

YOUR  
GROUP  
**LIFE INSURANCE**  
PLAN

For Employees of  
**Canon Medical Systems USA, Inc.**

# CONTENTS

CERTIFICATION PAGE .....	1
SCHEDULE OF BENEFITS.....	2
Basic Life Insurance .....	2
Supplemental Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance .....	2
Dependent Life Insurance.....	4
Proof of Good Health.....	4
EMPLOYEE'S INSURANCE .....	7
DEPENDENT'S INSURANCE.....	9
LIFE INSURANCE.....	11
Accelerated Death Benefit .....	11
Accidental Death & Dismemberment (AD&D) Insurance .....	13
Dependent's Life Insurance .....	14
CONVERSION RIGHTS .....	16
CLAIM PROCEDURES .....	18
GENERAL PROVISIONS .....	19
DEFINITIONS .....	20

**IF YOU HAVE A QUESTION ABOUT YOUR POLICY, IF YOU NEED ASSISTANCE WITH A PROBLEM, OR IF YOU HAVE QUESTIONS ABOUT A CLAIM, YOU MAY WRITE OR CALL US AT:**

**ReliaStar Life Insurance Company**

**P.O. Box 20**

**Minneapolis, Minnesota 55440**

**Telephone Number: (800) 955-7736**

**YOU WILL NEED TO PROVIDE YOUR POLICY NUMBER WITH ANY COMMUNICATION.**

**IF YOU DO NOT REACH A SATISFACTORY RESOLUTION AFTER HAVING DISCUSSIONS WITH US, OR OUR AGENT OR REPRESENTATIVE, OR BOTH, YOU MAY CONTACT THE FOLLOWING UNIT WITHIN THE DEPARTMENT OF INSURANCE THAT DEALS WITH CONSUMER AFFAIRS:**

**California Department of Insurance**

**Consumer Communications Bureau**

**300 South Spring Street, South Tower**

**Los Angeles, California 90013**

**Outside Los Angeles: 1-800-927-HELP (1-800-927-4357)**

**Los Angeles: (213) 897-8921**

**Web Site: [www.insurance.ca.gov/01-consumers/101-help](http://www.insurance.ca.gov/01-consumers/101-help)**

**If you are age 65 or older on the effective date of any coverage under the Group Policy for which you are required to pay all or part of the premium, then you have 30 days from the date you receive your initial certificate to cancel your coverage and have your full premium contribution refunded, by returning the certificate to the Policyholder for cancellation without claim.**

Florida residents:

**THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED BY THE LAW OF A STATE OTHER THAN FLORIDA.**

Maryland residents:

**The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.**

North Carolina residents:

**The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than North Carolina and is governed by that state's laws.**

West Virginia residents:

**Please read this certificate carefully. If you are not satisfied with it for any reason, you may return it within 10 days after receipt for a refund of any premium you paid.**

C00TC

B-17105 (08-21)

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

ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued the Group Policy listed below to the Policyholder. 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.

ReliaStar Life also certifies that the person named below is insured under the Group Policy.\*

69492-4GAT  
Canon Medical Systems USA, Inc.

\*If you are actively at work on the effective date. If you are not, your insurance is effective on the date you return to active work.

The insurance included in this certificate applies to you only if you have elected and are insured for it.

The Dependent's Insurance part of this certificate applies to you only if you are insured for it.

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.

A handwritten signature in black ink, reading "Julie Nelson", written over a horizontal line.

Registrar

## SCHEDULE OF BENEFITS

### Basic Life Insurance

Class	Amount of Life Insurance*
Non-Field Sales Employees	2 times your Annual Base Salary, rounded to the next higher \$1,000, not to exceed a maximum of \$600,000
Field Sales Employees with less than one year of service**	\$100,000
Field Sales Employees with one year or more of service**	2 times your prior year's W-2 earnings; rounded to the next higher \$1,000, not to exceed a maximum of \$600,000***

### Supplemental Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance

Class	Amount of Life Insurance*	Full Amount of AD&D Insurance*
Non-Field Sales Employees	1, 2, 3, 4 or 5 times your Annual Base Salary, rounded to the next higher \$1,000, not to exceed a maximum of \$600,000	1, 2, 3, 4 or 5 times your Annual Base Salary, rounded to the next higher \$1,000, not to exceed a maximum of \$600,000
Field Sales Employees	\$100,000, \$200,000, \$300,000, \$400,000, \$500,000 or \$600,000	\$100,000, \$200,000, \$300,000, \$400,000, \$500,000 or \$600,000

You must be insured for Supplemental Life Insurance in order to be insured for Supplemental AD&D Insurance.

\*Beginning on and after your 70th birthday, ReliaStar Life decreases the amount of your insurance.

ReliaStar Life pays a percentage of the amount otherwise payable as follows:

- From your 70th birthday to age 75, ReliaStar Life pays 65%,
- From your 75th birthday and after, ReliaStar Life pays 50%.

\*\*Definition of Field Sales Employees: For Field sales personnel (defined as Senior Account Executive, Account Executive, Senior Key Account Executive, Key Account Executive, Senior Zone Business Manager, Zone Business Manager, Zone Sales Manager, Senior Zone Financial Sales Manager, Zone Financial Sales Manager, Senior SBG Manager, SBG Manager, Director National Product Sales, Clinical Sales Support Specialist Senior, Clinical Sales Support Specialist, Manager Region Sales, Senior Manager Region Sales, UL Manager Region Sales, UL Senior Manager Region Sales, VP Ultrasound Sales, Director SBG, VP SBG, Senior Director of Alternate Channel, Senior Alternate Channel Manager, Director Integrated Delivery Networks, Senior Zone Business Manager CT Oncology, Director GOV SBG, Manager SBG GPO, VP Strategic Business and VP IDN SBG).

