

**Term Life Coverage
Continuation Request**



ReliaStar Life Insurance Company
A member of the ING family of companies

This section to be completed by employee/spouse

Billing address (*Street, city, state, zip*)

Enclosed with this form is my first quarterly premium made payable to ReliaStar Life Insurance Company. I hereby authorize ReliaStar Life to begin billing me directly for my Term Life Insurance coverage.

Have you used tobacco products of any kind in the last 12 months? Yes No

Date

Your signature

Mail to: ReliaStar Life Insurance Company
Route 6971
20 Washington Avenue South
Minneapolis, Minnesota 55401

QUESTIONS? Call Worksite Administration at: 1-800-955-7736.

This section to be completed by ReliaStar Life

Date received	Renewal date	Group number	Certificate number	Date mailed
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