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# *Rex M. Divine*

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January 27, 2016

The Honorable Nikki R. Haley  
Office of the Governor  
1205 Pendleton Street  
Columbia, South Carolina 29201

Dear Governor Haley,

My name is Rex Divine and I am a retiree for South Carolina. I was born in Myrtle Beach, raised in Columbia, Irmo, went to Charleston Southern University earning my B.S. and The University of South Carolina earning my M.Ed. I worked for SC Department of Corrections and Jasper Adult Education. I retired with 28 years of service.

I need help and do not know who to turn to. As you know when one retires from the state they take on some of the responsibilities of Whole Life Insurance premiums. This year the state chose to go from METLIFE to Minnesota life. Somewhere something was fowled up. I have continued to pay on the policy. I called Minnesota Life and they said my policy had lapsed and it was canceled, however, they would do a one time reinstatement.

In November I began to put my earthly affairs in order. While doing so I noted that I had not received a bill from Minnesota Life. They said it lapsed 15 days prior and would not be reinstated. I called South Carolina Retirement and asked for their assistance and they said that is a contract between company and retiree. Why is it that my health benefits, Dental, Dental Plus are automatically deducted from my check, but life insurance is not deducted by the same means? In addition the two checks that I sent Minnesota Life have been returned.

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## *Rex M. Divine*

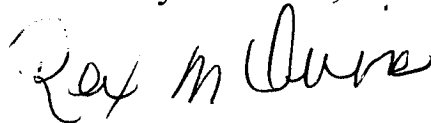
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It appears that Minnesota want to make sure premiums are not delivered thus, they cancel outstanding policies that have been paid on for years. With my age and medical issues there is so insurance company willing to insure me. This is clearly a sign of agism. I highly recommend that when insurance options are renegotiated the contracted with Minnesota Life be abandoned and a new vendor be found.

Governor Haley, I have watched your compassion move South Carolina and help the state to soar. I wish I was in Columbia to work under your leadership. If there is anything you can do to get my Minnesota Life restored I would greatly appreciate it. In addition if Life insurance and begin to be deducted out of retirees' paychecks that would greatly help all retirees.

Thank you, for you help. If you run for VP you will have my full support.

Sincerely I remain, a



Rex M. Divine

# MINNESOTA LIFE

Minnesota Life Insurance Company  
A Securian Company  
400 Robert Street North  
St. Paul, MN 55101-2098  
www.minnesotalife.com

## Bill for 01/01/2015 to 03/31/2015

Contract ID	7145471
Insured	Rex M Divine
Billing Date	01/07/2015
Billing Control ID	17950260-00
Total Due	\$165.20
**Due Date	03/09/2015

If premiums are not received by your due date, your insurance coverage will lapse.

01319/

REX M DIVINE  
13 OXFORD CT  
SAVANNAH GA 31419-2716

Policy ID: 0034407

Sponsor ID: SOUTH CAROLINA PEBA

### To request changes or to contact us

- Avoid billing fee by setting up Electronic Funds Transfer or Annual Bill
- Call us at 1-866-293-6047
- Email us at [lifebenefits@securian.com](mailto:lifebenefits@securian.com)

### To pay your bill

- Save a Stamp! Pay your bill online by visiting our website at [www.payments.lifebenefits.com](http://www.payments.lifebenefits.com).
- If paying by check, detach and enclose the coupon below with your payment. Make checks payable to Minnesota Life.

### Billing Detail for Term Life

Description	Benefit Amount	Premium
Life	320,000	\$ 163.20
Accelerated Benefits		\$ 0.00
Billing Fee		\$ 2.00
<b>**Total Amount Due By 03/09/2015</b>		<b>\$ 165.20</b>

\*\*Your premium is due while you are living and no later than 03/09/2015.

### Important Information

Please review your insurance records annually to keep them current. Make sure to verify, adequate, your beneficiaries, if applicable, are up to date, and any family status changes are reflected in your policy. age.

F67722 Rev 5-2010

Thank you for the opportunity to serve you.

1348159  
Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Save a Stamp! Pay your bill online by visiting our website at [www.payments.lifebenefits.com](http://www.payments.lifebenefits.com).

If paying by check, detach and enclose this coupon with your payment. Make checks payable to Minnesota Life.

- ☐ Please check this box for address changes and make changes on the back side of this coupon.
- ☐ To surrender your insurance contract, please check this box and have the owner and irrevocable beneficiary (if applicable) sign the back of this coupon.

## Bill for 01/01/2015 to 03/31/2015

Contract ID	7145471
Insured	Rex M Divine
Billing Date	01/07/2015
Billing Control ID	17950260-00
Total Due	\$165.20
**Due Date	03/09/2015

MINNESOTA LIFE  
BOX 790305  
ST LOUIS MO 63179-0305

01 0 20002 007 4547100 00 000017950260 00 000016520 0

Minnesota Life Insurance Company  
A Securian Company  
400 Robert Street North  
St. Paul, MN 55101-2098  
651-665-3500  
www.minnesotalife.com

December 8, 2015

**MINNESOTA LIFE**

REX DIVINE  
13 OXFORD CT  
SAVANNAH GA 31419

SPONSOR: SOUTH CAROLINA PEBA  
POLICY: 34407  
INSURED: REX DIVINE

A check in the amount of \$165.20 is enclosed.

Your insurance has lapsed, and you do not have the option to reinstate your coverage.

We appreciate the opportunity to work with you. If you have any questions regarding your insurance coverage, please call 866-365-2374.

