Voluntary Group Term Life Insurance Program

For Employees and Families of

State of Florida Department of Transportation

- Affordable Cost - High Limit Coverage
- Dependent Coverage Available
- Guaranteed Acceptance Amounts for Employee, Spouse and Dependent Children
- Liberal Conversion and Portability Provisions
- Living Benefit

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VOLUNTARY GROUP TERM LIFE INSURANCE: This plan offers you and your dependents an excellent opportunity to purchase affordable group term life insurance on a payroll deduction basis. The important plan features including high limits, guaranteed acceptance, conversion, portability rights and the Living Benefit Rider are summarized in this brochure. Please review it carefully and make your selection.

ELIGIBILITY: All active full-time employees who are working a minimum of 30 hours per week are eligible to participate. Employees are not eligible and cannot enroll until their date of hire. Insurance is also available for a spouse under age 70 of an eligible employee. Unmarried eligible dependent children from 14 days to 20 years of age or to age 26 if a full-time student may be insured if the employee or spouse is insured. Spouse insurance terminates at age 75; dependent children's at age 20, or 26 if a full-time student .

BENEFITS: You and your spouse may select an amount of insurance from a minimum of $10,000, in increments of $10,000. The maximum amount available to employees up to age 75, and to their spouses under age 70, is $500,000. The maximum amount available to employees age 75 and older is the percentage of $500,000 shown below.

Eligible dependent children age 14 days to 6 months may be covered for $1,000 and for your choice of $2,500, $5,000, $7,500 or $10,000 from 6 months to age 26.

Reduction: If this insurance is purchased prior to age 75, the amount of insurance will be reduced in accordance with the table below on the anniversary date coinciding with or next following your last birthday.

At Age	Reduction To % Of Your Pre-Age 75 Amount Of Insurance
75	60%
80	35%
85	27.5%
90	20%
95	7.5%
100	5%

Neither you nor your spouse may hold more than a total of $500,000 of group term life insurance with Reliance Standard Life Insurance Company (hereinafter "RSL") under the master policy. Insurance over that amount will be void and the premiums refunded.

GUARANTEED ISSUE: During an approved enrollment period, you must be an eligible employee who is actively performing all the regular duties of your occupation to enroll. You must complete, sign and return the application to your employer during the enrollment period. As long as you have not: been previously declined for insurance coverage by

RSL; had your coverage postponed; had your application withdrawn; or voluntarily terminated your insurance with RSL, medical evidence will not be required:

- if you are newly eligible and apply (within 31 days of becoming eligible) for an amount of insurance up to $100,000 if you are under age 60 when you apply, or $20,000 if you are between age 60 and 70 when you apply.
- if you have been insured for 6 months and are now applying for additional coverage of $10,000, as long as your new total amount of insurance is no greater than $150,000 if you are under age 60 when you apply, or $30,000 if you are between age 60 and 70 when you apply.
- if you were previously eligible and are now applying for initial coverage of $10,000.
- if you report a life event change that occurred since the last enrollment (such as marriage, birth or specific changes of employment status) and apply, within 31 days of the life event, for an amount of insurance up to $100,000 if you are under age 60 when you apply, or $20,000 if you are between age 60 and 70 when you apply.

Your spouse under age 60 is eligible for $20,000 of guaranteed issue coverage provided you apply for at least $50,000 of coverage. Your spouse must apply within 31 days of becoming eligible, and if employed, must be actively performing all the regular duties of his/her occupation; if not employed, must be engaged in normal activities for a person of like age and sex.

No medical evidence is required on dependent children.

EFFECTIVE DATE: Coverage for amounts up to the guaranteed issue limit will begin on the date the application is signed, provided applicable premium is paid. **Applications for insurance amounts over the guaranteed issue limits (for employees under age 70 and spouses under age 60), any amounts for employees age 70 and over and spouses age 60 but less than 70, and applications made beyond the first 31 days of becoming eligible are subject to medical evidence submitted to and approved by RSL.** Insurance will become effective on the date each applicant is approved, provided applicable premium is paid Dependent children coverage will begin on the date the application is signed, provided you or your spouse are insured for this coverage and your dependent children are not confined in a hospital or at home.

Non-guaranteed issue amounts are not effective until approved by RSL. Payroll deduction of premiums for non-guaranteed issue coverage prior to such approval does not mean coverage is effective. If coverage is not approved, any premium that has been collected will be returned.

LIVING BENEFIT: This benefit is designed to offset the high cost of medical care if you, your insured spouse or insured dependent children should become terminally ill. It provides an advance payment of 50% of the death benefit to a maximum of $250,000.

