

Underwritten by Reliance Standard Life Insurance Company

Request for participation and enrollment form

2-19 Lives for Life, LTD, STD & Dental*

Submission requirements ...

- Completed SmartChoice Request for Participation & Enrollment form
- Copy of sold proposal premium summary page(s) as presented to the employer

If applicable ...

- Prior carrier information required for Dental, STD and LTD coverage takeover
- Notification of Waiver Form(s)
- Evidence of Insurability Applications for Life benefits exceeding Non-Medical Issue Limits
- Quarterly State Wage Reports may be requested at the discretion of Reliance Standard

(If any of the above items are missing or incomplete, processing of case may be delayed.)

Effective dates of coverage are always the first of the month. All new business submission material must be received by Reliance Standard prior to the requested effective date. If later, the case effective date will be the first of the month following receipt.

* To write a (2) employee dental group, two additional lines of coverage must also be sold.

Reliance Standard Life Insurance Company

Employer Information

Please fill in where appropriate. Incomplete applications will delay processing.

Employer's Legal Name _____ Employer's Tax ID# _____

Employer's Business Address _____

City _____ State _____ ZIP Code _____

Firm Contact _____ Title _____ Telephone (____) _____

Fax (____) _____ E-mail address _____ Effective Date Requested ___ / ___ / ___

Years in Business _____ SIC Code & Nature of Business _____

Preferred method of billing: Electronic* Paper * For firms applying for Dental/Vision, Electronic billing not available.

Type of Business Organization: Corporation Partnership Proprietorship Other _____

Should K1 Earnings be included in Definition of Earnings shown below? Yes No

Are any subsidiary or affiliated companies to be insured? Yes No

(If yes, please provide name(s), address(es), and nature of business with this application)

Is there any other Group or employer sponsored Individual Life/AD&D, Dental, Eye Care, STD, or LTD coverage in force or currently being applied for on some or all employees? Yes No

If yes, please specify type(s) and effective date(s) of coverage:

Definition of Earnings (for Life/AD&D, Short and /or Long Term Disability): Basic salary exclusive of overtime, bonuses and other special forms of compensation. Commission earnings will be based on the average earnings of the previous 24 months. (K1 Earnings included if applicable)

Definition of Employee Eligibility: Eligible employees are those actively working full time for a minimum of 30 hours per week year round (non-seasonal) who have satisfied the employer's minimum service requirement. Eligibility may be modified to include part-time employees working a minimum of 20 hours per week, provided less than 25% of the eligible employees are working less than 30 hours per week.

Employer's Minimum Service Requirements

- A. All eligible employees actively at work on or before the coverage effective date are eligible following the completion of:
 0 days 30 days 60 days 90 days of active service
- B. All new employees (actively at work after the coverage effective date) shall become eligible on the first day of the month following the completion of:
 30 days 60 days 90 days of active service

Definition of Dependent Eligibility (For Dental): Eligible dependents include the insured employee's spouse and unmarried children prior to their 19th birthday who do not work for the firm. In addition, unmarried children from their 19th birthday to the day before their 24th birthday are eligible if they are full time students attending an accredited educational institution and primarily dependent upon the employee for support and maintenance. NOTE: Dependent ages may vary by state

Participation Requirements:

For groups of 2 eligible employees – both eligible employees must be insured
For groups of 3 to 5 eligible employees – all eligible employees but one must be insured
For groups of 6 to 9 eligible employees – all eligible employees but two must be insured
For groups of 10 to 19 eligible employees – 75% of all eligible employees must be insured
(If employees do not contribute toward cost of insurance, there must be 100% eligible employee participation)

- If classes of employees are insured, these participation minimums must be maintained within each class.
- For Dental coverage, these participation requirements apply to eligible dependents as well.
- For Dental coverage, employees and dependents that are covered for group dental elsewhere may be counted toward satisfying participation requirements with submission of signed waiver forms.

Reliance Standard Life Insurance Company

Life/Accidental Death & Dismemberment (AD&D) (2 to 19 Lives)

Benefit Schedules: Option I Coverage based on 1x annual earnings 2x annual earnings Maximum Benefit _____
 Option II Flat Amount Coverage of _____ for each employee (\$10,000 minimum)

Number of Employees	Non-Medical Maximum Limit*	Maximum with Evidence	*Amounts elected in excess of the non-medical maximum limits will require medical underwriting
Insure 2-5	\$ 50,000	\$200,000	
Insure 6-19	\$100,000	\$200,000	

Employer will pay _____ % of employee premium Employer will insure all employees
 (employees may contribute up to 100% of premium where permitted, provided all participation requirements are met) one or more classes of employees (describe below)

Participation: Total number of eligible employees _____
 Total number of employees applying _____

Dental (2 to 19 Lives)

Plan Selected (Annual Plan Maximum)	<input type="checkbox"/> Plan A (\$1,000)	<input type="checkbox"/> Plan B (\$1,500)	<input type="checkbox"/> Plan C (\$1,000)
- Add the MAC Option:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Add the Eye Care Option:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Increase to a 24 Month Initial Rate Guarantee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Increase to a \$2000 Annual Plan Max	N/A	<input type="checkbox"/>	N/A
- Move Endodontic Coverage to Basic Services	<input type="checkbox"/>	<input type="checkbox"/>	N/A
- Move Periodontic Coverage to Basic Services	<input type="checkbox"/>	<input type="checkbox"/>	N/A
- Add Reduced Participation Option	N/A	N/A	<input type="checkbox"/>
- Non-Mac Plans – Increase Out Of Network Allowance to 90 TH Percentile	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Takeover – Is this plan replacing another Group Plan? Yes No If, yes, provide the following:
 A. Name of carrier/policy number _____
 B. Effective date of prior plan _____ C. Termination date _____
 D. Attach a copy of the prior carrier's last bill

