

(herein called the Companies)

**CERTIFICATE OF INSURANCE**

GROUP LIFE POLICY 32615-G, Effective January 1, 2014  
This Certificate represents the plan in effect as of January 1, 2023  
Insuring Employees of the University of Minnesota  
(herein called the University)

**EMPLOYEE LIFE COVERAGE**

**BASIC LIFE** – The amount of your Basic Life Insurance is determined by the insurance schedule or amount which applies to you under your collective bargaining agreement or plan established under Section 43A.18, Minnesota Statutes, or by the Board of Regents of the University if you are not covered by a collective bargaining agreement. You may contact the University's Total Compensation Department if you have a question about the amount of your insurance or your contribution rate.

**OPTIONAL LIFE** – Optional term life insurance may be elected in an amount of \$1,000 up to the greater of \$500,000 or five times your annual base salary (the result rounded to the next higher multiple of \$1,000, if not already a multiple thereof), subject to a maximum of \$1,000,000, in an increment of \$1,000.

This coverage shall be applicable if you have applied, have become insured for this coverage, and continue to pay the required premium. The amount of your Optional Life Insurance shall be the amount applied for and approved by Minnesota Life and ReliaStar (the Companies), of which a record is retained by the University's Total Compensation Department. You may contact the University's Total Compensation Department if you have a question about the amount of your insurance or your contribution rate.

**GUARANTEED ISSUE AMOUNT** - The guaranteed issue is the maximum amount of insurance you can receive without evidence of insurability when first eligible under the group policy, provided enrollment is made within 30 days of initial eligibility. The guaranteed issue amount is the lesser of three times your annual base earnings or \$500,000.

**ANNUAL BASE SALARY** – the annual base salary includes regular earnings and earnings actually received from augmentation, increment, commutation, Duluth additional instruction and Regents Professor Stipend. It

does not include income received from commissions, bonuses, overtime (or overload) pay, shift differential, Policyholder contributions made to any deferred compensation arrangement or pension plan, any other extra compensation, or income received from sources other than the Policyholder.

Annual base salary for an employee with only one eligible appointment and that appointment is 50% or greater shall mean the amount of actual annual base salary as defined above the employee earns in that appointment.

Annual base salary for an employee with more than one eligible appointment of 50% or greater shall mean the total of actual annual base salary as defined above earned by the employee under all eligible appointments.

**ENROLLMENT PERIOD** – The enrollment period is 30 days from the date of initial eligibility for optional, spouse and child life insurance.

**PAYMENT OF BENEFITS** – The Companies will pay the amount of your insurance to your beneficiary within two months of receipt of due proof of death while insured under the policy. You do not have to name a beneficiary. If you do not name a beneficiary or if there is no named beneficiary surviving at the time of your death, the amount of your insurance will be paid according to the following order of priority:

- (1) your surviving lawful spouse, if living, otherwise;
- (2) your surviving children in equal shares, if living, otherwise;
- (3) your surviving parents in equal shares, if living, otherwise;
- (4) the duly appointed legal representative of your estate.

"Children" means only first generation lawful bodily issue and legally adopted persons.

**CHANGE OF BENEFICIARY** – You may name one or more beneficiaries by filing written notice of your beneficiary designation with Minnesota Life or through electronic means as provided for by the University and the Companies. When your beneficiary designation is filed, it will relate back and take effect as of the date you signed the notice but without prejudice to the Companies on account of any payment made before notice is filed. You may change your beneficiary at any time by completing a new designation in the same manner. You may contact Securian Financial Group, Inc. at <https://web1.lifebenefits.com/sites/lbwem/umn> or 1-866-365-3834 if you have a question about your beneficiary designation.

**CONVERSION PRIVILEGE** – If your insurance, or any portion of it, terminates because of termination of employment or of membership in the class or classes eligible for insurance under the policy, or because of discontinuance or amendment of the policy, you can replace it with an individual policy issued by either Company.

No evidence of insurability will be required, but you must apply in writing for the individual policy and pay the first premium to either Company within 31 days after loss of eligibility, or discontinuance or amendment of the policy, whichever causes the termination. The individual policy will be effective at the end of the 31-day period, and the premium will be at the Company's customary rate for your then attained age, nearest birthday, and the class of risk to which you belong. You may elect any level premium plan of life insurance then customarily issued by the Company at your age and in the amount requested, except a policy of term insurance or one containing disability or other supplementary benefits. The amount of the individual policy, at your option, may be the same or less than the amount of insurance terminated.

