

ReliaStar Life Insurance Company
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**LONG TERM CARE INSURANCE RIDER (LTC RIDER)
OUTLINE OF COVERAGE
(FORM # RL-WL2-LTC-RE-07-MD)**

NOTICE TO BUYER: This Rider may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The Buyer is advised to review carefully all Rider limitations.

This Rider is a rider to an individual policy of life insurance which was issued in the state of Maryland. This Rider is not approved under the Qualified Long Term Care Insurance Partnership under Title 15, Subtitle 4 of the Health General Article.

PURPOSE OF OUTLINE OF COVERAGE: This outline of coverage provides a very brief description of the important features of the Rider. You should compare this outline of coverage to outlines of coverage for other riders available to you. This is not an insurance contract, but only a summary of coverage. Only the individual Rider and life insurance policy contain governing contractual provisions. This means that the Rider and policy set forth in detail the rights and obligations of both you and ReliaStar Life Insurance Company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR RIDER AND POLICY CAREFULLY!**

FEDERAL TAX CONSEQUENCES.

Federal Tax Implications of this Rider. This Rider is not intended to be a federally tax-qualified Long Term Care Insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. Benefits received under the Rider may be taxable as income. You should consult your personal tax advisor to assess the impact of this benefit.

TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.

RENEWABILITY: THIS RIDER IS NONCANCELLABLE. This means you have the right, subject to the terms of your Rider, to continue this Rider as long as you pay your premiums on time. ReliaStar Life Insurance Company cannot change any of the terms of your Rider on its own and cannot change the premium you currently pay.

WAIVER OF PREMIUM: ReliaStar Life Insurance Company will waive all premiums for the Policy and its riders if payment of the Monthly Benefit is approved.

TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.

ReliaStar Life Insurance Company does not have the right to change the premium.

TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND PREMIUM REFUNDED.

You may return the Rider within 30 days of its receipt by returning it to us or to the agent through whom it was purchased. As soon as you return it, we will refund any charges that were made under the Rider. The Rider does not contain provisions for a refund or partial refund of premium upon the death of an Insured or surrender of the Rider.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from ReliaStar Life Insurance Company. Neither ReliaStar Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

LONG TERM CARE COVERAGE. Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home. The Rider provides coverage by accelerating the Death Benefit of your Life Insurance Policy.

BENEFITS PROVIDED BY THIS RIDER.

Long Term Care Rider Benefit

The Rider will pay a Monthly Benefit if the Insured is confined in a Long Term Care Facility or requires Adult Day or Home Health Care services. The Insured must require the Hands-On Assistance in at least two Activities of Daily Living or require supervision or verbal cueing because of Cognitive Impairment as certified by a Licensed Healthcare Practitioner. The Rider has a 90-day Elimination Period that must be satisfied before the Monthly Benefit will be paid.

To be eligible for payment of the Monthly Benefit, the Insured must:

1. Be confined in a Long Term Care Facility or receiving Adult Day Care or Home Health Care services;
2. Be unable to perform at least two Activities of Daily Living or have a Cognitive Impairment;
3. Receive certification from a Licensed Healthcare Practitioner of Sickness or Injury;
4. Satisfy the Rider Elimination Period; and
5. Provide the necessary Written Proof of Loss.

Confinement in a Long Term Care Facility. The Insured must be confined to a Long Term Care Facility and be receiving Skilled Nursing Care, Intermediate Nursing Care, or Residential Nursing Care. A Licensed Healthcare Practitioner must certify that the Insured requires the Hands-On Assistance of another in at least two Activities of Daily Living or requires the supervision or verbal cueing of another as a result of a Cognitive Impairment. In this case, the Rider will pay Monthly Benefits up to a maximum of 25 months.

Adult Day Care and Home Health Care services. The Insured must require services through a Home Health Care Agency or at an Adult Day Care Facility. A Licensed Healthcare Practitioner must certify that the Insured requires Hands-On Assistance in at least two Activities of Daily Living or requires supervision or verbal cueing as a result of a Cognitive Impairment. In this case, the Rider will pay Monthly Benefits up to a maximum of 50 months.

Restoration of Benefits Option

This option will restore the Policy Values after each Monthly Benefit payment. This benefit option will continue until the total amount of Monthly Benefits paid equals the initial Death Benefit or the Insured no longer qualifies to receive benefits under the Rider.

Extension of Benefits Option

This option will provide additional Months of Benefits Payable after the initial Number of Months of Benefits Payable reaches zero and the total amount of Restored Benefits paid equals the initial Death Benefit. The Insured must otherwise continue qualify for benefits under the Rider.

LIMITATIONS AND EXCLUSIONS

The Rider will not pay benefits when the Insured suffers a Sickness or Injury:

1. Due to mental or nervous disorders which are not caused by demonstrable organic disease. However, nervous or mental disorders which are caused by demonstrable, clinically diagnosed organic diseases, such as Alzheimer's Disease and related degenerative and dementing illnesses are covered;
2. Outside the United States;
3. Due to chronic alcohol or drug addiction, unless the addiction results from the administration of drugs for treatment prescribed by a Physician;
4. An illness, treatment or medical condition as a result of:
 - a. War or any act of war (whether declared or undeclared);
 - b. Voluntary participation in a riot or insurrection or participation in a felony, whether voluntary or not;
 - c. Service in the armed forces or units auxiliary thereto;
 - d. Suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury;
 - e. Aviation (this exclusion applies only to non-fare-paying passengers); or
 - f. Due to normal pregnancy and childbirth. However, complications of pregnancy are considered Sickness under this Rider;
5. For which treatment is provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the covered person's Immediate Family and services for which no charge is normally made in the absence of insurance;
6. Which does not satisfy all the conditions stated in the Rider provision captioned Conditions on the Eligibility for Benefits.

THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the cost of long term care services will likely increase over time, you should consider whether and how the benefits of the Rider may be adjusted. The benefit level of the Rider will not increase over time and the Owner does not have the right to purchase additional benefits to increase the Rider.

ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. The Rider will pay the Monthly Benefit for Insureds clinically diagnosed as having a Cognitive Impairment due to an Alzheimer's Disease or a related degenerative and dementing illnesses. The Insured must require the supervision or verbal cueing from another individual as certified by a Licensed Healthcare Practitioner and must be confined in a Long Term Care Facility or receiving Home Health Care or Adult Day Care services. Payment of the Long Term Care benefit is subject to the Elimination Period.

PREMIUM.

The total annual premium for the Rider is \$ _____. *(To be completed by the agent at the time of enrollment).*

ADDITIONAL FEATURES.

Medical Underwriting

If your application for Whole Life Insurance is approved, the request for the Long Term Care Rider will also be approved.

Definitions

Activities of Daily Living means at least bathing, continence, dressing, eating, toileting, and transferring.

Cognitive Impairment means a deficiency in a person's short- or long term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

Elimination Period A period of consecutive days of Sickness or Injury for which no benefit is payable. The period is 90 days and begins on the first day of Sickness or Injury after the Insured's Rider Effective Date.

Sickness or Injury The Insured being unable to perform, without Hands-On Assistance from another individual, at least two Activities of Daily Living or the Insured requiring the supervision or verbal cueing from another individual due to Cognitive Impairment.

CONTACT THE MARYLAND SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM AT 1-800-243-3425, 301 WEST PRESTON STREET, SUITE 1007, BALTIMORE, MD 21201 IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT RELIASTAR LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING THE LONG TERM CARE INSURANCE RIDER.