\*\*\*For Field Sales Employees with one or more years of service, your amount of Basic Insurance will be adjusted each January 1 to reflect 2 times prior calendar year's W-2 earnings not to exceed \$600,000. Subject to the above reductions, at no time will your amount of Basic Insurance be less than \$100,000.

#### Annual Base Salary –

- For Non-Field Sales Employees, the annual base salary or wage you receive for work done for the Policyholder. Bonuses, overtime pay, pay for more than 40 hours-per-week, and any other special compensation are not included.
- For Field Sales Employees, the annual base salary or wage you receive for work done for the Policyholder. Your amount of Basic Insurance will be adjusted each January 1 to reflect 2 times prior calendar year's W-2 earnings not to exceed \$600,000.

## **SCHEDULE OF BENEFITS**

### **Accelerated Death Benefit**

This benefit is equal to 50% of your amount of Basic and Supplemental Life Insurance in force, or \$50,000, whichever is less. This benefit is available to employees only. Employees must have at least \$10,000 in Life Insurance coverage in force to qualify for this benefit.

## SCHEDULE OF BENEFITS

### Dependent Life Insurance

Class	Amount of Insurance***
• Spouse or Domestic Partner	\$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$75,000, or \$100,000
• Child (each)	\$5,000

The amount for a stillborn child is 50% of the amount shown above.

The amount of insurance for a dependent can be no more than 50% of your Basic and Supplemental Life Insurance amounts.

\*\*\*Beginning on and after your spouse's or domestic partner's 70th birthday, ReliaStar Life decreases the amount of dependent's insurance on your spouse or domestic partner. ReliaStar Life pays a percentage of the amount otherwise payable as follows:

- From your spouse's or domestic partner's 70th birthday to age 75, ReliaStar Life pays 65%,
- From your spouse's or domestic partner's 75th birthday and after, ReliaStar Life pays 50%.

### Proof of Good Health

Proof of good health is required for amounts in excess of the limits described below. Coverage is subject to the Group Policy's proof of good health requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Group Policy's proof of good health requirements that are in force on the effective date of the increase. For proof of good health, a completed Evidence of Insurability form must be submitted to ReliaStar Life for approval.

Employee-Basic Life Insurance	Limit without Proof
• Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan... Date...	\$600,000
• Initial Eligibility after the Group Policy Effective Date...	\$600,000
• Increases due to salary, job or class changes, that combined with existing coverage do not exceed \$600,000...	Amount of the increase

Employee-Supplemental Life Insurance	Limit without Proof
• Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan...	Current amount, up to \$600,000
• Enrollment on the Group Policy Effective Date, for employees who had no supplemental coverage under the Policyholder's prior plan...	None. Proof of good health is required.
• Initial eligibility after the Group Policy Effective Date...	\$600,000 or 5 times Annual Base Salary, whichever is less.
• Application at annual enrollment for an increase to existing supplemental coverage by one plan increment, when new coverage combined with existing supplemental coverage does not exceed...	\$600,000 or 5 times Annual Base Salary, whichever is less.
• Increases due to salary, job or class changes, that	Amount of the increase

## SCHEDULE OF BENEFITS

combined with existing coverage do not exceed \$600,000...

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• All other applications for new coverage more than 31 days after the date you become eligible for insurance...</li> <li>• All other applications for an increase to existing supplemental coverage...</li> </ul> | <p>None. Proof of good health is required.</p> <p>None. Proof of good health is required.</p> |
|--|---|

### **Dependent Life Insurance-Spouse or Domestic Partner**

#### **Limit without Proof**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan...</li> <li>• Enrollment on the Group Policy Effective Date, for employees who had no dependent coverage under the Policyholder's prior plan...</li> <li>• Initial eligibility for dependent coverage after the Group Policy Effective Date...</li> <li>• Application at annual enrollment for an increase to existing dependent coverage by one plan increment, when new coverage combined with existing dependent coverage does not exceed...</li> <li>• All other applications for new dependent coverage more than 31 days after the date you become eligible for dependent's insurance...</li> <li>• All other applications for an increase to existing dependent coverage...</li> </ul> | <p>Current amount, up to \$100,000</p> <p>None. Proof of good health is required.</p> <p>\$50,000</p> <p>\$100,000</p> <p>None. Proof of good health is required.</p> <p>None. Proof of good health is required.</p> |
|---|--|

### **Dependent Life Insurance-Child(ren)**

#### **Limit without Proof**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Coverage on the Group Policy Effective Date continued from the Policyholder's prior plan...</li> <li>• Enrollment on the Group Policy Effective Date, for employees who had no dependent coverage under the Policyholder's prior plan...</li> <li>• Initial eligibility for dependent coverage after the Group Policy Effective Date...</li> <li>• Application at annual enrollment for an increase to existing dependent coverage by one plan increment, when new coverage combined with existing dependent coverage does not exceed...</li> <li>• Enrollment within 31 days after a change in family status as documented and approved by the policyholder and valid during this enrollment...</li> </ul> | <p>\$5,000</p> <p>None. Proof of good health is required.</p> <p>\$5,000</p> <p>Proof of good health is not required on your child(ren).</p> <p>Proof of good health is not required on your child(ren).</p> |
|--|--|



## SCHEDULE OF BENEFITS

- All other applications for new dependent coverage more than 31 days after the date you become eligible for dependent's insurance... None. Proof of good health is required.
- All other applications for an increase to existing dependent coverage... None. Proof of good health is required.

