

Employee Group Term Life  
Certificate of Insurance

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

Effective February 1, 2025 as revised April 11, 2025

POLICY NUMBER: 33780

POLICYHOLDER: State of Colorado

Read Your Certificate Carefully

You are insured under the group policy shown on the specifications page attached to this certificate. 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

**GENERAL INFORMATION**

**POLICYHOLDER:** State of Colorado **POLICY NO.:** 33780

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

**PROGRAM DATE** July 1, 2014. This specification page represents the plan in effect as of February 1, 2025 as revised April 11, 2025.

**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:** This group is composed of all eligible employees as defined by Colorado State Statute. Permanent part-time employees are included in this definition. Eligible employee is defined as: Employee means any officer or employee under the state personnel system of the state of Colorado whose salary is paid by state funds or any employee of the department of education, the Colorado commission on higher education, or the Colorado school for the deaf and the blind whose salary is paid by state funds, or any member of the military employed pursuant to section 28-3-904 C.R.S. Employee includes any officer or employee of the legislative or judicial branch, any elected or appointed state official or employee who receives compensation other than expense reimbursement from the state funds, any elected state official who does not receive compensation other than expense reimbursement from state funds, and includes any member of the board of assessment appeals. Employee does not include persons employed on a temporary basis; except that it shall include a member of the military employed pursuant to section 28-3-904 C.R.S. for more than 30 consecutive days.

Employee does not include an employee insured under the University of Colorado group life insurance plan or a full-time member of the armed forces of any country.

**ENROLLMENT PERIOD:** Not applicable for noncontributory insurance.

For contributory insurance:

For employees who are newly eligible, the enrollment period is equal to 31 days from the date the person meets the definition of group.

For employees who first become eligible for dependent insurance after the newly eligible enrollment period, the enrollment period for dependent life is 31 days from the first day of eligibility.

**WAITING PERIOD:** The period commencing with the date a person meets the definition of "GROUP" above and ending with the first day of the month next following that date.

**CERTIFICATE EFFECTIVE DATE:** The date that the certificate holder becomes insured under the group policy.

**PLAN OF INSURANCE**

**EMPLOYEE BENEFIT SCHEDULE**

**EMPLOYEE TERM LIFE INSURANCE:**

**Basic Life Insurance**

**Eligible Class**

All employees

**Amount of Basic Life Insurance**

One times annual regular pay, rounded to the next higher \$1,000, if not already of multiple thereof, subject to a minimum benefit of \$50,000 and maximum benefit of \$250,000.

## **Supplemental Employee Life Insurance**

### **Eligible Class**

All employees

### **Amount of Supplemental Employee Life Insurance**

An amount elected by the employee, in an increment of \$10,000, subject to a minimum of \$10,000 and a maximum of \$600,000.

## **BASIC LIFE INSURANCE ADDITIONAL BENEFIT:**

### **Basic Life Insurance Repatriation Benefit**

#### **Eligible Class**

All employees

#### **Amount of Insurance**

If a death benefit becomes payable for an insured under this certificate we will pay an additional benefit to reimburse the person who incurs the transportation expenses to transport the insured's body to a mortuary near his or her primary residence, but not to exceed the lesser of \$5,000 or 10% of the basic life insurance, if the insured dies more than 200 miles from his or her primary place of residence.

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

### **Basic and Supplemental Insurance**

#### **Eligible Class**

All employees

#### **Amount of Basic and Supplemental Employee AD&D Insurance**

An amount equal to the amount of Basic and Supplemental Employee Life Insurance for which the employee is insured under the group policy.

## **GENERAL PROVISIONS FOR EMPLOYEE INSURANCE**

### **RETIREMENT REDUCTIONS:**

All insurance terminates at retirement, except as provided for under the portability provision.

### **CONTRIBUTORY/NONCONTRIBUTORY:**

Basic insurance is noncontributory insurance; supplemental employee insurance is contributory insurance.

### **GUARANTEED ISSUE AMOUNT:**

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 supplemental employee insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this certificate.

For employees who first become eligible after the effective date of this certificate:

\$150,000

### **EVIDENCE OF INSURABILITY:**

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

**EFFECTIVE DATE OF INCREASES AND  
DECREASES DUE TO CHANGE IN  
REGULAR PAY**

Increases and decreases due to a change in regular pay will become effective the date of the change in regular pay. For the purpose of insurance under this policy, the date of change in regular pay means the date the payroll system is updated. Evidence of insurability will not be required for an increase in insurance due solely to an increase in regular pay. All increases are subject to the actively at work requirement.

**DEPENDENTS BENEFIT SCHEDULE**

**DEPENDENTS TERM LIFE INSURANCE:**

An employee must be approved for Supplemental Employee Life and matching accidental death and dismemberment coverage under this plan to be eligible to elect Supplemental Spouse/Civil Union Partner and Supplemental Child Life and matching accidental death and dismemberment coverage.

**Supplemental Spouse/Civil Union Partner Life Insurance**

**Eligible Class**

All employees

**Amount of Supplemental Spouse/Civil Union Partner Life Insurance**

An amount elected by the employee, in an increment of \$10,000, subject to a minimum of \$10,000 and subject to a maximum of the lesser of 50% of the employee's supplemental amount of insurance or \$250,000.

**Supplemental Child Life Insurance**

**Eligible Class**

All employees

**Amount of Supplemental Child Life Insurance**

\$5,000 or \$10,000, as elected by the employee. Supplemental child coverage cannot exceed 50% of the employee's supplemental amount of insurance.

An employee's first eligible newborn child is automatically covered for \$5,000 for 31 days from the child's live birth. To continue coverage on the first child, the employee must elect child coverage within those 31 days; otherwise the coverage shall terminate at the end of the 31-day period.

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

**Spouse/Civil Union Partner and Child AD&D Insurance**

**Eligible Class**

All employees

**Amount of Spouse/Civil Union Partner and Child AD&D Insurance**

An amount equal to the amount of Supplemental Spouse/Civil Union Partner and Child Life insurance for which the spouse/civil union partner and/or child are insured under the group policy.

## GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

### GRANDFATHERED COVERAGE:

There is a group of grandfathered employees who were able to elect coverage on his or her spouse and/or children without electing Supplemental Employee Life/AD&D coverage. The coverage for this group that is currently in place was elected prior to January 1, 2003. The list of this closed grandfathered group is on file and of record with the policyholder and Minnesota Life.

There is a group of grandfathered employees in which the spouse coverage maximum of “the lesser of 50% of the employee’s supplemental amount of insurance or \$150,000” does not apply. The coverage for this group that is currently in place was elected prior to January 1, 2003 and their coverage amounts are outside of the current plan parameters. The list of this closed grandfathered group is on file and of record with the policyholder and Minnesota Life.

If an employee has Supplement Employee Life/AD&D and Supplemental Spouse/Civil Union Partner/AD&D coverage, and the spouse/civil union partner becomes a State employee, then the spouse/ civil union partner may receive an amount of Supplemental Employee Life/AD&D coverage, on a guarantee issue basis, equal to the amount he/she had as a spouse/civil union partner. The request for new Supplemental Employee Life/AD&D coverage must be made within 31 days of the date that the spouse/civil union partner coverage ends.

### CONTINUED DEPENDENTS INSURANCE UPON THE DEATH OF THE EMPLOYEE:

Notwithstanding anything in the policy to the contrary, any dependents term life and accidental death and dismemberment insurance that is in force at the time of an employee’s death shall remain in force for five months from the date of the employee’s death, with no further premium payment required.

### CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

### GUARANTEED ISSUE AMOUNT:

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:

For employees with eligible dependents immediately prior to the effective date of this certificate, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy.

For employees who first become eligible for dependents insurance after the effective date of this certificate, the guaranteed issue amount is as follows:

For Supplemental Spouse/Civil Union Partner

Insurance: \$30,000

For Supplemental Child Insurance: \$10,000\*

\* As an exception, evidence of insurability is never required of a child regardless of when application is made (new hire, family status change, or annual enrollment.)

### EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

### EFFECT OF EMPLOYEE’S RETIREMENT:

All dependents insurance terminates upon the employee’s retirement except as provided under the portability provision.

## ADDITIONAL INFORMATION

### WAIVER OF PREMIUM APPLICATION:

Applies to contributory and noncontributory employee insurance.

**ONE-TIME OPEN ENROLLMENT:**

The policyholder will hold a one-time open enrollment in the spring of 2024. During this enrollment, the following elections will not require evidence of insurability:

- An employee may elect for the first time or increase his or her supplemental life insurance by five \$10,000 increments up to a total of \$50,000, not to exceed the guaranteed issue limit of \$150,000.

Coverage will be effective on July 1, 2024 subject to the actively at work requirement for employees.

**ELECTION CHANGES:**

Election changes can be made at any time, except child life changes are limited to annual enrollment or within 31 days of a Family Status Change.

An employee may make the following changes to his or her elections at annual open enrollment or within 31 days of a Family Status Change without providing any evidence of insurability:

1. Any reduction or termination of coverage.
2. Any election for child life insurance.
3. For changes due to a Family Status Change: Any increase in Supplemental Employee Life/AD&D insurance that does not exceed the guaranteed issue of \$150,000, including enrolling in Supplemental Employee Life/AD&D for the first time for up to \$150,000.
4. For changes due to a Family Status Change: Any increase in Supplemental Spouse/Civil Union Partner insurance that does not exceed the guaranteed issue of \$30,000, including enrolling in Supplemental Spouse/Civil Union Partner/AD&D for the first time for up to \$30,000.
5. For changes at Annual Enrollment: Employees currently participating in Employee Supplemental Life may increase their coverage by up to five increments of \$10,000, subject to the guaranteed issue limit of \$150,000. Election changes will be effective July 1 following the Annual Enrollment.
6. During the 2022 Annual Enrollment employees not currently participating in Employee Supplemental Life insurance may elect coverage by up to five increments of \$10,000 without providing evidence of insurability.

Any amount requested above these amounts or any change requested outside of these events shall require evidence of insurability and will not be effective unless and until the evidence is approved by Minnesota Life.

Family Status Change means:

- Birth or adoption or otherwise acquiring a newly eligible child
- Death of a spouse/civil union partner
- Marriage
- Establishment of a civil union partnership
- Changes in employment status and result in a loss of employer sponsored life insurance coverage

### **SPECIAL MARRIED EMPLOYEES RULES:**

- If an employee is insured for Supplemental Spouse/Civil Union Partner/AD&D coverage and that spouse/ civil union partner coverage terminates, the employee can apply for Supplemental Employee Life/AD&D on a guaranteed issue basis equal to the amount he or she had as a spouse/civil union partner. The request for new Supplemental Employee Life/AD&D coverage must be made within 31 days of the date that the Supplemental Spouse/Civil Union Partner coverage ends.
- If an employee has Supplement Employee Life/AD&D and Supplemental Spouse/Civil Union Partner/AD&D coverage, and the spouse/ civil union partner becomes a State employee, then the spouse/ civil union partner may receive an amount of Supplemental Employee Life/AD&D coverage, on a guaranteed issue basis, equal to the amount he or she had as a spouse/civil union partner, but not less than \$100,000 and not to exceed \$250,000. The request for new Supplemental Employee Life/AD&D coverage must be made within 31 days of the date that the Supplemental Spouse/Civil Union Partner coverage ends.
- If two State employees are married or have established a civil union partnership and both have Supplemental Employee Life/AD&D coverage, and one employee terminates employment with the State and loses their Supplemental Employee Life/AD&D coverage, then the other remaining employee may add Supplemental Spouse/Civil Union Partner coverage, on a guarantee issue basis, up to an amount not to exceed the lesser of:
  - the amount that was in place as Supplemental Employee Life/AD&D coverage for the terminated employee;
  - 50% of the remaining employee's amount of coverage; and
  - \$250,000.

