

North American Division of Seventh-day Adventists

Term Life and Disability Income

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Welcome to Voya Employee Benefits

This manual is designed as a reference tool to address questions you may have about the administration of your employee benefit plans offered by Voya Employee Benefits. If you do not find the answers you need in this manual, call your Account Manager identified in the Quick Plan Reference section of this manual.

We look forward to serving the benefit needs of you and your employees.

About Voya Employee Benefits

Insurance products and services are provided by ReliaStar Life Insurance Company, Minneapolis, Minnesota. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Product availability and provisions may vary by state.

Quick Plan Reference

Group Name: North American Division of Seventh-day Adventists

Your Group Benefit Plan Number is: 678074 – Please see list below for your Location and Account Number
Please use it on all correspondence and when requested on forms.

Your Group Anniversary Date is: January 1

<p>Administration and general policy and coverage questions:</p>	<p>Kimberly Seitz, Account Executive Siobhan Wright, Account Executive</p> <p>Phone: 443-808-2985 (Kim) 443-808-2986 (Siobhan) Toll Free: 855.296.3295 Email: nadadventist@voya.com</p> <p>Tracy Gruba, National Account Consultant</p> <p>Phone: 612.372.5319 FAX: 612.342.3056 Email: tracy.gruba@voya.com</p>	<p>Voya Employee Benefits Office 888 Bestgate Rd. Suite 101 Annapolis, MD 21401</p> <p>Voya Employee Benefits – Home Office P.O. Box 20 Route 6013 Minneapolis, MN 55440-0020</p>
<p>Statement of Payment Due and/or Premium Remittance questions:</p>	<p>Kendra Stromberg, Billing Administrator</p> <p>Phone: 612.342.7859 Toll Free: 800.955.7736 Email: kendra.stromberg@voya.com</p>	<p>Premium/Fees remittance address:</p> <p>ReliaStar Life Insurance Company 3702 Paysphere Circle Chicago, IL 60674</p>
<p>Life Claims:</p> <ul style="list-style-type: none"> • To file a claim • To discuss claim procedures 	<p>Grace Fischer-Schneider, Life Claims Examiner</p> <p>Phone: 612.372.5613 Toll Free: 888.238.4840 FAX: 612.492.0662 Email: grace.fischer@voya.com</p>	<p>To file a claim:</p> <p>Voya Life Claims PO Box 1548 Minneapolis, MN 55440</p>
<p>Long Term Disability Claims:</p> <ul style="list-style-type: none"> • To file a claim • To discuss claim procedures 	<p>Phone: 888.305.0602 FAX: 888.305.0605</p>	<p>To file a claim:</p> <p>Voya Financial One Riverfront Plaza Westbrook, ME 04092-9700</p>
<p>Evidence of Insurability Form questions:</p>	<p>Medical Underwriting: Phone: (612) 342-7262 FAX: (612) 342-3913</p>	<p>ReliaStar Life Insurance Company P.O. Box 20 Route 7812 Minneapolis, MN 55440-0020</p>

**North American Division of Seventh-day Adventists
Group 67807-4**

<u>Location Name-Account #</u>	<u>Location Name-Account #</u>
ADRA-1	Great Plains Academy-39
Adventist Media Center-2	Greater New York Academy-40
Adventist Risk Management, Inc.-3	Greater New York Conference of SDA-41
Adventist Risk Management, Inc.-4	Gulf States Conference of SDA-42
Adventist Wholehealth Family Care-5	Hawaii Conference of SDA/Mission-43
Adventsource, Inc.-6	HHES/Southern Union-44
Alaska Conference of SDA-7	Highland Academy-45
Allegheny East Conference of SDA-8	Holbrook SDA Indian School-46
Allegheny West Conference of SDA-9	Howell Mountain Enterprise-47
Amazing Facts, Inc.-10	Idaho Conference of SDA-48
Arizona Conference of SDA-11	Illinois Conference of SDA-49
Arkansas-LA Conference of SDA-12	Indiana Academy-50
Atlantic Union College-13	Indiana Conference of SDA-51
Atlantic Union Conference of SDA-14	Inter-American Division-52
Auburn Adventist Academy-15	Inter-American Division Publishing Association-53
Autumn House Publishing Association-16	Iowa-Missouri Conference of SDA-54
Battle Creek Academy-17	Kansas-Nebraska Conference of SDA-55
Campion Academy-18	Kentucky-Tennessee Conference of SDA-56
Carolina Conference-19	La Sierra Adventist Academy-57
Central California Conference of SDA-20	La Sierra University-58
Central States Conference of SDA-21	Lake Region Conference of SDA-59
Central Valley Christian Academy-22	Lake Union Conference of SDA-60
Chesapeake Conference of SDA-23	Loma Linda Academy-61
Chisholm Trail Academy-24	Loma Linda University-62
Christian Record Svcs. Intl. Inc.-25	Los Angeles Adventist Academy-63
College View Academy-26	Madison Academy-64
Columbia Adventist Academy-27	Maplewood Academy-65
Columbia Union Conference of SDA-28	Michigan Conference of SDA-66
Dakota Adventist Academy-29	Mid-America Union of SDA-67
Dakota Conference of SDA-30	Mile High Academy-68
Florida Conference of SDA-31	Milo Adventist Academy-69
Forest lake Academy-32	Minnesota Conference of SDA-70
Fresno Adventist Academy-33	Montana Conference of SDA-71
Gem State Academy-34	Monterey Bay Academy-72
General Conference of SDA-35	Mount Ellis Academy-73
Georgia Cumberland Conference of SDA-36	Mount Pisgah Academy-74
Glendale Adventist Academy-37	Mount Vernon Academy-75
Great Lakes Adventist Academy-38	Mountain View Academy-76

**North American Division of Seventh-day Adventists
Group 67807-4**

<u>Location Name-Account #</u>	<u>Location Name-Account #</u>
Mountain View Conference of SDA-77	Southwestern Union Conference of SDA-115
NAD Evangelism Institute-78	Spring Valley Academy-116
Nevada-Utah Conference of SDA-79	Sunnydale Academy-117
New Jersey Conference of SDA-80	Sunnydale Industries-118
New York Conference of SDA-81	Texas Conference of SDA-119
Newbury Park Adventist Academy-82	Texico Conference of SDA-120
North American Division of Seventh-day Adventists-83	The Office of Regional Conference Ministry-121
North Pacific Union Conference of SDA-84	Thunderbird Academy-122
Northeastern Conference of SDA-85	Thunderbird Wood Products-123
Northern California Conference of SDA-86	Union College-124
Northern New England Conference of SDA-87	Union Springs Academy-125
Oakwood University-88	Upper Columbia Academy-126
Ohio Conference of SDA-89	Upper Columbia Conference of SDA-127
Oklahoma Conference of SDA-90	Walla Walla University-128
Oregon Conference of SDA-91	Walla Walla Valley Academy-129
Ozark Adventist Academy-92	Washington Adventist University-130
Pacific Press Publishing Assoc.-93	Washington Conference of SDA & ABC-131
Pacific Union Conference of SDA-94	Western Adventist Foundation-132
Pennsylvania Conference of SDA-95	Wisconsin Academy-133
Portland Adventist Academy-96	Wisconsin Conference of SDA-134
Potomac Conference of SDA-97	Retirees-135
Review & Herald Publishing Assn.-98	LLU/BMU-136
Rio Lindo Academy-99	LLU/MC-137
Rocky Mountain Conference of SDA-100	LLU/UHC-138
San Fernando Valley Academy-101	Pine Forge Academy-139
San Gabriel Academy-102	GC-TRIPS/IPRS-140
Seminars Unltd. Resource Center-103	Adventist Healthcare-142
Shenandoah Valley Academy-104	Sunbelt Natural Food Distributors, Inc-144
South Atlantic Conference of SDA-105	
South Central Conference of SDA-106	
Southeastern Calif Conference of SDA-107	
Southeastern Conference of SDA-108	
Southern Adventist University-109	
Southern California Conference of SDA-110	
Southern New England Conference of SDA-111	
Southern Union Conference of SDA-112	
Southwest Region Conference of SDA-113	
Southwestern Adventist University-114	

Ordering Supplies

Supplies may be obtained from the Voya Employee Benefits website. To ensure that you have the most up-to-date form, please print each form on an as-needed basis. All of the forms available on the website are provided in PDF format. You will need the free Adobe Acrobat Reader in order to open and print them.

- A. Go to <http://www.voya.com/us/businesses/employeebenefits/index.htm>
- B. Click on Forms Library
- C. Choose the applicable category of forms and follow the instructions.

If you have questions or have issues accessing the forms, call your Account Representative listed in the Quick Plan Reference section of this manual.

