

Waiver of Insurance

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

MINNESOTA LIFE

I, _____ (please print), hereby knowingly and of my free will decline the noncontributory term life insurance coverage offered to me by

_____ under Minnesota Life Insurance Company ("Minnesota Life") Group Policy Number _____. I understand that by declining such additional coverage my beneficiary(ies) will not be eligible to receive benefits that might have otherwise been payable in the event of my death.

I have no intention, at this time, of accepting such insurance in the future. I understand that if I decide to apply for such insurance in the future, I will need to submit evidence of insurability to Minnesota Life for approval. I understand that such insurance will become effective if and when Minnesota Life determines the evidence of insurability to be satisfactory.

This waiver will become effective on the date signed below.

Date

Employee's Signature

Employee ID Number