

GROUP CRITICAL ILLNESS INSURANCE POLICY
RELIASTAR LIFE INSURANCE COMPANY
20 Washington Avenue South, Minneapolis, Minnesota 55401
800-955-7738 <http://ing.us>

POLICYHOLDER: Bloomington Independent School District #271
GROUP POLICY NUMBER: 65768-9CCI
POLICY EFFECTIVE DATE: July 1, 2013
POLICY ANNIVERSARY DATE: July 1
GOVERNING JURISDICTION: Minnesota

THIS IS A LIMITED BENEFIT POLICY.
Benefits are paid for Critical Illnesses as defined in the Certificate(s).

ReliaStar Life Insurance Company (We, Us, Our) will pay the benefits according to the terms and conditions of this Policy. This Policy is issued in consideration of the Policyholder's application and payment of premiums when due.

This Policy is effective on the Policy effective date. The first Policy year ends one year after the Policy effective date; subsequent Policy anniversary dates will be annually thereafter. Policy years are determined from the Policy anniversary. Benefit periods begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address.

READ THIS POLICY CAREFULLY! This Policy is a legal contract between the Policyholder and ReliaStar Life Insurance Company, delivered in and governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

RENEWABILITY

This Policy is conditionally renewable on each Policy anniversary.

Limitations or exclusions may apply. Please read the Policy carefully. Benefits may also be limited or reduced based on the attainment of certain ages.

Signed for ReliaStar Life Insurance Company at its home office in Minneapolis, Minnesota on the Policy effective date.



President



Secretary

This Policy provides Critical Illness Insurance

Noncontributory

Nonparticipating

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PART A. POLICYHOLDER PROVISIONS

ENTIRE CONTRACT

The entire contract consists of all of the following:

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

The Policy may be amended at any time by written agreement between Us and the Policyholder. No change in the Policy will be valid until approved by one of Our executive officers. Such approval must be in writing and will be endorsed or attached to the Policy. Changes requiring regulatory approval will not be valid until approved by the appropriate regulatory body.

No agent, representative or employee of Ours or of any other entity may change or waive the terms of this Policy, or of any Certificate or rider issued under it, except in a writing signed by one of Our executive officers and endorsed on or attached to this Policy.

The Policyholder may not change benefits, limit coverage or otherwise restrict participation until the Insured Persons or enrollees have been notified of any changes, limitations or restrictions.

CERTIFICATES

We will furnish the Policyholder with a Certificate of coverage which describes the benefits under the Policy. The Policyholder will provide a Certificate to each Insured Person.

If there is a conflict between the terms of this Policy and any Certificate or rider issued under it, this Policy controls.

ELIGIBLE NEW INSURED PERSONS

Eligible new Insured Persons will become covered under this Policy according to the terms and provisions of the Policy.

MAINTAINING RECORDS

The Policyholder must provide Us with detailed information about persons who are eligible to become insured under the Policy, information about Insured Persons including names and mailing addresses, and any other information that may be reasonably required.

Policyholder records that have a bearing, in Our opinion, on the Policy will be available for review by Us at any reasonable time as determined by Us.

REPRESENTATIONS NOT WARRANTIES

A copy of the Policyholder's application will be attached to the Policy when issued. All statements made by the Policyholder are considered representations and not warranties.

INCONTESTABILITY

The validity of the Policy cannot be contested after it has been in force for two years from the Policy effective date, except for nonpayment of premiums.

PREMIUM RATES

The initial premium for this Policy is based on the initial rate(s) shown below.

All Eligible Employees	Rate/\$1000
Employee	\$1.09

Critical Illness Insurance includes the following rider: Recurrence Rider.

PREMIUM PAYMENTS

Premium Due Dates: 07/01/2013 and the first day of each calendar month thereafter. The Policyholder must send all premiums to Us on or before their respective due dates. The premium must be paid in United States dollars to Our home office.

INITIAL RATE GUARANTEE AND RATE CHANGES

A change in premium rates will not take effect before July 1, 2015.

However, We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to any of these:

- A change occurs in the policy design.
- The number of Insured Persons changes by 15% or more.
- A new law or a change in any existing law is enacted which applies to the Policy.

We will notify the Policyholder in writing at least 60 days before a premium rate is changed. A change in premium rates may take effect on an earlier date when both the Policyholder and We agree.

GRACE PERIOD

The Policyholder has a grace period of 47 days for the payment of any premium due except the first. During the grace period the Policy will remain in force. If full payment is not received by Us by the end of the grace period, the Policy will automatically terminate at the end of the grace period. The Policyholder is required to pay a pro rata premium for any period the Policy was in force during the grace period. There is no grace period if the Policyholder gives Us advance written notice of termination, or if We have given the Policyholder advance written notice of termination as described under the POLICY TERMINATION provision.

POLICY TERMINATION

The Policy can be terminated either by Us or by the Policyholder.

We may terminate the Policy for any of the following reasons:

- The Policyholder does not promptly provide Us with information that is reasonably required.
- Fewer than 25 persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es) as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its persons.
- We stop providing the type of coverage under this Policy to all groups in the Policy issue state.

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least 60 days prior to the termination date.

The Policyholder may terminate the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy is terminated, We will make a good faith effort to notify all Insured Persons at least 30 days before the termination date. We will not notify Insured Persons if We have reasonable evidence that the Policy has been or will be replaced by a substantially similar group policy, plan or contract.

If the Policy is terminated, the cancellation will not affect a payable claim.

PORTABILITY

If there are any Insured Persons on portability, as described in the Certificate, when the Policy would otherwise terminate, the Policy will remain in force to cover those Insured Persons on portability until the date there are no Insured Persons on portability.

Exception: If We terminate the Policy due to Our termination of all similar policies in the Policy issue state, then coverage for all Insured Persons on portability will also terminate. We will send a termination notice to each Insured Person on portability.

REINSTATEMENT

We will not reinstate the Policy after it has terminated. To become insured after insurance has stopped, the Policyholder must submit a new application.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on the Policy effective date and each subsequent Policy anniversary date, conflicts with any law that applies in the jurisdiction where the Policy is issued, is automatically amended to conform to the minimum requirements of such law.

DIVISIONS, SUBSIDIARIES OR AFFILIATED COMPANIES INCLUDED

NAME

LOCATION (CITY AND STATE)

None

PART B. INSURED PERSONS' PROVISIONS

POLICYHOLDER: Bloomington Independent School District #271

GROUP POLICY NUMBER: 65768-9CCI

The Certificates specified in the Certificate Index below are made a part of the Policy.

Riders and endorsements, if any, amending the provisions of the Certificates are also made a part of the Policy. The Certificates, riders and endorsements are made a part of the Policy from the effective date(s) listed below. The class(es) of Insured Persons to whom provisions apply are also listed in the Certificate Index.

CERTIFICATE INDEX

Class of Insured Persons	Certificate Number	Effective Date
All eligible Teachers	B-14193	July 1, 2013
All eligible Non Teachers	B-14194	July 1, 2013

RIDER/ENDORSEMENT INDEX

Class of Insured Persons	Certificate Number	Rider / Endorsement Number	Effective Date
All eligible Teachers	B-14193	REC-14193	July 1, 2013
All eligible Non Teachers	B-14194	REC-14194	July 1, 2013
Wisconsin Residents	B-14193 B-14194	R-08151-MULTI	July 1, 2013