Coverage must be in-force for 60 days prior to being diagnosed as terminally ill. An insured will be considered as terminally ill if he/she suffers from a physical condition which is certified by a physician to be expected to result in death within 12 months. In the event of death, the death benefit payable to the beneficiary will be reduced by the amount of any living benefit payment that was made. This benefit is payable one time only for any insured covered under this benefit. In no event will the amount of the living benefit plus the death benefit payable exceed the amount that would be payable if no living benefit was available.

DISABILITY WAIVER OF PREMIUM: All premiums due during your disability will be waived for you and your dependents if you become totally disabled prior to age 60 and disability lasts for six consecutive months. Premiums will be refunded back to the date disability began. Your coverage will remain in force without any premium payments as long as your disability continues, you are under age 70 and you are not retired. This benefit is not available for disabilities resulting from intentionally self-inflicted injury or war (declared or undeclared).

EXCLUSIONS AND LIMITATIONS: Death by suicide is not covered during the first two years insurance is in force. Insurance coverage is incontestable after it has been in force two years during the insured's lifetime, except for non-payment of premium.

PORTABILITY: If you terminate employment after your coverage has started, you may elect within 31 days of termination of eligibility, to continue your group term life insurance. Premiums will be billed directly to you on a quarterly, semi-annual or annual basis as you choose. Insurance for your spouse terminates at age 75.

CONVERSION: If premiums are not waived due to total disability, you may convert your insurance to an individual permanent life insurance policy with RSL within 31 days of termination of coverage. You may also convert if you are no longer a member of an eligible class, or if your employer no longer participates in the group insurance trust. Under these circumstances, your spouse under age 70 and your insured dependent children may also convert. For each insured child who attains the maximum age for eligibility, up to five times their current amount of life insurance coverage may be converted.

TERMINATION: RSL may not terminate insurance coverage unless: premium is not paid when due; or

insurance coverage is converted to an individual plan of insurance; or the maximum age is attained; or the Master Policy terminates.

In addition to the above, insurance coverage on dependents may also be terminated when the dependent is no longer eligible.

BENEFICIARY DESIGNATION: You can designate your own beneficiary and you may change the designation (except an irrevocable designation) as your circumstances change. You will be the beneficiary for dependent coverage unless another person is designated

PREMIUM: The bi-weekly premium for the amount of group term life insurance coverage you select for yourself, your spouse, and dependent children is payable through the convenience of payroll deduction. The following chart shows the bi-weekly premium cost per $10,000 unit of life insurance coverage by age bracket.

To determine your premium, take your age at your last birthday, find the rate in the following chart per $10,000 unit of life insurance, and multiply that rate by the number of $10,000 units you desire. Do the same thing for your spouse at his/her age for the number of units desired.

Your eligible children may be provided $1,000 of coverage between 14 days and 6 months of age and your choice of $2,500, $5,000, $7,500 or $10,000 of coverage between 6 months and age 26. The cost bi-weekly, regardless of the number of children, is determined by the age 6 months to age 26 benefit option you select as follows:

Dependent Children (6 months to age 26 Benefit)	Bi-Weekly Cost
$ 2,500	$ .36
5,000	.55
7,500	.73
10,000	.92

Newborn children automatically become insured at 14 days of age if you insure other dependent children.

BI-WEEKLY PREMIUM RATES PER $10,000 OF LIFE INSURANCE

Age (last birthday as of the anniversary date)	Rate
Under Age 30	$ .48
30-34	.61
35-39	.87
40-44	1.24
45-49	2.25
50-54	3.44
55-59	5.14
60-64	9.09
65-69	12.96
70 and Over*	21.45

* Note: For insureds age 75 and older, the above rates are equivalent to per $10,000 of coverage in effect prior to age 75.

EXAMPLE:	Amount of Insurance	Bi-Weekly Cost
Employee - 33	$50,000	$ 3.05
Spouse - 28	30,000	1.44
Three Children - 6 months to age 26	2,500	.36
Total Bi-Weekly Cost		**$ 4.85**

Bi-Weekly premium rates are based on your age at your last birthday. They will change on the anniversary date coinciding with or next following your last birthday as you advance to a higher age bracket.

IT IS EASY TO APPLY: Complete the application following the instructions.

This brochure describes the highlights of Group Term Life Master Policy Form Number LRS 8349-01-1188, but is not a contract. If a conflict exists between a statement in this brochure and any provision in the Policy, the Policy will govern. The Master Policy has been issued to a Rhode Island Trust and is subject to Rhode Island law.