Form Name	Form No.	E-Ship/Order No.
Port Term Life Coverage Continuation Request	44316	115717
Life Conversion Information Request Form	147077	147077
Conversion of Your Group Term Life Insurance Coverage Brochure	151671	151671
Request for Change	37831	124197
Beneficiary Designation	7384	114834
Absolute Assignment of Group Life Insurance	14294	114865
Statement of Intent	24661	114963
Death Claim	See Website	See Website
Trust Verification	142020	142020
Accelerated Benefit Claim	121583	121583
Accelerated Benefit Disclosure	44539	See Website
Attending Physician's Statement of Terminal Condition	121489	121489
Accidental Dismemberment Claim	47987	116486
Attending Physician's Statement of Dismemberment	47088	116150
Long Term Disability and Waiver of Premium Disability Claim (combined Life and Disability groups)	48452	116840
Authorization for Electronic Funds Transfer (Claimant)	47996	116488
Pre-addressed Claim Envelope	33639	115099
Disability Claim Filing Instructions	154969	See Website
Long Term Disability Claim Notice Employer's Statement	35365	115164
Long Term Disability Employee's Statement	35366	115165
Attending Physician's Statement of Impairment and Function	48664	117010

If you have questions, call your Account Representative listed in the Quick Plan Reference section of this manual.

Enrollment

Enrollment Period

Employees have 31 days following the date they become eligible (completion of the employer defined waiting period) to apply for coverage. Completion of the enrollment form within the 31 days is required to qualify for coverage without underwriting.

Enrollment forms that involve guaranteed issue coverage *only* do not require evidence of insurability when applied for within the designated enrollment period.

Eligible employees must be actively at work as defined in your contract.

Enrollment Forms

Voya Employee Benefits will supply you with a master copy of the enrollment form for your plan. Using the master copy, make photocopies of the entire enrollment form, as needed.

If you need additional enrollment material, contact your Account Representative listed in the Quick Plan Reference section of this manual.

Enrollment Process

Follow these steps to enroll the employee:

1. Have the employee complete the enrollment form and return it to you.
2. Review the enrollment form for accuracy and completeness. Take special note that a beneficiary is named for life coverage and the form has been signed and dated.
3. Review the enrollment form to determine if underwriting by the insurance company is required. If underwriting is required, provide the applicant with an Evidence of Insurability (EOI) form.

Refer to the Evidence of Insurability section of this manual to determine if enrollment of any coverage will require underwriting by the insurance company.

4. If underwriting is required, forward the properly completed Evidence of Insurability form to Voya Employee Benefits for underwriting. The address is:

Voya Employee Benefits
P O Box 20
Route 7812
Minneapolis, MN 55440

Note: Retain the enrollment form and a copy of the EOI form in your files.

5. Distribute certificate and/or rider (if applicable) for:
 - coverage not requiring underwriting
 - eligible Guaranteed Issue coverage
 - approved underwritten coverage

Refer to the Certificate section of this manual.

6. Begin the appropriate payroll deductions and make any required adjustments on the premium statement.

Note: For employees being underwritten, **do not begin payroll deductions, do not make adjustments to the premium statement and do not distribute the certificate or rider** until receiving a Final Action Notice (FAN) from the insurance company indicating approval of coverage.

Effective Dates

Non-Contributory plans (employer pays 100% cost of coverage): coverage becomes effective on the date of eligibility.

Contributory plan (employee pays part or all cost of coverage):

- A. If requested within 31 days following the eligibility date, coverage becomes effective according to the terms of your contract.
- B. If underwriting is required, only **approved** coverage becomes effective. The effective date will be the actual approval date or the first of the month following actual approval date, depending on terms of the contract.

Enrollment – Dependent Life Coverage

If an employee's spouse or child is also eligible for coverage as an employee under the same plan, most plans prohibit the spouse/child from being covered both as an employee and as a dependent of another employee. Also, most plans prohibit married employees from both covering the same dependent children. Check your certificate or contact your Account Representative if you have questions.

Evidence of Insurability (also known as underwriting)

Refer to the Evidence of Insurability section of this manual to determine if enrollment of the Dependent Life coverage will require underwriting by the insurance company.

Enrolling Dependents without Evidence of Insurability

Employees have 31 days following the date they become eligible for dependent coverage to elect dependent coverage by completing an enrollment form unless the certificate provisions state otherwise.

1. The employee completes the Dependent's Coverage section on the Enrollment Form. The employee (and dependent if applicable) must sign and date the form.
2. Provide the employee with a photocopy of the form. Keep the original in the employee's file.
3. Distribute certificates and/or riders for the dependent coverage, if necessary. *Refer to the Certificate section of this manual.*
4. Make the appropriate change in payroll deductions and any required adjustments on the premium statement.

Note: If a covered employee wants to add dependent coverage within 31 days of a qualifying event (marriage, birth, adoption), no underwriting is required for the new dependent(s).

For Underwritten Dependent Coverage

If the employee does not elect dependent coverage within 31 days following the date he/she becomes eligible for dependent coverage, and wants to elect dependent coverage at a later date, evidence of insurability for each dependent, satisfactory to the insurance company, must be provided. There may also be other situations in which underwriting of dependent coverage is required. *Refer to the Evidence of Insurability section to determine whether dependent coverage will require underwriting.*

1. The employee indicates their dependent coverage election on the enrollment form.
2. If underwriting is required, provide the employee with an Evidence of Insurability form.
3. The employee completes the Evidence of Insurability form with information for all dependents. The form may also require additional signatures of dependents.
4. Forward the properly completed Evidence of Insurability form to Voya Employee Benefits for underwriting. The address is:

Voya Employee Benefits
P.O. Box 20
Route 7812
Minneapolis, MN 55440

Note: Retain the enrollment form and a copy of the EOI form in your files.

5. After receiving a Final Action Notice (FAN) from the insurance company indicating approval of dependent coverage, distribute any certificate and/or rider (if applicable), begin payroll deductions, and make the appropriate adjustment to the premium statement.

Terminating Dependent Benefits

If the employee wishes to cancel dependent coverage, have the employee complete the Request for Change form. Keep the original signed form in the employee's file, and provide a copy of the form to the employee and to the assignee, if any. After the signed form is received, stop payroll deductions and make the appropriate adjustment to the premium statement.

The Following Special Requirement May Apply to Term Life:

Spouse and dependent child coverage (including AD&D), may not exceed 100% of the employee coverage. Refer to your group contract for the specifics of your plan or contact your Account Representative listed in the Quick Plan Reference section of this manual.

Evidence of Insurability

Situations Requiring Evidence of Insurability

If an employee or dependent falls into one of the situations listed below, an Evidence of Insurability (EOI) form must be submitted to the Voya Employee Benefits Medical Underwriting Department. Coverage can only be made effective if approved by the insurance company.

- Coverage is contributory and application for employee and/or dependent coverage is made more than 31 days after becoming eligible for this coverage.
- Application for employee coverage (or dependent coverage, if applicable) exceeds the plan's guaranteed issue life coverage amount.
- Application for employee or dependent coverage is outside of the employer's designated enrollment period.
- Employee wishes to increase the amount of employee or dependent coverage currently in force.
- An employee is re-hired and coverage was converted when employment was previously terminated.
- Coverage is contributory and the employee previously waived coverage.
- Any other situations indicated in the employee's certificate book.

If coverage needs to be underwritten, payroll deduction, certificate distribution, and premium statement adjustments for this coverage **should not begin** until a Final Action Notice has been received indicating approval of the coverage.

Evidence of Insurability Form

Voya Employee Benefits will supply you with a master copy of the EOI form for your plan. Copy the front and back sides of the form "back-to-back". The applicant must be given the EOI form plus the two additional pages of EOI Instructions and the Information Practices Notice. The applicant completes the EOI form.

Instruct the applicant to do **one** of the following with the completed EOI form:

- Send the completed EOI form directly to Voya Employee Benefits (see next page).
- Return the completed EOI form to your Human Resources department.
- Send the completed EOI form to your third party administrator, if applicable.

The employee should keep a copy of the completed EOI form for his/her records.

If you have questions regarding the EOI form, contact your Account Representative.

LIFE COVERAGE - IMPORTANT!!

- The amount to be underwritten is the dollar amount of coverage for which the applicant must show proof of good health (i.e. be medically underwritten for). The amount to be underwritten does **not** include coverage that can be issued Guaranteed Issue or Simplified Issue and does **not** include coverage already in force or already approved.
- The employer must determine and fill in the appropriate amounts in all three amount columns on the Evidence of Insurability form prior to giving the EOI form to the employee or dependent. **Do not give an employee or dependent an EOI form without the amount columns completed. EOI forms that are received without the amount columns completed will be returned.**
- The **current** amount is the dollar amount of coverage that the applicant already has in force and/or can be issued without medical underwriting (Guaranteed Issue or Simplified Issue coverage).

The **total** amount is the total dollar amount of coverage the applicant desires.

