

YOUR  
GROUP  
**LIFE INSURANCE**  
PLAN

For Members of

**National Interscholastic Athletic Administrators Association**

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**RELIASTAR LIFE INSURANCE COMPANY, Minneapolis, Minnesota 55440**

ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued Group Policy GL-28283-9 listed below to the Policyholder (Association Group Insurance Trust). All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

**Group Policy Number  
28283-9ASSNLIFT**

**Policyholder  
Association Group Insurance Trust**

**Participating Organization Number  
31466-8ASSNLIFT**

**Participating Organization  
National Interscholastic Athletic  
Administrators Association**

Your beneficiary is the last beneficiary you named, according to the records on file in ReliaStar Life's Home Office or on file with the Plan Administrator, if applicable. You may change your beneficiary any time, according to the terms of the Group Policy.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy. In any case of differences or errors, the Group Policy rules.

This certificate replaces any other certificates ReliaStar Life may have given you under the Group Policy.



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Registrar

# SCHEDULE OF BENEFITS

## Basic Life Insurance

MEMBER:	<b>Amount of Life Insurance</b> \$2,500
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# MEMBER'S INSURANCE

## **Eligibility**

You are eligible for insurance on the latest of the following dates:

- The Group Policy's Effective Date, January 1, 2001.
- The date the member becomes a member of the Participating Organization.
- The date your Covered Class becomes eligible for coverage.

You must meet the following conditions to become and remain insured:

You must –

- Be eligible for the insurance.
- Apply for the insurance.
- Belong to a Covered Class.
- Be actively performing the normal duties of your occupation.
- Be at least age 18 and under age 60 on the date of application.
- Give to ReliaStar Life proof of good health, which it approves, if the employee applies after converting any part of this insurance under the Conversion Right.

The member may be required to pay for the cost of obtaining proof of good health.

## **Effective Date of Insurance**

Your insurance starts on the first day of the month on or after the latest of the following dates:

- You become eligible for insurance;
- You apply for insurance, if proof of good health is not required;
- ReliaStar Life approves your proof of good health; or
- Your premium is received during your lifetime.

## **Termination of Insurance**

Your insurance stops on the earliest of the following dates:

- The date the Group Policy stops.
- The date coverage of your Covered Class stops.
- The date you are no longer eligible for insurance under your Covered Class.
- The end of the period for which you paid premiums, if you do not make the next required premium contribution when due.

ReliaStar Life stops providing a specific benefit to you on the date that benefit is no longer provided under your Covered Class.

# LIFE INSURANCE

## **Life Insurance**

ReliaStar Life pays a death benefit to your beneficiary if written proof is received that you have died while this insurance is in force. The death benefit is the amount of Life Insurance shown on the Schedule of Benefits in effect on the date of your death.

ReliaStar Life pays the death benefit for all causes of death. However, if you commit suicide, while sane or insane, within 2 years of the date your insurance starts, ReliaStar Life will refund only the amount of premiums paid for your Life Insurance under the Group Policy. ReliaStar Life will not pay a death benefit.

## **Beneficiary**

The beneficiary is named to receive the proceeds to be paid at your death. You may name more than one beneficiary.

You may name, add or change beneficiaries by written request as described below. You may also choose to name a beneficiary that you cannot change without his or her consent. This is an irrevocable beneficiary.

You may name, add or change beneficiaries by written request if all of the following conditions are met:

- Your coverage is in force.
- ReliaStar Life has written consent of all irrevocable beneficiaries.
- You have not assigned the ownership of your insurance. The rights of an assignee are described in the Assignment section.

All requests are subject to the approval of ReliaStar Life. A change will take effect as of the date it is signed but will not affect any payment ReliaStar Life makes or action it takes before receiving your notice.

## **Payment of Proceeds**

ReliaStar Life pays proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise, in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date ReliaStar Life receives proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, ReliaStar Life pays the proceeds in the following order:

1. Your spouse.
2. Your children.
3. Your parents.
4. Your estate.

The person must be living on the tenth day after your death.

## **Settlement Options**

Settlement options are alternative ways of paying the proceeds under the Group Policy. Proceeds is the amount of each benefit ReliaStar Life pays when you die. To find out more about settlement options, please contact ReliaStar Life.