In the event of your death within the 31-day period during which you have the right to obtain an individual policy, the full amount of the insurance you could have obtained in this way shall be paid as a death benefit under the group policy. If you have paid the premium for an individual policy, it will be refunded.

**CONTINUATION OF INSURANCE** – If you are voluntarily or involuntarily terminated, retired, or laid off from employment, and if the policy remains in force for any active employee, you may elect to continue the insurance hereunder for yourself and your spouse and children. You are considered laid off from employment if there is a reduction in hours to the point where you are no longer eligible for insurance under the policy. Termination does not include discharge for gross misconduct.

By electing to continue this insurance, you shall pay, on a monthly basis, the cost of the insurance. The amount of the premium charged shall not exceed 102% of the cost to the plan for such period of insurance for other

similarly situated employees with respect to whom neither termination nor layoff has occurred, without respect to whether you or the University pays such cost. You are eligible to continue the coverage until you obtain insurance under another group policy, or for a period of 18 months after the termination or layoff from employment, whichever is shorter.

Upon termination of employment or retirement or layoff from employment, you shall be informed of your rights under this section. You have 60 days within which to elect insurance, and that period shall begin to run on the date your insurance would otherwise terminate or on the date upon which written notice of the right to insurance, as required by law, is received, whichever is later.

If you, your insured spouse, or any of your insured dependent children dies during the 60-day election period and before election was made to continue or to reject continuation, you will be considered to have elected continuation of coverage under the group policy. We will pay a death benefit equal to the amount of insurance that could have been continued less any premium due as of the date of death.

**CONVERSION AT EXPIRATION OF CONTINUATION OF INSURANCE** – You, your surviving spouse, or children may, at the expiration of the post-termination, retirement, or layoff insurance provided above, obtain from the Companies, at your, your spouse's, or children's option and expense, without further evidence of insurability and without interruption of insurance, an individual policy providing the same or substantially similar benefits. A policy providing reduced benefits at a reduced premium rate may be accepted by you, your spouse, or children in lieu of the coverage otherwise required by this section.

**CONTINUED BASIC INSURANCE DURING DISABILITY** - Upon receipt of due proof to the Companies that you have become totally disabled while insured under the policy and before your seventieth birthday, and that such total disability has continued without interruption for at least six months, the policyholder will continue your basic insurance by continuing to pay the applicable required premium during the continuation of such total disability, but not beyond your seventieth birthday.

The Companies shall reserve the right to request further proof of your continued total disability. The Companies shall have the right and opportunity to have medical examiners of their choice examine you whenever evidence of disability is submitted.

You shall be considered totally disabled as follows:

- A. If you are insured (i.e., a participant) under one of the policyholder's Long Term Disability Plans (collectively, "the LTD plan") you shall be considered totally disabled through the termination of benefits while you are on an approved claim for total

disability under the LTD plan and are not actively working for the employer in any capacity; except that:

- (i) if disability benefits under the LTD plan cease solely due to reaching the maximum benefit period, and you are then under age 70; or
- (ii) if disability benefits are denied under the LTD plan due to a pre-existing condition exclusion;

Total disability shall be determined under item B.

- B. If you are not insured (i.e., not a participant) under the LTD plan, or A (i) or (ii) above applies to you, you are considered totally disabled only if, as a result of bodily injury or disease, you are completely unable to perform any work or engage in any business or occupation for compensation or profit.

You shall retain the classification you held at the onset of total disability. The amount of your continued basic insurance at any time thereafter shall be the amount for which you were insured under the policy immediately prior to the onset of total disability, subject to the age reductions applicable under the plan.

If you recover from total disability, or if, irrespective of continued total disability, you fail to furnish due proof of such disability within the time required or if you refuse to submit to medical examination as required, the continuation of insurance shall cease. If you are not then eligible for insurance under the policy, you shall be entitled to the benefits under the Conversion Privilege.

**EXTENDED OPTIONAL INSURANCE DURING DISABILITY** - Upon receipt of due proof that you have become totally disabled while insured for optional insurance under the policy and before your seventieth birthday, and that such total disability has continued without interruption for at least six months, the Companies will grant an extension of your optional insurance, without further payment of premiums, starting from the date to which premiums have been paid and continuing for such part of a year as you remain totally disabled, except that said extension shall not be continued past your seventieth birthday. Notice of disability must be furnished by you to either Company within one year from the date of onset of disability; otherwise, there shall be no liability for any payment under this extended insurance provision.