The **amount to be underwritten** is the **difference between the applicant's current amount and the total amount desired.**

- The amounts stated on the EOI form must always be a dollar amount, never a multiple of salary.
- If a particular coverage indicated on the EOI form is not being underwritten or a particular family member is not currently applying for coverage, **zeroes (0's)** should be indicated in these amount columns.
- It is important that the amounts indicated on the EOI form are correct in order to prevent the requesting of unnecessary underwriting requirements such as exams, blood profiles, EKG's, etc.

Example (Please refer to your group contract for your plan's specific GI or SI parameters): An employee, who earns a salary of \$50,000, wants a total of four times salary. He currently has two times salary (\$100,000) in force and can be issued another one times salary during the annual enrollment without medical underwriting. The amounts on the EOI form should be:

<u>Current Amount</u>	<u>Total Amount</u>	<u>Underwritten Amount</u>
\$150,000 (100,000 + 50,000)	\$200,000	\$50,000

Evidence of Insurability (EOI) forms are mailed to:

**Voya Employee Benefits
P O Box 20
Route 7812
Minneapolis, MN 55440**

The Underwriting Process

The Voya Employee Benefits Medical Underwriting Department may take action based only on the information found on the EOI form or may do the following:

- Request an applicant's medical records directly from the applicant's physician or other health care provider.
- Write directly to the applicant requesting additional information.
- Request a physical examination and/or urinalysis, blood profile, EKG, etc.

Both the applicant and the plan administrator are notified of additional underwriting requirements.

Final action may be determined within two weeks, provided the EOI is complete and accurate, and no additional requirements are necessary. Depending on the applicant's age, height/weight, amount of coverage applied for, their particular medical history, and/or delays over which Voya Employee Benefits has no control, processing time may take considerably longer.

The Final Action Notice (FAN) is the document prepared by the insurance company showing approval or denial of the coverage.

For **insured** plans:

- A FAN will always be sent to the plan correspondent.
- At the direction of the client, a FAN can also be sent to the employee.
- Due to confidentiality issues, if an employee is declined for coverage or their file is being closed because medical underwriting requirements were not completed, a FAN will always be sent to the employee indicating the reason(s) for the decline or close-out action. A FAN will also be sent to the plan correspondent but the reason(s) for decline or close-out for this employee will not be indicated on the FAN.
- **If the employee is declined or their file is closed out (because underwriting requirements were not completed), coverage cannot be made effective.**

Closed Files

Each applicant's file is assigned a close-out date when the file will be closed if underwriting requirements are not received. Coverage in a closed file cannot be made effective unless a revised Final Action Notice is received at a later date.

If the necessary underwriting requirements are received after the file has been closed, based on the situation, one of the following will occur:

- An underwriting decision will be made at that time.
- The file will be re-opened and additional underwriting requirements will be ordered.
- If there has been a significant time delay, a new EOI form will be requested.

For questions or problems related to specific underwriting cases, you may call Voya Employee Benefits Medical Underwriting at (612) 342-7262 or (800) 955-7736, ext. 7262.

If you wish to see an activity report regarding employees in your plan currently being underwritten, please contact your Account Representative listed in the Quick Plan Reference section of this manual.

Certificates

The certificate provides product design and coverage details and is the insured's written record of the benefit(s) selected. The employer will assemble and distribute certificates, stickers and/or riders (if applicable) to insureds.

Supply of Certificates

Voya Employee Benefits will send you certificate booklets and riders (if applicable). You will receive a printed supply (if requested) and/or you will receive them electronically. When you receive the certificate booklets and riders, you should:

1. Maintain a sample of each certificate and rider.
2. Make sure you can identify which certificates and riders belong with which groups of employees.

Distributing Certificates

There are two types of certificates. Determine which type of certificate applies to the insured before distribution.

1. No Name/No Effective Date certificates: It is not necessary to identify the insured's name and the effective date of coverage inside the certificate booklet.
2. Name/Effective Date certificates: If you need to provide personalized certificates, you will also receive a supply of stickers. Use the sticker to show the name of each insured and the effective date of his/her coverage. Affix the sticker to the certificate.

Note: The type of certificate used depends on the type of plan and administration chosen by the employer and also may be governed by state regulations.

If there are riders for extra benefits or indicating additional provisions for specific classes of employees, the appropriate rider needs to be distributed along with the certificate. If you have printed certificates and riders, the rider should be inserted in the certificate booklet prior to distribution.

If more than one class of employees is covered by the certificate booklet, but not all classes are listed on the Schedule of Benefits, determine which rider is appropriate and distribute it along with the certificate booklet. If you have printed certificates and riders, the rider should be inserted in the certificate booklet prior to distribution.

Changes in Classification and Amendments

Any change in classification (i.e. salary, job title) or amendment to the master policy may change an individual's amount of insurance coverage, eligibility provisions, or other plan features.

If this should occur, proceed as follows:

1. If you have separate certificate booklets for certain classifications, determine which certificate booklet is now appropriate and distribute.
2. If you have riders or stickers applicable to the different classifications, determine which rider or sticker is now appropriate and distribute. Instruct the insured to put the rider with the certificate booklet.

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3. If an amendment to the master policy generates the printing or electronic issue of new riders and/or the reprinting or electronic re-issue of the certificate booklet, distribute the new riders and/or certificate book to the insureds to whom they apply. Instruct the insureds to destroy any obsolete materials in their possession.

Premium Payment

Premium for your group plan is due on the “Due Date” indicated on your Statement of Payment Due.

How to Process

A monthly Premium Statement will be sent to you, including a pre-addressed return remittance envelope. The Premium Statement will display estimated lives, volume, and premium numbers based on the previous month’s enrollment. Each month you must complete the Premium Statement on each billed organization for which you are remitting premium.

The items listed below must be completed on the Premium Statement.

Note: Shaded items will be pre-printed on the Premium Statement

Invoice No.	The invoice number assigned to the Premium Statement. Please write this number on your check or reference it on your wire transfer.
Group Benefit Plan Number	The group number as given in the group contract.
Billing Period	Beginning and ending dates of coverage for which premium is due.
Billed Organization	The name of the billed company or division.
Total Payment Due Date	The month, day and year when all premium is due for the stated billing period.
Coverage/Description	The appropriate descriptions for the plan benefits, each on a separate line. The descriptions can be found on your premium rate notification (PRN).
Actual Lives	Enter the number of lives currently in force as of the premium due date.
Actual Volume	Enter the life insurance volume currently in force as of the premium due date.
Rate	The premium rate for each coverage. Rates can be found on your PRN.
Adjustments	Enter any premium adjustment that normally would have been reflected in a previous month’s statement but is being reported on the current statement. Give a brief explanation on the bottom of the form.
Total Premium Due (for each Coverage)	Multiply the Actual Volume by the Rate. Refer to your PRN for division factor (i.e. per \$1000, per \$100, per \$10 etc.). Add or subtract Adjustments and enter the result. <i>Refer to the following page for assistance in calculating disability volumes and premiums.</i>
Total Premium Due	Enter the sum of the Total Premium Due column.
Amount Enclosed	Enter the amount of your payment.

How to Calculate Volume and Premium Payment

The following example(s) demonstrate the steps necessary to calculate volume of benefits and in-force premium. Note that rates are not specific to your plan. Also, note that the Life and LTD plan designs are not specific to your plan. Rates and plan designs are merely illustrative and you need to apply your Policy Specific rates and plan designs to each example below.

Life Coverage – to calculate the life premium due, you need the total covered lives and total covered volume for the month of premium in force. To find the total covered lives, add the total number of eligible lives with the specific life coverage in force. The total covered volume is the total amount of life coverage in force for the total sum of covered lives.

Example:

Basic Life Coverage for each eligible employee = \$100,000

The Number or Count of Employees with Basic Life Coverage = 100

For the bill...the Total Lives = 100 (employees with coverage in force) and the Total Volume = \$10,000,000 (\$100,000 of basic life x 100 employees with coverage in force)

Rate per \$1,000 of Coverage = \$0.08

Total monthly premium due = \$10,000,000 (total volume) ÷ 1,000 (rate is per 1,000 increments of coverage) X \$0.08 (rate) = \$800

Note that the total lives and total volume are needed for each Supplemental Life Age Band. This is for the Employee and Spouse too. Because each age band has a separate rate attached to it, the total lives and total volume must be by age band (rate) to determine total premium due.

AD&D is calculated in a similar manner by finding the total covered lives and volume.