# CONVERSION RIGHTS

## **Life Insurance**

You may convert this insurance to an individual life insurance policy if any part of your Life Insurance under the Group Policy stops. Proof of good health is not required.

## **Conditions for Conversion**

You may convert this Life Insurance if it stops for any of the following reasons:

- You have reached the maximum age limit for your Covered Class or are no longer eligible for Life Insurance under your Covered Class.
- Your Life Insurance is terminated because the Group Policy or your Covered Class is terminated and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row.

You must apply for and pay the first premium for an individual policy within 31 days after any part of your insurance stops.

ReliaStar Life must be notified in writing, and will supply you with a conversion form to complete and return.

## **Type of Converted Policy**

You may purchase any individual, non-term nonparticipating policy offered to your Covered Class by ReliaStar Life. The new insurance will not include a Waiver of Premium benefit unless Waiver of Premium is offered by us under the conversion policy and proof of good health is provided.

## **Amount of Conversion Coverage**

If your Life Insurance is terminated because the Group Policy or your Covered Class is terminated, or the Participating Organization offers a similar life insurance plan through another insurance carrier, and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row, the amount of the individual policy is limited to the lesser of –

- \$5,000, or
- the amount of Life Insurance which stops, minus the amount of other group insurance for which you become eligible within 31 days of the date your insurance stops.

If your Life Insurance stops for any other reason, the amount of your individual policy may be any amount up to the amount of your Life Insurance that stopped.

## **Effective Date**

The new policy takes effect the first day of the month following the date you apply for conversion.

If you die within the 31-day period allowed for making application to convert after your Life Insurance stops, ReliaStar Life will pay a death benefit to your beneficiary in the amount you were entitled to convert only if ReliaStar Life had received your signed notification of the conversion.

## **Premiums**

Premiums for the new policy are based on your age on the date of conversion.

## CLAIM PROCEDURES

### **Submitting a Claim**

You or someone on your behalf must send ReliaStar Life written notice of the loss on which your claim will be based. The notice must –

- include information to identify you, like your name, address and Covered Class' Group number.
- be sent to ReliaStar Life or to the authorized administrator.
- be sent within 20 days after the loss for which claim is based has occurred or as soon as reasonably possible.

### **Claim Forms**

ReliaStar Life or its authorized administrator will send proof of loss claim forms within 15 days after ReliaStar Life receives notice of claim.

Completed proof of loss claim forms or other written proof of loss detailing how the loss occurred must be sent to ReliaStar Life within 90 days after the loss or as soon as reasonably possible.

## GENERAL PROVISIONS

### **Life Insurance Assignment**

You can change the owner of your Life Insurance under the Group Policy by sending ReliaStar Life written notice. This change is an absolute assignment. You transfer all your rights and duties as owner to the new owner. The new owner can then make any change the Group Policy allows. A request for an absolute assignment –

- does not change the insurance or the beneficiary.
- applies only if ReliaStar Life receives your notice.
- takes effect from the date signed.
- does not affect any payment ReliaStar Life makes or action ReliaStar Life takes before receiving your notice.

ReliaStar Life assumes no responsibility for the validity of any assignment. You are responsible to see that the assignment is legal in your state and that it accomplishes the goals that you intend.

A collateral assignment is not allowed.

### **Legal Action**

Legal action may not be taken to receive benefits until 60 days after the date proof of loss is submitted according to the requirements of the Group Policy. Legal action must be taken within 3 years after the date proof of loss must be submitted.

If the Policyholder's state requires longer time limits, ReliaStar Life will comply with the state's time limits.

### **Incontestability**

Your insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, ReliaStar Life can contest the validity of your insurance because of inaccurate or false information received relating to your insurability. Only statements that are in writing and signed by you can be used to contest the insurance.

## DEFINITIONS

**Group Policy** – the written group insurance contract between ReliaStar Life and the Policyholder.

**Member** – a current member who is in good standing with the Participating Organization.

**ReliaStar Life** – ReliaStar Life Insurance Company, at its Home Office in Minneapolis, Minnesota.

**Written, In Writing** – signed, dated and received at ReliaStar Life's Home Office in a form ReliaStar Life accepts.

**You, Your** – a person insured for insurance under the Group Policy.