The request for new Supplemental Spouse/Civil Union Partner/AD&D coverage must be made within 31 days of the date that the employee coverage ends.

### **SUPPLEMENT(S) TO THE CERTIFICATE**

Accidental Death and Dismemberment

Dependents Term Life

Portability

Waiver of Premium

Accelerated Benefits

## 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.

### **certificate effective date**

The date your coverage under this certificate becomes effective.

### **contributory insurance**

Insurance for which you are required to make premium contributions.

### **employee**

Any officer or employee under the state personnel system of the state of Colorado whose salary is paid by state funds or any employee of the department of education, the Colorado commission on higher education, or the Colorado school for the deaf and the blind whose salary is paid by state funds, or any member of the military employed pursuant to section 28-3-904 C.R.S. Employee includes any officer or employee of the legislative or judicial branch, any elected or appointed state official or employee who receives compensation other than expense reimbursement from the state funds, any elected state official who does not receive compensation other than expense reimbursement from state funds, and includes any member of the board of assessment appeals. Employee does not include persons employed on a temporary basis; except that it shall include a member of the military employed pursuant to section 28-3-904 C.R.S. for more than 30 consecutive days.

Employee does not include an employee insured under the University of Colorado group life insurance plan or a full-time member of the armed forces of any country.

### **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.

### **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 attached to this certificate.

### **regular pay**

Your basic rate of compensation not including commissions, overtime or premium pay, bonuses, or any other additional compensation.

### **specifications page**

The outline which summarizes your coverage under the policyholder's plan of insurance.

### **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 attached to this certificate.

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

Minnesota Life Insurance Company.

### **you, your, certificate holder**

An insured employee.

## General Information

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

You are insured under the group policy shown on the specifications page attached to this certificate. Your application as defined under this certificate is attached and 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 be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless a copy of the instrument containing the statement is or has been furnished to you or your beneficiary.

This certificate is issued in consideration of your application and the payment of the required premium.

### **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 group and of an eligible class as defined in the group policy; and
- (2) have satisfied the waiting period as shown on the specifications page attached to this certificate; and
- (3) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

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

Retirees are not eligible under the group policy except that coverage may be continued for a retiree under the portability provisions.

### **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 performing your customary duties at the employer's normal place of business, or at other places the employer's business requires you to travel.

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.

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

Evidence of insurability will be required if:

- (1) the specifications page attached to this certificate states that evidence of insurability is required; or

- (2) the insurance is contributory and you do not enroll within the enrollment period shown on the specifications page attached to this certificate; or
- (3) the insurance for which you previously enrolled did not go into effect or was terminated because you failed to make a required premium contribution; or
- (4) during a previous period of eligibility, you failed to submit required evidence of insurability or that which was submitted was not satisfactory to us; or
- (5) you are insured by an individual policy issued under the terms of the conversion right section.

### **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) if required, you apply for the insurance on forms which are approved by us; and
- (3) we are satisfied with your evidence of insurability, if we require evidence; and
- (4) we receive the required premium.

### **Can your coverage be continued during sickness, injury, leave of absence or temporary layoff?**

Yes. The employer may continue your noncontributory insurance or allow you to continue your contributory insurance when you are absent from work due to sickness, injury, leave of absence, or temporary layoff. Continuation of your insurance is subject to certain time limits and conditions as stated in the group policy. If you stop active work for any reason, you should discuss with the employer what arrangements may be made to continue your insurance.

If you remit premiums during your leave of absence, coverage continues uninterrupted. If you do not remit premiums, coverage terminates during your leave. Upon your return to active service, you may reinstate all coverages that were in-force prior to the commencement of your paid or unpaid leave. Upon return to active status, your coverage will be reinstated on the first day of the month following the date of your return to active status. Premium remittance is not required to reinstate insurance. Coverage is not retroactive to the date your coverage terminated; a claim is not payable during the time the coverage is not in force.

## **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 monthly basis. We apply premiums consecutively to keep the insurance in force.

## How is the premium determined?

The premium will be the 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.

We may change the premium rate:

- (1) on any premium due date following the expiration of any rate guarantee period; or
- (2) anytime, if the policy terms are amended or the total amount of insurance in force changes by 25% or more.

## Death Benefit

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

The amount of the death benefit is the amount of insurance shown on the specifications page attached to this certificate.

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

Yes. If the policyholder's plan of insurance, as reflected in the specifications page attached to the group policy, allows for a choice of amounts of insurance for your class, you can request an increase or a decrease in the amount of your contributory insurance within the limitations of the policyholder's plan of insurance, including any limitations on when and how often such requests may be made.

If you request an increase in the amount of your contributory insurance, we will require evidence of insurability unless otherwise noted on the specifications page.

### When will changes in your coverage amount be effective?

Requested increases in the amount of your contributory insurance, if approved, are effective on the date we approve the increase. Requested decreases in the amount of your contributory insurance are effective on the first day of the month following receipt of your request for a decrease, or if different, according to the administrative practices of the employer.

Requests for a change made during a special enrollment period offered by the employer will not become effective prior to the general effective date of elections made during that enrollment.

Increases and decreases in insurance amounts which result from a change in your eligible class or earnings will be effective as shown on the specifications page attached to this certificate.

All increases in the amount of insurance are subject to the actively at work requirement.

## When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us that you died while insured under this certificate. 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. A beneficiary is named by you to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You cannot name the policyholder or an associated company of the policyholder as a beneficiary.

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 writing. 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/civil union partner, 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 brothers and sisters in equal shares, if living, otherwise;
- (5) the personal representative of your estate.

### Can you add or change beneficiaries?

Yes. You can add or change beneficiaries if 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 request to add or change a beneficiary must be made in writing or any other method made available. A change will take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving your notice.

## 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 end of the month in which you no longer meet the eligibility requirements; or
- (3) the date the group policy is amended so you are no longer eligible; or
- (4) 45 days (the grace period) after the due date of any premium contribution which is not paid; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

If your coverage under the group policy terminates due to non-payment of premiums, your coverage may be reinstated if all premiums due are paid and received by us within 31 days of the date of termination and during your lifetime.

### Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within three months after the date your coverage under this certificate terminated, your coverage may be reinstated.

Provided you are not then covered by an individual policy issued under the terms of the conversion right section, your coverage under the group policy shall be reinstated automatically, without evidence of insurability or satisfaction of any waiting period. Your amount of insurance will be that which applies to the classification to which you then belong, on the date you again become eligible. If the policyholder's plan of insurance provides for contributory insurance under the group policy, your amount of contributory insurance will be limited to that for which you were insured immediately prior to the loss of coverage.

### When does the group policy terminate?

The policyholder may terminate the group policy by giving us 90 days prior written notice. We reserve the right to terminate the group policy on the earliest of the following to occur:

- (1) 45 days (the grace period) after the due date of any premiums which are not paid; or
- (2) on any subsequent policy anniversary after the date the number of employees insured is less than any minimum established by us or as required by applicable state law; or
- (3) 180 days after we provide the policyholder with notice of our intent to terminate the group policy.

## Conversion Right

### What is the conversion right?

You may convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates.

You may convert up to the full amount of terminated insurance if termination occurs because you move from one existing eligible class to another, or you are no longer in an eligible class.

### 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 to reduce or terminate your insurance.

You may convert up to the full amount of terminated insurance, but not more than the maximum. The maximum is the lesser of:

- (a) \$10,000; and
- (b) 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.

Neither the 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.

Under both the 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, accidental death and dismemberment benefits, or accelerated 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 your group insurance terminates. No evidence of insurability will be required.

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

We base the premium for the individual policy on the plan of insurance, your age, and the class of risk to which you belong on the date of the 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 during the 31-day period allowed for conversion?**

If you die during the 31-day period allowed for conversion, 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.

We will return any premium you paid for an individual policy to your beneficiary named under the group policy. 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 will be made so that the actual premium required at your correct age is paid.

### **Is there a suicide exclusion?**

The life insurance suicide exclusion applies to Supplemental Employee Life insurance, Supplemental Spouse/Civil Union Partner Life insurance and Supplemental Child Life insurance under this certificate. The life insurance suicide exclusion does not apply to Basic Life insurance under certificate policy.

When applicable, this life insurance suicide exclusion limits our liability to an amount equal to the life insurance premiums paid for an insured, if that insured, whether sane or insane, dies by suicide within one year of the effective date of his or her life insurance.

If there has been an increase in the insured's amount of life insurance for which he or she was required to apply or for which we required evidence of insurability, and if the insured dies by suicide within one year of the effective date of the life insurance increase, our liability with respect to that life insurance increase will be limited to the life insurance premiums paid and attributable to such life insurance increases.

Exclusions for AD&D insurance, including a AD&D insurance suicide exclusion, applies to Basic AD&D insurance, Supplemental Employee AD&D insurance, Supplemental Spouse/Civil Union Partner AD&D insurance and Supplemental Child AD&D insurance and are listed on the applicable rider.

### **When does your insurance become incontestable?**

Except for non-payment of premiums, after your insurance has been in force during your lifetime for two years from the effective date of your coverage, we cannot contest your coverage. However, if there has been an increase in the amount of insurance for which you were required to apply or for which we required evidence of insurability, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

Any statements you make in your application as defined under this certificate will 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 a copy of the instrument containing the statement is or has been furnished to you or your beneficiary.

### **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.

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

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer this certificate.

If a clerical error is made in keeping records on the insurance under the group policy, it will not affect otherwise valid insurance. A clerical error does not continue insurance which is otherwise stopped. If an error causes a change in premium payment, we will make a fair adjustment.

### **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

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 certificate supplement 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 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.

## Definitions

### accelerated benefit

The amount of the death benefit we will pay if the insured is eligible under this supplement.

### death benefit

The amount of the insured's life insurance as shown on the specifications page attached to your certificate.

### immediate family

Your spouse/ civil union partner, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

### insured

For purposes of this supplement, an insured employee, an insured spouse/ civil union partner, or an insured dependent child.

### physician

An individual who is licensed to practice medicine or treat illness in the state in which treatment is received. This does not include you or a member of your immediate family.

## Terminal Condition

### What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of twelve months or less.

### What evidence do we require of the insured's terminal condition?

We must be given evidence that satisfies us that the insured's life expectancy, because of sickness or accident, is twelve months or less. That evidence must include certification by a physician.

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

Yes. We retain the right to have the insured medically examined at our own expense to verify the insured's medical condition. We may do this as often as reasonably required while accelerated benefits are being considered or paid.

## Accelerated Benefit

### What is the accelerated benefit?

The accelerated benefit is the amount of the death benefit payable under this supplement. It is the death benefit that is being accelerated, up to 100% of the insured's amount of insurance, subject to the minimums and maximums stated below.

### What are the conditions for the payment of an accelerated benefit?

We will consider the payment of an accelerated benefit, subject to all of the following conditions:

- (1) coverage must be in force and all premiums due must be fully paid; and
- (2) application must be made in writing and in a form which is satisfactory to us. We will tell you what form is required; and
- (3) you must be the sole owner of the certificate; and
- (4) the insured's insurance must not have an irrevocable beneficiary.

### 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/civil union partner or dependent child insured under your certificate.

### **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 named beneficiary. Therefore, payment of the death benefit cannot be accelerated under this supplement if the insured:

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

### **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 to be eligible for an accelerated benefit is \$1,000,000.

### **Do you have to take the entire accelerated benefit?**

No. You may choose to receive a partial accelerated benefit. If you do so, the insured's remaining coverage will stay in force.

If you elect to receive only a partial accelerated benefit amount available under this supplement, the insured's remaining death benefit under the certificate must be at least \$25,000.

You may reapply for the payment of the remaining amount of insurance at any time. However, we may ask for further satisfactory evidence that the insured meets all requirements for the accelerated benefit.

