Options to Keep Your Group Insurance

Portability

Coverage available	▪ Employee Basic Term Life ▪ Spouse Term Life ▪ Employee Supplemental Term Life ▪ Child Term Life Dependent coverage can be ported only if employee coverage is ported Employee must be under age 80 to elect to port coverage
Type of insurance *Available without proof of good health.*	Group Term Life
Eligibility timing	**Must be elected within 31 days from loss of eligibility**. If coverage is ported, insured will be billed.
Eligible events for portability	▪ Termination of employment ▪ Other loss of eligibility ▪ Lay off or non-medical leave ▪ Retirement
Not allowed for these events	▪ Employee not actively at work due to sickness or injury ▪ Nonpayment of premium ▪ Termination of group policy
Maximum age to elect	Employee: Age 79 Spouse: Age 79 or employee's age 79 Child: Age 26
Amounts allowed to elect *All or a portion of coverage previously in force.*	**Minimum** / **Maximum** Employee: $10,000 / $1,000,000 Spouse: $1,000 / $250,000 Child: $1,000 / Previous amount in force
Coverage reductions *Reductions apply to minimum and maximum amounts elected.*	Employee & Spouse: Age 65 reduces to 65% Age 70 reduces to 50% Age 75 reduces to 30%
Termination of coverage	Employee: Age 80 Spouse: Age 80 or employee's age 80, whichever is sooner Child: Age 26, or employee's age 80, whichever is sooner

This is a summary of plan provisions related to the insurance policy issued by the Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.

Premium Rates to Keep Group Insurance

Ported Term Life

(Basic and Supplemental)

Employee & Spouse

Age	Monthly Rate Per $1,000
Under 25	$0.150
25 – 29	$0.150
30 – 34	$0.160
35 – 39	$0.180
40 – 44	$0.270
45 – 49	$0.430
50 – 54	$0.680
55 – 59	$1.110
60 – 64	$1.770
65 – 69	$2.870
70 – 74	$5.340
75	$8.610
76	$10.100
77	$11.840
78	$13.650
79	$15.740

Rates increase with age and are subject to change.

Child Term Life

Monthly Rate Per $1,000
$0.26

Monthly premium calculation

Divide the amount of insurance you are electing by 1,000. This is referred to as the number of units of insurance. Multiply the number of units of insurance by the rate listed for your age in the rate table to determine your monthly premium.

For example, *if you were a 50-year-old* who wants to keep $10,000 of term life insurance, the following is a *sample* calculation of the monthly premium.

Sample Premium Calculation		
$10,000 ÷ 1,000	=	Units 10
Rate for 50-year Old		X .680
Sample Monthly Premium		$6.80

Individual Coverage

You can talk to an insurance advisor who can help you choose from a wide range of individual life insurance products for you and your dependents. This option requires you and your dependents to complete an individual application and provide proof of good health. Call our Client Services Advisors at 888-826-2723 to learn more and apply for coverage.

Conversion

Allows employees to convert in force Group Term Life insurance to an individual life policy without providing proof of good health. No coverage or age maximums apply to your conversion, and the rates do not increase with age. Conversion rates are higher than those paid for group coverage. Conversion is also available when life coverage ends for an individual. Dependent Term Life coverage can be converted even if employee coverage is not converted. Conversion premium must be mailed with the conversion application within 31 days of the event.

Details on How to Keep Group Insurance

How to elect portable coverage for yourself and your dependents:

- Complete the Election form and sign it. Please note we are unable to accept electronic signatures.
- Make a copy to keep for your records.
- Submit the form to us within **31 days** after loss of eligibility through one of the following options:

Form Return Options

Attach and submit on: www.LifeBenefits.com/contactus

Or Fax to: 651-665-4827

Or Mail to: Securian Financial Group, Inc.
PO Box 64086
St Paul, MN 55164-0086

If you have any questions, please call 866-365-2374.

Election - Portability

Securian Life Insurance Company
Minnesota Life Insurance Company
Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098
Fax 651-665-4827

Employer name and policy number	Policy number **60000**

EMPLOYEE INFORMATION

Name	Date of birth	Gender ☐ Male ☐ Female

Address (street, city, state, zip)

Email address	Cell or daytime phone number
Date leaving employer's active plan	Reason for leaving the employer's active plan (retirement, termination, etc.)
Were you actively at work on the day before your retirement or termination? ☐ Yes ☐ No	If you answered no, was your absence due to sickness or injury? ☐ Yes ☐ No

I choose to keep the following insurance coverage(s) active. Note: If you elect a coverage amount greater than the amount verified by your employer, we will use the verified amount.

Basic term life amount

$

Optional/supplemental term life amount

$

DEPENDENT INFORMATION

The Employee is the beneficiary for the coverage(s) noted below, or as noted in your policy.

Spouse term life amount I want to keep

$

Name of spouse	Spouse date of birth	Gender ☐ Male ☐ Female

Child term life amount I want to keep

$

Name of child	Date of birth
Name of child	Date of birth
Name of child	Date of birth
Name of child	Date of birth
Name of child	Date of birth

Note: If you elect a coverage amount greater than the amount verified by your employer, we will use the verified amount.

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Election - Portability

Securian Life Insurance Company • Minnesota Life Insurance Company

Employee name	Your group number	Employee date of birth	Policy number
			60000

This designation applies to all employee coverages on page 1 of the Election page.

EMPLOYEE PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip)		Relationship to insured	

Total Primary Shares Must Equal 100%

EMPLOYEE CONTINGENT BENEFICIARY(IES) - Receives a benefit ONLY if all primary beneficiaries are no longer living.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip)		Relationship to insured	
Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip)		Relationship to insured	

Total Contingent Shares Must Equal 100%

Please indicate how you would like to be billed: ☐ Quarterly ☐ Semi-Annually ☐ Annually

Do not send a premium payment in with this completed form. We will bill you for the premium payment after receiving your completed election form. You will have the option of a monthly EFT draft after your initial payment is received and processed.

A $2.00 fee is charged *per premium payment* for administrative fees, unless billed annually.

To be eligible for coverage, you must apply within 31 days of the date your previous coverage terminated.

Applicant signature	Date signed
X	