### **Supplemental Life and AD&D Insurance Continued under the Portability Option**

The amount of your Supplemental Life Insurance that can be continued is limited to the lesser of the amount of your Supplemental Life Insurance on the date you elect portability or \$500,000. You may elect to continue a lesser amount based on the amounts available to active employees.

The amount of your Supplemental AD&D Insurance that can be continued is limited to the lesser of the amount of your Supplemental Life Insurance that is continued or \$250,000. You must elect portability of your Supplemental Life Insurance in order to continue your Supplemental AD&D Insurance.

Any reductions in coverage due to age will apply to all coverage continued under the portability option.

### **Dependent Life Insurance Continued under the Portability Option**

The amount of Dependent Life Insurance that may be continued for each dependent is limited to the lesser of the amount of your Dependent Life Insurance on the date you elect portability, or the amount of your Life Insurance that is continued. You must elect portability of your Supplemental Life Insurance in order to continue your Dependent Life AD&D Insurance.

Any reductions in coverage due to age will apply to all coverage continued under the portability option.

# EMPLOYEE'S INSURANCE

## Eligibility

You are eligible on the first day of the month on or after the date you start continuous service with the Policyholder.

You must meet the following conditions to become insured:

- Be actively at work.
- Apply for the insurance, if you have to pay any part of the premium.
- Give to ReliaStar Life proof of good health, which it approves, as required on the Schedule of Benefits.

## Effective Date of Employee's Insurance

Your insurance starts on the latest of the following dates:

- The date you become eligible.
- The date you return to active work if you are not actively at work on the date insurance would otherwise start. **Exception:** Your insurance starts on a nonworking day if you were actively at work on your last scheduled working day before the nonworking day.
- The date you apply for insurance, if you have to pay any part of the premium.
- The date ReliaStar Life approves your proof of good health, if proof is required.

## Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your insurance, the increase will take effect on:

- The Policy Anniversary on or after the date of the increase, if you are actively at work on the date of the increase.
- The date you return to active work, if you are not actively at work on the Policy Anniversary on or after the date of the increase.
- The Policy Anniversary on or after the date your insurance increases, if the Policy Anniversary is a nonworking day and you were actively at work on your last scheduled working day before the nonworking day.

If proof of good health is required, the increase will take effect on the later of the dates indicated above or the date ReliaStar Life approves your proof of good health.

The amount of your insurance decreases on the date of change in your class or earnings. If you elect to decrease your insurance, the decrease will take effect on the Policy Anniversary on or after the date of the elected decrease.

## Termination of Insurance

Your insurance stops on the earliest of the following dates:

- For coverage not continued under the portability option, the last day of the month during which you were last actively at work for the Policyholder.
- For coverage not continued under the portability option, the last day of the month during which you are no longer eligible for insurance under the Group Policy.
- For coverage not continued under the portability option, the last day of the month during which you retire.
- For coverage continued under the portability option, the date you attain age 70.
- The date the Policyholder replaces the Supplemental Life Insurance under this plan with a similar life insurance plan through another insurance carrier, if you are actively at work for the Policyholder on that date.
- The date the Group Policy stops.
- The end of the period for which you paid premiums, if you do not make the next required premium contribution when due.
- For Accelerated Death Benefit, the date your Life Insurance stops.
- For AD&D Insurance, the date your Life Insurance stops.

ReliaStar Life stops providing a specific benefit to you on the date that benefit is no longer provided under the Group Policy.

# EMPLOYEE'S INSURANCE

## Family and Medical Leave Act of 1993

Certain employers are subject to the FMLA. If you have a leave from active work certified by your employer, then for purposes of eligibility and termination of coverage you will be considered to be actively at work. Your coverage will remain in force so long as you continue to meet the requirements as set forth in the FMLA.

## Continuation of Basic Insurance

If you are no longer eligible for Basic Insurance because you stop active work, the Policyholder may continue your Basic Insurance. Premiums must be paid. Your continuation of Basic Insurance is subject to all other terms of the Group Policy. The length of time your Basic Insurance continues depends on the reason you stop active work.

Your continuation of Basic Insurance stops on the earliest of the following dates:

- The end of the period for which your premiums were paid, if the next premium contribution is not paid on time.
- The date the Group Policy stops.
- The end of the policy month during which you stop active work, if you stop active work due to non-medical leave of absence, temporary layoff, or the Policyholder suspending operations.
- The date your insurance has been continued for 36 months, if you stop active work due to an approved leave of absence and you are placed on in-active status.
- If you stop active work due to sickness or accidental injury and you are not totally disabled –
  - The date you attain age 70.
  - The date your insurance has been continued for 12 months.
- If you stop active work due to a sickness or accidental injury and you are totally disabled –
  - The date you are no longer receiving Long Term Disability benefits if you are under age 60 on the date you stop active work.
  - The date you attain age 70 if you are age 60 or over on the date you stop active work.
  - The date you are no longer totally disabled.