Plan Arranged By:

RICHARD C. SMITH & ASSOCIATES, INC.
Post Office box 14208
Tallahassee, FL 32317-4208
1-800-342-0209
(Local) 877-1445

Underwritten By:

RELIANCE STANDARD
Life Insurance Company

Home Office: Chicago, Illinois
Administrative Office: Philadelphia, Pennsylvania

Reliance Standard Life Insurance Company
Enrollment and Statement of Health

Name of Employer State of Florida Department of Transportation		Location/Division 01		Bill Group 000001
Policy # and Class # VGTL002979 / 01	Policy # and Class #	Policy # and Class #	Policy # and Class #	Policy # and Class #

Application Type: ☐ Initial Eligibility/New Hire ☐ Late Applicant ☐ Other _____

☐ Increase ☐ Approved Annual Enrollment

☐ Change in Status: Nature of Change(s): _____

Date of Change: _____
If marriage, domestic partnership, divorce, dissolution of a partnership, or birth of a child, please provide copy of document.

Employee/Member Information – Always Complete

Submit completed Enrollment and Statement of Health form to:
EOIApplications@rsli.com or

Reliance Standard
P.O. Box 7818
Philadelphia, PA 19101-7818

We do not accept faxed forms.

Name				Social Security Number
Gender	Date of Birth	Age	State of Birth	Date of Hire
Address			City / State / Zip	
Phone Number	Occupation		Annual Compensation	Hours Worked Per Week
Email Address				

Are you actively performing all the duties of your occupation or profession? ☐ Yes ☐ No

If "No," explain: _____

Spouse Information – Complete Only If Applying for Spouse Coverage
("Spouse" includes a domestic partner.)

Spouse Name	Gender	Date of Birth	Age	State of Birth
Address	City	State	Zip	

Child Information – Complete Only If Applying for Child Coverage
("Child" includes all children of a domestic partnership.)

Child Name	Date of Birth	Handicapped ☐ Yes ☐ No	Child Name	Date of Birth	Handicapped ☐ Yes ☐ No
Child Name	Date of Birth	Handicapped ☐ Yes ☐ No	Child Name	Date of Birth	Handicapped ☐ Yes ☐ No

If you need more space, check here ☐. Complete, sign and date a separate sheet of paper and attach it to this page.

Coverage Elected and Amounts

Coverage	Enroll or Decline[1]	Current Amount	Increase or Decrease	Total Amount Applied For	Bi-Weekly Premium
Voluntary Term Life: Employee[2]	☐ Enroll ☐ Decline			☐ $20,000 ☐ $40,000 ☐ $60,000 ☐ $80,000 ☐ $100,000 ☐ Other_____	See Premium Table
Voluntary Term Life: Spouse[2]	☐ Enroll ☐ Decline			☐ $10,000 ☐ $20,000 ☐ Other_____	See Premium Table

Voluntary Term Life: Dep Children (Coverage subject to election of employee or spouse Term Life)	☐ Enroll ☐ Decline			☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ $10,000	$0.36 $0.55 $0.73 $0.92

[1]"Enroll" authorizes employer to payroll deduct premiums.
[2]Statement of Health may be required.

Employee/Member Name	Date of Birth

Health Questions

Answer all questions on this page for each person being underwritten for insurance. For any "Yes" answer (other than for question 3A), underline the condition and record details in the space provided on the next page. Failure to provide details of a condition will cause a delay in the review of your application.

This Section applies to:

1) late applicants;

2) those electing a benefit increase* or benefit over the guaranteed issue amount;

3) any person who has had a previous application to Reliance Standard coverage rejected and is re-applying**

4) any person who has had a previous Reliance Standard coverage voluntarily terminated and wishes to have coverage again**.