Elimination Period:

- For Plans A , B , & C, there is a 12 month Major services elimination period for all current insureds which can be waived, along with "credit" given for calendar year deductibles accumulated under the prior plan, when Reliance Standard replaces a comparable dental plan that has been in effect continuously for at least 12 months prior to the effective date of Plan A, B or C.
- For Plan B, there is a 24 month elimination period for Orthodontic coverage for groups of 2 – 9, which cannot be waived. For groups of 10+, there is a 12 month elimination period for Orthodontic coverage for all current insureds which can be waived on Takeover.
- Current insureds are all employees and dependents insured on the Reliance Standard effective date. New hires to the group after the effective date must fulfill the usual elimination periods and deductibles.

Employer will pay _____ % of employee premium Employer will insure all employees
 _____ % of dependent premium one or more classes of employees (describe below)
 (employees may contribute up to 100% of premium provided all participation requirements are met)

Participation: Total number of eligible employees _____ Total number of employees enrolling _____
 Total number of employees waiving (due to coverage elsewhere) _____

Reliance Standard Life Insurance Company

Short Term Disability (2 to 19 Lives)

Benefit Schedules:

Option I Percentage of Earnings Plan 50% 60% 66.7% 70% (up to maximum benefit)

Option II Flat Benefit Per Week of _____ (not to exceed 70% of weekly earnings up to maximum benefit)

(Benefits for groups located in CA, HI, MA, NJ, RI and WA are subject to a maximum weekly benefit amount of 20% of weekly earnings up to the maximum benefit)

Maximum Benefit: \$1,500 per week

Plan Duration: 13 weeks 26 weeks

Is this plan replacing another Group Plan?

- Yes (if yes, attach a copy of prior carrier's last bill and copy of contract or certificate of insurance)
- No

Employer will pay _____ % of employee premium Employer will insure all employees
(employee may contribute up to 100% of premium one or more classes of employees (describe below)
provided all participation requirements are met)

Participation: Total number of eligible employees _____
Total number of employees applying _____

Long Term Disability (2 to 19 Lives)

Benefit: 60% of Earnings up to a maximum of \$7,500 per month (\$10,000 per month for select industries).

Benefit Duration: Up to Normal Retirement Age* for accident / illness

*Normal Retirement Age, as defined by the 1983 Amendments to the United States Social Security Acts as determined by year of birth.

Elimination Period: 60 days 90 days 180 days

Is this plan replacing another Group Plan?

- Yes (if yes, attach a copy of prior carrier's last bill and copy of contract or certificate of insurance)
- No

Employer will pay _____ % of employee premium Employer will insure all employees
(employee may contribute up to 100% of premium one or more classes of employees (describe below)
provided all participation requirements are met)

Participation: Total number of eligible employees _____
Total number of employees applying _____

Application Signatures

I (We) verify that all employees applying for coverage are actively at work and meet the eligibility requirements specified in the plan descriptions; that all employees applying for coverage do not work where they reside; and that all employees, including myself, who are applying for disability coverage do not have other disability insurance currently in force or applied for, that when added to this insurance would exceed 100% of his/her individual current monthly earnings.

I (We) verify that Reliance Standard Life Insurance Company's benefit plan(s) have been offered to all eligible employees. Completed waivers are attached for those employees and their dependents electing not to participate in the plan(s).

The undersigned employer requests that it be approved as a participant in the Reliance Standard Employer Trust (Reliance Standard Group & Blanket Insurance Trust for Dental)* and accepts and agrees to be bound by all the terms and conditions of the Trust. The undersigned employer further requests that insurance be provided in accordance with employer's specifications for Group Insurance to which this request is attached and shall be subject to the terms of the Group Insurance Policies issued to the trustee(s) by Reliance Standard. The undersigned employer agrees that it will remit to the insurer regularly in advance, the required premiums as they become due.

We have read this form and understand that:

1. This request for coverage is not effective until approved by Reliance Standard in writing. Reliance Standard reserves the right to decline any case so coverage may be declined or the effective date may be deferred for incomplete submission of information as outlined in Reliance Standard's underwriting rules/standards. **Existing coverage should not be terminated until written approval has been received.**
2. All information given in connection with this request for participation is true and complete.
3. Reliance Standard reserves the right to re-rate any coverage retroactively to the effective date or take other appropriate actions if any information provided to us is not true or is incomplete. Please note that changes to the census data, from what was originally submitted, may affect rates. Final premium rates are subject to final enrollment.
4. No provider can make or modify a contract for Reliance Standard and all coverage will be as stated in Reliance Standard policies.

* Reliance Standard Employer Trust for Pennsylvania employers

Premium Summary		
Billing Mode (select one)	<input type="checkbox"/> Monthly Billing	<input type="checkbox"/> Quarterly Billing (3X monthly premium)
Dental	\$ _____	\$ _____
with Vision	\$ _____	\$ _____
Short Term Disability	\$ _____	\$ _____
Life/AD&D	\$ _____	\$ _____
Long Term Disability	\$ _____	\$ _____
Administration Fee*	\$ _____	\$ _____
* \$5.00 Electronic / \$12.00 Paper Billing		
Total SmartChoice Bill Amount	\$ _____ Monthly	\$ _____ Quarterly

I represent that all information on this application is correct to the best of my knowledge.