## Portability

Portability means you have the option to continue your Supplemental Life and AD&D Insurance if certain conditions are met. You must elect portability before you reach age 70.

To continue your insurance, you must elect portability within 31 days of the date your Supplemental Life and AD&D Insurance terminates due to the following:

- You retire or terminate employment with the Policyholder, if coverage is in effect for active employees under the Group Policy; or
- The Policyholder terminates coverage for active employees under the Group Policy and does not replace it with a similar life insurance plan; or
- You are no longer eligible for insurance under the Group Policy; or
- All other continuation under the Group Policy ends.

In all cases, you must pay premiums directly to ReliaStar Life beginning on the first day of the month following the date you elect portability.

If your Supplemental Life and AD&D Insurance reduces due to age or a change in employment status, this is not considered a termination of insurance. Please refer to the **Conversion Rights** section for more information about conversion following reductions in coverage.

If you continued coverage under the portability option and then later become eligible for Supplemental/Optional/Voluntary Life Insurance as an active employee under a Group Policy issued by ReliaStar Life, then your amount of coverage continued under the portability option will be reduced by your amount of Supplemental/Optional/Voluntary insurance as an active employee.

## Reinstatement

ReliaStar Life will reinstate your insurance not eligible for portability if you stop work and then return to work within one month. You will be eligible for insurance on the date you return to active work with the Policyholder.

## DEPENDENT'S INSURANCE

**NOTE: YOUR DOMESTIC PARTNER AND YOUR DOMESTIC PARTNER'S CHILDREN MAY BE ELIGIBLE FOR INSURANCE UNDER THIS PLAN, AS DEFINED UNDER DEFINITIONS OF DEPENDENT AND DOMESTIC PARTNER AND CHILD. YOU SHOULD CONSULT WITH YOUR PERSONAL TAX ADVISER TO ASSESS POSSIBLE TAX IMPLICATIONS.**

### **Eligibility**

You are eligible for Dependent's Insurance on the later of the following dates:

- The date you are eligible for Employee's Supplemental Life Insurance.
- The date you first acquire a dependent as defined.

You must meet all of the following conditions to become insured for Dependent's Insurance:

- Be insured for Employee's Supplemental Life Insurance.
- Apply for Dependent's Insurance, if you must pay any part of the premium. You must apply for all dependents you have within 31 days of the date you are initially eligible for Dependent's Insurance.
- Give ReliaStar Life proof of good health for your dependent, which it approves, as required on the Schedule of Benefits.

If you and your spouse or domestic partner are insured as employees under the Group Policy, either you or your spouse or domestic partner, but not both, can apply for Dependent's Insurance. If the spouse or domestic partner carrying the Dependent's Insurance stops being insured as an employee, the other spouse or domestic partner may become insured for Dependent's Insurance by applying within 31 days.

Any person eligible for insurance as an employee under the Group Policy is not considered an eligible dependent for Dependent's Insurance.

### **Effective Date of Dependent's Insurance**

Your dependent's insurance starts on the latest of the following dates:

- The date you become eligible for Dependent's Insurance.
- The date your dependent is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, for any dependent, other than a newborn, who is confined at home or in such facility on the date your dependent's insurance starts.
- The date ReliaStar Life approves your dependent's proof of good health, if ReliaStar Life requires proof.
- The date you apply for Dependent's Insurance, if you have to pay any part of the premium.

If you acquire a new dependent and additional premium is required, you must apply within 31 days of acquiring the new dependent. If you acquire a new dependent while insured for Dependent's Insurance, and no additional premium is required, you should complete an enrollment form.

A newborn child will be covered from the date of eligibility. A foster or adopted child will be covered from the date of placement in the home.

### **Effective Date of Change in Amount of Insurance**

If there is an increase in the amount of your dependent's insurance, the increase will take effect on the latest of the following dates:

- The Policy Anniversary on or after the date you are eligible to increase Dependent's Insurance.
- The date your dependent is no longer confined at home or in any facility for care and treatment of sickness or accidental injury, if your dependent is so confined on the Policy Anniversary on or after the date of the increase.
- The date ReliaStar Life approves your dependent's proof of good health, if proof is required.

If you elect to decrease your insured dependent's insurance, the decrease will take effect on the Policy Anniversary on or after the date of the elected decrease. All other decreases will take effect on the date of the decrease.

### **Termination of Insurance**

Your dependent's insurance stops on the earliest of the following dates:

- The date the Dependent's Insurance part of the Group Policy stops.
- The date the Group Policy terminates.

## DEPENDENT'S INSURANCE

- The end of the period for which you made your last premium contribution for Dependent's Insurance if you do not make the next required contribution when due.
- The date your insurance stops.
- The date you retire.
- The date your dependent's insurance is converted under the Conversion Right.
- The last day of the month during which your insured dependent is no longer a dependent or a student dependent as defined.

ReliaStar Life stops providing a specific benefit under your dependent's insurance on the date that benefit is no longer provided under the Group Policy.

### Family and Medical Leave Act of 1993

If your coverage remains in force due to a certified leave under the FMLA, then your dependents' coverage will also remain in force so long as you continue to meet the requirements as set forth in the FMLA.

### Continuation of Insurance

Your insured dependent's insurance may be continued. Premiums must be paid. Your insured dependent's insurance stops at the end of the period for which the last premium was paid if the next premium is not paid on time. Your insured dependent's continuation is subject to all other terms of the Group Policy.

