

# Options to Keep Your Group Insurance

## Portability

<b>Coverage available</b>	<ul style="list-style-type: none"> <li>▪ Basic Life</li> <li>▪ Optional/Supplemental Life</li> <li>▪ Optional Spouse Life</li> <li>▪ Optional Child Life</li> </ul> <p>Dependent coverage can be ported only if employee coverage is ported</p> <p>Employee must be under age 70 to elect to port coverage</p>												
<b>Type of insurance</b> <i>Available without proof of good health.</i>	Group Term Life												
<b>Eligibility timing</b>	<b>Must be elected within 31 days from loss of eligibility.</b> If coverage is ported, insured will be billed.												
<b>Eligible events for portability</b>	<ul style="list-style-type: none"> <li>▪ Termination of employment</li> <li>▪ Lay off or non-medical leave</li> <li>▪ Other loss of eligibility</li> <li>▪ Retirement</li> </ul>												
<b>Not allowed for these events</b>	<ul style="list-style-type: none"> <li>▪ Employee not actively at work due to sickness or injury</li> <li>▪ Nonpayment of premium</li> <li>▪ Termination of group policy</li> </ul>												
<b>Maximum age to elect</b>	<p>Employee Age 69</p> <p>Spouse Age 69 or employee's age 69</p> <p>Child Age 26</p>												
<b>Amounts allowed to elect</b> <i>All or a portion of coverage previously in force.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><b>Minimum</b></th> <th style="text-align: center;"><b>Maximum</b></th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td style="text-align: center;">\$10,000</td> <td style="text-align: center;">\$500,000</td> </tr> <tr> <td>Spouse</td> <td style="text-align: center;">\$1,000</td> <td style="text-align: center;">\$150,000</td> </tr> <tr> <td>Child</td> <td style="text-align: center;">\$1,000</td> <td style="text-align: center;">\$25,000</td> </tr> </tbody> </table>		<b>Minimum</b>	<b>Maximum</b>	Employee	\$10,000	\$500,000	Spouse	\$1,000	\$150,000	Child	\$1,000	\$25,000
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Employee	\$10,000	\$500,000											
Spouse	\$1,000	\$150,000											
Child	\$1,000	\$25,000											
<b>Coverage reductions</b> <i>Reductions apply to minimum and maximum amounts elected.</i>	<p>Employee Age 65 reduces to 65%</p> <p>Spouse Age 65 reduces to 65%</p>												
<b>Termination of coverage</b>	<p>Employee Age 70</p> <p>Spouse Age 70 or employee's age 70, whichever is sooner</p> <p>Child Age 26, or employee's age 70</p>												

*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 Life Employee & Spouse

Age	Monthly Rate Per \$1,000
Under 25	\$0.08
25 – 29	\$0.09
30 – 34	\$0.11
35 – 39	\$0.14
40 – 44	\$0.20
45 – 49	\$0.32
50 – 54	\$0.56
55 – 59	\$0.92
60 – 64	\$1.13
65 – 69	\$1.97

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 .56
<b>Sample Monthly Premium</b>	<b>\$ 5.60</b>

## **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 port insurance for yourself and your dependents**

The portability election period is time-sensitive. We must receive the appropriate form(s) by your enrollment deadline or you will forfeit your right to port or convert your life insurance.

### **Election of portable coverage**

- Complete the Election form and send it within **31 days** after loss of eligibility.
- Mail or fax your election form. *Fax is available for port only.*
- Please keep a copy of this form with your important insurance documents.

**Securian Financial  
PO Box 64086  
St. Paul, MN 55164-0086**

**Or fax to 651-665-4827**

If you have any questions or need assistance completing your election form, please call 866-365-2374.

## Election - Portability



### Securian Financial Group, Inc.

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	Policy number
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### EMPLOYEE INFORMATION

Name	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Address (street, city, state, zip)

Email address	Cell or daytime phone number
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Date leaving employer's active plan	Reason for leaving the employer's active plan (retirement, termination, etc.)
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Were you actively at work on the day before your retirement or termination? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered no, was your absence due to sickness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**I wish to elect to keep the following insurance coverage(s) active. If your elected amount is higher than the coverage amount we verified with your employer, we will use the insurance amount provided by your employer.**

Basic term life amount

\$

Optional/supplemental term life amount

\$

### DEPENDENT INFORMATION

Spouse term life amount I want to keep

\$

Name of spouse	Spouse date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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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	Name of child	Date of birth

**If your elected amount is higher than the coverage amount we verified with your employer, we will use the insurance amount provided by your employer.**

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# Election - Portability

Securian Financial Group, Inc.  
 Securian Life Insurance Company • Minnesota Life Insurance Company

Employee name	Date of birth	Policy number
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**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	
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Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip)		Relationship to insured	

**Total Primary Shares Must Equal 100%**

**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 <b>X</b>	Date signed
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Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer.