

# Group Term Life Certificate of Insurance

**Supplemental Life**  
**Spouse Life**  
**Child Life**

Effective September 1, 2023

Prepared for:

# Employee Group Term Life Certificate of Insurance

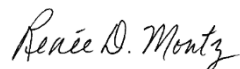
Minnesota Life Insurance Company – A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

POLICYHOLDER: STATE OF VERMONT

POLICY NUMBER: 34774

## 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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**GENERAL INFORMATION**

**POLICYHOLDER:** State of Vermont

**POLICY NUMBER:** 34774

**ASSOCIATED COMPANIES:**

Vermont State Employee Association  
Vermont Historical Society  
Vermont Council on the Arts

**POLICY EFFECTIVE DATE:**

September 1, 2023.

**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 active permanent full-time and permanent part-time employees of the policyholder; active permanent full-time and permanent part-time employees of the policyholder's associated companies.

**ENROLLMENT PERIOD:** 60 days from the first day of continuous eligible employment.

**WAITING PERIOD:** 30 days of continuous eligible enrollment.

**MINIMUM HOURS PER YEAR REQUIREMENT:** 1040 hours per year.

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

**PLAN OF INSURANCE**

**EMPLOYEE BENEFIT SCHEDULE**

**SUPPLEMENTAL TERM LIFE:**

<u>Eligible Class</u>	<u>Class Description</u>	<u>Amount of Insurance</u>
Class 1	All active employees.	One, two, three, four, five, six, seven or eight times annual earnings, rounded to the next lower \$100 if not already a multiple thereof, subject to a maximum of \$1,000,000

## GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

### CONTRIBUTORY/NONCONTRIBUTORY:

Insurance under this certificate 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 Employee Supplemental Insurance:

The lesser of three times annual earnings or \$500,000

### EVIDENCE OF INSURABILITY:

Evidence of insurability satisfactory to us will be required:

- 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.
- In order for a newly eligible spouse/domestic partner 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/domestic partner will be insured for the guaranteed issue amount.

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

Increases and decreases due to a change in eligible class or earnings will become effective the date of the change in eligible class or earnings. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings. All increases are subject to the actively at work requirement.

## **DEPENDENTS BENEFIT SCHEDULE**

### **Dependents term life insurance:**

An employee must be insured for supplemental life insurance in order to be insured for dependents life insurance. Dependents coverage cannot exceed 100% of the amount of coverage an employee is eligible for

### **Spouse/Domestic Partner Life Insurance**

#### **Eligible Class**

#### **Amount of Spouse/Domestic Partner Life Insurance**

Class 1

An amount elected by the employee in \$10,000 increments to a maximum of \$250,000.

### **Child Life Insurance**

#### **Eligible Class**

#### **Amount of Child Life Insurance**

Class 1

An amount elected by the employee in \$5,000 increments to a maximum of \$20,000

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.

## **GENERAL PROVISIONS FOR DEPENDENTS INSURANCE**

### **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 spouse/Domestic Partner insurance: \$50,000 if elected within 60 days of initial eligibility

For child insurance: \$20,000

\*As an exception, evidence of insurability is never required of a child, but enrollment opportunities are limited to a period of initial eligibility, annual enrollment, or within 31 days of a qualified status change.

**EFFECTS OF EMPLOYEE'S RETIREMENT:**

All dependents insurance terminates upon the employee's retirement, except as provided for under the portability provision

**ADDITIONAL INFORMATION****SUICIDE EXCLUSION:**

Applies only to employee supplemental life and spouse/domestic partner life insurance under this policy.

**WAIVER OF PREMIUM:**

Applies to contributory employee insurance.

**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 and the insured receiving the increase has not previously been declined any insurance amount under this policy due to failure to provide satisfactory evidence of insurability:

- An employee may elect for the first time or increase existing supplemental life insurance by one times annual earnings, provided the resulting amount of insurance does not exceed the guaranteed issue amount of the lesser of three times annual earnings or \$500,000.
- An employee may elect any child life amount.

Coverage will be effective on the date of the election, subject to the actively at work requirement.

Qualified Status Change for this purpose means:

- Birth or adoption or otherwise acquiring a newly eligible child
- Marriage/creation of a domestic partnership

**SUPPLEMENT(S) TO THE CERTIFICATE**

Accelerated Benefits  
Dependents Term Life  
Portability  
Waiver of Premium

# 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 deemed 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 the statement is contained in the application.

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

## 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) 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 attached to this certificate; and
- (3) have satisfied the waiting period as shown on the specifications page attached to this certificate; and
- (4) 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?

If the policyholder's plan of insurance 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 such persons.

## What is the actively at work requirement?

To be eligible to become insured for supplemental term life insurance or to receive an increase in your existing supplemental term life 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 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 or that which was submitted was not satisfactory to us.

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

Insurance becomes effective on the date that all 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.

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

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.

### **Can your coverage be continued during absences from work, including retirement?**

Yes. The employer may continue your insurance when you are absent from work due to sickness, injury, leave of absence, or retirement. Continuation of your insurance is subject to the following time limits.



For a leave of absence without pay for your sickness or injury:

Coverage is continued for up to 12 months. Employees will be billed, and payment made to Minnesota Life.

For a leave of absence without pay to serve in the Legislature:

Coverage can be continued for the duration of the leave. Employees will be billed, and payment made to Minnesota Life.

For a leave of absence without pay that is a qualified leave of absence under the Family and Medical Leave Act of 1993 (FMLA):

Coverage may be continued until the first day of the seventh pay period from the last day you were actively at work. Employees will be billed, and payment made to Minnesota Life.

For a military leave of absence without pay:

Coverage may be continued for up to 12 months. Employees will be billed, and payment made to Minnesota Life.

For a leave of absence without pay for any reason except as provided above, coverage ends on the last day of the month following the month during which the leave of absence without pay began. When you return to work, you will be reinstated without the need for medical evidence of insurability.

Notwithstanding the above, if you are on a leave of absence and lose coverage due to failure to pay your share of premium in a timely manner or because you voluntarily cancel coverage, once you return to work, in order to be reinstated you will need to provide medical evidence of insurability.

If you become totally disabled prior to age 60, your life insurance coverage may be continued at no cost to you. **Contact your Personnel Officer for more information.** If you remain totally disabled and meet all the rules of the extended death benefit provisions, coverage is continued until age 65. At age 65, if you have at least 20 years of creditable service with the State of Vermont, as determined by the Retirement Division of the State, the retiree benefit shall apply (coverage provided for under policy #29075-G).

The State of Vermont will pay the entire premium. If you do not have at least 20 years of creditable service or the employer was not the State of Vermont, all benefits end at age 65.

# Death Benefit

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## **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.

## **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. We will pay interest on the death benefit from the date of your death until the date of payment. Interest will be at an annual rate determined by us, but never less than 0.1% per year compounded annually, or the minimum required by state law, whichever is greater.

Payment of the death benefit will extinguish our liability under the certificate for which the death benefit has been paid.

## **To whom will be 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 on the date of your death. In the event a beneficiary is not living on the date of your death, that beneficiary's proportion 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/domestic 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) 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. A change will take effect as of the date it is signed, but not affect any payment we make or action we take before receiving your notice.

## **Termination**

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### **When does your coverage terminate?**

Your coverage ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the date you no longer meet the eligibility requirements; or
- (3) the date the group policy is amended so you are no longer eligible; or
- (4) 31 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.

### **When does the group policy terminate?**

The policyholder may terminate the group policy by giving us 60 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) 60 days after we provide the policyholder with notice of our intent to terminate the group policy.

## **Conversion Right**

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

- (1) the group policy is terminated; or
- (2) the group policy is changed to reduce or terminated 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:

- (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.