### You Stop Active Work

If you stop active work and your insurance is being continued, your dependent's insurance will also be continued as shown in the Employee's Insurance part of this certificate.

### Incapacitated Dependent Child

If your insured dependent child has an intellectual disability or physical handicap and reaches the maximum age for Dependent's Insurance, you may continue this child's insurance as long as all required premiums are paid. You must give ReliaStar Life proof that:

- The child is incapable of self-sustaining employment due to an intellectual disability or physical handicap.
- The child became incapacitated before reaching the maximum age for Dependent's Insurance.
- The child is chiefly dependent on you for support and maintenance.

Proof must be given within 31 days after the date the child reaches the maximum age for insurance. Before granting a continuation of this child's insurance, ReliaStar Life may require that a doctor examine the child. ReliaStar Life will specify the doctor and pay the fee for all exams ReliaStar Life requires. During the 2 years after the child reaches the maximum age, ReliaStar Life may ask for regular proof of the child's continued incapacity. After the 2 year period, ReliaStar Life will not ask for proof, including doctor's exams, more often than once a year.

This incapacitated child's continuation stops on the **earliest** of the following dates:

- The date the child becomes covered under any other group plan.
- The date the child is no longer incapacitated.
- The date you do not give ReliaStar Life proof of the child's incapacity when requested.
- The end of the period for which you paid premiums for this continuation, if you do not make the next required premium contribution when due.
- The date your Dependent's Insurance would otherwise stop under the Group Policy.

The Conversion Right will be available to your insured dependent child when all continuation is exhausted.

### Portability

You may continue your Dependent Life Insurance if you elected portability of your Supplemental Life Insurance.

If you elected portability of Dependent's Insurance and then later become eligible as an active employee for Dependent's Insurance under a Group Policy issued by ReliaStar Life, then your amount of Dependent's Insurance continued under the portability option will be reduced by your amount of Dependent's Insurance as an active employee.

# LIFE INSURANCE

## Employee's 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 for your class 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, for Supplemental Life Insurance, if you commit suicide, while sane or insane, within 2 years of the date your insurance starts, ReliaStar Life will refund the amount of premiums paid for your Supplemental Life Insurance under the Group Policy instead of paying 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. The Policyholder cannot be the 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 or domestic partner.
2. Your natural and adopted 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 or when you receive a lump sum amount under the Accelerated Death Benefit. To find out more about settlement options, please contact the Policyholder.

## Accelerated Death Benefit

**NOTE: AT THIS TIME IT IS UNCLEAR WHETHER YOU WILL BE REQUIRED TO PAY TAX ON ACCELERATED DEATH BENEFIT PROCEEDS. YOU SHOULD CONSULT WITH YOUR PERSONAL TAX ADVISER TO ASSESS POSSIBLE TAX IMPLICATIONS.**

ReliaStar Life pays this benefit if it has been determined that you have a terminal condition. Accelerated Death Benefit proceeds is the amount ReliaStar Life pays to you or your legal representative while you are living when it has been determined that you have a terminal condition. The Accelerated Death Benefit proceeds are paid in one lump sum and are paid only once. This lump sum payout is the only Settlement Option available to you prior to your death.

# LIFE INSURANCE

The Accelerated Death Benefit is the amount of the Accelerated Death Benefit shown on the Schedule of Benefits in effect on the date you apply for Accelerated Death Benefit proceeds. You will not be able to increase your contributory Life Insurance benefit after the time you apply for the Accelerated Death Benefit, unless you are determined to be ineligible to receive Accelerated Death Benefit proceeds.

To receive the Accelerated Death Benefit, **all** of the following conditions must be met. You must:

- request this benefit in writing while you are living. If you are unable to request this benefit yourself, your legal representative may request it for you.
- be insured as an employee for Life Insurance benefits.
- have Life Insurance benefits of at least \$10,000 as shown on the Schedule of Benefits.
- provide to ReliaStar Life a doctor's statement which gives the diagnosis of your medical condition; and states that because of the nature and severity of such condition, your life expectancy is no more than 6 months. ReliaStar Life may require that you be examined by a doctor of its choosing. If ReliaStar Life requires this, ReliaStar Life pays for the exam.
- provide to ReliaStar Life written consent from any irrevocable beneficiary, assignee, and, in community property states, from your spouse.

## **Benefit Payment**

ReliaStar Life pays the Accelerated Death Benefit proceeds to you unless both of the following are true:

- It is shown, to the satisfaction of ReliaStar Life, that you are physically and mentally incapable of receiving and cashing the lump sum payment.
- A representative appointed by the courts to act on your behalf does not make a claim for the payment.

If ReliaStar Life does not pay you because the two above conditions apply, payments instead will be made to one of the following:

- A person who takes care of you.
- An institution that takes care of you.
- Any other person ReliaStar Life considers entitled to receive the payments as your trustee.

## **Accelerated Death Benefit Exclusions**

ReliaStar Life does not pay benefits for a terminal condition if either of the following apply:

- the required Accelerated Death Benefit premium or Life Insurance premium is due and unpaid.
- the terminal condition is directly or indirectly caused by attempted suicide or intentionally self-inflicted injury, whether sane or insane.