While covered by extended insurance, you may obtain successive further yearly extensions to keep your insurance in force without payment of premiums during continued total disability. For each additional year of extension, proof that the total disability has continued without interruption during the last extension must be furnished either Company at its Home Office on your own initiative or by someone acting on your behalf and during the final three months of the last extension. The Companies shall have the right and opportunity to have

medical examiners of their choice examine you whenever evidence of disability is submitted.

You shall be considered totally disabled as follows:

- A. If you are insured (i.e., a participant) under one of the policyholder's Long Term Disability Plans (collectively, "the LTD plan") you shall be considered totally disabled through the termination of benefits while you are on an approved claim for total disability under the LTD plan and are not actively working for the employer in any capacity; except that:

- (i) if disability benefits under the LTD plan cease solely due to reaching the maximum benefit period, and you are then under age 70; or
- (ii) if disability benefits are denied under the LTD plan due to a pre-existing condition exclusion;

Total disability shall be determined under item B.

- B. If you are not insured (i.e., not a participant) under the LTD plan, or A (i) or (ii) above applies to you, you are considered totally disabled only if, as a result of bodily injury or disease, you are completely unable to perform any work or engage in any business or occupation for compensation or profit.

You shall retain the classification you held at the onset of total disability. The amount of your extended insurance at any time thereafter shall be the amount of optional insurance for which you were insured under the policy immediately prior to the onset of total disability.

Notice that you have died during the period of an extension must be given to either Company at its Home Office within one year after your death, and proof must be furnished that you continued to be totally disabled during all of such extension until death; otherwise, there shall be no liability for any payment under this extended insurance provision.

Provided all the requirements for extended insurance are complied with, you and your beneficiary shall not be deprived of the benefits of this section because you have applied for an individual policy under the conversion privilege, but, if benefits are claimed under this section, the individual policy must be surrendered without claim except for return of premiums. The beneficiary designation for the individual policy shall be considered a beneficiary designation for all benefits payable under this section.

If you recover, or if, irrespective of continued total disability, you fail to furnish due proof of such disability within the time required or if you refuse to submit to medical examination as required, the extension of insurance shall cease. Unless the Policyholder then resumes payment of premiums to insure you under the policy, your insurance shall terminate as of the date of recovery or expiration of the last extension, whichever is earlier. If you are not then eligible for insurance under the policy, you shall be entitled to the benefits under the

Conversion Privilege as if you ceased to be eligible on the date extension of your insurance terminated. Even though you have not submitted proof of total disability or have not been disabled six months, if you die within one year after premium payments for your optional insurance are discontinued, your beneficiary may claim benefits under these extended insurance provisions by giving either Company due proof that total disability which began before premium payments were discontinued and before your seventieth birthday continued without interruption until your death. If you were insured for the LTD plan, but died prior to filing a claim under that plan, total disability will be determined as if you were not insured for the LTD plan as described under provision B. above.

If the policy is discontinued the Companies will retain the liability for all disabled employees who satisfy the requirements of this section.

**SUICIDE LIMITATION (Applicable to your amount of Optional Life Insurance only)** – If you should die because of suicide, whether sane or insane, within two years of the effective date of your Optional Life Insurance, the Companies’ liability will be limited to the amount of premium paid for Optional Life Insurance. There is no such suicide limitation on your Basic Life Insurance.

**TERMINATION OF YOUR INSURANCE** – Your insurance, unless continued in force by operation of the “Extended Insurance” or “Continuation of Insurance” provisions, shall terminate automatically on the last day of the month, which day coincides with or next follows the earliest of:

- (1) The last period for which you have made the contribution required for such insurance or for which premium payment was made for you; or
- (2) The date the policy is discontinued or is amended in such a way that you are no longer eligible for the insurance. Unless the group policy is being replaced by a substantially similar group term life policy, the Companies will notify you 30 days in advance of any termination of the group policy by the Companies. In no event shall the terms of this section extend coverage under the group policy more than 120 days beyond the date coverage would otherwise terminate under the terms of the group policy; or
- (3) The date you otherwise become ineligible for the insurance under the terms of the policy; or
- (4) The date you are pensioned or retired.