Employer's Signature

Date

Reliance Standard Life Insurance Company
Census Information

	Employee's Social Security Number	Name (Last Name First)	Date of Birth M / D / Y	Sex M / F	Date of Hire M / D / Y	Occupation	Current Monthly Salary	Hours Worked Per Week	Coverage Selected			
									LTD	STD	Dental Status*	Life/AD&D
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												
16.												
17.												
18.												
19.												

*For Coverage Selected Dental — Use status indicators of “S” for single, “+1” for employee plus one dependent or “F” for family coverage.

Reliance Standard Life Insurance Company

Notification of Waiver Form (This form may be photocopied)

Please read, complete and sign this form if you are contributing toward the cost of coverage and are waiving coverage for any of the following insurance products: Life, Dental, STD and/or LTD.

Note: Under contributory plans (where employees contribute towards the cost of coverage), eligible employees may elect to waive coverage. However, election to waive may not exclude that employee from the employer’s participation requirements. Under non-contributory plans, all eligible employees must enroll. Eligible employees are defined on Page 1 of the Request for Participation and Enrollment form.

Employee’s Name: _____

Name of Employer: _____ Policy Number(s): _____

Employee Date of Birth: _____ Social Security Number: _____

Please check the box for type(s) of insurance coverage you are waiving:

- Life
- Dental
- STD
- LTD

If you are waiving dental coverage for yourself or your dependents, check all boxes that apply and provide information as applicable:

- I have similar dental coverage under my spouse’s plan
- My dependents have similar dental coverage under my spouse’s plan

If either or both above boxes are checked, please provide the following information:

Name of spouse’s insurance company: _____

Spouse’s plan effective date: _____

- I do not have similar dental coverage under my spouse’s plan, but I am waiving the employee dental coverage
- My dependents do not have similar dental coverage under my spouse’s plan, but I am waiving the employee dental coverage

Please read and sign:

I, the undersigned, hereby affirm that I have reviewed the insurance plan(s) from Reliance Standard Life Insurance Company being offered by my employer. With my signature, I certify that I have decided to waive coverage as indicated above.

I understand that in the event I request to purchase such insurance at a later date: 1) I will be required to furnish evidence of insurability for myself (and any dependents, if such coverage is available) at my own expense; and 2) Reliance Standard Life Insurance Company will have the right to refuse my request. For dental coverage, I may be subject to reduced benefits.

Signature _____ Date _____

Reliance Standard Life Insurance Company

Producer's Statement

Name of Participating Employer to be Insured _____

Attention Producer: This enrollment form must be completed in full. Missing information will delay the new business process. Make sure that all applicable submission requirements outlined on the cover page of the request for participation and enrollment form are completed.

Producer Instruction: If you are currently appointed with Reliance Standard Life Insurance Company, you need only to complete the license number, Reliance Standard producer number, and signature.

Producer Information (please type or print legibly):

Name _____ License number _____ State _____
Last Name First Name MI

Agency Name (if applicable) _____

Are you appointed with Reliance Standard? Yes No (if yes, Reliance Standard producer number _____)

Address _____

City _____ State _____ ZIP Code _____

Social Security Number or Tax ID Number _____

Telephone (_____) _____ E-mail _____ Fax (_____) _____

Pay Commissions to _____

Producer's Signature _____ Date _____

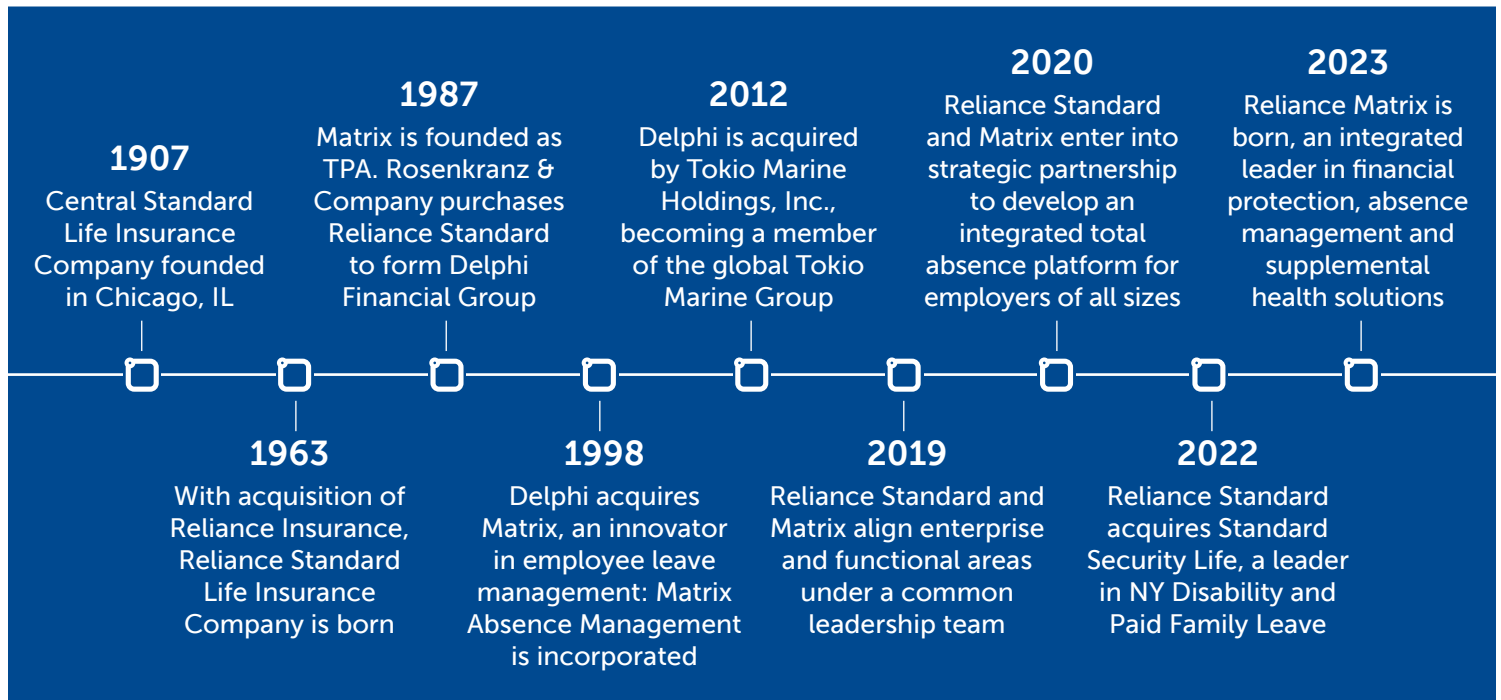
RSO: _____ Sales Representative/Manager: _____