## **Effects on Coverage**

When ReliaStar Life pays out this benefit, your coverage is affected in the following ways:

- Your total available Life Insurance benefit equals your amount of Basic and Supplemental Life Insurance shown on the Schedule of Benefits at the time you apply for the Accelerated Death Benefit.
- Your Life Insurance benefit is reduced by the Accelerated Death Benefit proceeds paid out under this provision.
- Your Life Insurance benefit amount which you may convert is reduced by the Accelerated Death Benefit proceeds paid out under this provision.
- You will not be able to increase your Life Insurance benefit after ReliaStar Life approves you to receive the Accelerated Death Benefit.
- Your premium is based upon the Life Insurance benefit amount in force prior to any proceeds paid under this Accelerated Death Benefit provision. Such premium must be paid, unless waived, to keep the Life Insurance coverage in force.
- Your remaining Life Insurance benefit is subject to future age reductions, if any, as shown on the Schedule of Benefits.
- You will not be able to reinstate your coverage to its full amount in the event of a recovery from a terminal condition.
- Your dependents' Life Insurance coverage will be unaffected by Accelerated Death Benefit proceeds paid to you, provided all required premiums are paid.
- Your receipt of Accelerated Death Benefit proceeds does not affect your Accidental Death and Dismemberment Insurance. Thus, if you should die in an accident after receiving Accelerated Death

# LIFE INSURANCE

Benefit Proceeds, your Accidental Death and Dismemberment Insurance will be based on your Life Insurance in force prior to the Accelerated Death Benefit payout, provided your premium is not being waived.

## Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit if you suffer a covered loss that is a direct result of a covered accident. All of the following conditions must be met:

- You are covered for AD&D Insurance on the date of the accident.
- Loss occurs within 180 days of the date of the accident.
- The cause of the loss is not excluded.

ReliaStar Life pays the benefit shown below if you suffer any of the losses listed. The Full Amount is shown on the Schedule of Benefits. ReliaStar Life pays only one Full Amount while the Group Policy is in effect. If you have a loss for which ReliaStar Life paid 1/2 of the Full Amount, ReliaStar Life pays no more than 1/2 of the Full Amount for the next loss.

### For:

### The benefit is:

Loss of life .....	Full Amount
Loss of both hands, both feet or sight of both eyes.....	Full Amount
Loss of one hand and one foot.....	Full Amount
Loss of speech and hearing in both ears.....	Full Amount
Loss of one hand or one foot and sight of one eye .....	Full Amount
Loss of one hand or one foot or sight of one eye.....	1/2 Full Amount
Loss of speech .....	1/2 Full Amount
Loss of hearing in both ears.....	1/2 Full Amount
Loss of thumb and index finger of same hand.....	1/4 Full Amount
Quadriplegia.....	Full Amount
Paraplegia .....	3/4 Full Amount
Hemiplegia .....	1/2 Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

**Quadriplegia** means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by competent medical authority to be permanent, complete and irreversible.

ReliaStar Life does not pay a benefit for loss of use of the hand or foot or thumb and index finger.

Death benefits are paid to your beneficiary. All other benefits are paid to you.

## Exposure and Disappearance Benefit

ReliaStar Life pays an **Exposure** benefit if:

- the loss is from injury caused by exposure to the elements, and
- is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- you are in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- you disappear and your body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that you are living.



## LIFE INSURANCE

The amount payable for the Exposure benefit is contained in the table above. The amount payable for the Disappearance benefit is the AD&D benefit for loss of life. If benefits are paid for Exposure or Disappearance, no other AD&D benefits will be payable under the Group Policy.

Exposure benefits are paid to you if living, otherwise to your beneficiary. Disappearance benefits are paid to your beneficiary.

If ReliaStar Life pays the Disappearance benefit and it is later found you are alive, the amount of benefits paid must be refunded to ReliaStar Life.

### Safe Driver Benefit

ReliaStar Life pays a **Safe Driver** benefit in addition to the AD&D benefit and subject to the exclusions listed below if you were:

- killed due to an automobile accident, and
- wearing a properly fastened safety belt at the time of the accident.

#### For loss of:

#### The benefit is:

Life (with safety belt only) .....	An additional 20% of Full Amount of Supplemental AD&D Insurance up to a maximum of \$20,000
------------------------------------	---

**Automobile** means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which you were riding.

ReliaStar Life will not pay the Safe Driver benefit if the loss of life was:

- in consequence of your being intoxicated, as defined by the jurisdiction where the loss occurred; or
- caused or substantially contributed to by your voluntary intake of either:
  - any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - poison, gas, or fumes unless they are the direct result of an occupational accident.

Safe Driver benefits are paid to your beneficiary.

### Accidental Death and Dismemberment (AD&D) Exclusions

ReliaStar Life does not pay benefits for loss caused or substantially contributed to by any of the following:

- Any attempt at suicide or intentionally self-inflicted injury, while sane or insane.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Active participation in a riot, insurrection or terrorist activity.
- Committing or attempting to commit a felony.
- Voluntary intake of either:
  - any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - poison, gas or fumes unless they are the direct result of an occupational accident.
- Engaging in an illegal occupation.
- Engaging in aviation, other than as a fare-paying passenger.

ReliaStar Life does not pay benefits for loss in consequence of your being intoxicated, as defined by the jurisdiction where the loss occurred.

### Dependent's Life Insurance

ReliaStar Life pays a death benefit in the amount of the Dependent's Life Insurance shown on the Schedule of Benefits. ReliaStar Life pays according to the Schedule of Benefits in effect on the date your insured dependent dies.