Group Customer Service

Enclosure

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM WITH DARKER AREAS BOTH TOP AND BOTTOM. WATERMARK ON BACK. HOLD AT ANGLE TO VIEW WHEN CHECKING ENDORSEMENT

<b>MINNESOTA LIFE</b> A Securian Company F 44507 6-92	Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101-2098	<b>usbank</b> East Grand Forks, Minnesota 56721 24-Hour Banking 1-800-673-3555	GEE 714547100000 KP095013	75-1592 912 000333
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19987352  
DATE: 12/08/2015

ONE HUNDRED SIXTY-FIVE DOLLARS AND TWENTY CENTS

PAY TO THE ORDER OF:

REX M DIVINE  
13 OXFORD CT  
SAVANNAH GA 31419-2716

AMOUNT **\$\*\*165.20**

VOID IF NOT PRESENTED FOR  
PAYMENT WITHIN 90 DAYS

*Manen J. Zaccaro*  
*Chf. Mgr.*

Security Features Included

Minnesota Life Insurance Company  
A Securian Company  
400 Robert Street North  
St. Paul, MN 55101-2098  
www.minnesotalife.com  
651-665-3500

November 18, 2015

**MINNESOTA LIFE**

REX M DIVINE  
13 OXFORD CT  
SAVANNAH GA 31419-2716

Policy Number: 0034407  
Contract I.D.: 714547100000

Insured: REX M DIVINE  
Policyholder: SOUTH CAROLINA PEBA

DEAR MR DIVINE:

We are writing to notify you that your contract has lapsed because we have not received a premium payment. All benefits and riders under this policy have terminated.

If you have further questions, please call us at (866) 486-5298.

Sincerely,

Group Customer Service

Minnesota Life Insurance Company  
A Securian Company  
400 Robert Street North  
St. Paul, MN 55101-2098  
651-665-3500  
www.minnesotalife.com

January 11, 2016

**MINNESOTA LIFE**

REX M DIVINE  
13 OXFORD CT  
SAVANNAH GA 31419

SPONSOR: SOUTH CAROLINA PEBA  
POLICY: 34407  
INSURED: REX M DIVINE

A check in the amount of \$165.20 is enclosed.

We have reviewed your request to reinstate your coverage. Under the group term life policy, there is no reinstatement provision. The statement for the bill period 10/1/15 through 12/31/15, in the amount of \$165.20, was mailed to the above address on 9/15/15. The premium due date was 11/15/15, but the payment was received after the due date and no reinstatement can be made.

Please see the enclosed letter dated 4/16/15, letting you know that if your policy should lapse, we cannot reinstate your coverage. Also enclosed is a copy of the certificate for this group policy.

We appreciate the opportunity to work with you. If you have any questions regarding your insurance coverage, please call 866-365-2374.

Group Customer Service

Enclosure

Minnesota Life Insurance Company  
A Securian Company  
400 Robert Street North  
St. Paul, MN 55101-2098  
www.minnesotalife.com  
651.665.3500

April 16, 2015

MINNESOTA LIFE


REX M DIVINE  
13 OXFORD CT  
SAVANNAH GA 31419

SOUTH CAROLINA PEBA GROUP TERM LIFE INSURANCE PLAN  
POLICY: 34407-7145471  
INSURED: REX M DIVINE

We received your payment beyond the due date listed on the premium statement. Under this policy, there is no reinstatement provision. Your payment must be received by the due date printed on your billing statement, or your coverage will lapse. As this is the first occurrence, we are allowing a one-time exception and have reinstated your coverage. Should your coverage lapse again in the future due to a late payment, there will be no reinstatement of coverage, and your payment will be returned to you.

If you need to change your billing frequency in order to make more timely payments or to better suit your needs, please feel free to contact us at 866-365-2374.

Group Customer Service

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM WITH DARKER AREAS BOTH TOP AND BOTTOM. WATERMARK ON BACK. HOLD AT ANGLE TO VIEW WHEN CHECKING ENDORSEMENT			
<b>MINNESOTA LIFE</b> A Securian Company F 44507 5-92	Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101-2098	<b>usbank</b> East Grand Forks, Minnesota 56721 24-Hour Banking 1-800-673-3555	GEE 714547100000 KP150625 75-1592 912 000046
ONE HUNDRED SIXTY-FIVE DOLLARS AND TWENTY CENTS			<b>20005441</b> DATE: 01/08/2016
PAY TO THE ORDER OF:		AMOUNT	<b>\$**165.20</b>
REX M DIVINE 13 OXFORD CT SAVANNAH GA 31419-2716		VOID IF NOT PRESENTED FOR PAYMENT WITHIN 90 DAYS	
			
⑈ 20005441 ⑈ ⑈ 091215927⑈ ⑈ 152117000272⑈			

## Group Term Life Certificate of Insurance

Minnesota Life Insurance Company • A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

COPY

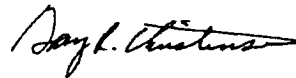
POLICYHOLDER: South Carolina Public Employee Benefit Authority (PEBA)

POLICY NUMBER: 34407-G

### Read Your Certificate Carefully

If you meet the eligibility and enrollment requirements herein, you are insured under the group policy shown on the specifications page. This certificate summarizes the principal provisions of the

group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.



Secretary



President

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### GROUP TERM LIFE CERTIFICATE OF INSURANCE

## Certificate Specifications Page

Minnesota Life Insurance Company – A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

**MINNESOTA LIFE**

### GENERAL INFORMATION

**POLICYHOLDER:** South Carolina Public Employee Benefit Authority (PEBA)

**POLICY NUMBER:** 34407-G

**ASSOCIATED COMPANIES:** All subsidiaries and affiliates reported to Minnesota Life by the policyholder for inclusion in the policy.

**POLICY SITUS:** The policy was issued and delivered in South Carolina .

**POLICY EFFECTIVE DATE:** January 1, 2015. This specifications page represents the plan in effect as of January 1, 2015.

**This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.**

**GROUP:** The group is composed of all eligible active and retired employees of the policyholder and its associated companies working in the United States in the following classes:

**Class 1 Active Employees**

**Class 2 Retirees** (open class of employees who retired on or after 1/1/1999)

**Class 3 Retirees prior to 1/1/1999** (closed class of employees who retired prior to 1/1/1999)

**NO DOUBLE COVERAGE:** A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

**ENROLLMENT PERIOD:** Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.

Enrollment in the group basic life program shall be automatic with enrollment in the state health insurance program for active full-time permanent employees.