Strength and Stability

Turn to a trusted partner.

It's important to choose a strong, stable partner to stand behind your benefits programs so you can rest assured in challenging times. Reliance Matrix has over 100 years of experience offering quality products and delivering the service you expect. Our leading team of benefits professionals provide superior consultation and education, making benefits easier to select, afford and manage.

Our Journey



Diversified Business Lines

- Group employee benefits and insurance policies, Disability, Life, Dental, Critical Illness, Accident, Hospital Indemnity and Limited Benefit Medical insurance
- Group benefits management services, including claims administration, FMLA/leave management, return to work and integrated health and productivity management services
- Fixed and indexed annuities for individuals

Reliance Matrix*

Sound Ratings

Financial Strength Ratings are independent opinions regarding the creditworthiness and predictive ability of an insurer to pay claims and other obligations. These are based on a comprehensive quantitative and qualitative evaluation of a company's balance sheet strength, operating performance and business profile. Each research and analysis methodology is unique to the ratings agency. These ratings are not a recommendation to purchase or an evaluation of a specific insurance product.

Ratings are current as noted below:

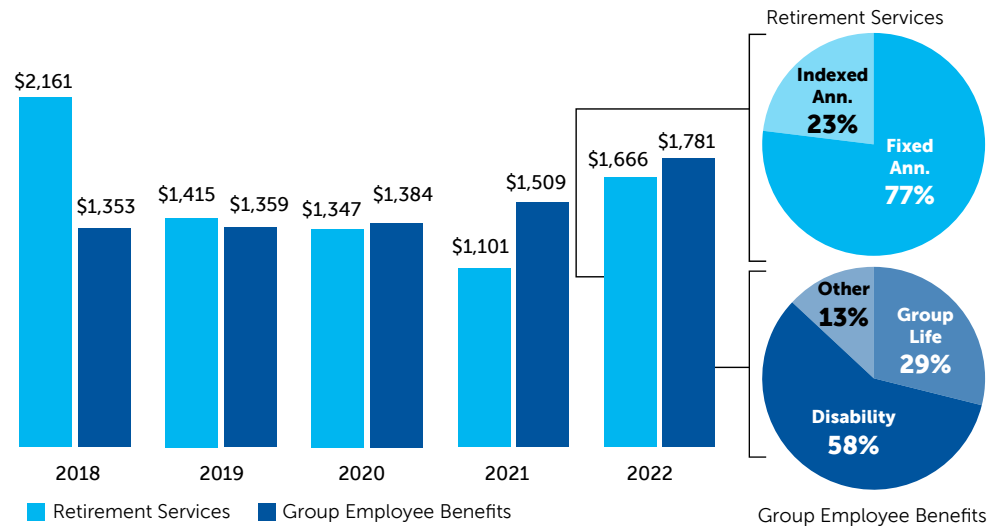
AM BEST

"A++" (Superior)
(affirmed November 2022)

STANDARD & POOR'S

"A+" (Strong)
(affirmed September 2022)

Premium Income (Dollars in Millions) (Direct Premium Written)



Consolidated Balance Sheets (Dollars in Millions) (Statutory Basis)

Year End December 31	2022	2021
Assets		
Invested Assets	\$19,881	\$18,535
Other Assets	\$670	\$588
Total Assets	\$20,551	\$19,123
Liabilities		
Policy Liabilities and Accruals	\$14,636	\$13,418
Liabilities Related to Investing Activities	—	—
Other Liabilities	\$3,794	\$3,841
Total Liabilities	\$18,430	\$17,259
Capital and Surplus	\$2,121	\$1,864
Total Liabilities and Surplus	\$20,551	\$19,123

*For purposes of financial reporting, Reliance Matrix includes Reliance Standard Life Insurance Company, First Reliance Standard Life Insurance Company, Reliance Standard Life Insurance Company of Texas, and Standard Security Life Insurance Company.

Ratings shown reflect the opinions of each nationally recognized independent rating agency and are not implied warranties of the company's ability to meet its financial obligations. All ratings are subject to revision or withdrawal at any time by the rating agencies, and therefore, no assurance can be given that these ratings will be maintained.

Notice to the Broker: This overview has been developed to illustrate and highlight products offered by Reliance Standard Life Insurance Company (RSL) and is not a contract. All of the information contained in this brochure is subject to the group insurance policy provisions and may be subject to change. For cost and further detail of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office. This brochure is intended for use by agents and brokers only and is not intended for distribution to the general public.

For more information, contact your Reliance Matrix sales or account manager or visit reliancematrix.com.



Reliance Matrix is a branding name. Reliance Standard Life Insurance Company (Home Office Schaumburg, IL) is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. First Reliance Standard Life Insurance Company (Home Office New York, NY) is licensed in New York and Delaware. Standard Security Life Insurance Company of New York (Home Office New York, NY) is licensed in all states. Absence services are provided by Matrix Absence Management, Inc. Product features and availability may vary by state.

See reverse side for additional information

1. Applicant's Legal Name _____

2. Doing Business As _____

3. _____

P.O. Box / ZIP Code _____

Street Address _____

City / State / ZIP _____

Phone No. _____ Fax No. _____

E-mail Address _____ Tax I.D. No. _____

4. What is the nature of your business or industry?

5. Eligibility

Total Number of Eligible Employees _____

Employees in Waiting Period _____

6. Are any classes or locations excluded? Yes No

Are domestic partners included? Yes No

Are retirees included? Yes No
(If yes, please use reverse side for explanation.)

7. Are any subsidiary and/or affiliated companies to be insured? Yes No
(If yes, please use reverse side to list name and location.)

8. How many hours per week equals full time employment? _____

9. Employee Participation

Employer contributes _____% of employee premium.

Tied-to-Medical (All employees covered on employer's medical plan must be insured, except those listed under excluded classes or locations.)

Non-Contributory (Policyholder contributes 100% of premiums. All employees must be insured, except those listed under excluded classes or locations.)

Non-Contributory, except covered elsewhere (If policyholder contributes 100% of premiums, all employees must be insured, except those listed under excluded classes or locations and those covered elsewhere.)

Contributory (Policyholder is required to contribute to the employee premium and must contribute at least 25% of the total employee and dependent premium.)

Voluntary (Policyholder does not contribute toward premium, 100% contribution by employee.)

10. Dependent Participation:

Employer contributes _____% of dependent premium.

Tied-to-Medical (All eligible dependents covered on employer's medical plan must be insured, except those listed under excluded classes or locations.)

Non-Contributory (Policyholder contributes 100% of premiums. All employees must be insured, except those listed under excluded classes or locations.)

Non-Contributory, except covered elsewhere (If policyholder contributes 100% of premiums, all eligible dependents must be insured, except those listed under excluded classes or locations and those covered elsewhere.)

Contributory (Policyholder is required to contribute to the employee premium and must contribute at least 25% of the total employee and dependent premium.)

Voluntary (Policyholder does not contribute toward premium, 100% contribution by employee.)

11. Section 125 Plan

Election Period _____

Plan Year _____

12. Employee welfare benefit plans that are subject to ERISA must satisfy various reporting, disclosure and related obligations. These requirements include the provisioning of a Summary Plan Description or SPD. The certificate of coverage can serve as an SPD if certain information is additionally disclosed. Please check one of the following (failure to respond shall be considered a positive response for A. and a negative response for B.).

A. **Plan is subject to ERISA (complete question 12.B.)**

Plan is NOT subject to ERISA — Church or Govt. employer or other safe-harbor exception
(see DOL Reg. §2510.3-1(j))

B. **Applicant requests that Reliance Standard Life Ins. Co. prepare a SPD for its dental and/or vision plan Yes No**

If yes, the company is to prepare a SPD. The following information is required under ERISA and MUST be included in the SPD.

Plan No. _____ Plan Fiscal Year End Date _____

Plan Administrator:

Name: _____

Address: _____

City, State, ZIP _____

Phone No. _____ Plan Fiscal Year _____

Please Note: Applicant remains responsible for ensuring that SPD form provided by Reliance Standard Life Ins. Co. is complete and accurate and satisfies applicable laws and regulations. Moreover, applicant remains responsible for providing its plan participants with SPD updates as required by applicable law and regulations.

13. Waiting Period

_____ for those employed on or before the policy effective date.
_____ for those employed after the new policy effective date.
 month(s) calendar days working days

14. Effective Date and Termination Date

Immediate
 First of Month Effective date / End of Month Termination date
 Other _____

15. Premium Payment Mode (In advance)

Monthly Quarterly Semi-Annual Annual
 Payroll Deduction (To choose this option, employee must pay employee and dependent premium.)

If policy effective date is other than first of the month, is a first of the month premium due date desired? . . . Yes No

Billing Options

Home Office Third-Party Administration

Contact Name

Title

Street Address

City / State / ZIP

Phone No. Fax No.

E-mail Address

16. The following coverages are applied for:

Employee & Dependents Benefits

Dental Orthodontia Eye Care

Other _____

Employee Only Benefits

Dental Orthodontia Eye Care

Other _____

This insurance shall be effective on: _____
(Premiums due prior to the coverage period.)

17. Policy and Certificate Delivery (select one)

A. eCert*/ePolicy (*generic cert, non-personalized)

via PDF format sent via e-mail to:

via eService and member portal

B. Paper policy/personalized certificates

Initial employees only

Subsequently added employees

Note: eCert will be available on member portal for all members.

18. Insurance requested on this application will replace the coverage(s) checked.

Coverages: Dental Orthodontia Eye Care

Other _____

Name of Current Carrier _____

Policy No. _____

Coverage applied for is replacing comparable coverage now or previously in force with another carrier.

It is intended that the insurance coverage applied for be in addition to, supplemented by, or supplemental to any similar coverage now in force, or to be in force, with this or any other carrier.

Termination Date Original Effective Date

Item 6: Exclusions

a. Classes, include reason for exclusion.

b. Locations, if location is different from applicant's, list city and state.

Item 7: Subsidiary and/or affiliated companies to be insured. List names and locations.

