



# Service Request Form

## Voluntary Payroll Deduction Insurance Program

Your insurance protection is important to you and to ReliaStar Life Insurance Company. That's why we have made customer service our number one priority. This brochure provides information and a service form for the most frequent service requests.

**EMPLOYEE BENEFITS**



ReliaStar Life Insurance Company, a member of ING.

Your future. Made easier.®

**Other than the actual policy or certificate, will I receive any information regarding my coverage?**

Policyowners of universal life insurance policies receive an annual statement indicating all of the premiums paid, dates on which they were paid, policy expenses, cash accumulation, and any loan information. These statements, which should be kept with the policy, are mailed approximately two months after each policy anniversary. For inquiries about other plans or types of coverage, call a customer service representative.

**Can loans be made against my policy?**

Loans are available on Universal and Whole life insurance policies at a favorable interest rate which is charged annually, in advance. For specific information about loans, refer to your policy contract or call one of our customer service representatives at our toll-free number. When a loan is obtained, an interest notice is mailed to the policyowner prior to each policy anniversary. Loan repayments can be made in increments of \$10.00. Unpaid loans will be deducted from the policy cash value if the policy is surrendered. In the event of a death claim, the loan balance will be deducted from the policy proceeds.

**Can I name more than one beneficiary for my life insurance?**

Yes. In the block for "primary beneficiary," be sure to include the full given name of all people named as beneficiaries, if you want everyone to share equally. When two or more persons are named as a beneficiary, payment will be in equal shares to the surviving beneficiaries. If you choose, you may name one person as the "primary" beneficiary and name another person as the "contingent" beneficiary to receive the proceeds if the primary beneficiary does not survive the insured. Be sure to put the name in the appropriate space.

**What if I do not receive my policy/certificate, or if it is lost?**

A replacement policy/certificate can be issued. A \$25 fee may be applicable for this request.

**What happens to my coverage if I am on a leave of absence from the company?**

**Temporary Leave** (sick days, vacation days, or layoffs): If an employer notifies ReliaStar Life Insurance Company that a person is on temporary leave and that the usual payroll deduction will stop, ReliaStar Life Insurance Company will send a letter directly to your home indicating the premium amount and when it is due. *If you are aware that a deduction has been missed or you have a question about the premium status, call one of our customer service representatives to discuss setting up premium payments through home billing. This home billing option is not*

*available for some Disability Income coverages; contact our customer service department for more information.*

**Permanent Leave** (disability, retirement, or resignation): You can be billed at your home address or premium payments can be deducted automatically from your personal checking account. (In these instances, please call our toll-free number for personal assistance.) For some Disability Income coverages, this option is not available. For Critical Illness coverage, this option may be available only if you have been covered for a period of time specified in your certificate. Contact our customer service department for more information.

**Does my insurance have to end if I terminate my employment?**

You can maintain your coverage (except for some Disability Income coverages) by paying premiums directly to ReliaStar Life Insurance Company. Call our customer service department for assistance.

**When can I contact a customer service representative?**

Our representatives are available 8 a.m. to 5:30 p.m. Central time, Monday through Friday. To assist us in providing the most efficient service possible, please have your policy/certificate number available when you call. If you are calling during non-business hours, you may leave a message regarding the service you desire. Include your name, policy/certificate number, and daytime phone number (with area code) in your message.

FOR MORE  
**INFO**

The attached service form is for your convenience. Please use it if you want to change your name or the name of the beneficiary and/or owner. It can also be used to request a loan on your life insurance policy.

If you are interested in making a policy change, or for other questions about your coverage, please contact one of our customer service representatives at our toll-free number shown on the right.

**We look forward to helping you.**

**Call us TOLL-FREE at 1-800-537-5024, Monday – Friday, 8 a.m. to 5:30 p.m. (CT) or e-mail us at [pdservice@us.ing.com](mailto:pdservice@us.ing.com)**

ReliaStar Life Insurance Company.

**Administrative & Home Office**

P.O. Box 122

Minneapolis, MN 55440-0122

## PAYROLL DEDUCTION REQUEST FOR SERVICE

ReliaStar Life Insurance Company, Minneapolis, MN  
 Administrative Office: PO Box 122, Minneapolis, MN 55440-0122  
 Mail this form to: ING Employee Benefits Payroll Deduction Service Center, Attention Customer Service,  
 Route #8525, PO Box 122, Minneapolis, MN 55440-9181, or Fax to 612-342-3051



Policy Number \_\_\_\_\_ Insured \_\_\_\_\_ Owner (If other than insured) \_\_\_\_\_

**1. CHANGE OF BENEFICIARY**

It is hereby requested that the beneficiary under the above numbered policy be changed as follows:

Primary Beneficiary (please print) \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contingent Beneficiary (please print) \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**2. TRANSFER OF OWNERSHIP**

I request that all benefits, rights, and privileges incident to ownership of the policy be vested in the new Owner named below, or to such new Owner's executors, administrators and assigns, or successors and assigns.

New Owner (Full Name) \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**3. CHANGE OF NAME (If reason is other than marriage or divorce, attach copy of legal evidence.)**

Insured  Owner  Payor  Other (specify) \_\_\_\_\_ Reason \_\_\_\_\_

Former Name \_\_\_\_\_ New Name \_\_\_\_\_

**4. CHANGE OF MAILING ADDRESS AND/OR PHONE NUMBER**

Former Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

New Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

New Phone Number (including Area Code) \_\_\_\_\_

**5. CHANGE MODE OF PAYMENT OF PREMIUM**

Change to  Annual  Semi-Annual  Quarterly  Checking Account Deduction  Place back on Payroll Deduction

**6. POLICY LOAN REQUEST**

Maximum Loan  Net Loan of \$ \_\_\_\_\_

**7.  SURRENDER FOR CASH VALUE (Please note: your policy must accompany this request. If the policy is unavailable, section eight (8) of this form MUST be completed.)**

I request payment of the cash value in exchange for surrender of the attached policy. No bankruptcy proceedings are outstanding against me, and no loans are pending against the policy, except as follows: \_\_\_\_\_

**8. LOST POLICY NOTIFICATION (Replacement policy/certificate will be mailed unless this is a surrender request.)**

I, \_\_\_\_\_ hereby certify that Policy/Certificate No. \_\_\_\_\_, dated \_\_\_\_\_, and issued by ReliaStar Life Insurance Company has been lost or destroyed and that said policy/certificate is not assigned, hypothecated, or pledged in any way whatsoever. I therefore request a replacement policy/certificate and agree that if the original policy/certificate be found or in any way come into my possession, that I will return it or cause the same to be returned to ReliaStar Life Insurance Company, or its affiliates, its successors, or assigns. It is distinctly understood and agreed that the original policy/certificate shall become null and void immediately upon issuance of the replacement policy/certificate herein requested. A \$25.00 fee may be applicable for this request.

**SIGN HERE FOR REQUESTS**

➔ Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

(If this is an ownership change, both old and new owners should sign here.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

➔ Irrevocable Signature (if any) \_\_\_\_\_ ➔ Assignee Signature (if applicable) \_\_\_\_\_

**FOR COMPANY USE ONLY**

This change has been recorded by the Company at its Administrative Office, and any provisions in the policy requiring endorsement by the Company are hereby waived.

By \_\_\_\_\_ Date \_\_\_\_\_

**For more information  
please contact:**

ING Employee Benefits  
20 Washington Avenue South  
Minneapolis, MN 55401

[www.ing-usa.com](http://www.ing-usa.com)

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ReliaStar Life Insurance Company  
Administrative & Home Office:  
20 Washington Avenue South, Minneapolis, MN 55401

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