLETION

Requestor Name (last, first, MI)
Address
City State ZIP
Signature Date
E-mail Phone

Your Group Disability Income Coverage (for Monthly Benefits) is terminating as indicated above. You may be eligible to convert to coverage under an LTD Conversion Policy by mailing this form within 31 days of such termination. Please read the Conversion Right in your Plan booklet to determine your eligibility. Information regarding the conversion right is also printed on the reverse side of this form. Complete this form and mail without delay. ReliaStar Life Insurance Company (ReliaStar Life) will send you a description of the conversion plan, premium rates and an application for conversion insurance. Important Notice: This is not an application for conversion of your group long term disability coverage. Receipt of this form does not guarantee your eligibility to convert your group coverage. Please note benefits available under the LTD Conversion Policy are not the same as those available under the previous Group Policy/Plan.

Complete the mailing address. Please print. This mailing address will be used to send the conversion information to you.
Name
Mailing Address
City State ZIP

Do not enclose payment with this form. Send the entire form, when completed, to the above ReliaStar address.

RELIASTAR LIFE USE ONLY

Date Received Date Mailed

CONDITIONS FOR CONVERSION

The Employee may convert Long Term Disability coverage if coverage under the Group Policy/Plan terminates for any of the following reasons:

- The Employee resigns.
- The Employee is terminated for cause.
- The Employee is laid-off.
- The Employee goes on a leave of absence.

The Employee must have been covered for at least 12 consecutive months prior to termination of coverage under the Group Policy/Plan.

The Employee is **not** eligible for conversion if coverage terminates for any of the following reasons:

- Termination of the Group Policy/Plan.
- The Group Policy/Plan is amended to exclude from coverage the class of employees to which the Employee belongs.
- The Employee no longer belongs to a class eligible for coverage under the Group Policy/Plan.
- The Employee retires.
- The Employee fails to pay any contributions required for coverage.
- The Employee is disabled.
- The Employee becomes covered for long term disability benefits under another group plan within 31 days after termination of coverage under this Group Policy/Plan.

CONVERSION PROCEDURE

1. The top section of this Information Request Form is to be completed by the Employer. This validates that the individual was covered under the Group Policy/Plan and meets the eligibility requirements.
2. The Employer should attach a copy of the Schedule of Benefits in effect for the Employee as of the date of termination of employment.
3. The individual requesting information completes the lower portion of the form in full, including the mailing address.
4. The completed form is to be forwarded to the ReliaStar Life Insurance Company (ReliaStar Life) Home Office at the address printed at the top of the form. THIS MUST BE POSTMARKED WITHIN 31 DAYS OF THE DATE THE EMPLOYEE'S COVERAGE TERMINATES, or the Employee will not be eligible to convert.
5. ReliaStar Life will send an application for conversion along with information regarding the conversion plan and rates. (Rates are based on quarterly premiums - 3 months).
6. An individual must convert for a minimum of 3 months.