

HIPAA NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THE RELIASTAR LIFE INSURANCE COMPANY
250 Marquette Avenue, Suite 900
Minneapolis, Minnesota 5540

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY**

To help you understand how we protect your health information, this Notice of Privacy Practices (the "Notice") describes the current privacy policy and practices of ReliaStar Life Insurance Company when health information is collected and maintained in connection with long-term care benefit riders offered with certain life insurance policies. This notice refers to ReliaStar by using the terms "Company" "us" "we" or "our." While life insurance is not covered under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the long-term care benefit riders are covered under HIPAA. Therefore, information you provide to the Company in connection with the long-term care benefit riders are subject to this Notice. The Company will use and share protected health information of insureds as necessary to carry out payment and health care operations as permitted by law. We are required by law to maintain the privacy of our insureds' protected health information ("PHI") and to provide insureds with notice of our legal duties and privacy practices with respect to their PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice and to make the new Notice effective for all PHI maintained by us.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization: Except as described in this Notice, we will not use or disclose your PHI, including psychotherapy notes, without written authorization from you. In addition, use or disclosure of psychotherapy notes, or the use or disclosure of PHI for marketing purposes, or disclosure of PHI in a manner that constitutes a sale, requires your authorization. If you do authorize the Company to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time. If you revoke an authorization, the Company will no longer use or disclose your PHI in the manner covered by that authorization, except to the extent that the Company has taken action in reliance on the authorization.

This section describes uses and disclosures of your PHI that we may make that do not require authorization.

Uses and Disclosures for Payment: The Company will make uses and disclosures of your PHI as necessary and as permitted by law for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims or to determine whether services are covered under the long-term care benefit rider. The Company may also forward such information to another health plan, which may also have an obligation to process and pay claims on your behalf.

Uses and Disclosures for Health Care Operations: The Company will use and disclose your PHI as necessary, and as permitted by law, for our health care operations. This includes enrollment, underwriting, policy issuance, securing reinsurance, customer service, and other activities relating to the creation and servicing of your insurance coverage, compliance, auditing, rating, fraud and abuse detection, business management and general administrative activities, quality improvement and assurance, and other functions related to the long-term care benefit rider. Such activities may involve our use of third parties that perform services for us. When we hire other parties to help us conduct our business, we require them to protect your PHI. Further, we do not permit them to use or share your PHI for any purpose other than performing services for us.

Payment of Claims: We may use and disclose PHI to pay benefits under the policy. For example, we may review PHI contained in claims to pay eligible benefits to the policy owner for qualified LTC services.

Other Health Related Products: We may use or disclose your PHI to offer you upgrades to your long-term care benefit rider, or other products or services which may be available to you because you are a policyholder with a long-term care benefit rider.

Other Uses and Disclosures: We are permitted to disclose your Protected Health Information as described below without your authorization, although we anticipate any such disclosure to be quite rare:

1. to a legally authorized public health authority for public health purposes;
2. to a public health or other appropriate government authority authorized to receive reports of child abuse or neglect;
3. to a person subject to the jurisdiction of the Food and Drug Administration for purposes related to the quality, safety or effectiveness of FDA-regulated products or activities;
4. if authorized by law, to a person who may have been exposed to or at risk of contracting a communicable disease or condition;
5. to a government authority when there is reason to suspect abuse, neglect, or domestic violence;
6. to a health oversight agency for authorized oversight activities;
7. if authorized by law for judicial and administrative proceedings;
8. for law enforcement purposes; and
9. to a coroner or medical examiner, a funeral director, or for organ or tissue donation purposes.

YOUR RIGHTS: You have rights related to your protected health information that are described below. All communication and requests regarding those rights, where applicable, can be submitted at www.Voya.com, mailed to ReliaStar Life Insurance Company, 250 Marquette Avenue, Suite 900, Minneapolis, MN 55401 ATTN: HIPAA Privacy Officer, or emailed to HIPAAPrivacyOfficer@voya.com.

Access to Your PHI: You have the right to copy and/or inspect protected health information in certain records that we retain on your behalf, including your application, billing, and benefit statements, claim forms, policy change requests, and records relating to your health or medical condition or treatment. We may charge you a reasonable, cost-based fee for any copies you request and mailing charges.

Amendments to Your PHI: You have the right to request that certain PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests must state the reasons for the amendment/correction request. If we make an amendment or correction you request, we may also notify others who work with us and have copies of the uncorrected record, if we believe that such notification is necessary. Please understand that we will not amend PHI that we did not create, unless we are notified of the need for amendment by the entity that created it. For example, requests to amend information in your medical records need to be directed to the medical provider or facility that created the information.

Accounting for Disclosures of Your PHI: You have the right to receive an accounting of certain disclosures we make of your PHI. The first accounting in any 12-month period is free; you may be charged a reasonable, cost-based fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your PHI: You have the right to request restrictions on certain of our uses and disclosures of your PHI for payment or health care operations. Your request must describe in detail the restriction you are requesting. We are not required to agree to your request for a restriction.

Requesting Confidential Communication of Your PHI: You have the right to request that communications regarding your PHI from us be delivered by alternative means or at alternative locations. We will accommodate reasonable requests, such as instructions that messages not be left on voice mail or sent to a particular address.

SUD Treatment Information: If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

Notification Following a Breach of Unsecured PHI: You will receive notifications from the Company in the event of a breach of your PHI.

COMPLAINTS: If you believe your privacy rights have been violated, you can file a complaint in writing with our HIPAA Privacy Officer at the email or physical address listed at the end of this Notice. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. within 180 days of a violation of your rights. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE: We reserve the right to change the terms of this notice at any time. A copy of the revised notice will be posted at www.Voya.com.

MORE INFORMATION: If you have questions about this Notice, wish to request a paper copy of this Notice, or need further information about this Notice, please send your request to: ReliaStar Life Insurance Company, ATTN: HIPAA Privacy Officer, 250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401.

This Notice is effective as of September 1, 2025.