# Wellness Benefit<sup>1</sup>



### Draw on the protection provided by your benefits.

We will pay you the amount shown on the Schedule of Benefits for one (1) health screening test performed during a twelve (12) month period for you and your dependents,<sup>2</sup> if applicable, provided:

- Written proof satisfactory to Reliance Standard is provided that such a health screening test has been performed;
- You and your dependents were covered under the Policy at the time the test was performed; and
- One of the following health screening tests has not already been performed at any time during the same twelve (12) month period.

#### Filing a claim is Fast and Easy! Visit www.RSLClaims.com

#### RELIANCE STANDARD

A MEMBER OF THE TOKIO MARINE GROUP

## Health screening tests covered under the Policyare:

- ALT / AST (liver function test)
- Biopsy for cancer
- Blood test for triglycerides
- Bone density testing (DEXA scan)
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram
- Electrocardiogram
- Fasting blood glucosetest
- Flexible sigmoidoscopy
- Genetic tests

- Hemoccult stool analysis
- Hepatitis screening
- HIV screening
- Mammography
- Pap test
- PSA (blood test for prostate cancer)
- Serum cholesterol test (HDL and (LDL)
- Serum Protein
   Electrophoresis (blood test formyeloma)
- Skin cancer screening
- Stress test
- Ultrasound screening (breast, abdominal, aorta, carotid arteries, or cancer detection)

#### www.reliancestandard.com

This brochure is not a contract. The availability of the described feature may vary by state. It is not available in CO, CT, MN, NH or WA for Group Accident. It is not available in WA for Critical Illness. Critical illness coverage is provided by policy series LRS-9401-0111 and group accident coverage is provided by policy series LRS-9453-0111, et al through Reliance Standard Life Insurance Company. Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

<sup>&</sup>lt;sup>1</sup> Health Screening Benefit in NH.

<sup>&</sup>lt;sup>2</sup> Only one (1) Wellness Benefit will be paid in a twelve (12) month period per covered individual, subject to a maximum of four (4) per family. This benefit is paid in addition to any other payments you or your dependents, if applicable, may receive under the Policy.