Plan Design and Proposed Rates: _____

Additional Remarks: _____

Agreements

This application will be subject to review and approval by the Home Office of Reliance Standard Life Insurance Co. If this application is accepted, the final rates and benefits will be based on verification of this information and final enrollment numbers. This applicant represents that he/she has read the statements and answers to the above questions and that they are complete and true to the best of his/her knowledge and belief. Any policy including riders issued as a result of this application will, with this application, be the entire insurance contract. If this application is accepted at the Home Office of Reliance Standard Life Insurance Co., group insurance at the Company's rates and under the terms applied for shall take effect as of the date set forth in the policy. If this application is not accepted, any premium advanced shall be refunded.

Statements

In several states, we are required to advise you of the following:

Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (See state-specific statements.)

Note for California Residents: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

No Cost Language Services. You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

Servicios de idiomas sin costo. Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-2797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Note for Maryland Insureds: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for New Mexico and Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Note for North Carolina Residents: After 2 years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application shall be used to void the policy or deny a claim for loss commencing after the expiration of such 2 year period.

Note for Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Note for Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Note for Texas Residents: Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Washington, D.C. Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for Washington Residents: For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.

Signed at: City _____ State _____ Date _____

Signed by: (Policyholder Representative)

Printed name and title _____

Signature _____

Soliciting Agent: I understand and agree that if I'm not already appointed with Reliance Standard Life Insurance Company, I must apply to and be appointed with Reliance Standard before I present this product to any client.

Printed Name _____ For FL agents only, provide FL license # _____

Signature _____

The policy provides dental and/or vision benefits only. Review your policy carefully.

Was a binder check received? Yes No If yes, then amount \$ _____.

Check received by (agent) _____ **Authorized by (policyholder)** _____

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO RELIANCE STANDARD LIFE INSURANCE COMPANY.
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

Full Legal Name of Prospective Policyholder			
Address		City	State
Executive Correspondence – Name		Title	Email Address
Routine Correspondence – Name		Title	Email Address
Telephone Number		Fax Number	
Policy(ies) to be issued in the state of:		Federal Tax ID #	

Prospective Policyholder is a:
 Corporation Partnership Proprietorship Union LLC Other (specify) _____

Indicate Affiliate(s) or subsidiaries to be covered, if any:

Name	Address	<input type="checkbox"/> Affiliate <input type="checkbox"/> Subsidiary	Federal Tax ID
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Coverage			Requested Effective Date		
	Number Eligible	Number Enrolled		Number Eligible	Number Enrolled
<input type="checkbox"/> Group Life and AD&D			<input type="checkbox"/> Voluntary Short Term Disability		
<input type="checkbox"/> Short Term Disability			<input type="checkbox"/> Voluntary Long Term Disability		
<input type="checkbox"/> Long Term Disability			<input type="checkbox"/> Critical Illness		
<input type="checkbox"/> Supplemental Life			<input type="checkbox"/> Accident		
<input type="checkbox"/> Voluntary Life			<input type="checkbox"/> Hospital Indemnity		
<input type="checkbox"/> Voluntary AD&D			<input type="checkbox"/> Other:		

If any group insurance is now inforce, provide a copy of inforce contract(s) at time of submission.

Are all Proposed Insureds actively at work? Yes No. If not, please list the following for employee not actively at work.

Name	Date of Birth	Last Day Worked	Face Amount	Reason for Absence]
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This Preliminary Application is subject to the acceptance and approval in writing by Reliance Standard Life Insurance Company (RSL) at its Administrative Offices in Philadelphia, Pennsylvania; and nothing contained herein shall be binding upon RSL until this Preliminary Application is approved. Such issuance is subject to the: terms; conditions; limitations; and exceptions of the policy or policies if any to be issued.

By signing below, the prospective policyholder authorizes its agent/broker access to all policy information maintained electronically on RSL's systems pertaining to the proposed group insurance and further releases all parties from any legal liability resulting from access to such information. Any cancellation or modification of this authorization must be in writing.

Broker	Policyholder
Name of Broker/Producer of Record: _____	Name of Authorized Company Officer and Title: _____
Name of Brokerage/Agency, if applicable: _____	Signature of Authorized Company Officer and Date: _____
Name of Broker/Producer of Record (print or type) Share _____ % _____ %	
Writing Broker/Producer's Signature and Date: _____	

ALABAMA, ARKANSAS and LOUISIANA — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO — It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

KENTUCKY — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE — It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND — Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY — Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK (health insurance only) — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO — Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

PUERTO RICO – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RHODE ISLAND — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE, WASHINGTON — It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA — Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

WASHINGTON, DC — WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Product Highlights



Benefits made easy.

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Group Insurance Products

Available to groups with 10 or more lives, unless otherwise specified

Short Term Disability (STD)	Long Term Disability (LTD)		Group Term Life/Accidental Death & Dismemberment (AD&D)
<ul style="list-style-type: none"> ▶ Benefit percentages up to 70% ▶ Maximum weekly benefit up to \$2,309 per week ▶ Benefit duration up to 52 weeks ▶ Claim services only option available ▶ Partial and residual benefits available ▶ Maternity covered as any other illness ▶ MSLA continuation 	<ul style="list-style-type: none"> ▶ Benefit percentage of 40% up to 66 2/3% ▶ Maximum monthly benefits up to \$24,000 ▶ No earnings test ▶ Extended disability benefit ▶ Professional Social Security advocacy ▶ Elimination periods from 30 days up to 5 years (maximum period can vary by state) ▶ Elimination period interruption provision ▶ "Own Occupation" definition of disability from 12 – 60 months, or long term ▶ Partial and residual benefit available ▶ Rate guarantees up to 3 years 	<ul style="list-style-type: none"> ▶ FMLA/MSLA continuation ▶ RSL LeaveManager™ <ul style="list-style-type: none"> – Provides companies with 50 to 2,000 lives a secure web-based system to record, administer and report types of employee absences, whether government mandated or employer authorized – Helps maintain compliance with Federal FMLA and Department of Labor wage and hour regulations – Reduces leave and absence administrative time – Improves productivity – Reduces costs due to unscheduled absences 	<ul style="list-style-type: none"> ▶ Flexible benefit schedules of flat or multiples of salary ▶ Waiver of premium (with critical illness benefit in most states) ▶ Dependent life available ▶ Accelerated death benefit ▶ FMLA/MSLA continuation ▶ Conversion feature ▶ Bereavement counseling available with policy