Neither the conversion right nor the limited conversion right is available if your coverage under the group policy terminated 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 can 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 specifications page attached to this certificate indicates what insurance, if any, is subject to the suicide exclusion outlined below.

When applicable, this suicide exclusion limits our liability to an amount equal to the premiums paid if you, whether sane or insane, die by suicide within two years of the effective date of your insurance.

If there has been an increase in your amount of 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.

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

Except for the 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.

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 you against a claim, unless the statement is contained in the application attached to your certificate.

### **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 or 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. We may obtain them from the policyholder at any reasonable time.

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.

## **Definitions**

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### **age**

attained age as of most recent birthday.

### **application**

Your payroll deduction form and, if required, your evidence of insurability application.

### **associated company**

Any company which is designated by the policyholder and agreed to by us to participate under the group policy, as listed on the specifications page attached to this certificate.

### **certificate effective date**

The date your coverage under this certificate becomes effective.

### **contributory insurance**

Insurance for which you are required to make premium contributions.

### **earnings**

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

For individuals who work between 15 and 40 hours per week, earnings and premiums are based on a 40 hour week. For employees regularly scheduled for more than 40 hours per week based upon a collective bargaining agreement provision regarding length of regular work week, earnings are based on the hours in such regular schedules.

**employee**

An individual who is employed by the policyholder or by an associated company. The term employee does not include temporary employees nor contractual 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 under 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.

**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 employee who meets the eligibility requirements and becomes insured under the group policy.



## Accelerated Benefits Certificate Supplement

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

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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

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

### **If you are terminally ill, can you receive your life insurance proceeds prior to your death?**

Yes. This supplement provides for the accelerated payment of either the full or a partial amount of your death benefit. If you have a terminal condition as defined in this supplement, you may request an accelerated payment of your death benefit.

## Definitions

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### **accelerated benefit**

The amount of the death benefit we will pay if you are eligible under this supplement.

### **death benefit**

The amount of your insurance as shown on the specifications page attached to your certificate.

### **immediate family**

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

### **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

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### **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 your terminal condition?**

We must be given evidence that satisfies us that your 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 you medically examined at our own expense to verify your medical condition. We may do this as often as reasonably required while accelerated benefits are being considered or paid.

## **Payment of Accelerated Benefit**

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### **How do we calculate the accelerated benefit?**

We will multiply the death benefit by the accelerated benefit factor to determine the accelerated benefit available.

### **How do we calculate the accelerated benefit factor?**

The accelerated benefit factor will be stated as a percentage of your death benefit. When we calculate this factor, we will consider your age and gender.

We will also base our calculation on certain assumptions, which we may change from time to time, including but not limited to assumptions about:

- (1) expected future premiums; and
- (2) your life expectancy.

### **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 which form is required; and
- (3) you must be the sole owner of the certificate; and
- (4) your 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, your insured spouse's life or insured child's life.

### **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 you:

- (1) are required by law to use this operation 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.

### **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, your remaining coverage will stay in force.

If you elect to receive only a partial accelerated benefit amount available under this supplement, your 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 you meet all requirements for the accelerated benefit.

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.

**What is the effect on your coverage of the receipt of an accelerated benefit?**

If you elect to receive accelerated benefits which total the entire accelerated benefit available under this supplement, your coverage and all other benefits under the certificate and any certificate supplements for you will end.

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

We will pay the accelerated benefit in one lump sum or 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 your coverage under this supplement terminate?**

Your coverage ends on the date you are no longer covered for life insurance under the group policy.

**When does the 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

# Dependents Term Life Insurance Certificate Supplement

**MINNESOTA LIFE**

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

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## General Information

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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 or your domestic partner, who is not eligible for insurance as an employee under the group policy and who meets any age requirements as shown on the specifications page attached to your certificate; and
- (2) your or your spouse/domestic partners' natural children, legally adopted children or stepchildren who are less than 26 years old. Eligibility begins at live birth (stillborn and unborn children are not eligible). Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support prior to age 26 and are financially dependent on you for more than one-half of their support and maintenance.