Disability Income Insurance – Monthly Income Benefits (LTD)

Monthly Income Benefit Percentage

60%

Maximum Monthly Income Benefit

\$8,000

LTD Example 1: Monthly premium for an employee under maximum salary – based on total salary (Covered Payroll)

Monthly Benefit	60% of salary to a maximum benefit of \$8,000
Monthly rate	\$.31 per \$100 of eligible monthly salary
Maximum eligible salary	\$8,000 ÷ .60 = \$13,333 per month
Employee salary	\$2,500 monthly (\$30,000 annually)
Monthly premium	\$2,500 ÷ 100 = 25 X \$.31 = \$7.75

LTD Example 2: Monthly premium for an employee over maximum salary – based on total salary (Covered Payroll)

Monthly Benefit	60% of salary to a maximum benefit of \$8,000
Monthly rate	\$.31 per \$100 of eligible monthly salary
Maximum eligible salary	\$8,000 ÷ .60 = \$13,333 per month
Employee salary	\$15,000 monthly (\$180,000 annually)
Monthly premium	\$13,333 ÷ 100 = \$133.33 X \$.31 = \$41.33

Sending in Your Premium Payment

After completing the Premium Statement, make a copy for your files. Be sure to use our standard pre-addressed premium payment envelope sent to you each month with your Premium Statement. Send the following items to our payment processing center:

1. Your **total payment** equal to the amount on the “Amount Enclosed” line on the statement.
2. Your **completed Premium Statement**. Note: Checks submitted without a statement will greatly delay processing and may not be applied to your account. Lapse of your group’s benefits could result.

IMPORTANT

Make all checks payable to: **ReliaStar Life Insurance Company**
(It is important to include your group benefit plan number and invoice number on each check)

The premium remittance address is:

ReliaStar Life Insurance Company
3702 Paysphere Circle
Chicago, IL 60674

Payment via Wire Transfer

For information on Wire/ACH set-up, please contact a Senior Billing Administrator.

Payment Remittance:

When remitting payment please include the following:

- Summary Invoice
- Client Reconciliation Worksheet (Changes Sheet)
- Supporting documentation to your recent changes

Lapse Procedure

A grace period of 31 days after the due date is standard allowance for remittance of premium payment. Consult your group contract for your exact grace period. If payment is not received within the grace period, the group’s benefits will automatically lapse.

Lapse notification is sent to your plan administrator at the end of the grace period. On insured plans, claims incurred after the end of the grace period will not be paid until your premium payment is received.

Refer to the **Lapse Procedure** section of this manual for complete lapsing information

Questions

For premium statement or payment related questions, call your Account Representative listed in the Quick Plan Reference section of this manual or the Billing Administrator named on your Statement of Payment Due.

Online Billing

Overview

The Online Billing process takes advantage of the Voya Employee Benefits website.

The Online Billing process allows you to submit head counts and volumes online. The System will re-calculate the amount owed and submit the associated invoice via the web. You may choose to pay premium by check or Electronic Funds Transfer (EFT).

The online billing system is accessible Monday through Friday, except “stock market” holidays, from 6:00 AM to 7:00 PM Central Time.

Client User Guide

Your Online Services Client User Guide provides you with instructions and details for Online Billing transaction processing. If you need additional assistance with using the Online Billing system, please contact your Account Representative listed in the Quick Plan Reference section of this manual.

What is EFT?

EFT stands for Electronic Funds Transfer. This is an electronic withdrawal system that allows your premium payments to be transferred directly from your bank account to the insurer’s bank account. Your bank account is debited 1-2 business days after submitting the invoice.

If you wish to participate in EFT Payment, notify your Account Representative. The Account Representative will send you the EFT Authorization form via email along with instructions on completing the form.

The Online Services Client User Guide also details the steps for completing the EFT Authorization form. An authorized company representative must sign the form in ink and the **original** must be sent directly to the address listed at the top of the form.

A new EFT Authorization form must also be completed if you experience a change to your EFT banking information.

If you have questions regarding Electronic Funds Transfer, please contact your Account Representative listed in the Quick Plan Reference section of this manual.

Lapse Procedure

Summary of Billing Cycle

We produce and mail each Statement of Payment Due ten days prior to the payment due date.

When we do not receive timely premium payments from you, it is our procedure to follow up with the appropriate correspondence to remind you of payments past due.

A Reminder Letter will be mailed to you if we have not received payment by 17 days after the payment due date, as indicated on your Statement of Payment Due.

A Lapse Letter will be mailed to you if payment has not been received by the end of your grace period, as stated in your group contract. This letter will state that your coverage has lapsed and give you the effective date of the lapse.

A Grace Period Premium Letter will be mailed to you approximately three weeks after a lapse of coverage has occurred. This letter will request premium payment for coverage that was continued during the grace period.

Lapse Procedure

A grace period of 60 days after the due date is standard allowance for remittance of premium payment. Consult your group contract for your exact grace period. If payment is not received within the grace period, the group coverage will automatically lapse.

Lapse notification is sent to your plan administrator (Caro, Mendoza) at the end of the grace period. On insured plans, claims incurred after the end of the grace period will not be paid until your premium payment is received.

If you allow your policy to lapse and do not plan to replace it by another policy or plan providing similar coverage, you are required to distribute a Lapse Notice to all covered employees (and to all owners of coverage if other than the employees). A template of the Lapse Notice is provided on the following page in this manual. Please produce a duplicate of the template. On your template, enter the current date and the effective date of lapse. Add your group name and group policy number if not already displayed. Produce and distribute copies of the Lapse Notice to your employees at least 10 days prior to the date of policy cancellation.

Please note: If employees contribute to the cost of coverage under this policy, state law may require that if you or any other entity continue to collect contributions for coverage beyond the date the policy is cancelled, that you or the other entity may be held solely liable for the benefits with respect to which the contributions have been collected.

If you have questions, call your Account Representative listed in the Quick Plan Reference section of this manual or the Billing Administrator named on your Statement of Payment Due.

ReliaStar Life Insurance Company
A member of the Voya family of companies
20 Washington Avenue South
Minneapolis, MN 55401

LAPSE NOTICE

For Distribution to All Owners of Coverage Insured under the Policy

Date: _____

Group Name: _____

Group Policy Number: _____

This notice is being sent to inform you that the policy noted above will be cancelled due to non-payment of premium effective 12:01 AM, _____. All coverage under the policy will end on this date. Unless otherwise provided for in the policy, the insurance company will not be liable for any claims or losses incurred after this date.

You are urged to refer to your policy or certificate of coverage in order to determine what rights, if any, are available to you at this time.

Customer Service
Group Administration
1-800-955-7736

Coverage Cancellation by Insured

The insured may request cancellation of a voluntary product benefit at any time.

Processing a Request for Cancellation

1. The insured or assignee (if applicable) completes the Coverage Cancellations section of the Request for Change form. The form must be dated and signed.
2. The employer should cancel the certificate and/or riders attached to the certificate.
3. The employer should file the original Request for Change form in the employee's permanent file and give a copy of the form to the insured/assignee.
4. The employer should stop payroll deductions for the cancelled coverage.
5. The employer should adjust their billing records accordingly, if applicable.

If you have questions, call your Account Representative listed in the Quick Plan Reference section of this manual.

Changes

Name Change

There are several reasons for name changes, such as:

- Marriage
- Divorce
- Court Order
- Name entered on the form originally was incorrect

Requirements when processing a name change:

1. The insured completes a Request for Change form. The form must be dated and signed. **A court order must be submitted if name change is other than by marriage.**
2. The employer should review the form for approval, sign and date the bottom of the form. Attach it to the insured's enrollment form.

Change of Address

Follow these steps when processing a change of address:

1. The insured completes a Request for Change form stating what the new address is. The form must be dated and signed.
2. The employer should sign and date the bottom of the form. Attach it to the insured's enrollment form.

If you have questions about processing changes, call your Account Representative listed in the Quick Plan Reference section of this manual.

Beneficiaries

A beneficiary is the individual or entity designated to receive proceeds from the life coverage upon the insured's death.

The insured designates a beneficiary(ies) when completing the initial enrollment form for coverage. If there is not enough room on the enrollment form to list all beneficiaries, additional beneficiaries can be named on a separate piece of paper. The insured should list their own full name, date of birth, social security number, and group plan number on the sheet of paper, sign and date it, and attach it to the enrollment form.

Beneficiary designations should be kept up to date and reviewed when changes in status occur, such as:

- Marriage
- Birth of a Child
- Death in the Family
- Name Change
- Divorce

Beneficiary Designations Not Allowed

- ⇒ The plan/policyholder cannot be named as beneficiary.
- ⇒ An organization or endowment should not be named as beneficiary unless it is certain that such an organization or endowment is a legal entity (i.e. it has a recognized legal existence such as a corporation, trust, or partnership).

Dependent Life Standard Designation

- ⇒ The beneficiary for dependent coverage is always the insured to whose policy/certificate the dependent coverage is attached. This beneficiary cannot be changed. Contingent beneficiaries cannot be named.