*Unless the benefit increase election is during an open enrollment period

**In both cases, a person must answer the health questions, even during an open enrollment period.

	EMPLOYEE	SPOUSE
Enter height and weight.	Ht. __ft. ___in. Wt. _____ lbs	Ht. __ft. ___in. Wt. _____ lbs
1. In the past 10 years, have you or your spouse been treated for or diagnosed by a licensed medical provider as having: heart, liver (biliary cirrhosis) or kidney disorder; an abnormal colonoscopy requiring follow-up; neurological disorder; diabetes; high blood pressure; thyroid disorder; stroke; transient ischemic attack (TIA); cancer and/or tumor malignant or benign; mental or nervous disorder; or been advised to have treatment for drug abuse (illegal or prescription drugs) or alcoholism?	☐ Yes ☐ No	☐ Yes ☐ No
2. In the past 10 years, have you or your spouse been diagnosed by a licensed medical provider with or treated for: chronic pain; arthritis (lupus, rheumatoid or osteoarthritis); musculoskeletal (back, neck or muscle) condition; respiratory disorder including asthma, chronic obstructive pulmonary disease (COPD); or emphysema?	☐ Yes ☐ No	☐ Yes ☐ No
3. Have you or your spouse in the past year had: fever persisting more than one month; significant involuntary weight loss; diarrhea persisting more than one month; oral candidiasis (thrush); or lymphadenopathy (enlarged or swollen glands)?	☐ Yes ☐ No	☐ Yes ☐ No
3A. Have you or your spouse in the past 10 years been tested positive for exposure to the HIV (Human Immunodeficiency Virus) infection or been diagnosed by a licensed medical provider as having ARC (AIDS-related complex) or AIDS caused by the HIV infection or other sickness or condition derived from such infection?	☐ Yes ☐ No	☐ Yes ☐ No
4. In the past 10 years, have you or your spouse: (a) consulted with or been examined or treated by a physician, practitioner or specialist (include routine physicals only when there is an existing or newly diagnosed medical condition)? (b) been in a hospital or other facility for observation, diagnosis, treatment or an operation? or (c) been prescribed medication(s) (other than for colds, flu or allergies)?	☐ Yes ☐ No	☐ Yes ☐ No
5. Are you or your spouse currently under medical care by a licensed member of the medical profession for pregnancy or diagnosed as being pregnant? In the past 10 years, have you or your spouse been diagnosed by a licensed medical provider with: abnormal uterine bleeding; abnormal pap smear; abnormal mammogram requiring additional studies or with recommendation of breast biopsy?	☐ Yes ☐ No	☐ Yes ☐ No

Employee/Member Primary Care Physician's Full Name	Office Phone Number
Address	
Spouse Primary Care Physician's Full Name	Office Phone Number
Address	

Employee/Member Name	Date of Birth

Details

Please provide all names used for medical records (if different than the names provided on this form):_____

_____

For each "Yes" response to a health question, please provide details below.
DO NOT PROVIDE ANY DETAILS FOR A "YES" ANSWER TO QUESTION 3A.

Question #	Illness or Nature of Injury	Date	Physician's Full Name and Address (if different than Primary)	Check One Employee or Spouse	

If you need more space, check here ☐. Complete, sign and date a separate sheet of paper and attach it to this page.

Read, Sign and Date Below

I understand and agree that:

- The information provided on this Enrollment and Statement of Health form is true and correct to the best of my knowledge.
- The insurance requested will become effective in accordance with the individual effective date information in the Policy; any amount subject to evidence of insurability will not become effective until approved by Reliance Standard and Reliance Standard has the right to refuse my request. Coverage is subject to a minimum participation requirement at the employer level and if the minimum is not met, coverage may not be issued even though an enrollment form has been completed. An effective date is subject to eligibility requirements, satisfaction of service waiting period (if applicable) and payment of first premium when due. An effective date may be deferred for an employee not actively at work and enrolled dependents confined to a hospital or at home.
- Benefits are subject to terms and conditions of the Policy.
- For age-banded rate plans, premiums increase as an employee (or spouse, if applicable) moves from one age band to the next.
- If payroll deduction of premiums begins prior to Reliance Standard's processing of the enrollment form, it does not mean coverage is in effect; premiums paid for coverage not issued will be returned.

I further understand and agree that if I am applying after the expiration of my initial eligibility period, all medical tests and costs for attending physician reports may be without expense to Reliance Standard Life Insurance Company and I may be responsible for paying the expenses, if any.

I acknowledge receipt of the "Designation of Beneficiary" form and "Important Information Regarding Applications for Insurance" and "Notice Regarding Information Practices". If a Designation of Beneficiary form is not completed or one is not on file with the Plan Administrator, the provisions of the Policy will determine to whom benefits, if any, will be payable.

AUTHORIZATION: I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, organization, institution, person or the MIB, Inc. to release any information or record(s) on me or my health to be used in determining the acceptability of my application for insurance. I authorize any such information or record(s) to be released to Reliance Standard Life Insurance Company, its reinsurers or authorized representatives. I also authorize Reliance Standard or its reinsurers to make a brief report of my personal health information to the MIB. This authorization, or a photographic copy, shall be as binding as the original and valid for a period not exceeding twelve (12) months from this date. I understand that I (or my authorized representative) will be sent a copy of this Authorization upon request.