If both parents of a child qualify as eligible employees under the group policy, the child shall be considered a dependent of only one parent for purposes of this rider. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child.

Any dependent child who, subsequent to the effective date of this supplement, 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.

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

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### 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 you if living, otherwise to your estate.

## Termination

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### 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 date 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.

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.

### Does the Waiver of Premium supplement to your certificate apply to insured dependents?

The Waiver of Premium supplement to your certificate will not apply to disabilities for dependents covered under this supplement.

However, if due to your disability, your insurance is continued in force without further payment of premiums due to the 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 the Waiver of Premium 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.

*Renée D. Montz*  
Secretary

*Stephen M. Hefner*  
President

# Term Life Insurance Portability Certificate Supplement

**MINNESOTA LIFE**

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

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## General Information

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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 payment within 31 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required.

The date insurance would otherwise terminate is considered your portability date. While you are continuing coverage under the provisions of this supplement you are 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 are an employee and you terminate employment, including retirement; or
- (2) you are an employee and 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 policy.

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

- (1) have attained the age of 80; or
- (2) have converted your insurance to an individual life policy under the terms of your certificate's conversion right section; or
- (3) are an employee and 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?

Only 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 contributory insurance and by which you were insured immediately preceding your portability date except the Term Life Waiver of Premium Certificate Supplement.

### 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 for an employee and \$1,000 for an insured spouse/domestic partner or child.

### 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 is the amount of insurance that was in force on your portability date, but not more than \$1,000,000 for an employee or \$250,000 for a spouse/domestic partner. However, for an insured who is age 65 or older on his or her portability date, the amount will not be more than 65% of the amount in force on the insured's portability date to a maximum of \$650,000 for an employee or \$162,500 for a spouse/domestic partner.

**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 and to 50% of the amount of insurance in force on the day prior to his or her attainment of age 65 at age 70. Insurance terminates at age 80.

**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.

**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, but prior to 31 days from the date coverage terminates under 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.

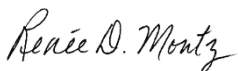
Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this supplement terminate?".

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) the insured's 80th birthday; or
- (2) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this supplement; or
- (3) in the case of a dependent child or a spouse/domestic 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/domestic partner or child ceases to be eligible as defined under the terms of your certificate; or
- (4) 31 days after the due date of any premium contribution which is not made.



Secretary

10-31220



President



# Term Life Waiver of Premium Certificate Supplement

**MINNESOTA LIFE**

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

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## General Information

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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 were in force on the date of the onset of your 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/domestic 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 nine months.

### Are there any limitations?

Yes. Insurance will not be continued if your disability results from intentionally self-inflicted injury, participation in or any attempt to commit a felony, or war or any act of war, whether declared or undeclared.

### 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.

### 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 nine months 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 nine months. 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 the total disability.

If your certificate provides for reductions in amounts of insurance based on age, such reductions shall apply to your insurance being continued under this supplement.

#### **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.
- (4) The date you retire.

#### **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

## Endorsement

### Securian Life Insurance Company

400 Robert Street North, St. Paul, MN 55101-2098

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## VERMONT MANDATORY CIVIL UNIONS ENDORSEMENT

### PURPOSE:

Vermont law requires that health insurers offer coverage to parties to a civil union that is equivalent to coverage provided to married persons. This endorsement is part of and amends this policy, contract or certificate to comply with Vermont law.

### DEFINITIONS, TERMS, CONDITIONS AND PROVISIONS:

The definitions, terms, conditions or any other provisions of the policy, contract, certificate and/or riders and endorsements to which this mandatory endorsement is attached are hereby amended and superseded as follows:

Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage", "spouse", "husband", "wife", "dependent", "next of kin", "relative", "beneficiary", "survivor", "immediate family" and any other such terms include the relationship created by a civil union established according to Vermont law.

Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage", "divorce decree", "termination of marriage" and any other such terms include the inception or dissolution of a civil union established according to Vermont law.