Other Beneficiary Designations

- Trust
If a trust is named as beneficiary, the name of the trust, trustee, and date of the trust must be included on the form. At the time a claim is filed, Voya Employee Benefits will request a copy of the trust and a statement from the trustee indicating the trust is in effect and the trustee is willing to act as trustee.
- Charity
If a charity or other organization is named as beneficiary, the city and state of charity or organization must be included.

Before naming an organization as beneficiary, it should be verified as a recognized legal entity (refer to paragraph, Beneficiary Designations Not Allowed).
- Irrevocable
An irrevocable beneficiary is one whose interest in the policy cannot be changed or reduced without his/her consent. The wording of the beneficiary designation must stipulate 'irrevocable'. If an irrevocable beneficiary has been named at the time the insured enrolls in the life plan, both the insured and irrevocable beneficiary must sign the enrollment form. To change the beneficiary will require both signatures.
- Contingent
A contingent (secondary) beneficiary is the person designated to receive life insurance policy proceeds if the primary beneficiary should die before the insured dies. Contingent beneficiaries may be listed on a separate piece of paper. The insured should list his/her full name, date of birth, social security number and group plan number, designate the contingent beneficiary, date and sign the paper, and attach it to the enrollment form.

Spousal Consent

Voya Employee Benefits does not require spousal consent for a beneficiary designation. This includes Enrollment forms and Beneficiary Designation forms for all states.

If the insured resides in a community property state and changes the beneficiary from the spouse to another person or entity, then it is suggested in these situations that spousal consent be obtained. However, Voya Employee Benefits will not refuse a beneficiary designation that doesn't show spousal consent.

The community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

Change of Beneficiary

If an insured wants to change his/her beneficiary designation, follow these steps:

1. The insured completes a Beneficiary Designation form. The form must be completed, dated and signed. For each individual named as a beneficiary, the following information should be included: full name, date of birth, social security number, relationship to insured, and address.

Note: Refer to the backside of the Beneficiary Designation form for suggested wording of beneficiary designations.

2. The employer should process the form as follows:
 - a) Verify that the form has been completed properly.
 - b) Verify the beneficiary is a standard designation (**refer to paragraph titled Non-Standard Designations**).
3. The employer should attach the original beneficiary form to the employee's enrollment form and provide the insured with a photocopy.

Non-Standard Designations

The Beneficiary Designation form **must** be sent to Voya Employee Benefits for approval in the following situations:

- The wording used in the request differs from the examples given on the reverse side of the Beneficiary Designation form. *Please call Voya Employee Benefits at 1-800-955-7736 with specific questions and uncertain situations.*
- The certificate has been assigned. *See Assignment section.*
- The previous beneficiary is irrevocable. An irrevocable beneficiary would typically be used when a divorce occurs where a life insurance benefit is awarded as part of the divorce decree. An irrevocable beneficiary could be changed if the beneficiary dies, at which time we would request proof of death, or if the irrevocable beneficiary agrees to the change.

Submitting a Beneficiary Designation form for Approval

1. Give the insured a Beneficiary Designation form. Request that the form be completed, dated and signed.

2. Send the form to Voya Employee Benefits for approval.
3. Send copies of all enrollment forms, change forms, signed letters, previous absolute assignments, and beneficiary changes related to the policy.
4. **Send all required documents to:**

Voya Employee Benefits
Customer Service Route 6971
P O Box 20
Minneapolis MN 55440-0020
5. When approved, the form will be returned to the employer. The employer should attach the original beneficiary form to the employee's enrollment form and provide the insured with a photocopy.

Exception: If policy is assigned, the assignee receives the original.

If you have questions, call Voya Employee Benefits Customer Service at 1-800-955-7736.

Assignment

An assignment is the legal transfer of all of one person's interest in a life insurance policy to another person. The original policyowner transfers (assigns) his or her right to any benefits from a policy to another person (the assignee).

Absolute assignments, which transfer ownership of a life insurance policy, are the only type of assignment allowed for group life policies. Absolute assignment is sometimes required as the result of a divorce settlement or may be desired if the insured becomes disabled or incapacitated. However, a reason for making the assignment is not required.

Collateral assignments, which are used to secure a loan, are not allowed.

IMPORTANT

- Once an assignment has been made, only the assignee can make beneficiary changes, assignments or apply for conversion. Both the insured and assignee must sign any re-enrollment forms.
- If the assignee dies before the insured, please contact Voya Employee Benefits for instructions, toll free number 1-800-955-7736.
- The assignment does not change or revoke the beneficiary currently in effect. The assignee may change the beneficiary by completing a Beneficiary Designation form. If an irrevocable beneficiary is named, both the assignee and beneficiary must sign the Beneficiary Designation form.
- If the assignee is going to change the beneficiary, the Beneficiary Designation form should be dated at least one day later than the absolute assignment.
- The assignment cannot be released, but a new assignment can be made by the current assignee.
- Assignments will be accepted only as provided in the group policy.
- When a group policyholder transfers coverage from a prior carrier to ReliaStar Life Insurance Company, an existing assignment can be carried forward from the prior carrier to ReliaStar Life Insurance Company to prevent a break in the assignment for estate tax purposes. In order to accomplish this, the insured employee must submit a signed Statement of Intent form. See the Statement of Intent section of this manual for additional information.

How to process an Absolute Assignment

Follow these steps when processing the Absolute Assignment of Group Life Insurance form:

1. Have the Absolute Assignment form completed, dated and signed by the insured and the assignee.
2. Mail the Absolute Assignment form to Voya Employee Benefits for approval. Include copies of all enrollment forms, change forms, signed letters, previous absolute assignments and beneficiary changes related to the policy.

3. **Send all required documents to:**

Voya Employee Benefits
Customer Service Route 6971
P O Box 20
Minneapolis MN 55440-0020

4. When approved, Voya Employee Benefits will return the approved Absolute Assignment form to the employer. **The employer should make a photocopy for their records and forward the original Absolute Assignment form to the assignee.**

Important: In the event of filing a claim, a copy of the Absolute Assignment form must be submitted to Voya Life Claims. Refer to the Quick Plan Reference section of this manual.

If you have questions, call Voya Employee Benefits Customer Service at 1-800-955-7736.

Statement of Intent

The purpose of a Statement of Intent form is to continue an absolute assignment made by an insured with a prior carrier. This form affirms the earlier assignment with the prior carrier and serves as a new assignment under the ReliaStar Life Insurance Company policy. An insured should consult with a personal tax advisor before declining to provide a Statement of Intent to continue an assignment.

Follow these steps when processing a Statement of Intent

1. The insured completes a Statement of Intent form. The form must be dated and signed.
2. Mail the following to Voya Employee Benefits:
 - Completed Statement of Intent form
 - Copy of the absolute assignment form that the insured/owner completed with the prior carrier.
 - Copy of insured's enrollment form
3. **Send all required documents to:**

Voya Employee Benefits
Customer Service Route 6971
P O Box 20
Minneapolis MN 55440-0020
4. When approved, the form will be returned to the employer. The employer should attach the form to the employee's enrollment form and forward a copy to the insured.

Important: In the event of filing a claim, a copy of the Statement of Intent must be submitted to Voya Life Claims. Refer to the Quick Plan Reference section of this manual.

If you have questions, call Voya Employee Benefits Customer Service at 1-800-955-7736.

Portability

The portability option allows participating employees to keep their Supplemental Life coverage (up to the maximum amount outlined in the certificate, if any) if the participating employee leaves his/her employer, reduces hours at work, or retires. To be eligible to “port” Supplemental Life coverage, employees must be under age 70.

“Ported” Life coverage will also include the employee’s AD&D coverage (up to the maximum amount outlined in the certificate), if any, and contributory Dependent Life coverage, if any. The contract provisions will remain the same with the exception of premium rates which may (or may not) be slightly adjusted depending on your specific plan. Coverage will terminate when the employee attains age 70.

Exception: MN residents under non-MN plans, and all employees under MN plans, will have the option to continue a reduced amount of coverage beyond age 70.

Requests for portability must be made within 31 days of employment termination, reduction of work hours, or retirement. Coverage not eligible for portability may be converted, or all coverage may be converted if the employee does not elect portability. The employee must receive notice of conversion rights at the same time as receiving information about “porting” coverage.

In the event the employer terminates the Supplemental Life plan with portability, the following conditions apply to the insureds under the terminated plan.

1. If the employer replaces the Life plan with another carrier’s term life plan, the Life coverage for active insureds will terminate and they will not be given the option to “port” coverage.
2. If the employer does not replace the Life plan with another carrier’s term life plan, active insureds will be given the option to “port” their Life coverage via direct payment to the insurance company.
3. Coverage will continue for insureds who previously elected to “port” their Life coverage, provided that all premiums are paid.

If you have questions about terminating your plan, call your Account Representative listed in the Quick Plan Reference section of this manual.