### **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 such termination causes a certificate holder's covered spouse/ civil union partner or dependent children to lose coverage, each of them will be allowed to convert any such insurance to a policy of individual life insurance according to the conversion right section of the certificate to which this supplement is attached.

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

### **How will we pay the accelerated benefit?**

We will pay the accelerated benefit in one lump sum or in any other mutually agreeable manner.

### **To whom will we pay accelerated benefits?**

All accelerated benefits will be paid to you unless you validly assign them otherwise. If you die before all payments have been made, we will pay the remainder to the beneficiary named under this certificate. Payment will be made in one lump sum which will be the present value of the payments that remain, using the interest rate we use to determine the payments.

## **Termination**

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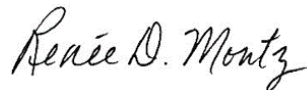
### **When does an insured's coverage under this supplement terminate?**

An insured's coverage ends on the date the insured is no longer covered for life insurance under the group policy.

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

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to cancel the Accelerated Benefits Policy Rider; or
- (2) the date the group policy is terminated.



Secretary



President

# Accidental Death and Dismemberment Certificate Supplement

Minnesota Life Insurance Company, a Securian Financial Group affiliate  
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. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your 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 or dependent who is insured under the provisions applicable to life insurance coverage under the group policy is eligible for insurance under this supplement. 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 the employee or dependent becomes insured for life insurance under the policy.

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

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

Accidental death or dismemberment by accidental injury as used in this supplement means that the insured's death or dismemberment results, directly and independently of all other causes, from an accidental bodily injury which is 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 death or dismemberment.

The injury must occur while the insured's coverage under this supplement is in force. The insured's death or dismemberment must occur within 365 days after the date of the injury and while his or her coverage under this supplement is in force.

In no event will we pay the accidental death or dismemberment benefit where the insured's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:

- (1) self-inflicted injury or self destruction, whether sane or insane; or
- (2) suicide or attempted suicide, whether sane or insane; or
- (3) the insured's participation in or attempt to commit a crime, assault, felony, or any illegal activity, regardless of any legal proceedings, or the absence of any legal proceedings, thereto; or
- (4) bodily or mental infirmity, illness or disease; or
- (5) the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; or
- (6) motor vehicle collision or accident where the insured is the operator of the motor vehicle and this insured's 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, or the absence of any legal proceedings, thereto; or
- (7) infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; or
- (8) medical or surgical treatment or diagnostic procedures or any resulting complications; or
- (9) war or any act of war, whether declared or undeclared; or
- (10) service in the military of any nation.

### 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 attached to the group policy. The percentage is determined by the type of loss as shown in the following table:

FOR LOSS OF	AMOUNT OF BENEFIT
Life .....	Full Amount of AD&D Insurance
Both Hands or Both Feet ..	Full Amount of AD&D Insurance
Sight of Both Eyes .....	Full Amount of AD&D Insurance
Speech and Hearing (In both ears) .....	Full Amount of AD&D Insurance
One Hand and One Foot ..	Full Amount of AD&D Insurance
One Foot and Sight of One Eye .....	Full Amount of AD&D Insurance
One Hand and Sight of One Eye .....	Full Amount of AD&D Insurance
Quadriplegia .....	Full Amount of AD&D Insurance
Paraplegia .....	50% of Amount of AD&D Insurance
Sight of One Eye .....	50% of Amount of AD&D Insurance
Speech or Hearing (In both ears) .....	50% of Amount of AD&D Insurance

One Hand or  
One Foot .....50% of Amount of AD&D Insurance  
Hemiplegia .....50% of Amount of AD&D Insurance  
Thumb and Index  
Finger of One Hand.....25% of Amount of AD&D Insurance

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). 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.

A benefit is not payable for both loss of one hand and the loss of thumb for injury to the same hand as a result of any one accident. 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, not including any amount paid according to the terms of the Additional Benefits section of this supplement for any one accident, will never exceed the full amount of AD&D insurance shown on the specifications page attached to the group policy.

#### **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 that the insured 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 the person or persons entitled to receive your death benefit under the terms of the group policy.

A dependent's AD&D benefit will be paid to you, if living. If you are not living, the death benefit payable under this

supplement will be paid in equal shares to the first surviving class of the classes below:

- (1) the children of the dependent, if living, otherwise;
- (2) the parents of the dependent, if living, otherwise;
- (3) the brothers and sisters of the dependent, if living, otherwise;
- (4) 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 "What does accidental death or dismemberment by accidental injury mean?" section shall apply to these additional benefits.

### **Career Adjustment Benefit**

#### **What is the career adjustment benefit?**

If an insured employee dies as a result of a covered accident for which an accidental death insurance benefit is payable, and he or she is survived by his or her spouse/civil union partner, we will pay a career adjustment benefit to the surviving spouse/civil union partner, provided that the spouse/civil union partner within 36 months after the insured employee's death, registers and is in attendance at a professional or trades training program for the purpose of obtaining employment or increasing his or her earnings.

The benefit will be equal to the lesser of:

- (1) \$5,000 per year; or
- (2) the actual tuition charges, exclusive of room and board; or
- (3) the cumulative total of \$10,000 or 25% of the insured employee's amount of accidental death insurance, whichever is less.

Proof of such costs will be required before benefits are paid.

### **Child Care Benefit**

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

If an insured employee dies as a result of a covered accident and he or she is survived by his or her spouse/civil union partner and one or more dependent children under age 13, we will pay additional benefits to reimburse the surviving spouse/civil union partner for child care expenses they incur for the insured employee's dependent children while under age 13.

The benefit will be the lesser of:

- (1) \$5,000 per year; or
- (2) actual incurred child care expenses; or



- (3) the cumulative total of \$10,000 or 25% of the insured employee's amount of accidental death insurance, whichever is less.

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 who are not a member of the insured employee's family. No payment will be made for expenses incurred more than 36 months after the date of the insured employee's death or for expenses incurred for dependent children over age 13. Proof of incurred child care expenses by the surviving spouse/civil union partner shall be required before any benefit payment is made. The child care benefit will be paid to the surviving spouse/civil union partner.