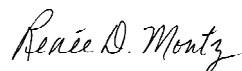
Terms that mean or refer to family relationships arising from a marriage such as "family", "immediate family", "dependent", "children", "next of kin", "relative", "beneficiary", "survivor" and any other such terms include the family relationships created by a civil union established according to Vermont law.

"Dependent" means a spouse, a party to a civil union established according to Vermont law, and a child or children (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union established according to Vermont law.

"Child or covered child" means a child (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union established according to Vermont law.

### CAUTION: FEDERAL LAW RIGHTS MAY OR MAY NOT BE AVAILABLE

Vermont law grants parties to a civil union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to health insurance that are available to married persons under federal law may not be available to parties to a civil union. For example, federal law, the Employee Income Retirement Security Act of 1974 known as "ERISA", controls the employer/ employee relationship with regard to determining eligibility for enrollment in private employer health benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer's enrollment of a party to a civil union in an ERISA employee welfare benefit plan. However, governmental employers (not federal government) are required to provide health benefits to the dependents of a party to a civil union if the public employer provides health benefits to the dependents of married persons. Federal law also controls group health insurance continuation rights under "COBRA" for employers with 20 or more employees as well as the Internal Revenue Code treatment of health insurance premiums. As a result, parties to a civil union and their families may or may not have access to certain benefits under this policy, contract, certificate, rider or endorsement that derive from federal law. You are advised to seek expert advice to determine your rights under this contract.



Secretary



President

## Endorsement

### Securian Life Insurance Company

400 Robert Street North, St. Paul, MN 55101-2098

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### VERMONT LIFE INSURANCE MANDATORY CIVIL UNION ENDORSEMENT

#### **PURPOSE:**

This endorsement is part of the policy, contract, certificate and/or riders and endorsements to which it is attached and is intended to provide benefits for parties to a civil union. Vermont law requires that insurance contracts and policies offered to married persons and their families be made available to parties to a civil union and their families. In order to receive benefits in accordance with this endorsement, the civil union must have been established in the state of Vermont according to Vermont law.

#### **GENERAL DEFINITIONS, TERMS, CONDITIONS AND PROVISIONS:**

The general definitions, terms, conditions or any other provisions of the policy, contract, certificate and/or riders and endorsements to which this mandatory endorsement is attached are hereby amended and superseded as follows:

Terms that mean or refer to a marital relationship or that may be construed to mean or refer to a marital relationship: such as "marriage", "spouse", "husband", "wife", "dependent", "next of kin", "relative", "beneficiary", "survivor", "immediate family" and any other such terms include the relationship created by a civil union.

Terms that mean or refer to a family relationship arising from a marriage such as "family", "immediate family", "dependent", "children", "next of kin", "relative", "beneficiary", "survivor" and any other such terms include the family relationship created by a civil union.

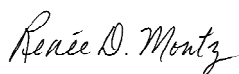
Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage", "divorce decree", "termination of marriage" and any other such terms include the inception or dissolution of a civil union.

"Dependent" means a spouse, a party to a civil union, and/or child or children (natural, stepchild, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

"Child or covered child" means a child (natural, stepchild, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

#### **CAUTIONARY DISCLOSURE:**

**THIS ENDORSEMENT IS ISSUED TO MEET THE REQUIREMENTS OF VERMONT LAW AS EXPLAINED IN THE "PURPOSE" PARAGRAPH OF THE ENDORSEMENT. THE FEDERAL GOVERNMENT OR ANOTHER STATE GOVERNMENT MAY NOT RECOGNIZE THE BENEFITS GRANTED UNDER THIS ENDORSEMENT. YOU ARE ADVISED TO SEEK EXPERT ADVICE TO DETERMINE YOUR RIGHTS UNDER THIS CONTRACT.**



Secretary



President

**PER3**  
**State of Vermont**  
**Department of Human Resources Employee Benefits Unit**  
**144 State Street**  
**Montpelier, VT 05620-1701**