Procedure to Process Notice of Portability

1. The employer completes and signs the employer section of the Term Life Coverage Continuation Request form.
2. The employer sends the form to the employee. Copies of beneficiary designations and assignments should be included (if applicable).
3. The employee completes the employee/spouse section of the form and mails to Voya Employee Benefits per mailing instructions on the form. The copy of the enrollment form(s), attached documents, **and a quarterly premium (three months) must be included**. Contact your Account Representative for the correct Supplemental Life premium rates for “ported” employees.

The insured will be directly billed at home on a quarterly basis for premium due. **A billing charge of \$3.50 will be added to each quarterly bill.**

If you have questions about the process of “porting” coverage, you may contact your Account Representative listed in the Quick Plan Reference section of this manual or call the Voya Financial Customer Service Line at 1-800-955-7736.

Life Conversions

Our group life policies contain a conversion privilege, which permits covered employees, covered spouses and eligible dependents to convert his/her life coverage to an individual policy. The conversion must be applied for within 31 days after the termination of group coverage (unless the group contract specifies a different time period). A conversion is made without evidence of insurability.

Please refer to your certificate booklet (and riders, if any) for further information about conversion.

Some states have laws that require employers to notify previously covered participants of their conversion rights. The Life Conversion Information Request Form satisfies this requirement and must be given to persons eligible to convert.

Follow this procedure to process a life conversion:

1. Complete the **top portion** of the applicable Life Conversion Information Request Form. Give the following to the employee, spouse or eligible dependent upon loss of coverage:
 - Life Conversion Information Request Form (top portion must be completed)
 - Premium Rates for Whole Life Conversion Policies (page 2 of the above form)
 - Conversion of Your Group Life Insurance Coverage brochure

Make a photocopy of the Life Conversion Information Request Form to be retained in your files.

2. The previously covered participant is responsible for completing the **bottom portion** of the form and mailing to Voya Employee Benefits at the address indicated on the bottom of the form. The form must be received at Voya Employee Benefits within 31 days after termination of group coverage.

Our Customer Service Department will send the appropriate application information directly to the employee, spouse or eligible dependent. From this point on, the insured will deal directly with Voya Employee Benefits.

If you have conversion questions, call the Voya Financial Customer Service Line at 1-800-955-7736.

Life Claims

Voya Employee Benefits strives for the prompt payment of all life insurance benefits. To assist us in the timely processing of claim payments, we greatly appreciate your cooperation in making sure all claim forms are completed properly before mailing to Voya Employee Benefits. Incomplete and unsigned forms will delay processing.

Payments are mailed directly to the beneficiary, insured, or legal representative with an Explanation of Benefits. The employer will receive a copy of the Explanation of Benefits showing the date and amount of payment.

Questions may be directed to Voya Life Claims at 1-888-238-4840.

Voya Personal Transition Account

If the total amount payable to a claimant is \$5,000 or greater, an Voya Personal Transition Account will generally be issued for the insurance policy funds unless another settlement option is elected. It is a secure account that earns a competitive interest rate. The funds are accessed by using drafts from a draftbook provided to the claimant.

A check, rather than the Voya Personal Transition Account, is issued under the following circumstances:

- If the proceeds are less than \$5,000
- If the beneficiary resides in a foreign country
- If the claim is for dismemberment
- If the beneficiary resides in a state where the Voya Personal Transition Account is not available

Claim Forms

Because some states require specific wording on claim forms, the appropriate claim forms must be used. Please refer to the Voya Employee Benefits website (see below) to select the correct claim form(s):

<http://www.voya.com/us/businesses/employeebenefits/index.htm> - Forms Library

Requirements to File a Death Claim

1. Complete the appropriate Death Claim form based on the residence state of the beneficiary. The Employer Certification section must be signed by an authorized company representative.

Note: The date last worked and the status of the employee at the date of death are also needed to verify eligibility for benefits on dependent claims. The dependent claim section should be completed only in the case of the death of a dependent.

2. Provide the beneficiary with the Supplemental Contract as included with the appropriate claim form on the Voya Employee Benefits website. The Supplemental Contract is required unless the death benefit is less than \$5,000 or the beneficiary resides in Alaska, Illinois, Kansas, Nevada or North Carolina.

3. Have the beneficiary complete, date, and sign all applicable sections of the Death Claim form. When completing the Beneficiary Statement section, if more are needed, print or copy additional statements and attach to the form. Under the Tax Residency Information and Taxpayer Certification (W-9) sections, if the beneficiary is not a U.S. citizen or organization, please contact Voya Life Claims for more information.
4. Obtain a certified copy of the official Certificate of Death issued by the Bureau of Vital Statistics.
5. Submit copies of all enrollment forms, change forms, signed letters, absolute assignments, and beneficiary changes related to the insured's coverage.
6. If newspaper clippings of the death are available, please send them with the required forms. A clipping can often speed claim payment since it may adequately answer questions that would otherwise require correspondence.
7. If a trust is named as the beneficiary, the Trust Verification form must be completed by the trustee of the trust.
8. If the beneficiary is a minor, a certified copy of the Letters of Guardianship for the minor's estate may be required under some circumstances. Payment is made to the legal guardian. If this situation arises, contact Voya Life Claims.
9. If the employee did not name a beneficiary, or if the named beneficiary predeceased the employee, payment will be made in accordance with the terms of the group policy. If this situation arises, contact Voya Life Claims.
10. Send all required documents to:

Voya Life Claims
P O Box 1548
Minneapolis, MN 55440

Frequently Asked Questions for Death Claims

1. Why does the insurance company need enrollment information submitted with a death claim?

Enrollment information is always needed if the insured person has any coverages that are contributory (in other words, the insured pays all or part of the premium). This usually includes any Supplemental, Optional or Voluntary Life coverage. The insurer needs to determine if proof of good health was required and approved at the time any contributory coverage was elected.

2. How do I know if I am including the correct enrollment information?

The initial and any subsequent enrollment forms/data for contributory coverage needs to be included with the claim submission. The enrollment data must include the amounts of coverage and effective dates. This documentation may be paper enrollment forms or a screen print from a Human Resource administrative system that shows when coverages were initially elected. Beneficiary documentation is also required for all death claims.

3. Why is the employee's date last worked required?

Under most of our group life insurance plans, an employee must be actively at work to be considered eligible for life insurance. By providing the date last worked, the employer is certifying that the employee was last actively at work on that date. This applies to both employee and dependent claims.

4. Is a certified death certificate required?

We require a certified death certificate for all claims if the death benefit is greater than \$10,000. The certified death certificate is the official legal record of death and cannot be easily duplicated; therefore, is a deterrent to fraud. A photo copy of the death certificate is acceptable for claims that are \$10,000 or less.

5. Why does the insurance company need the death certificate that includes manner and cause of death?

Cause and manner of death are required to rule out that the death was not the result of a homicide. If the death is the result of a homicide we need to verify that the beneficiary did not cause the insured's death. State laws prohibit the payment of life insurance to anyone that has caused the death of another person. Some policies also have suicide exclusions, so cause and manner of death is relevant for those claims as well.

6. Will the life insurance be paid if the cause of death is the result of a suicide?

Please refer to the group certificate booklet. Many of our plans pay for any cause of death. However, some of our plans provide that if the death is the result of a suicide, benefits are not payable if the death occurs during the first or second year the insured or dependent is covered for life insurance.

7. What are the requirements when a beneficiary is a minor?

Life Insurance benefits cannot be paid directly to a minor beneficiary. How payment is made depends on the amount that is payable to a minor and in what state the minor resides. Some states allow benefits to be paid under the Uniform Transfers to Minors Act if the amount payable is less than a specified amount. The amount payable is state specific. If the amount payable is greater than allowed under the Uniform Transfers to Minors Act, the person having care and custody of the child will need to obtain Certified Letters of Guardianship for the Estate of the minor child. This is a court issued document and legal representation is usually required.

At the request of the person having care and custody of the minor child, the life insurance benefits can be held with the insurance company until the child reaches the age of majority. To hold the life insurance, we require a written request from the person having care and custody of the minor.

8. What is required if the Estate is named as the beneficiary?

Some states allow benefits to be paid under a Small Estate Affidavit if the amount payable is less than a specified amount. This amount is state specific. If the amount payable is greater than allowed under the Small Estate Affidavit, we require a Certified Copy of the Letters of Administration for the Estate of the insured. This is a court issued document and legal representation may be required.

9. What is required if a Trust is named as the beneficiary?

The trustee of the Trust must complete the Trust Verification form. For more detailed information, please refer to the Trust Verification form available on our web site.

10. What if the insured person has not named a beneficiary or the beneficiary has pre-deceased the insured person and there is no contingent beneficiary?

