

RELIASTAR LIFE INSURANCE COMPANY

MONTANA OUTLINE OF COVERAGE
FOR GROUP LONG TERM DISABILITY INCOME INSURANCE

THIS OUTLINE PROVIDES GENERAL SUMMARY INFORMATION ONLY AND IS NOT A CONTRACT OF INSURANCE. THE INSURANCE POLICY AND CERTIFICATE SHOULD BE REVIEWED FOR DETAILED INFORMATION.

Long term disability income protection coverage is designed to provide, to **insured persons**, coverage for disabilities resulting from a covered **sickness** or **injury**, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

The Group Long Term Disability Income Insurance policy issued to the **Policyholder** by the insurance company provides financial protection for **insured persons** by paying benefits to replace a portion of the **insured person's** income while disabled according to the terms of the policy. Long Term Disability benefits are payable monthly if the **insured person** becomes disabled and qualifies to receive benefits while insured under the policy, following an elimination period.

Benefits continue while the **insured person** is disabled up to the **maximum period of payment**. The **insured person's** age at disability will determine the length of the **maximum period of payment**. The **maximum period of payment** is shown on the "Benefits at a Glance" section of the certificate (or on a separate "Schedule of Benefits" if applicable) that is in effect on the date of the **insured person's** disability. Information about the **maximum period of payment** is included with the application. If **insured persons** are responsible for contributing to the premium cost of coverage, information about the **maximum period of payment** is also included with the enrollment materials provided to eligible **employees**.

Deductible sources of income are subtracted from the benefit the **insured person** would otherwise receive. **Deductible sources of income** include but are not limited to: income from the **Employer** or another employer, government benefits related to disability or retirement, and benefits the **insured person** receives or is eligible to receive under other insurance plans for the same disability. The policy also includes conditions under which no benefits are payable, including but not limited to: disability due to war, disability occurring during active military duty, or disability due to a **pre-existing condition**. The policy may also include provisions that limit the **maximum period of payment** if disability is due to **mental illness**, alcoholism, drug abuse or **special conditions**.

Premiums for Long Term Disability income coverage are calculated on a monthly basis relative to increments of salary and/or benefit amount. Premium rates may also be based on the age of the **insured person** and/or the class of eligible **employees** to which the **insured person** belongs. To calculate the premium cost for an **insured person**, please refer to the rate information provided with the application or enrollment materials. Estimated monthly premium payable by an **insured person** = \$ _____

The general characteristics that determine the appropriate disability premium include, but are not limited to: plan design, occupation, industry, location, age, group size, as well as the experience of each specific plan relative to expected levels. The factors considered in determining the insurability of an **insured person** who requires underwriting are: health conditions/impairments, height and weight. At this time, there is no trend information for premium increases or decreases.