Please Note: During an approved enrollment, guaranteed issue amounts of insurance will not require a Statement of Health form provided the Enrollment form is complete, signed and received by your employer during your enrollment period and: a) you are not a late applicant with respect to insurance for yourself (and/or your spouse, if applicable); or b) during your present service with your employer or an affiliate, you (and/or your spouse, if applicable,)have not, with respect to insurance with Reliance Standard or an affiliate: had an application withdrawn; been previously declined; had coverage postponed; or voluntarily terminated.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

X _____ _____ Employee's/Member's Signature Date (required at all times)	X _____ _____ Spouse's Signature Date (required if spouse Statement of Health required)

Licensed Florida Agent Lois Joan Goode Licensed Florida Agent Number A100436

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Designation of Beneficiary

Policyholder	Policy Number(s)
Insured Name	Social Security Number

I hereby designate the following as my beneficiary (ies) under the above policy number(s):
Primary Beneficiary(ies)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured

Important Information Regarding Applications for Insurance

The information provided on the Enrollment and Statement of Health form will be used in determining the insurability of a person proposed for insurance. Responsible parties completing and submitting a Statement of Heath form are required to be made aware of the following statements concerning the consequences of insurance fraud. The lack of an applicable statement shall not constitute a defense against penalties.

ARKANSAS and LOUISIANA — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **COLORADO** — It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **FLORIDA** — Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **KENTUCKY** — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **MAINE** — It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **MARYLAND** — Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NEW JERSEY** — Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NEW MEXICO** — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **NEW YORK** (health insurance only) — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **OHIO** — Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **PENNSYLVANIA** — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties. **RHODE ISLAND** — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **TENNESSEE, VIRGINIA, WASHINGTON** — It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **WASHINGTON, DC** — WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

KEEP THIS INFORMATION PAGE FOR YOUR RECORDS.

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Home Office: Schaumburg, Illinois
Administrative Office: Philadelphia, Pennsylvania

NOTICE REGARDING INFORMATION PRACTICES

In considering this Application, Reliance Standard Life Insurance Company ("we", "us" or "our") collects certain information about all proposed insureds ("you" or "your"). The precise information varies according to the amount and type of coverage you apply for. Generally, we seek information about your: (1) age; (2) occupation; (3) physical condition; (4) medical history; (5) hobbies; and (6) other relevant activities.

You are the most important source of information, but we may also verify or collect information on you or your family from: (1) physicians; (2) other health care providers; (3) employers; (4) other insurers to which you have applied; (5) consumer investigative organizations; and (6) the MIB, Inc.

The MIB is a not-for-profit organization of life insurance companies which operates an information exchange for its members. This information may alert us to a need for further investigation, but under MIB rules such information cannot be used: (1) either wholly or in part to increase the premium for insurance; or (2) to deny issuance of insurance.

We may collect information by: (1) phone; (2) correspondence; or (3) personal contact.

Information will be treated as confidential. Reliance Standard Life Insurance Company or its reinsurers may, however, with your authorization make a brief report to the MIB. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file. The information supplied to other member companies may alert them to a need for further investigation.

In some circumstances, however, information may be released to third parties without your authorization (with the exception of the MIB). These include persons or organizations who are: (1) performing business functions for us; (2) conducting actuarial or scientific studies or audits; or (3) our reinsurers. We or our reinsurers may also release information to other life insurance companies to whom you apply for life or health insurance coverage, or to whom a claim for benefits is submitted. Please be assured that although such disclosures may occur, they are not always or even often made. When a disclosure is necessary, only as much information as is reasonably necessary to achieve the intended purpose will be disclosed.

You have the right to acquire and, if necessary, correct any personal information we or the MIB collect. Upon written request to us, we will within 30 days of receipt: (1) inform you of the nature and substance of the recorded information; (2) permit personal viewing and copying of the information in our possession; (3) disclose the identities of those persons such information has been disclosed to within the last two years; and (4) provide you with procedures for correction, amendment or deletion of the recorded information. Medical information will be disclosed to a physician that you choose. You may write to us for a fuller explanation of our information practices.

You may also contact the MIB via its website (www.mib.com) or by telephone to arrange for disclosure of any information it may have on you. The MIB's toll-free telephone number is 866-692-6901. If you question the accuracy of information in the MIB's file, you may contact the MIB in writing and seek correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the MIB's information office is 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734.

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RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Home Office: Schaumburg, Illinois
Administrative Office: Philadelphia, Pennsylvania