ReliaStar Life pays the death benefit for all causes of death. However, if your insured dependent, while sane or insane, commits suicide within 2 years from the date his or her coverage starts, ReliaStar Life will refund the amount of premiums already paid for Dependent Life Insurance instead of paying a death benefit.

## **LIFE INSURANCE**

ReliaStar Life requires that proof of your insured dependent's death be mailed to ReliaStar Life at its Home Office.

ReliaStar Life pays benefits for your insured dependent's death to you, if you are living on the earlier of the following:

- The date ReliaStar Life receives proof of your insured dependent's death at its Home Office.
- The tenth day after your insured dependent's death.

If you are not living on either of these dates, ReliaStar Life pays the proceeds to the following in the order listed:

1. Your spouse or domestic partner, if living.
2. Your estate.

## CONVERSION RIGHTS

### Life Insurance

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

### Conditions for Conversion

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

- For coverage not continued under the portability option, you are no longer actively at work.
- For coverage not continued under the portability option, you are no longer eligible for Employee's Insurance under the Group Policy.
- For coverage continued under the portability option, you have reached the maximum age limit under the Group Policy.
- The Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row.
- For your Life Insurance –
  - the amount of Life Insurance is reduced.
- For your dependent's Life Insurance –
  - your dependent's Life Insurance stops.
  - your dependent is no longer a dependent as defined.
  - your dependent's Life Insurance shown on the Schedule of Benefits is reduced.
  - if you divorce, your insured spouse may convert.
  - if you terminate your domestic partnership, your insured domestic partner may convert.
  - you die.

You or your insured dependent may convert this insurance by applying and paying the first premium for an individual policy within 31 days after any part of your or your insured dependent's insurance stops.

If you or your insured dependent are not given notice of this conversion right within 16 days after any part of this insurance stops, you or your insured dependent will have more time to apply and pay the first premium for the individual policy. This additional time period will end 25 days after you or your insured dependent is given notice of this conversion right. In no event will the additional time period extend for more than 91 days after any part of your Life Insurance or Dependent's Life Insurance stops.

ReliaStar Life or the Policyholder must be notified if you or your insured dependent wishes to convert. ReliaStar Life will supply you or your insured dependent with a conversion form to complete and return.

If your insured dependent is too young to contract for life insurance, the following people may apply in this order:

1. You, while living.
2. Your spouse or domestic partner, while living.
3. The court-appointed guardian of your insured dependent.

### Type of Converted Policy

You or your insured dependent may purchase any individual nonparticipating policy offered by ReliaStar Life, except term insurance. The new policy must provide for a level amount of insurance and have premiums at least equal to those of ReliaStar Life's whole life plan with the lowest premium.

If your previous coverage included additional benefits such as disability, Accidental Death and Dismemberment Insurance or the Accelerated Death Benefit, the new insurance will not include these benefits.

### Amount of Conversion Coverage

If your or your insured dependent's Life Insurance is changed or cancelled because the Group Policy is changed or cancelled, 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

## CONVERSION RIGHTS

- the amount of your or your insured dependent's Life Insurance which stops, minus the amount of other group insurance for which you or your insured dependent becomes eligible, within 31 days of the date your or your insured dependent's insurance stops.

If your Life Insurance stops because the Group Policy terminates and you became totally disabled while insured under the Group Policy and continue to be totally disabled on the date your group Life Insurance stops, the amount of Life Insurance under the individual policy can be any amount up to the amount of Life Insurance that stopped minus the amount of life insurance you became eligible for under any other replacement insurance plan.

If this insurance stops for any listed reason other than –

- a change or cancellation of the Group Policy, or
- termination of the group policy while you are totally disabled,

the amount of life insurance under your individual policy or your insured dependent's individual policy can be any amount up to the amount of Life Insurance that stopped.

### **Effective Date**

The new policy takes effect 31 days after the part of your or your insured dependent's Life Insurance being converted stops.

If you or your insured dependent dies within the 31-day period allowed for making application to convert, ReliaStar Life will pay a death benefit to your or your insured dependent's beneficiary in the amount you or your insured dependent were entitled to convert. ReliaStar Life will pay the amount whether or not application was made. ReliaStar Life will return any premium paid for the individual policy to your or your insured dependent's beneficiary named under the Group Policy.

### **Premiums**

Premiums for the new policy are based on your or your insured dependent's age on the date of conversion.

# **CLAIM PROCEDURES**

## **Notice of Claim**

Written notice of claim must be given to ReliaStar Life within 30 days after the date of loss or as soon as reasonably possible. The notice may be given to ReliaStar Life at its home office or to its authorized agent or administrator. The notice must include information to identify you or your insured dependent, like your name, address and Group Policy number.

## **Claim Forms**

The claim form is available from the Policyholder, or you or the beneficiary can request a claim form from ReliaStar Life. If you or the beneficiary do not receive the form within 15 days of the request, you or the beneficiary may send ReliaStar Life written proof of loss without waiting for the form. For claims other than death claims, if such written proof of loss covers the occurrence, character and extent of the loss within the time period below for proof of loss, then you will be deemed to have complied with the requirements for providing proof of loss.