**WAITING PERIOD:**

Employees beginning work on the first day of the month or the first working day of the month:

None

Employees beginning work on a day other than the first day of the month or the first working day of the month:

The period commencing with the employee's date of employment and ending with the first day of the following month.

The following governs coverage effective date:

If an Employee enrolls within thirty-one (31) days of the date the employee is hired, coverage effective date shall be determined as follows:

a) if the employee is eligible for coverage and has commenced full time employment on the first calendar day of the month, the

- coverage effective date is the first calendar day of the month in which the employee became eligible; or
- b) if the employee becomes eligible for coverage and has commenced full time employment on the first working day of the month and that day is not the first calendar day of the month, the employee may choose a coverage effective date of either the first calendar day of the month in which the employee became eligible or the first calendar day of the following month; or
  - c) if the employee becomes eligible for coverage and has commenced full time employment on a day other than the first calendar day or the first working day of the month, the coverage effective date is the first calendar day of the following month.

**MINIMUM HOURS  
PER WEEK REQUIRED:**

30 hours per week or at least 20 hours per week as an active employee at a covered entity that has elected this option with PEBA.

**PLAN OF INSURANCE**

**EMPLOYEE BENEFIT SCHEDULE**

**EMPLOYEE TERM LIFE INSURANCE:**

**Basic Life Insurance**

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Class 1	\$3,000
Class 2 and 3	None

**Optional Life Insurance**

<u>Eligible Class</u>	<u>Amount of Optional Life Insurance</u>
Class 1	An amount elected by the employee, in an increment of \$10,000, subject to a maximum of \$500,000.
Class 2	An amount equal to or less than the amount of Optional Life insurance in effect on your date of retirement in increments of \$10,000 subject to a maximum of \$500,000.
Class 3	An amount equal to 50% or 100% of the amount of Optional Life Insurance in effect on the day prior to the date of retirement subject to a maximum of \$500,000.

**EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:**

**Basic and Optional Insurance**

<u>Eligible Class</u>	<u>Amount of Basic and Optional AD&amp;D Insurance</u>
Class 1	An amount equal to the amount of basic and optional life insurance for which the employee is insured under the group policy.
Classes 2 and 3	None

## GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

### AGE REDUCTIONS:

The amount of insurance on an employee or retiree age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

#### Basic Life and AD&D insurance

<u>Age of Employee/Retiree</u>	<u>Amount of Insurance</u>
70 and over	50%

#### Optional Life and AD&D insurance

<u>Age of Employee/Retiree</u>	<u>Amount of Insurance</u>
70 – 74	65%
75 – 79	42%
80 and over	31.7%

Age reductions will apply the January 1st following an insured employee/retiree's 70th, 75th and 80th birthdays.

### RETIREMENT REDUCTIONS:

All insurance terminates at retirement, except as provided for retiree Optional Life which terminates at age 70 for Class 3 and age 75 for Class 2.

### CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; optional insurance is contributory insurance.

### GUARANTEED ISSUE AMOUNT:

The guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For optional insurance:

The lesser of three times annual earnings rounded down to the nearest \$10,000 or \$500,000.

NOTE: For an employee who was covered for optional life under the employer's plan immediately prior to the policy effective date shown above, the guaranteed issue for optional life is the amount of optional life in force under that prior plan immediately prior to the policy effective date.

An employee's Optional Life insurance coverage will be effective on the first day of the calendar month following approval of evidence of insurability, subject to actively at work requirement.

### EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:

A decrease due to a change in eligible class will become effective the first of the month following the change.

A change in earnings, for the purposes of determining the maximum amount of insurance available on an employee under this policy, will be an employee's earnings on the effective date of the change. All increases are subject to the actively at work requirement.

public transportation vehicle, we will pay an additional benefit equal to the insured's full amount of AD&D insurance.

Public transportation vehicle means any air, land or water vehicle operated under a license for the transportation of fare paying passengers.

### **Repatriation Benefit**

**(applies to Basic and Optional AD&D Employee only)**

#### **What is the repatriation benefit?**

If, as a result of a covered accident, an insured dies at least 100 miles from his or her principal residence, an additional accidental death benefit shall be paid for the preparation and transportation of the body to a mortuary. The additional benefit shall be the lesser of the actual cost of such preparation and transportation or \$5,000. The benefit will be paid to the person who has or who will incur such cost, as evidenced to the satisfaction of us. This may or may not be the beneficiary for the rest of the accidental death proceeds. We may at our sole discretion pay benefits directly to the facility handling the preparation and/or transportation. All determinations and payments by us will be final and fully release and discharge us from any further liability under this repatriation benefit.

### **Seatbelt Benefit**

**(applies to Basic, Optional and Dependent Spouse AD&D only)**

#### **What is the seatbelt benefit?**

If an insured employee or insured spouse dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to 25% of the insured's amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the private passenger car was equipped with seatbelts; and
- (2) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
- (3) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed

commercially or being used for racing, or acrobatic or stunt driving.

## **Termination**

### **When does an insured's coverage under this supplement terminate?**

An insured's coverage ends on the earliest of:

- (1) the last day of the calendar month in which you are no longer covered for life insurance under the group policy; or
- (2) the last day of the calendar month in which you retire; or
- (3) for an insured dependent, the last day of the calendar month in which the dependent no longer meets the eligibility requirements; or
- (4) for an insured dependent, the date the dependent is no longer covered for life insurance under the group policy; or
- (5) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (6) the date this supplement terminates.

### **When does this supplement terminate?**

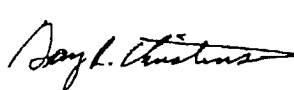
This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Accidental Death and Dismemberment coverage for its plan; or
- (2) the date the group policy is terminated.

## **Additional Information**

### **Can insurance under this supplement be converted to a policy of individual insurance upon termination?**

No. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.



Secretary



President

## **DEPENDENTS BENEFIT SCHEDULE**

### **DEPENDENTS TERM LIFE INSURANCE:**

An employee must be eligible for life insurance in order to be insured for dependents life insurance. An employee does not need to be insured for basic or optional life insurance in order to be insured for dependents life insurance.

