

Medical Treatment Benefit Claim Texas Educators Disability Plan



ReliaStar Life pays this benefit to you if you receive medical treatment by a doctor for sickness or accidental injury, other than treatment for dental work or routine medical examinations. The treatment must be received while the Group Policy is in force for all eligible employees. Note: ReliaStar Life does not pay a Medical Treatment Benefit during any period you are receiving a Monthly Hospital Indemnity Benefit.

ReliaStar Life Insurance Company
A member of the ING family of companies
Toll-Free: (800) 328-4090

Mail completed claim form with a copy of the medical provider's bill or Explanation of Benefits to: ING Employee Benefits, Disability Management Services, P.O. Box 1290, Minneapolis, MN 55440-1290.

Employer/Administrator Statement

Group Employer Name		Group Policy Number	
Insured's full name	Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
Insured's Address (<i>street, city or town, state, zip code</i>)			Coverage Effective Date

Employer/Administrator Certification

The undersigned certifies that the above statements as to the insured are correct as reported on its records.

Name of Employer/Administrator		Date
Address (<i>street, city, state, zip code</i>)		
Telephone Number	Fax	E-mail
Authorized Signature		Title

Insured's Statement

Diagnosis or reason for treatment	Date of Treatment
Name of medical provider	Complete address of medical provider

Authorization and Acknowledgment

For claim purposes, I give my permission to: Any physician or other medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsurance company, Medical Information Bureau, Inc.(MIB), Social Security Administration or employer to give ReliaStar Life Insurance Company (ReliaStar Life) or its agents, employees and authorized representatives acting on its behalf (including ChoicePoint or any consumer reporting agency), ALL INFORMATION on my behalf (except as limited below), including findings on medical care, psychiatric or psychological care or examination, surgery or non-medical information regarding Social Security benefits or earnings information and other employment-related information, as they apply to me. I give my permission to ReliaStar Life to get consumer or investigative consumer reports about me.

I give my permission to ReliaStar Life to get any and all such information for the purposes described in this form. I specifically consent to the redisclosure of such information as set forth in this form. I know that my medical records, including any alcohol or drug abuse information, may be protected by Federal Regulations -- 42 CFR Part 2. I may revoke this authorization as it applies to any information protected by 42 CFR Part 2 at any time, but not to the extent action has been taken in reliance on it.

I understand all or part of the information obtained by this authorization may be communicated between ReliaStar Life and its affiliates and may be sent to MIB. This information may be made available to any ReliaStar Life affiliate, reinsurer, employee, or contractor who processes transactions that concern any coverage I may have requested or have with ReliaStar Life or its affiliates.

I understand that my additional written consent will be required before any information described above is given, sold, transferred, or, in any way, relayed to another party not previously specified (unless otherwise provided by law). My additional consent must be provided on a form that states the new use of the information or why another party needs it.

I know that I or my authorized representative have the right to get a copy of this form. A photocopy of this form will be as valid as the original. This authorization will be valid for the duration of my claim for benefits. I acknowledge that I have been given ReliaStar Life's Consumer Privacy Notice and Insurance Information Practices Notice.

I hereby certify that the statements on this form are complete and accurate to the best of my knowledge.

Any person who, knowingly with intent to defraud any insurance company or other person files a 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 may subject such person to criminal and civil penalties, and denial of insurance benefits.

Signature of Insured	Telephone Number ()	Date
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