Voluntary Products

100% employee-paid insurance plans offered at affordable rates and paid through convenient payroll deduction

Voluntary Disability	Voluntary Term Life	Voluntary AD&D	Voluntary Critical Illness	Voluntary Accident	Voluntary Hospital Indemnity
<ul style="list-style-type: none"> ▶ Benefits up to 60% of salary ▶ Available in flat dollar amount, percentage of salary, or increments ▶ Maximum short term benefits up to \$1,250 per week ▶ Maximum long term benefits up to \$7,500 per month ▶ Elimination periods of 7, 14, 30, 60, 90 or 180 days ▶ Benefit durations up to Social Security Normal Retirement Age ▶ Partial and residual available ▶ Rate guarantees up to two years ▶ Additional features included on Long Term Plans, such as elimination period interruption provision, conversion privilege, survivor and specific indemnity benefits ▶ FMLA/MSLA continuation 	<ul style="list-style-type: none"> ▶ Coverage from \$10,000 to \$500,000 for employees and spouses ▶ Guaranteed Issue amounts for employees and often for spouses, too ▶ Dependent child(ren) coverage (Guaranteed Issue) ▶ Employees can elect spouse-only coverage ▶ Accelerated death benefit included ▶ Waiver of premium included ▶ Portability and conversion included ▶ Tobacco User/Non-Tobacco User rates available ▶ Five-year age-banded rates ▶ Individual policies issued in some states 	<ul style="list-style-type: none"> ▶ Benefits to \$500,000 ▶ Standard rating to age 75 ▶ Seat Belt/Air Bag Benefit available up to \$100,000 maximum ▶ Guaranteed Coverage (no individual underwriting) ▶ Spouse and dependent child(ren) coverage available ▶ Conversion Privilege included 	<ul style="list-style-type: none"> ▶ Coverage from \$5,000 to \$50,000 for employees and spouses ▶ Dependent child(ren) coverage (Guaranteed Issue) ▶ Portability optional ▶ FMLA/MSLA continuation ▶ Tobacco User/Non-Tobacco user rates available ▶ Five year age-banded rates ▶ Wellness benefit standard, may be excluded ▶ HSA-compliant plan design available 	<ul style="list-style-type: none"> ▶ 24-hour and non-occupational coverage ▶ Three different plan levels offered at employer's discretion ▶ Optional Accidental Death & Dismemberment Benefits ▶ Portability optional ▶ FMLA/MSLA continuation ▶ Wellness benefit standard, may be excluded 	<ul style="list-style-type: none"> ▶ Guaranteed issue; no medical questions ▶ No pre-existing conditions or mental/nervous/substance abuse exclusions or limitations ▶ No deductibles ▶ Customization available for groups of over 2,000 eligible lives. ▶ COBRA-eligible, administration included ▶ HIPAA privacy compliant

Integrated Employee Benefits

Increase productivity, control costs and ensure employee satisfaction

Dental	Eye Care	Absence Solutions®
<ul style="list-style-type: none"> ▶ Choose from a wide variety of full-service plan designs ▶ Maximum RewardsSM option can increase annual maximums with carryover ▶ Participating Provider Organization plans ▶ Voluntary/Pretax plans ▶ Plans may cover Type 1/ Preventive, Type 2/Basic and Type 3/Major procedures, or Type 1 and Type 2 only, Type 1 only ▶ Cost Containment, Small Group, High/Low, Buy-Up and Administrative Services Only plans ▶ Orthodontia benefits available ▶ Wal-Mart® Discount Prescription Program 	<ul style="list-style-type: none"> ▶ Basic Vision, maximum covered expense/defined benefit reimbursement plan with optional network ▶ Sharper Vision features the VSP network ▶ TrueView Vision® features the EyeMed network ▶ Materials-Only or Materials-Optional plans ▶ Exam Plus benefit, VSP eye exam plus VSP discounts available with most dental plans ▶ LASIK AdvanceSM available with most dental plans 	<ul style="list-style-type: none"> ▶ Leave management options to meet the needs of all employers over 50 lives ▶ Seamless integration of STD, LTD, workers' comp, FMLA and other leaves ▶ Complete client flexibility ▶ Best in class technology, including real-time notification & robust web-based financial reporting ▶ Paperless claim application process ▶ Consistent, outstanding employee satisfaction (100% claimants surveyed) ▶ ADA support services available for leave and non-leave related requests

RSL Risk Solutions®

A flexible program of stop-loss insurance designed to help employers maximize their control over health care spending.

- ▶ Specific risk (individual) and aggregate risk (total) stop-loss coverage available for groups as low as 50 lives
- ▶ Market sensitive rating models
- ▶ Deductible levels as low as \$25,000 and as high as appropriate for the group and plan
- ▶ Group specific rating and cover
- ▶ Group aggregate rating and cover
- ▶ No mandatory lasing at renewal

RSL BasicCare® Limited Benefit Medical Products

Designed for employee groups who do not have access to traditional health insurance, RSL BasicCare is available to both part-time and full-time employees in various occupations.