#### **Spouse Life Insurance**

<b><u>Eligible Class</u></b>	<b><u>Amount of Spouse Life Insurance</u></b>
Class 1	For employees enrolled in \$40,000 or more of Optional Life: An amount elected by the employee, in an increment of \$10,000, up to a maximum of the lesser of 50% of the employee's optional life amount or \$100,000.  For employees NOT enrolled or enrolled for less than \$40,000 in Optional Life: \$10,000 or \$20,000, as elected by the employee
Classes 2 and 3	None

#### **Child Life Insurance**

<b><u>Eligible Class</u></b>	<b><u>Amount of Child Life Insurance</u></b>
Class 1	\$15,000
Classes 2 and 3	None

An employee's first eligible child is automatically covered for 31 days from the date of the child's live birth. This coverage will terminate at the end of the 31 day election period unless the employee elects dependent child coverage within the 31 day automatic coverage period.

### **SPOUSE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:**

#### **Spouse AD&D Insurance**

<b><u>Eligible Class</u></b>	<b><u>Amount of Spouse AD&amp;D Insurance</u></b>
Class 1	An amount equal to the amount of spouse life insurance for which the spouse is insured under the group policy.
Classes 2 and 3	None

### **GENERAL PROVISIONS FOR DEPENDENTS INSURANCE**

#### **SPOUSE AGE REDUCTIONS:**

The amount of insurance on an insured spouse shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such spouse in accordance with the following table:

<b><u>Age of Employee</u></b>	<b><u>Amount of Insurance</u></b>
70 – 74	65%
75 – 79	42%
80 and over	31.7%

Age reductions will apply the January 1 following an insured employee's 70th, 75th, and 80th birthdays.

<b>CONTRIBUTORY/NONCONTRIBUTORY:</b>	Dependents insurance is contributory insurance.
<b>GUARANTEED ISSUE AMOUNT:</b>	<p>The guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:</p> <p style="margin-left: 40px;">For spouse insurance: \$20,000 For child insurance: \$15,000</p> <p>NOTE: For employees with eligible dependents immediately prior to the policy effective date, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy immediately prior to the policy effective date.</p> <p>Spouse life insurance coverage will be effective on the first day of the calendar month following approval of evidence of insurability, subject to hospitalization/confinement clause for dependents.</p>
<b>EFFECT OF EMPLOYEE'S RETIREMENT:</b>	All dependents insurance terminates upon the employee's retirement.

**ADDITIONAL INFORMATION**

<b>ELECTION CHANGES:</b>	<p>Changes to your elections can only be made at annual open enrollment or within 31 days of a Qualified Status Change, as that term is defined by PEBA's Flexible Benefits Plan.* Coverage that does not require evidence of insurability will be effective on the date of the election for a Qualified Status Change, and on the following January 1 for an election change at annual enrollment. Coverage that requires evidence of insurability will be effective on the first of the month following the date it is approved by us for a Qualified Status Change or the later of the first of the month following the date it is approved by us or the following January 1 for a request made at annual enrollment.</p> <p>* Employees who do not participate in the Flexible Benefits Plan may decrease coverage at any time. They may also increase coverage at any time subject to Evidence of Insurability requirements.</p>
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<b>EVIDENCE OF INSURABILITY:</b>	<p>Evidence of insurability satisfactory to us will be required:</p> <ul style="list-style-type: none"> <li>• In order for a newly eligible employee to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the employee will be insured for the guaranteed issue amount.</li> <li>• In order for a newly eligible spouse to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the spouse will be insured for the guaranteed issue amount.</li> <li>• At Qualified Status Change , a request that exceeds the amounts indicated below as not requiring evidence of insurability.</li> <li>• At Qualified Status Change if the change is not in the list below in the "Certain Qualified Status Changes" section.</li> </ul>
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### ONE TIME OPEN ENROLLMENT:

The employer will hold a one-time open enrollment prior to the policy effective date. During this enrollment, the following elections will not require evidence of insurability:

- An employee may elect or increase his or her optional life coverage by \$10,000 increments up to \$50,000, including enrolling for the first time, provided the resulting amount of insurance does not exceed \$500,000
- Any child life election

Coverage will be effective on the policy effective date, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.

### CERTAIN QUALIFIED STATUS CHANGES:

An employee who experiences one of the Qualified Status Changes listed below may make the following election changes without providing evidence of insurability, provided enrollment is made within 31 days of the status change.

- An employee may elect or increase his or her optional life coverage by \$10,000 increments up to \$50,000, including enrolling for the first time, provided the resulting amount of insurance does not exceed \$500,000
- An employee may elect child life amount

Coverage will be effective on the date of the election, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.

Qualified Status Change for this purpose means:

- Birth or adoption or otherwise acquiring a newly eligible child
- Death of a dependent (spouse or child)
- Divorce, legal separation or annulment
- Marriage
- The termination of employment (or commencement of employment) of the employee's spouse
- The switching from part-time to full-time employment status or from full-time to part-time status by the employee or the employee's spouse.

### CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits  
Accidental Death and Dismemberment  
Dependents Term Life

Applies to all classes.  
Applies to class 1 only.  
Applies to class 1 only.

## Definitions

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### **application**

Your application for insurance under the group policy and, if required, your evidence of insurability application.

### **associated company**

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

### **contributory insurance**

Insurance for which you are required to make premium contributions.

### **earnings**

Your basic rate of compensation including merit and longevity increases, not including commissions, annuities, overtime or incentive pay, bonuses, or any other additional compensation. If you are a teacher, it does not include compensation for summer school.

### **employee**

An individual who is employed by the policyholder and who is classified as a full-time, permanent employee who receives compensation from a department, agency, board, commission or institution of the state; public school districts; county governments (including county council members); local subdivisions; and other eligible employers approved by state law and participating in the state insurance program. Members of the South Carolina General assembly, clerical and administrative employees of the General Assembly, and judges in the state courts are also considered employees eligible for coverage. Employees must be citizens or legal residents of the United States, its territories and its protectorates, excluding temporary, leased or seasonal employees.