### **Dependent Child Education Benefit**

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

We will pay an education benefit on behalf of the insured employee's dependent children if an insured employee dies as a result of a covered accident and is survived by one or more dependent children, provided that:

- (1) at the time of the insured employee's 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 the employee's death.

The benefit payable per child will be the lesser of:

- (1) \$5,000 per year; or
- (2) the actual tuition charged, exclusive of room and board; or
- (3) the cumulative total of \$20,000 or 25% of the insured employee's amount of accidental death insurance, whichever is less.

The benefit will be payable at the beginning of each school year for a maximum of four consecutive years. The benefit will be paid to the dependent child annually if he or she is of legal age. If the dependent child is not of legal age the benefit will be paid annually 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.

### **Seatbelt Benefit**

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

If an insured dies 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:

- (1) \$10,000; or
- (2) 100% 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 date you are no longer covered for life insurance under the group policy; or
- (2) for an insured dependent, the end of the month in which the dependent no longer meets the eligibility requirements; or
- (3) for an insured dependent, the date the dependent is no longer covered for life insurance under the group policy; or
- (4) 45 days (the grace period) after the due date of any premium contribution which is not paid.

You must notify us or the employer when you no longer have any dependents eligible for coverage under this benefit so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this benefit will be refunded without any payment of claim.

**When does this supplement terminate?**

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to cancel this supplement; or
- (2) the date the group policy is terminated.

**Additional Information**

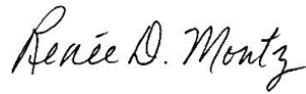
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**Do we have the right to obtain independent medical verification?**

Yes. We retain the right to have an insured medically examined at our expense when and so often as we may reasonably require whenever a claim is pending and, where not forbidden by law, we reserve the right to have an autopsy performed in case of death.

**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 group policy.



Secretary



President

# Dependents Term Life Insurance Certificate Supplement

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

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## 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 the insured employee's family are eligible for insurance under this supplement:

The members of an insured employee's family are considered his or her eligible dependents. Eligible dependents are specified in statutes, primarily § 24-50-603(5) and (6.5), C.R.S., as modified or further defined by other state statutes (e.g., Title 10) or federal regulations (e.g., Affordable Care Act [ACA], IRC on taxable income).

#### A. Current spouse, including common law spouse.

1. Spouse means a spouse as recognized under federal tax laws.
2. Common law spouse means an adult, at least 18 years of age:
  - a. with whom the employee cohabitates; and
  - b. who represent themselves to the community as married to each other; and
  - c. there is no legal impediment to the marriage.

#### B. Current civil union partner who is an adult:

1. eighteen years of age or older who is not under guardianship, unless the party under guardianship has the written consent of his or her guardian to enter into a civil union as created by Article 15 of Title 14, C.R.S.; and
2. who has entered into a civil union in accordance with the requirements of Article 15 of Title 14, C.R.S. or who has established a relationship legally entered into in other jurisdictions that are similar to civil unions created by Article 15 of Title 14,

C.R.S. and that are not otherwise

recognized pursuant to Colorado law; and

3. who is of the opposite gender or same gender as the employee; and
4. who is not a party to another civil union; and
5. who is not married; and
6. who is not a relative to the employee.

Article 15 of Title 14, C.R.S. prohibits a person from entering into a civil union with an ancestor, descendant, brother, sister, uncle, aunt, niece or nephew, whether the relationship is by the half or the whole blood.

- C. A child from live birth (stillborn and unborn children are not eligible) until the end of the month he or she turns age 26. The legal definition of child must be applied (e.g., first generation, parent-child relationship). As of July 1, 2011, marital status, student status, financial support, and residency are no longer factors under the ACA.

1. Biological or natural child.
2. Legally adopted.
3. Legally placed for adoption or foster care.
4. Step child as long as the employee and parent are married.
5. Child of a civil union partner.
6. Child for whom the employee has a court order that specifies responsibility for health insurance coverage (legal custody or allocation of parental responsibility). Note: a court has determined there is a parent-child relationship for purposes of coverage.

#### E. A disabled child must be:

1. unmarried,
2. medically certificated as disabled prior to the age of 26; and
3. dependent upon employee or spouse/civil union partner for financial support; and
4. proof of disability and dependency must be provided before becoming covered under the State's life plan and annually, if requested; and
5. newly hired employees will need to provide proof that the child's disability began prior to the child reaching age 26. If a child of a newly hired employee or current employee becomes disabled after the child reaches

age 26, the child is ineligible for coverage under the State's life plan.

### Exclusions

Ex-spouses and their children, civil union ex-partners and their children, parents, grandparents and grandchildren, siblings, aunts and uncles, nieces and nephews, cousins, and any other relatives or non-relatives in the household. The only exception is when a court determines a qualified dependent relationship exists and issues an order specifying responsibility for coverage.

If any spouse/civil union partner is insured as an eligible employee under the group policy for employee supplemental term life, he or she is not also eligible to be insured with dependent spouse/civil union partner supplemental term life coverage. If any employee is insured as an eligible spouse/civil union partner under the group policy for spouse/civil union partner supplemental term life coverage, he or she is not also eligible to be insured as an employee for supplemental term life coverage.

If both parents of a child qualify as eligible employees and they are legally married or have established a civil union partnership while covered under the group policy, the child shall be considered a dependent of only one parent for purposes of this supplement. However, if both parents of a child qualify as eligible employees and have divorced, have been legally separated, have terminated their civil union partnership, while covered under the group policy, the child shall be considered a dependent of both parents for purposes of this supplement. If any child qualifies as an eligible employee under the group policy and has supplemental employee life coverage, he or she is not eligible to be insured as a dependent child.

Any dependent child who, subsequent to the effective date of the insured employee's child life insurance, meets the requirements of this provision will become insured on the date he or she so qualifies.