RSL BasicCare Medical – Numerous plans with varying levels of benefits, available on employer paid and voluntary basis, including a minimum essential coverage plan.

RSL BasicCare Dental – Available for employees and dependents with an annual maximum of \$1,000 per person

RSL BasicCare Term Life – Offers a \$10,000 Employee Life Benefit and matching Accidental Death Benefit. Dependent coverage available

RSL BasicCare STD (Employee Only) – Provides a weekly benefit of 50% of base pay up to a maximum of \$125 for up to 26 weeks

Reliance Standard's Limited Benefit Medical (LBM) plans are designed to be in compliance with, or as an alternative to, the Affordable Care Act (PPACA) regulations.

Business Travel Accident

- ▶ For groups of 5 or more lives
- ▶ Business only or Business and Pleasure coverage available
- ▶ Company-owned/Leased Aircraft coverage and Piloting coverage available

Value Added Services

- ▶ Employee Assistance Program
- ▶ Bereavement Counseling
- ▶ 24 Hour Travel Assistance
- ▶ Identity Theft Full Restoration Services and Real-Time Card Monitoring

RSL SmartChoice® Small Group Insurance Products

Available to groups with 2 to 19 lives, unless otherwise specified. We offer comprehensive, flexible plan designs, which can be also offered as stand-alone products. Our Small Group Package incorporates STD, LTD, Life/AD&D and Dental/Eye Care.

RSL SmartChoice STD	RSL SmartChoice LTD	RSL SmartChoice Life/AD&D	RSL SmartChoice Dental/Eye Care
<ul style="list-style-type: none"> ▶ Weekly Maximum Benefit of \$1,500 ▶ Benefit options offered include 50%, 60%, 66-²/₃%, 70% or flat amount of coverage for all ▶ Pre-existing Condition Benefit 	<ul style="list-style-type: none"> ▶ \$7,500 Monthly Maximum Benefit ▶ Benefit percentage of 60% ▶ 60, 90 and 180 day Elimination Periods ▶ "Own Occupation" Definition of Disability—36 months ▶ Pre-existing Condition Benefit (30% to \$3,750 up to 12 months) ▶ Rehabilitation and Survivor Benefits 	<ul style="list-style-type: none"> ▶ Guaranteed Issue of \$50,000 for Groups of 2 to 5 Lives ▶ Guaranteed Issue of up to \$75,000 for Groups of 6 to 9 Lives ▶ Guaranteed Issue of up to \$100,000 for Groups of 10 to 19 Lives ▶ Maximum Benefit of \$200,000 ▶ All plans offer an equal amount of Life/AD&D 	<ul style="list-style-type: none"> ▶ 3 comprehensive dental plans ▶ PPO dental option ▶ Adult and child orthodontia option ▶ Eye care option

Success through service excellence

At Reliance Standard, we credit our legacy and our future to an unwavering commitment to service excellence. Service is our "core story," our promise to make doing business with us as easy as possible. From the largest technological advance to the most routine benefit payment, we re-examine ourselves daily to find areas in which we can improve. Then we dedicate ourselves to that improvement.

That's why, in an era when many insurance companies are looking for ways to lower costs at the expense of the customer experience, we're finding ways to raise the bar on service:

- ▶ Our national team of enrollment specialists helps plan and deliver enrollment programs that add value and improve participation.
- ▶ Our customer care model blends live professionals with 24/7 web and telephonic access for best-in-market service delivery.
- ▶ Innovative, flexible online enrollment/EOI technology stands alone or integrates with your platform.
- ▶ Flexible billing and online payment options are supported by technology tools and dedicated client facing support.
- ▶ Dedicated implementation specialists ensure new cases are installed right the first time.

About Reliance Standard

Reliance Standard Life Insurance Company (Reliance Standard) is a leading insurance carrier specializing in innovative and flexible employee benefits solutions including disability income and group term life insurance, a suite of voluntary (employee paid) coverage options and fully integrated absence management. Reliance Standard markets these solutions through independent brokers and agents to employers of all sizes. Rated A (Excellent) by A.M. Best (affirmed August 2016), Reliance Standard celebrated its centennial year in 2006.

Together with sister companies Matrix Absence Management, Inc., and Safety National Casualty Corporation, Reliance Standard Life Insurance Company is a leader in managing all aspects of employee absence to enhance the productivity of its clients. Our asset accumulation business emphasizes individual annuity products.

Reliance Standard Life Insurance Company is a member of the Tokio Marine Group. Tokio Marine Holdings, Inc., the ultimate holding company of the Tokio Marine Group, is incorporated in Japan and is listed on both the Tokyo and Osaka Stock Exchanges. The Tokio Marine Group operates in the property and casualty insurance, reinsurance and life insurance sectors globally. The Group's main operating subsidiary, Tokio Marine & Nichido Fire (TMNF), was founded in 1879 and is the oldest and leading property and casualty insurer in Japan. TMNF conducts business in the United States mainly through its U.S. branch and enjoys an A.M. Best rating of A++, which ranks among the highest in the industry.

Notice to the Broker: This brochure has been developed to illustrate and highlight products offered by Reliance Standard Life Insurance Company and is not a contract. All of the information contained in this brochure is subject to the group insurance policy provisions and may be subject to change. For cost and further detail of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office. This brochure is intended for use by agents and brokers only and is not intended for distribution to the general public.

Insurance products and services are provided through Reliance Standard Life Insurance Company in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, home office: New York, NY. Product availability and features may vary by state.

For more information or to locate a regional sales representative near you, visit www.reliancestandard.com

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

www.reliancestandard.com