### **employer**

The policyholder or any designated associated companies.

### **evidence of insurability**

Evidence satisfactory to us of the good health of the prospective insured and any other underwriting information we require.

### **insured**

A person who is eligible for and becomes insured according to the terms of this certificate, including any person insured by supplement to this certificate.

### **non-work day**

A day on which you are not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

### **noncontributory insurance**

Insurance for which you are not required to make premium contributions.

### **policyholder**

The owner of the group policy as shown on the specifications page.

### **waiting period**

The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page. You are not eligible until the first day following the waiting period.

### **we, our, us**

Minnesota Life Insurance Company.

### **you, your**

An insured employee.

## General Information

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### **What is your agreement with us?**

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application as defined under this certificate is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application.

### **Can this certificate be amended?**

Yes. We retain the right to amend this certificate at any time without your consent. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

### **Who is eligible for insurance?**

You are eligible if you:

- (1) are a member of the eligible group and of an eligible class as shown on the specifications page; and

- (2) work for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page; and
- (3) have satisfied the waiting period as shown on the specifications page; and
- (4) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?"

### **Are employees of associated companies eligible for insurance under the group policy?**

Yes. Employees of associated companies may be eligible for insurance under the group policy. The policyholder represents any associated company in all transactions pertaining to the group policy. The policyholder's acts or omissions and every notice given by us to the policyholder shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

### **Are retired employees eligible for insurance?**

If the policyholder's plan of insurance, as reflected in the specifications page, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor have his or her insurance continued. If the policyholder's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

### **What is the actively at work requirement?**

To be eligible to become insured or to receive an increase in the amount of insurance, you must be actively at work, fully performing your customary duties for your regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires you to travel.

If you are not working due to illness or injury you do not meet the actively at work requirement. If you are receiving sick pay, short-term disability benefits or long-term disability benefits, you do not meet the actively at work requirement.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your amount of insurance would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be

eligible for claim payment. You will receive a refund of premium for any contributory insurance for which you were not eligible.

### **When will we require evidence of insurability?**

The specifications page describes when evidence of insurability is required.

### **When does insurance become effective?**

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) you meet all eligibility requirements; and
- (2) for contributory insurance, you apply for the insurance in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with your evidence of insurability, if we require evidence.

### **Can your coverage be continued during sickness, injury or leave of absence? (Applies to Class 1 only.)**

Yes. Insurance may be continued on an insured employee who is not actively at work due to sickness, injury or leave of absence, subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment and is subject to the following maximum time frames:

- (1) if you are on non-medical leave of absence insurance cannot be continued beyond 12 months from the first of the month after the last day you were actively at work.
- (2) if you are on a medical leave of absence, insurance cannot be continued beyond 12 months from the first of the month after the last day you were actively at work.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements. The above limits will be expanded if necessary in order to meet such requirements.

## **Premiums**

### **When and how often are your premium contributions due?**

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a regular, periodic basis. We apply premiums consecutively to keep the insurance in force.

### **How is the premium determined?**

The premium will be the applicable premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may

also be computed by any other method on which the policyholder and we agree.

Premium rates are subject to change according to the provisions of the group policy.

## Death Benefit

### What is the amount of the death benefit?

The amount of the death benefit is equal to the amount of insurance for which you are insured, based on the plan of insurance applicable to your class as described on the specifications page, and your elections.

### Can you request a change in the amount of your contributory insurance?

Yes. The specifications page describes when changes can be requested, when evidence of insurability will be required for such changes, and when the changes will become effective.

### When will the death benefit be payable?

We will pay the death benefit within 30 days after receipt at our home office of written proof satisfactory to us as to both substance and form that you died while insured under this certificate. If the death benefit is not paid within the 30 day period, then we shall also pay interest on the death benefit at the legal rate of interest from the date of death to the date when the benefit is paid. All payments by us are payable from our home office. The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

### To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. You name a beneficiary to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You can change the beneficiary designation at any time, provided all of the following are true:

- (1) your coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and
- (3) you have not assigned the ownership of your insurance.

A beneficiary designation must be made in writing or by any other method made available under the plan. Any beneficiary designation shall take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving the designation.

You may also choose to name a beneficiary that you cannot change without the beneficiary's consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in your beneficiary designation. To receive the death benefit, a beneficiary must be living at the time of your

death. In the event a beneficiary is not living at the time of your death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary.

If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to:

- (1) your lawful spouse if living; otherwise
- (2) your natural or legally adopted child (children) in equal shares, if living; otherwise
- (3) your parents in equal shares, if living; otherwise
- (4) your siblings in equal shares, if living; otherwise
- (5) your estate.

## Termination

### When does your coverage terminate?

Your coverage ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the last day of the month following the date you no longer meet the eligibility requirements; or
- (3) the day you die; or
- (4) the day before you enter the armed forces on active duty; or
- (5) the date the group policy is amended so you are no longer eligible; or
- (6) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (7) the last day of the month for which premium contributions have been paid following your written request to cease participation under this certificate.

### Can your insurance be reinstated after termination?

No.

### When does the group policy terminate?

The policyholder may terminate the group policy by giving us 31 days prior written notice. We reserve the right to terminate the group policy on the earlier of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) 270 days prior to the expiration date of the policy term.

## Conversion Right

### What is the conversion right?

You may be able to convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates due to the reasons listed below.

### **What is the full conversion right?**

You may convert up to the full amount of terminated insurance if termination occurs because of termination of employment or of membership in the class or classes eligible for coverage.

### **What is the limited conversion right?**

Limited conversion is available if, after you have been insured for at least five years, insurance is terminated because:

- (1) the group policy is terminated; or
- (2) the group policy is changed, by amendment or otherwise, to reduce or terminate your insurance.

For a limited conversion, you may convert an amount up to the lesser of:

- (1) \$10,000; and
- (2) the amount of life insurance which terminated minus any amount of group life insurance for which you become eligible under any group policy issued or reinstated by us or any other carrier within 31 days of the date your insurance terminated under the group policy.