Under the Payment of Proceeds provision, the policy may provide that if there is no eligible beneficiary or if none was named, the insurer pays the life insurance in the following order: 1, Your spouse, 2, Your natural and adopted children, 3, Your parents, 4, Your estate. If the policy does not have this provision or a variation of it, the life insurance is payable to the estate of the insured.

11. Are life insurance benefits taxable to the beneficiary?

No, life insurance benefits are not taxable and we do not report life insurance benefits paid to U.S. citizens. However, interest paid on death benefits is taxable and is reported to the IRS.

12. Does the insurance company accept funeral home assignments?

Yes, provided the funeral home assignment is submitted with the life insurance claim, it indicates the amount assigned and is signed by the named beneficiary.

13. What is the Voya Personal Transition Account?

The Voya Personal Transition Account acts like a checking account. If the amount of the lump sum payment is \$5,000 or more, it may be paid by setting up an Account for the beneficiary. For more detailed information, please refer to the Voya Personal Transition Account Supplemental Contract available on our web site.

14. What happens if the insured person is divorced at the time of death and the insured's former spouse is named as the beneficiary?

Allow the named beneficiary to file a claim. Any questions should be directed to our Life Claims Department.

15. How long will it take to process the life insurance claim?

Our goal is to process the life insurance claim within 5 days from the date we receive all the completed proofs to pay the life insurance claim. Additional time needs to be allowed for the mailing of the payment.

16. Will you provide a Form 712?

Yes, one will be provided upon request and will be prepared at the time we make the life insurance payment.

Requirements to file an Accelerated Benefit Claim

Note: The accelerated benefit may be payable if an insured has a terminal condition and a limited life expectancy. Refer to your certificate or rider for complete details.

1. Verify eligibility: the insured must have at least \$10,000 of term life coverage.
2. Complete the Employer's Statement section of the Accelerated Benefit Claim form. The Employer Certification section must be signed by an authorized company representative.
3. Give the Accelerated Benefit Claim form, the Accelerated Benefit Disclosure form, the Authorization for Release of Health-Related Information form, and the Consumer Privacy Notice to the insured. Have the insured complete and sign the Insured Statement section of the Accelerated Benefit Claim form, the Tax Residency Information and Taxpayer Certification (W-9) sections, and the Authorization for Release of Health-Related Information form.
4. If there is an irrevocable beneficiary or assignee on the policy, or if the insured resides in a community property state, the appropriate releases on the claim form must also be completed and signed.
5. Give the insured an Attending Physician's Statement of Terminal Condition form. This form must be completed and signed by the insured's attending physician.
6. Submit copies of all enrollment forms, change forms, signed letters, absolute assignments and beneficiary changes along with the completed claim forms.
7. Send all required documents to:

Voya Life Claims
P O Box 1548
Minneapolis, MN 55440

Requirements to file an Accidental Dismemberment Claim

Note: The dismemberment benefit may be payable to an insured who suffers a covered loss as the result of an accidental injury. For a complete listing of the conditions that constitute dismemberment, see your certificate or rider.

1. Verify the insured has the AD&D benefit on his/her coverage.
2. Complete the Employer's Statement section of the Accidental Dismemberment Claim form. The Employer Certification section must be signed by an authorized company representative.
3. Give the Accidental Dismemberment Claim form, Authorization for Release of Health-Related Information form, and the Consumer Privacy Notice to the insured. Have the insured complete and sign the Insured's Statement section of the Accidental Dismemberment Claim form and the Authorization for Release of Health-Related Information form.
4. Also give the insured an Attending Physician's Statement of Dismemberment form. This form must be completed and signed by the insured's attending physician.
5. Obtain copies of any accident reports that are available.
6. Submit copies of all enrollment forms, change forms, signed letters, and absolute assignments along with the completed claim forms.

7. Send all required documents to:

Voya Life Claims
P O Box 1548
Minneapolis, MN 55440

Claims – Life Waiver of Premium

Note: Please refer to the Claims – Disability section of this manual for complete information about the forms and process for submitting a Disability Income claim.

The Waiver of Premium benefit allows the insured's life insurance to be continued without payment of premium while the insured is totally disabled. Refer to the certificate booklet for further information and specific requirements about the Waiver of Premium benefit.

Frequently Asked Questions for Waiver of Premium Claims

1. Why should a Waiver of Premium claim be submitted?

The Waiver of Life Insurance Premium Disability Benefit provides that the life insurance will be continued without payment of premium as long as the insured remains totally disabled as provided by the policy, up to the benefit's termination age, if any. This benefit provides valuable life insurance protection to the insured while he or she is totally disabled.

2. When should a Waiver of Premium claim be submitted?

A claim should be submitted when you believe an insured may be totally disabled as provided by the policy. The claim must be submitted within 12 months of the date of the insured's disability. You may not want to submit a claim if you know the insured will return to work within a short period of time or already has returned to work. If the insured has any coverages that are contributory and the insured is asking to file a claim, always allow them to do so.

3. What is the definition of total disability?

Please refer to your certificate booklet for the specific definition. Our standard language defines disability as the insured's inability, due to sickness or accidental injury, to work at any job suited to your education, training or experience.

4. Are there certain eligibility requirements that an insured must meet in order to be eligible for Waiver of Premium?

Most plans provide that total disability must begin before age 60 or 65. Please check your certificate booklet to determine the eligibility requirements.

5. Why does Voya Employee Benefits (Voya EB) need enrollment information submitted with a Waiver of Premium claim?

Enrollment information is always needed if the employee has any coverages that are contributory. This usually includes any Supplemental, Optional or Voluntary Life coverage. Voya EB needs to determine if proof of good health was required at the time any contributory coverage was elected.

6. How do I know if I am including the correct enrollment information?

The initial and any subsequent enrollment forms for contributory coverage needs to be included with the claim submission. The enrollment forms must include the amounts of coverage and effective dates. This documentation may be paper enrollment forms or a screen print from a Human Resource administrative system that shows when coverages were initially elected. Beneficiary documentation is also required for our files.

7. If the insured is approved for Waiver of Premium what happens to any dependent coverage or accidental death coverage the insured may have had?

Please refer to your certificate booklet. Under most plans these coverages terminate when the Waiver of Premium claim is approved.

8. How will I know when a Waiver of Premium claim is approved or denied?

Voya EB will send you a copy of our final determination letter. If the claim is approved, any adjustments to your premium statement should be made the next time you send premium to us. Premiums must continue to be paid while the claim is pending.

9. If the insured's claim is denied, can they appeal?

Yes, any appeal must be submitted to us in writing within 60 days of the date of our final determination. The appeal should include the reason for the appeal and include supporting documentation for the appeal. We will respond to the appeal within 60 days of receiving the appeal.

10. How long does the Waiver of Premium continue?

Please refer to your certificate booklet. Under some plans waiver of premium terminates at age 65. At termination of coverage the insured will have the right to convert the coverage that is stopping to an individual insurance policy. We notify the insured when the benefit stops and offer the insured the opportunity to convert.

Steps for following a Waiver of Premium Claim

1. Verify eligibility: most policies specify that the insured must be disabled prior to age 60. Total, but not permanent, disability is required to qualify for the Waiver of Premium benefit.
2. Complete the Long Term Disability and Waiver of Premium Disability Claim form. The Employer Certification section must be signed by an authorized company representative.
3. Please refer to the Claims – Disability section for complete information about the forms and process for submitting a Disability Income claim. The Waiver of Premium claim will not be reviewed until the forms for both claims are received.
4. The completed and signed forms should be returned to your office.
5. Submit copies of all enrollment forms, change forms, signed letters, absolute assignments, and beneficiary changes along with the completed claim forms.
6. Send all required documents to:

Voya Employee Benefits
Disability Claims
P O Box 1290
Minneapolis, MN 55440
7. Voya Employee Benefits will notify you in writing of the effective date approved for the claim. After the claim is approved, you may make an adjustment on your premium statement for any premium paid on or after the effective date.

Claims - Long Term Disability

When an employee becomes disabled, a claim should be submitted to Voya Employee Benefits after the onset of the disability.

How to Submit a Claim

Note: Every field on these forms should be completed to avoid delay in claim processing. If for some reason a section does not apply, or information is not available, "N/A" or "unknown" should be written in the field.