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

Evidence of insurability will be required if:

- (1) the specifications page attached to your certificate states that evidence of insurability is required; or
- (2) the insurance is contributory and you do not enroll for coverage under this supplement within the enrollment period shown on the specifications page attached to your certificate; or
- (3) dependents insurance for which you previously enrolled did not go into effect or was terminated because you failed to make a required premium contribution; or
- (4) during a previous period of eligibility, you failed to submit evidence of insurability that was required for a dependent or that which was submitted was not satisfactory to us; or
- (5) the dependent is insured by an individual policy issued under the terms of the conversion right of this supplement.

### **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) if required, you apply for dependents coverage on forms which are approved by us; and
- (3) we are satisfied with the dependent's evidence of insurability, if we require evidence; and
- (4) we receive the required premium.

## **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 attached to your certificate.

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

The death benefit payable under this supplement will be paid to the insured employee if living. If the insured employee is not living, the death benefit payable under this supplement will be paid in equal shares to the first surviving class of the classes below:

- (1) the children of the dependent, if living, otherwise;
- (2) the parents of the dependent, if living, otherwise;
- (3) the brothers and sisters of the dependent, if living, otherwise;
- (4) the insured employee's 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 end of the month in which the dependent no longer meets the eligibility requirements; or
- (2) 45 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.

You must notify us or your employer when a dependent is no longer eligible for coverage under this supplement so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this supplement will be refunded without any payment of claim.

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

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to cancel the Dependents Term Life Insurance Policy Rider; or
- (2) the date the group policy is terminated.

## **Additional Information**

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

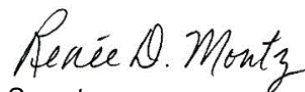
If an insured dependent's coverage under this supplement terminates because he or she is no longer eligible, or because of your death, or because of termination or amendment of this supplement, the insurance may be converted to a policy of individual insurance with Minnesota Life.

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.

### **Do any Waiver of Premium supplements to your certificate apply to insured dependents?**

Yes. If, due to your disability, your insurance is continued in force without further payment of premiums due to any Waiver of Premium supplement to your certificate, any dependents insurance provided by this supplement shall also continue in force without further payment of premiums until the dependent's eligibility terminates or until your insurance is no longer continued in force due to any such supplement to your certificate.

This provision is not applicable if the dependent's insurance has been converted under the conversion right section of this supplement, unless the converted policy is surrendered without claim except for refund of premiums.

  
Secretary

  
President

# Term Life Insurance Portability Certificate Supplement

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 for continuation of your group life insurance if you no longer meet the eligibility requirements of your certificate, except as provided for herein.

To continue coverage under the provisions of this supplement, you must make a written request and make the first premium contribution within 31 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this supplement will then be deemed effective retroactive to the beginning of the 31-day period. This date is considered to be your portability date and you are then considered to have portability status.

### Who is eligible to continue insurance under this supplement?

You are eligible to continue your group life insurance under the terms of this supplement if you, except as provided by this supplement, no longer meet the eligibility requirements of your certificate due to any of the following:

- (1) you terminate employment, including retirement; or
- (2) are no longer in a class eligible for insurance or you are on a leave or layoff; or
- (3) a class or group of employees insured under the policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this certificate.

You will not be eligible to request coverage under this supplement if you:

- (1) have attained the age of 70; or
- (2) have converted your insurance to an individual life policy under the terms of your certificate's conversion right section; or
- (3) were not actively at work due to sickness or injury on the date immediately preceding your portability date; or
- (4) lose eligibility due to termination of the group policy.

### What insurance can be continued under this supplement?

Both non-contributory and contributory insurance may be continued under this supplement. If you elect to continue your own coverage according to the provisions of this supplement, you may also elect to continue contributory insurance for any other individual insured under your certificate. You may also continue coverage under all supplements to your certificate which apply to both non-contributory and contributory insurance and by which you were insured immediately preceding your portability date, except for the Term Life Waiver of Premium Certificate Supplement, which shall terminate on the portability date.

### What is the minimum amount of insurance that can be continued under this supplement?

The minimum amount of insurance that can be continued on your life under this supplement is \$10,000. This minimum does not apply to any other insureds covered under this supplement.

### What is the maximum amount of insurance that can be continued under this supplement?

The maximum amount of insurance that can be continued under this supplement for an insured under age 65 is the amount of insurance that was in force on your portability date. For an insured who is age 65 or older on your portability date, the amount will not be more than 65% of the amount of insurance in force on the insured's portability date.

### Will the amount of insurance continued under this supplement change?

Yes. When an insured attains age 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65. All insurance terminates when you attain age 70.

### Can you request a change in your amount of insurance continued under this supplement?

Yes. You may elect to reduce the amount of insurance on your life. Your remaining amount of insurance must be at least \$10,000.

The amount of insurance continued under this supplement will never increase.

**How will premium contributions be paid?**

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

**Can the premium rate change?**

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future but will not change more often than once per year.

**Can insurance continued under this supplement be converted to a policy of individual insurance?**

Yes. At any time after insurance has been continued under the provisions of this supplement, it may be converted to a policy of individual insurance with Minnesota Life. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

**What happens if you again become eligible under your certificate?**

If you are continuing coverage under the terms of this supplement, and again meet the eligibility requirements of your certificate, not including the terms of this supplement, you shall no longer be considered to have portability status. Insurance may be continued only under the terms of your certificate, not including this supplement unless and until you no longer meet the eligibility requirements of your certificate and again return to portability status as provided for herein.

**What happens to insurance provided under this supplement when the group policy terminates?**

Anything in the group policy notwithstanding, termination of the group policy by the policyholder or us will not terminate life insurance then in force for any person under the terms of this supplement. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.

Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this supplement terminate?".

No individual may elect coverage under this supplement on or after the date of termination of the group policy.

**When will insurance continued under this supplement terminate?**

Insurance being continued under this supplement will terminate on the earliest of the following:

- (1) your 70th birthday; or
- (2) the date you again meet the eligibility requirements of your certificate, not including the terms of this supplement; or
- (3) in the case of a dependent child or a spouse/ civil union partner who is insured by a supplement to your certificate, the date your coverage is no longer being continued under this supplement or the date the spouse/ civil union partner or child ceases to be eligible as defined under the terms of your certificate; or
- (4) 45 days after the due date of any premium contribution which is not made.