### **When is conversion not available?**

Neither the full conversion right nor the limited conversion right is available if your coverage under the group policy terminates due to failure to make, when due, required premium contributions.

### **To what type of policy may you convert?**

Under both the full conversion right and the limited conversion right, you may convert your insurance to any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits or accidental death and dismemberment benefits.

### **How do you convert your insurance?**

You convert your insurance by applying for an individual policy and paying the first premium within 31 days after the date your group insurance terminates. No evidence of insurability will be required.

If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

### **How is the premium for the individual policy determined?**

The premium for the individual policy is based upon the individual policy type, risk class, coverage amount and your age on the date of conversion.

### **When is the individual policy effective?**

The individual policy takes effect 31 days after the group insurance provided under the group policy terminates.

### **What happens if you die within 31 days of when your group insurance terminates?**

If you die within 31 days of when your group insurance terminates, and meet the conversion eligibility requirements, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section. If you have completed a conversion application, we will pay the beneficiary designated on the conversion application. If you have not completed a conversion application, we will pay the beneficiary under your group insurance coverage.

We will return any premium you paid for an individual policy converted from this group insurance to your beneficiary as described above. In no event will we be liable under both the group policy and the individual policy.

## **Additional Information**

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### **What if your age has been misstated?**

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on your correct age. A premium adjustment from any benefit payable will be made so that the actual premium required at your correct age is paid. If your correct age is such that no benefit is payable, you will receive a refund of premium for the period your eligibility would have ended.

### **Is there any cash value to this coverage?**

No. This is term life insurance and it does not build cash value.

### **What is the suicide limitation?**

If you, whether sane or insane, commit suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in your amount of contributory life insurance for which you were required to apply or for which we required evidence of insurability, and if you die by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

**Can your insurance coverage be contested?**

Yes. If you die, or sustain a loss under one of your certificate supplements, within two years of your original effective date of coverage or increase in coverage, we will verify the accuracy of the information provided by you during the application process. If we discover a material misrepresentation, your coverage will be rescinded and an otherwise valid claim will be denied. This two year period can be extended for fraud or as otherwise allowed by law.

Any statements you make in your application as defined under this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in the application.

**Who is the owner of this coverage?**

Unless assigned otherwise, you, the insured employee, are the owner of all coverage provided under your certificate. Only the owner has the right to exercise ownership rights under the certificate, including but not limited to naming or changing a beneficiary, changing the amount of insurance, assigning any or all ownership rights, converting coverage to an individual policy and terminating the coverage.

**Can your insurance be assigned?**

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

**Can a change in ownership for a certificate be requested?**

Yes. A change in ownership is a type of assignment. All provisions for assignments apply to ownership changes.

**Is the policyholder required to maintain records?**

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer the group policy, and shall provide access to such records when required for us to administer the policy.

If an administrative or clerical error is made in keeping records on or administering the insurance under the group policy, it will not affect otherwise valid insurance. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

**Will the provisions of this certificate conform with state law?**

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.

# Accelerated Benefits Certificate Supplement

Minnesota Life Insurance Company – A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

**Benefits received under this Accelerated Benefits Certificate Supplement may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.**

## General Information

This supplement is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein.

### What does this supplement provide?

This supplement provides for the accelerated payment of either the full or a partial amount of an insured's death benefit provided under your certificate. If an insured has a terminal condition as defined in this supplement, you may request an accelerated payment of the applicable death benefit. An accelerated payment will not include any accidental death or dismemberment benefit payable under an Accidental Death and Dismemberment Certificate Supplement. You must give notice of claim while living and while your life insurance coverage is in force to be eligible for consideration of an accelerated benefit.

### What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of 12 months or less. We must be given medical evidence in substance and in form that satisfies us that the insured has a terminal condition. That evidence must include certification by a physician. For purposes of this supplement, a physician is an individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse, children, parents, grandparents, grandchildren, brothers or sisters; or the spouse of any such individuals.

## Accelerated Benefit

### Who may request an accelerated payment of the death benefit?

You may request an accelerated payment of the insurance on your life or on the life of a spouse or dependent child insured under your certificate.

### When can an accelerated benefit be requested?

An accelerated benefit can be requested any time, provided the following conditions are met:

- (1) the insurance is in force and all premiums due are fully paid; and
- (2) you have not assigned and are the sole owner of the certificate; and

- (3) the certificate does not have an irrevocable beneficiary.

### Is there a minimum or maximum death benefit eligible for an accelerated benefit?

Yes. The minimum death benefit to be eligible for an accelerated benefit under this supplement is \$10,000. The maximum death benefit that can be accelerated is \$1,000,000.

If the insurance for an insured is scheduled to reduce within 12 months after the date the request for an accelerated benefit is received by us, the maximum amount that can be accelerated is the amount of insurance that would be in effect after the reduction(s) scheduled for such period, but not more than \$1,000,000.

If the insurance for an insured is scheduled to terminate within 12 months after the date the request for an accelerated benefit is received by us, no accelerated benefit will be payable for that insured.

### Is a partial accelerated benefit available?

Yes. You may choose to accelerate only a portion of an insured's death benefit, providing the remaining amount of insurance is at least \$25,000. This is called a partial accelerated benefit.

You may reapply for the payment of the remaining amount of insurance at any time. However, the total amount of the death benefit for all accelerated benefit payments for an insured cannot exceed \$1,000,000. We may ask for further evidence satisfactory to us in substance and in form that the insured meets all requirements for the accelerated benefit.

### When will we pay an accelerated benefit?

We will pay an accelerated benefit upon receipt at our home office of written proof satisfactory to us in substance and in form that the insured meets the requirements herein.

The accelerated benefit will be paid in a single sum or by any other method agreeable to you and us.

### To whom will we pay accelerated benefits?

We will pay the accelerated benefit to you unless you validly assign it otherwise. If you die before we issue payment of an accelerated benefit to you, we will pay the life insurance benefits to your life insurance beneficiary(s).