Have these forms completed when filing a Long Term Disability claim:

1. Long Term Disability and Waiver of Premium Disability Claim
 - This form must be completed in entirety by the employer. This section is very important as you are documenting to Voya Employee Benefits that the employee has coverage.
 - The Certification section must be signed by an authorized company representative.
 - A copy of the employee's LTD and Life enrollment forms should be attached.
2. Long Term Disability Occupational Demands
 - This form should be filled out objectively by the employee's immediate supervisor (who may request assistance from the employee) or someone with comprehensive knowledge of the position.
 - A copy of the employee's job description should be attached to the form.
3. Long Term Disability Employee's Statement
 - Must be completed in entirety by the employee, including the Authorization to Release Information.
 - Attach any information regarding a claim made because of the disability and any award letters where income from other sources might be payable, such as Workers' Compensation.
 - Voya Employee Benefits will advise the employee when they should contact the Social Security Office to request forms to file a claim for Social Security Disability Benefits.
4. Attending Physician's Statement of Impairment and Function.
 - Must be completed by the employee's treating physician based on the physician's knowledge, care and treatment of that individual.
5. Authorization for Release of Health-Related Information

Also, provide these forms to the employee when filing a Long Term Disability claim:

1. Consumer Privacy Notice
2. Disability Claim Filing Instructions

Note: All of the above forms (except the Consumer Privacy Notice and Filing Instructions) may be returned to the employer, and then sent directly to:

Voya Employee Benefits
One Riverfront Plaza
Westbrook, ME 04092-9700

The employee or Attending Physician can submit the claim form directly to Voya Employee Benefits if they choose to do so.

Pre-addressed envelopes are available by contacting your Account Representative listed in the Quick Plan Reference section of this manual.

Please make certain all correspondence includes the employer's name, plan/policy number, and employee's name.

Claim Processing

Each claim is assigned to a Disability Benefit Coordinator who performs a review of the claim to verify the forms are complete and the claim is in good order.

Each claim is then assigned to a Disability Benefit Adjudicator who performs a review of the claim, using the following criteria:

- Verification of eligibility
- Validity of diagnosis
- Appropriateness of care and treatment
- Physician credentials
- Co-morbid factors
- Contractual applicability of definition of disability

The Disability Benefit Adjudicator will follow up with the claimant and the medical provider regarding additional information or clarification that may be needed. When a determination is made to approve or deny a claim, a telephone call is made to the claimant, followed by a letter advising of the decision.

The employer will receive a notification letter of the initial claim determination.

Return to Work

Please immediately call or send a letter to the Disability Benefit Adjudicator when your employee returns to work to provide:

- Date of return to work.
- If return to work is full-time, part-time or to a different occupation.
If different occupation, state title and rate of pay.
If part-time, state hours worked.

Questions

If you have questions regarding Long Term Disability claims, please contact the Disability Benefit Adjudicator for your Plan.

Electronic Funds Transfer

When an employee is approved for Monthly Disability Income benefits (LTD), their benefit payments can be deposited directly into their bank account through electronic funds transfer.

How to Set Up Electronic Funds Transfer

1. Provide the employee with the Authorization for Electronic Funds Transfer form.
2. The employee must fully complete the form. The employee must contact their financial institution, if necessary, to assure the correct Routing Code (ABA) and Account Number are listed on this form.
3. The employee must attach a voided blank check or savings deposit slip. **Please note that funds can be sent to only one account.**
4. After the form has been fully completed, send the form to:

Voya Employee Benefits
One Riverfront Plaza
Westbrook, ME 04092-9700

Pre-addressed envelopes are available by contacting your Account Representative listed in the Quick Plan Reference section of this manual.

The timing of the payment of benefits will not change. The financial institution will make funds available within 3 business days following the date funds are transmitted. The employee will receive an Explanation of Benefits in the mail, which will confirm the amount and date of deposit.

Questions

If you have any questions regarding electronic funds transfer, please contact the Disability Benefit Adjudicator for your Plan.

Online Reports

Overview

The Online Reports process takes advantage of the Voya Employee Benefits website. Using the Online Reports system will give you convenient access to reports and information, making it easier to manage your benefits program.

The Online Reports system is available 24 hours a day, 7 days a week.

Privacy Procedures

The reports produced from Voya Employee Benefits' Online Reports system contain data about individuals that may be considered to be private and/or personal information. Both federal and state legislation that addresses the protection of private and personal information is applicable to online reports.

Your Client User Guide provides you with procedures to follow in order to be in compliance with privacy legislation when using the Online Reports system.

Client User Guide

You will be provided with a separate Client User Guide which will provide you with complete instructions for accessing information via our Online Reports system.

If you need additional assistance with using the Online Reports system, please contact your Account Representative listed in the Quick Plan Reference section of this manual.

Glossary

Approved	Individual has been underwritten by Medical Underwriting; coverage can become effective, payroll deductions begun, and certificate may be distributed.
Assignee	The person to whom the rights or interest of a policy are transferred.
Assignment	The legal transfer of all of one person's interest in a policy to another person.
Assignor	The person who transfers the legal rights of his or her coverage.
Beneficiary	The person to whom the proceeds of a life insurance policy are payable at the death of the insured.
Benefit Waiting Period	A specified period of time between the onset of disability and the date disability income benefits begin.
Blood Profile	Individual's blood is drawn by a qualified technician and sent to a designated laboratory to be analyzed for blood chemistries regarding diabetes, kidney and liver, hyperlipidemia and HIV.
Certificate	The certificate booklet that the insurance company prepares for an individual insured under a master group policy.
Claim	A demand presented for payment of benefits under an insurance policy.
Claim Form	A claim form is submitted to the Claim Department after coverage is effective (not to be confused with the EOI Form) to collect benefits when a covered loss occurs.
Closed-Out	The underwriting process is stopped and coverage does not become effective. Common reasons for a Medical Underwriting file to be closed out: <ol style="list-style-type: none">1. Underwriting requirements for an individual have not been received by Medical Underwriting; coverage is not effective.2. Request for coverage is withdrawn; the employee terminated; the plan canceled - coverage is not effective.3. Individual did not need to be underwritten; EOI was submitted in error - coverage is already effective.
Conversion	The exchange of a term life insurance contract for a whole life or endowment contract in accordance with the terms of the policy provisions granting that right.
Declined	Individual has been underwritten by Medical Underwriting and coverage not approved; coverage is not effective.
Effective Date	The date the insured is actually covered under the insurance contract (the date following the insured's eligibility period, or the date of approval by Medical Underwriting, unless indicated otherwise in the contract).
EFT	Electronic Funds Transfer
EKG	This is a request for a resting electrocardiogram (not an exercise or stress test).
Elimination Period	A specified period of time between the onset of disability and the date disability income benefits begin, sometimes referred to as a Benefit Waiting Period.

Enrollment Waiting Period	The period of time employees are required to be at work on a full-time basis in order to be eligible for coverage.
Evidence of Insurability (EOI)	This is the Evidence of Insurability Form submitted to Medical Underwriting to provide proof of good health (not to be confused with a claim form or an enrollment form).
ERISA	Employee Retirement Income Security Act (1974) – Federal legislation establishing a comprehensive set of laws pertaining to employee benefit plans.
Examination	Individual must have a physical exam to obtain coverage. This “insurance physical” is done by a designated paramedical company and is done at the insurance company’s expense.
FAN	Final Action Notice. Sent out by the Voya Employee Benefits Medical Underwriting Department to indicate status of an application for coverage: approved, declined, or closed.
FICA	Federal Insurance Contribution Act or Social Security – Voya Employee Benefits withholds FICA tax on disability payments during the first six months of disability and remits it to the Internal Revenue Service.
Grace Period	The period granted under the terms of a contract, following the day a premium becomes due and during which the payment may be made without loss of any rights.
Guaranteed Issue	Coverage issued without the applicant answering health related questions or undergoing a physical exam. Not available on all plans.
Medical Records	This is a request for the individual’s medical records from his/her medical provider. An advance notice is sent to the individual. However, the individual does not need to do anything regarding this request for records. A designated company will obtain these medical records for Medical Underwriting at the insurance company’s expense.
Premium	The payment, or one of several payments, required to establish and keep an insurance policy in full effect.
PRN	Premium Rate Notification – A document prepared by Group Underwriting to notify the policyholder, agent, regional office, and home office staff of the premium rates.
Proceeds	The amount of money payable under a policy at the death of an insured.
Questionnaire	This is a request from the Voya Employee Benefits Medical Underwriting Department for additional information to be answered by the individual. A questionnaire is not a request for medical records and should not be completed by the individual’s physician.
Rider	A special policy provision which may be added to a policy to expand or limit the benefits otherwise payable.
Simplified Issue	Coverage issued based on one or more health questions answered by the applicant indicating no history of specific health impairments. No physical exam required. Not available on all plans.

SPD	Summary Plan Description – A small booklet with brief information about the plan and its administration. The group’s employees may receive an SPD with other plan materials.
Specimen	This is a request for a urine specimen, which must be sent to a designated laboratory for analysis. A special specimen kit must be used for this urinalysis and the analysis is done at the insurance company’s expense.
Term Insurance	Life insurance under which the benefit is payable only if the insured dies during a specified period of time or term, nothing being payable if insured survives to the end of the term.
Waiting Period	The period of time employees are required to be at work on a full-time basis in order to be eligible for coverage.
Waiver of Premium	A provision under which payment of premiums is waived (not required) on and after the insured’s becoming disabled. Not available on all plans.