## **Proof of Loss**

For death claims, the beneficiary must send ReliaStar Life written proof of loss within 90 days after the date of death. For all other claims, you must send ReliaStar Life written proof of loss within 90 days after the end of the period for which ReliaStar Life is liable. Failure to give such proof within this timeframe will not invalidate or reduce any payable claim if it was not reasonably possible to give such proof within that time, and the proof was given as soon as reasonably possible. For claims other than death claims, this extension ends no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

## **Physical Examinations**

For claims other than death claims, ReliaStar Life may require you or your insured dependent to be examined by one or more doctors or other medical practitioners of its choice. ReliaStar Life will pay for this examination. ReliaStar Life can require an examination as often as it is reasonable to do so while your claim is pending. Failure to comply with this request may result in denial or termination of benefits.

## **Autopsy**

ReliaStar Life may require an autopsy in case of death, at ReliaStar Life's expense, where it is not prohibited by law.

## **Legal Action**

You or the beneficiary can start legal action regarding a claim no earlier than 60 days after written proof of loss has been given to ReliaStar Life, and no later than three years from the time proof of loss is required, unless otherwise provided under federal law. Nothing in this provision waives, extends or tolls any applicable statute of limitations governing any claim relating in any way to coverage under the Group Policy.

## **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 cannot make an absolute assignment to the Policyholder. 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.

A collateral assignment is not allowed.

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.

### **Incontestability**

Your and your dependent's 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 and your dependent's insurance because of inaccurate or false information received relating to your and your insured dependent's insurability. Only statements that are in writing and signed by you or your insured dependent can be used to contest the insurance.

### **Entire Contract, Changes**

Your coverage is provided under a contract of group term insurance between ReliaStar Life and the Policyholder. The entire contract consists of all of the following:

- The Group Policy issued to the Policyholder including Part A and Part B.
- The certificates which are made part of Part B under the Group Policy.
- Any riders, endorsements and/or amendments issued.
- The Policyholder's signed application, a copy of which is attached to the Group Policy when issued.

No agent, representative or employee of ReliaStar Life or of any other entity, except one of ReliaStar Life's executive officers, may approve a change to or waive the terms of the Group Policy.

### **Reinstatement**

ReliaStar Life will not reinstate the Group Policy or coverage under the Group Policy after it has terminated for nonpayment of premiums.

## DEFINITIONS

**Accident** – an unexpected, external, violent and sudden event.

**Active Work, Actively at Work** – the employee is physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

**Child** –

- your natural or adopted child.
- a child for whom you have legal obligation for purposes of adoption.
- a child who is primarily dependent on you for support and lives with you in a permanent parent-child relationship, and who is your stepchild, your domestic partner's child, your foster child, or a child for whom you are a legal guardian.

**Dependent** –

- your lawful spouse.
- your domestic partner, as defined.
- your unmarried child until 26 years of age.

The term "dependent" does not include –

- a spouse, domestic partner, or child living outside the United States.
- a spouse, domestic partner, or child eligible for Employee's Insurance under the Group Policy.
- a spouse, domestic partner, or child on active military duty.
- a parent of you or your spouse or domestic partner.
- a spouse, domestic partner, or child who does not give proof of good health when asked, or whose proof is not accepted.

**Domestic Partner** – another adult with whom you meet either of the following requirements:

1. You have registered your domestic partnership with the California Secretary of State. A copy of the certified registration form may be required as proof.
2. You have completed and signed the Policyholder's Affidavit of Domestic Partnership and filed it with the Policyholder attesting that –
  - neither of you are married to anyone and you are the sole partners of each other,
  - you are both at least 18 years of age,
  - you are not related by blood closer than would bar marriage in your State,
  - you are both mentally competent to consent to contract,
  - you share a common residence,
  - you have lived together continuously for at least 6 months,
  - you are in a committed and mutually exclusive relationship, and
  - you meet any other requirements listed in the Affidavit.

You must notify the Policyholder in writing if the domestic partner registration is terminated or if there is any change of circumstances attested to in the Affidavit within 30 days of such change.

**Employee** – an active employee residing in the United States who is employed by the Policyholder and is regularly scheduled to work on at least a 20-hour-per-week basis. Such employees of companies and affiliates controlled by the Policyholder are included. Temporary and seasonal employees are excluded.

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

**Nonworking Day** – a day on which the employee is not regularly scheduled to work, including time off for the following:

- Vacations.
- Personal holidays.
- Weekends and holidays.
- Approved nonmedical leave of absence.
- Paid Time Off for nonmedical-related absences.

## DEFINITIONS

Nonworking day does not include time off for any of the following:

- Medical leave of absence. Time off for a medical leave of absence will be considered a scheduled working day.
- Temporary layoff.
- The Policyholder suspending its operations, in part or total.
- Strike.

**Policyholder** – Canon Medical Systems USA, Inc.

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

**Spouse** – your lawful husband or wife.

**Terminal Condition** – an injury or sickness which is expected to result in your death within 6 months and from which there is no reasonable chance of recovery. ReliaStar Life, or a qualified party chosen by ReliaStar Life, will make this determination.

**Total Disability, Totally Disabled** – you are unable to perform with reasonable continuity the substantial and material duties of your job due to sickness or accidental injury. After you have been disabled for 24 months, "total disability, totally disabled" means that due to your sickness or accidental injury, you are unable to engage with reasonable continuity in any other job in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, or physical and mental capacity.

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

**You, Your** – an employee insured for Employee's Insurance under the Group Policy.