### What is the effect on the insured's coverage of the receipt of an accelerated benefit?

If you elect to accelerate the full amount of an insured's death benefit, the insured's coverage and all other

benefits under the certificate and any certificate supplements for that insured will end. If it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under the certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

## Termination

### When does an insured's coverage under this supplement terminate?

An insured's accelerated benefits coverage terminates on the earliest of:

- (1) the date the insured is no longer insured for life insurance under the certificate; or
- (2) the date the accelerated benefits coverage is terminated for the policyholder's plan; or
- (3) the date the group policy is terminated.

## Additional Information

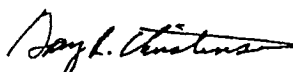
### Is the request for an accelerated benefit voluntary?

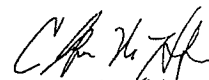
Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this supplement is not intended to cause an involuntary reduction of the death benefit ultimately payable to the beneficiary. Therefore, an accelerated benefit is not available if you:

- (1) are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
- (2) are required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

### Do we have the right to obtain independent medical verification?

Yes. Although you are responsible for submitting proof satisfactory to us that you meet the requirements for the accelerated benefit, we do retain the right to have an insured medically examined at our expense to verify the insured's medical condition. We may do this as often as reasonably required while an accelerated benefit is being considered or paid.

  
Secretary

  
President

# Accidental Death and Dismemberment Certificate Supplement

Minnesota Life Insurance Company – A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

## General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

### What does this supplement provide?

This supplement provides accidental death and dismemberment coverage subject to all terms, conditions, and exclusions herein.

### Who is eligible for insurance under this supplement?

An employee who is insured under the provisions applicable to life insurance coverage under the group policy is eligible for insurance under this supplement. In addition, an employee may elect coverage for his or her spouse insured under the Dependents Term Life Insurance Certificate Supplement attached to the certificate. All references to an insured in this supplement shall include dependents. All provisions of this supplement applicable to an "insured" shall apply to an insured dependent.

### When does insurance under this supplement become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) the insured meets all eligibility requirements; and
- (2) for contributory coverage, application is made in accordance with the application methods agreed upon by the policyholder and us.

For an insured employee who has existing dependent coverage in force, any newly acquired dependent who meets the requirements will automatically become insured when he or she becomes eligible unless additional premium is required for the newly eligible dependent, in which case coverage will become effective as described above.

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. This provision shall not apply to a newborn child. However, in no event will insurance on a dependent be effective before the employee's insurance under the group policy is effective.

## Accidental Death and Dismemberment (AD&D) Benefit

### What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when your loss, death or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of your death or dismemberment. The injury and accidental loss, death or dismemberment must occur while your coverage is in force. Your loss, death or dismemberment must occur within 365 days after the date of the accidental injury. In no event will we pay the accidental death or dismemberment benefit where your accident, injury, loss, death or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) intentionally self-inflicted injury; or
- (2) suicide or attempted suicide; or
- (3) committing or attempting to commit a felony; or
- (4) bodily or mental infirmity, illness or disease; or
- (5) the voluntary use of alcohol in combination with any drug, medication, or sedative; or
- (6) the voluntary use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected unless it is taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; or
- (7) motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings thereto; or
- (8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
- (9) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
- (10) war or any act of war, whether declared or undeclared; or
- (11) service in the military of any nation, except the United States National Guard.

## What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand and One Foot.....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye.....	100%
Quadriplegia.....	100%
Triplegia.....	75%
Paraplegia.....	75%
Sight of One Eye.....	50%
Speech or Hearing in Both Ears.....	50%
One Hand or One Foot.....	50%
Hemiplegia.....	50%
Thumb and Index Finger of One Hand.....	25%
Uniplegia.....	25%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means. Loss of thumb or finger means complete severance at or above the metacarpophalangeal joints (the joints closest to the palm of the hand).

Quadriplegia means total and permanent paralysis of both upper limbs (from the shoulder down including total paralysis of both hands) and both lower limbs (from the waist down including total paralysis of both feet). Triplegia means total and permanent paralysis of both legs and one arm, or both arms and one leg. Paraplegia means total and permanent paralysis of both lower limbs (from the waist down including total paralysis of both feet). Hemiplegia means total and permanent paralysis of both the upper limb (from the shoulder down including total paralysis of the hand) and lower limb (from the waist down including total paralysis of the foot) on one side of the body. Uniplegia means total and permanent paralysis of one limb (from the shoulder down including total paralysis of the hand if claiming an upper limb and from the waist down including total paralysis of the foot if claiming a lower limb).

A benefit is not payable for both loss of one hand and the loss of thumb and index finger of one hand for injury to the same hand as a result of any one accident (the largest benefit of these overlapping losses only will be paid). Under no circumstance will more than one payment be made for the loss or paralysis of the same limb, eye, finger, thumb, hand, foot, sight, speech, or hearing if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss but the total amount of AD&D insurance payable under this supplement for any one accident, not including any amount paid according to the terms of the Additional Benefits section of this supplement, will never exceed the full amount of an insured's AD&D insurance.

## When will the accidental death and dismemberment benefit be payable?

We will pay the AD&D benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office. The benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

## To whom do we pay the benefit?

In the case of your accidental death, we will pay the accidental death benefit to the person or persons entitled to receive your death benefit under the terms of the group policy. The benefit for other losses sustained by you will be paid to you, if living, otherwise to your estate.

A dependent's AD&D benefit will be paid to you, if living, otherwise to your estate.

## Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any AD&D benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. All provisions of this supplement, including but not limited to the exclusions and requirements listed under the "What does accidental death or dismemberment by accidental injury mean?" section, shall apply to these additional benefits.

### Air Bag Benefit (applies to Basic, Optional and Dependent Spouse AD&D)

#### What is the air bag benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of \$5,000 or 5% of the insured's amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the seat in which the insured was seated was equipped with a properly installed airbag at the time of the accident; and
- (2) the private passenger car is equipped with seatbelts; and

- (3) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
- (4) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag means a passive restraint device in a vehicle which inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

### **Child Care Benefit**

**(applies to Optional and Dependent Spouse AD&D)**

#### **What is the child care benefit?**

If you or your spouse die as a result of a covered accident and you are survived by one or more dependent children under age 7, we will pay additional benefits to reimburse for child care expenses incurred for your dependent children while under age 7.

