

REQUEST FOR AMENDMENT

MAX Administration Form

RELIASTAR LIFE INSURANCE COMPANY
 Administrative Office: P.O. Box 20, Minneapolis, MN 55440

ING EMPLOYEE BENEFITS

Legal Entity (Group) Name (R)	County of San Mateo		
Contract (Group) Number (R)	62001-7	Organizations (Accounts) (R)	All

Effective Date of Amendment:	January 1, 2006
NOTE: If possible, the effective date should be the first day of a policy month.	

COVERAGE REVISIONS

Request is hereby made to ReliaStar Life Insurance Company for the following revision(s) for the Group Plan(s) indicated above.

The revisions apply to the following coverages:			
<input checked="" type="checkbox"/> Basic Life	<input type="checkbox"/> Basic AD&D	<input checked="" type="checkbox"/> Basic Dep Life	<input type="checkbox"/> Basic Dep AD&D
<input checked="" type="checkbox"/> Suppl Life	<input type="checkbox"/> Suppl AD&D	<input checked="" type="checkbox"/> Suppl Dep Life	<input type="checkbox"/> Suppl Dep AD&D
<input type="checkbox"/> Portable Life	<input type="checkbox"/> Portable AD&D	<input type="checkbox"/> Portable Dep Life	<input type="checkbox"/> Portable Dep AD&D
<input type="checkbox"/> Paid Up Life	<input checked="" type="checkbox"/> STD	<input type="checkbox"/> LTD	<input type="checkbox"/> Dental
<input type="checkbox"/> IER	<input type="checkbox"/> AER	<input type="checkbox"/> ING DIAL	<input type="checkbox"/> PAI
<input type="checkbox"/> Premier DI	<input type="checkbox"/> Other:		

Based on the incurred claims loss ratio, ReliaStar Life Insurance Company, (ING Employee Benefits) has agreed to honor the fourth and fifth year, (2006 and 2007) rate guarantees for the Life Insurance and Short Term Disability.

The Premium Rate Notification sent out by ING Employee Benefits will reflect the new rate guarantee time period and specify the same detailed rates as disclosed in previous years.

Dated: _____	Group Policyholder: <u>County of San Mateo</u>
Printed Name: _____	Signature: _____
	Title: _____