Secretary



President

## Term Life Waiver of Premium Certificate Supplement

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

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### 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. The specifications page attached to your certificate indicates whether this supplement applies to contributory insurance or noncontributory insurance. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate.

#### What does this supplement provide?

This supplement provides for waiver of premium if you become totally and permanently disabled, as defined herein, while under age 60. Upon approval of proof of such disability, your insurance, including all supplements to your certificate, which are in force on the date of the onset of the certificate holder's disability, will be continued in force without payment of premiums during the uninterrupted continuance of the total and permanent disability.

#### What is total disability?

Total disability is a disability which occurs while your insurance is in force and which results from an accidental injury or an illness that continuously prevents you from engaging in any occupation for which you are reasonably suited by education, training, or experience. You must be under the care of a licensed physician. The licensed physician cannot be you or a member of your immediate family. For purposes of this supplement, your immediate family consists of your spouse/civil union partner, children, parents, grandparents, grandchildren, brothers and sisters and their spouses.

#### What is permanent disability?

Permanent disability is a total disability which has existed continuously for at least 180 days.

#### Do premiums have to be paid after you become disabled?

Yes. Premiums have to be paid after you become disabled, but only until we approve your total and permanent disability claim. Continued payment prevents the possible loss of your coverage and eligibility if your claim is not approved. If your claim for benefits under this supplement is approved, up to 12 months of life and accidental death and dismemberment premiums paid after your disability began will be refunded.

#### What if you convert your group life insurance to a policy of individual insurance prior to the approval of your disability claim?

If your coverage has been converted in accordance with the conversion right section of your certificate, benefits under this supplement will apply only if the converted policy is surrendered without claim, except for refund of premiums.

#### What will be considered due proof of total and permanent disability?

You must furnish evidence satisfactory to us that your disability:

- (1) commenced while your insurance under your certificate was in force; and
- (2) meets the definition of total disability; and
- (3) commenced before your 60th birthday; and
- (4) was continuous for 180 days or more.

We will, from time to time, also require additional proof satisfactory to us that you continue to be totally and permanently disabled. We may also require that you submit to one or more medical examinations at our expense.

If you die within one year of the date of onset of your disability, your beneficiary may claim benefits under this supplement even if your premium payments were discontinued and you had not submitted due proof satisfactory to us of your total disability or you were continuously disabled for less than 180 days. Your beneficiary must submit due proof satisfactory to us that your total disability, which began before premium payments on your behalf were discontinued and before your 60th birthday, continued without interruption until your death.

#### When must we be notified of your disability or death?

We must receive written notice at our home office of your total disability within one year of the date of onset of such disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

We must receive written notice at our home office within one year of death that you died during the period of continuance provided by this supplement. Proof must be furnished that you continued to be totally disabled during the entire period of continuance until death. If such notice and proof are not provided within the required time frame, there shall be no liability for any payment under this supplement.



**What is the amount of insurance to be continued without payment of premium under this supplement?**

The amount of your insurance continued without payment of premium shall be the amount of insurance that was in force on the date of onset of total disability.

**How long will insurance be continued without payment of premium?**

If you become totally and permanently disabled, insurance will be continued, without payment of premium, until the earliest of:

- (1) your 65th birthday; or
- (2) the date you recover so that you are no longer totally and permanently disabled; or
- (3) the date you fail to furnish proof of continued disability when requested or you refuse to submit to a required medical examination.

**What happens to your insurance when the waiver of premium benefit ends?**

When the benefits under this supplement end according to the provisions of the section entitled "How long will insurance be continued without payment of premium?," the following will apply:

- (1) If you are then eligible for coverage under your certificate, your insurance may be continued under your certificate provided that premiums are paid. The first such premium payment must be made within 31 days of the date the waiver of premium benefit ends.

- (2) If you are no longer eligible for coverage under your certificate, you may convert coverage to an individual policy, as provided for under the conversion right section of your certificate.

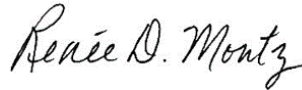
Your insurance will end unless, within 31 days of the date benefits under this supplement end, premium payments on your behalf are resumed or you apply to convert your coverage.

**When does this supplement terminate?**

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to terminate the Term Life Waiver of Premium Policy Rider; or
- (2) the date the group policy is terminated.

Insurance being continued without further payment of premiums in accordance with the provisions of this supplement will not end due solely to the termination of the Term Life Waiver of Premium Policy Rider or of the group policy.



Secretary



President

# Important Notice

Minnesota Life Insurance Company - a Securian Financial company  
400 Robert Street North, St. Paul, MN 55101-2098

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## NOTICE OF PROTECTION PROVIDED BY LIFE AND HEALTH INSURANCE PROTECTION ASSOCIATION

This notice provides a **brief summary** of the Life and Health Insurance Protection Association ("the Association") and the protection it provides for policyholders. This safety net was created under Colorado law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Colorado law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

### Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender and withdrawal values

### Health Insurance

- \$500,000 for hospital, medical and surgical insurance benefits
- \$300,000 in disability income insurance benefits
- \$300,000 in long-term care insurance benefits
- \$100,000 in other types of health insurance benefits

### Annuities

- \$250,000 in withdrawal and cash values

In general, the maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Colorado law.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website [www.colifega.org](http://www.colifega.org) or contact:

**Colorado Life and Health Insurance  
Protection Association**  
Robert S. Kerr Avenue, Suite 600  
Oklahoma City, OK 73102  
1-800-337-7796

**Colorado Division of Insurance**  
1560 Broadway, Suite 201  
Denver, CO 80202  
(303) 894-7499

**Insurance companies and agents are not allowed by Colorado law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Colorado law, then Colorado law will control.**

400 Robert Street North • St. Paul, Minnesota 55101-2098

**GROUP TERM LIFE CERTIFICATE OF INSURANCE**