The benefit for each child per year will be the lesser of:

- (1) 5% of your amount of AD&D insurance; or
- (2) \$10,000; or
- (3) actual incurred child care expenses.

Child care expenses are those expenses which are for a service or supply furnished by a licensed child care provider or facility for a dependent child's care. No payment will be made for expenses incurred more than two years after the date of your death or for expenses incurred for dependent children over age 7. Proof of incurred child care expenses shall be required before any benefit payment is made. The child care benefit will be paid to the surviving parent, to the child's guardian, the custodian under the Uniform Transfers to Minors Act or to an adult caretaker when permitted under state law.

If this benefit is in effect on the date that you or your spouse die and there is no dependent child who could qualify for this benefit we will pay \$1,000 to your beneficiary.

### **Dependent Child Education Benefit**

**(applies to Optional and Dependent Spouse AD&D)**

#### **What is the dependent child education benefit?**

We will pay an education benefit on behalf of your dependent children if you or your spouse dies as a result

of a covered accident and are survived by one or more dependent children, provided that:

- (1) at the time of your death, the dependent child is enrolled as a full-time student at an accredited post-secondary educational institution (however, no benefit will be payable for the current school year); or
- (2) the dependent child enrolls on a full-time basis in an accredited post-secondary educational institution within one year of your death.

The benefit payable, subject to an academic year maximum of \$5,000, will be the lesser of:

- (1) the actual tuition charged, exclusive of room and board; or
- (2) 5% of your amount of insurance

The benefit will be payable at the beginning of each school year for a maximum of four consecutive years, but not beyond the date the child attains age 25. The benefit will be paid to the dependent child if he or she is of legal age. If the dependent child is not of legal age the benefit will be paid to the person who provides proof they have paid or will pay the tuition bill for that school year. Proof of enrollment and tuition costs are required for each school year.

If this benefit is in effect on the date that you or your spouse die and there is no dependent child who could qualify for this benefit we will pay \$1,000 to your beneficiary.

### **Felonious Assault Benefit**

**(applies to Optional AD&D Employee only)**

#### **What is the felonious assault benefit?**

If you die or suffer a covered dismemberment as a result of a covered accident caused by a felonious assault, we will pay an additional benefit equal to the lesser one times your annual earnings or \$25,000, or the employee's amount of optional AD&D insurance.

A felonious assault means a violent or criminal act directed at you during the course of a robbery, kidnapping or criminal assault, or an attempt at any of the above, which constitutes a felony under the laws of the jurisdiction in which the act was committed.

No benefit is payable if the assault is committed by an immediate family member. Immediate family members are your spouse and your and your spouse's children, parents, siblings, grandparents and grandchildren.

### **Public Transportation Benefit**

**(applies to Basic and Optional AD&D Employee only)**

#### **What is the public transportation benefit?**

If an insured dies as a result of a covered accident which occurs while the insured is a fare-paying passenger on a

# Dependents Term Life Insurance Certificate Supplement

MINNESOTA LIFE

Minnesota Life Insurance Company – A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

## General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

### What does this supplement provide?

This supplement provides insurance on the lives of your eligible dependents.

### What members of your family are eligible for insurance under this supplement?

The following members of your family are eligible for insurance under this supplement:

- (1) your lawful spouse who is not legally separated from you; and
- (2) your or your spouse's natural, legally adopted, children placed for adoption (from the date of placement with the adopting parents until the legal adoption) or stepchildren and who are less than 19 years old, or who is a full-time student under 25 years of age. Children age 25 or older are also eligible if they are physically or mentally incapable of self-support where incapable of self-support prior to age 25 and are financially dependent on you for more than one-half of their support and maintenance. Eligibility begins at live birth (stillborn or unborn children are not eligible).

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

Any dependent who is full-time in the military of any nation is not eligible.

Any dependent who, subsequent to the effective date of your dependents term life insurance, meets the eligibility requirements of this supplement will become insured on the date he or she so qualifies, provided no additional premium is required and the dependent is not hospitalized or confined because of illness or disease (except in the case of a newborn). If additional premium is required, the insurance for that dependent will be effective under the same conditions which would apply if you were newly becoming eligible for dependents term life insurance under this supplement. If the dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement (except in the case of a newborn).

### When will we require evidence of insurability?

The specification page describes when evidence of insurability will be required.

### When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

- (1) the dependent meets all eligibility requirements; and
- (2) for contributory coverage, you apply for dependents coverage in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with the dependent's evidence of insurability, if we require evidence.

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

## Death Benefit

### What is the amount of life insurance on each insured dependent?

The amount of life insurance on each insured dependent is shown on the specifications page.

### To whom will we pay the death benefit?

The death benefit payable under this supplement will be paid to you if living, otherwise to your estate.

## Termination

### When does an insured dependent's coverage under this supplement terminate?

An insured dependent's coverage ends on the earliest of the following:

- (1) the last day of the calendar month in which the dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or

- (4) the date you are no longer covered under the group policy; or
- (5) the date this supplement terminates.

#### **When does this supplement terminate?**

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Dependents Term Life coverage for its plan; or
- (2) the date the group policy is terminated.

### **Additional Information**

#### **What is the conversion right under this supplement?**

If an insured dependent's coverage under this supplement terminates because he or she is no longer eligible, or because of your death, or because of termination or amendment of this supplement, the insurance may be converted to a policy of individual insurance with us.

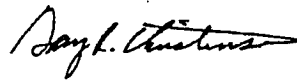
Conversion may be requested by you, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

#### **What is the suicide limitation?**


If an insured dependent, whether sane or insane, commits suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in an insured dependent's amount of contributory life insurance for which you were required to apply or for which we required evidence of insurability, and if the dependent dies by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

The suicide exclusion does not apply to an insured child.



Secretary



President