**TRANSFER OF INSURANCE** – An employee who is married to another employee of the Policyholder may upon benefit termination, transfer his or her in force optional life insurance (amount not to exceed the spouse maximum benefit under this plan) to spouse life insurance under his or her spouse.

If an insured spouse becomes an employee of the Policyholder, he or she may transfer his or her in force spouse life insurance to optional life insurance.

Coverage must be elected within 30 days of either the loss or gain of benefit eligibility. Coverage elected within 30 days will not require evidence of insurability.

**EMPLOYEE ACCIDENTAL DEATH,  
DISMEMBERMENT, LOSS OF SIGHT AND  
PARALYSIS COVERAGE**

This coverage is included as part of your Basic Insurance and Optional Insurance. If, while insured under the policy, you suffer bodily injury solely through a violent and accidental means resulting in a loss specified below, the Companies will pay the indicated amount immediately upon receipt of due proof of loss. However, injuries resulting from any cause listed under “Limitations” and losses arising more than 90 days after the date of injury are not covered.

**AMOUNT OF PRINCIPAL SUM** – The Principal Sum shall equal the total amount of your insurance in force under the policy when loss is suffered. Amounts payable under this coverage for your losses shall never exceed the Principal Sum nor reduce your group life insurance coverage. The amount payable for loss of life under this provision shall be payable in addition to your group life insurance.

<b>FOR LOSS OF</b>	<b>PERCENT OF PRINCIPAL SUM</b>
Life* .....	100%
Both Hands Or Both Feet .....	100%
Sight of Both Eyes .....	100%
Speech or Hearing in Both Ears .....	100%
One Hand and One Foot .....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye .....	100%
Quadriplegia.....	100%
Paraplegia.....	75%
Hemiplegia .....	50%
Sight of One Eye.....	50%
One Hand or One Foot .....	50%
Thumb and Index Finger of One Hand .....	25%
Coma .....	1% per month for 100 months

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.

If an insured lapses into a coma as a result of and within 90 days of a covered accidental injury, and such coma has lasted for a minimum of 31 days, we will pay a monthly benefit as shown in the loss schedule. The monthly benefit will be paid until the earliest of the following:

- (1) the date the insured recovers such that he or she is no longer in a coma as defined herein;
- (2) the date of the insured's death. If an accidental death payment is due under this supplement, the amount of such payment will be reduced by the amount of the AD&D insurance paid under this coma provision;
- (3) 100 monthly benefits have been paid.

Coma means a state of profound unconsciousness with no evidence of appropriate responses to stimulation. The insured must be confined in a medical facility and diagnosed as comatose by a licensed physician.

If a Certificate Holder's body has not been found after one year from the date the conveyance in which he or she was traveling disappeared, exploded, sank, became stranded, made a forced landing or was wrecked, it shall be presumed, subject to all other terms of the policy and proof satisfactory to us that the accident occurred and the Certificate Holder was a passenger on the conveyance, that he or she has died as a result of an accidental injury which was unintended, unexpected and unforeseen. Such death shall be considered a covered loss as shown under the Loss Schedule.

If an insured suffers a loss as shown under the Loss Schedule due to exposure to the elements, it will be covered as if it were due to injury, provided such loss results from unavoidable exposure to the elements by reason of a covered accident.

\* The following benefits may be payable due to the Certificate Holder's loss of life:

Dependent Child Education - An education benefit will be paid on behalf of a Certificate Holder's dependent children if he or she dies as a result of a covered accident and is survived by one or more insured dependent children, provided that:

- (1) at the time of the Certificate Holder'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 Certificate Holder's death.

The benefit payable will be the lesser of:

- (1) the actual tuition charged, exclusive of room and board; or
- (2) 5% of the Certificate Holder's amount of AD&D insurance; or
- (3) \$5,000.

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

Spouse Training Benefit - If the Certificate Holder dies as a result of a covered accident and is survived by his or her insured spouse, we will pay a training benefit to the surviving spouse provided that the spouse:

- (1) is not working in any capacity (full or part-time) for wage or profit on the date of such accident; and
- (2) within 365 days after the date of such accident, enrolls as a full-time student in an accredited educational institution or an institution of vocational training for the purpose of preparing for full-time employment.

The benefit will be equal to the lesser of:

- (1) \$5,000; or
- (2) the costs incurred for all such education or training within the first year following the date of the Certificate Holder's death.

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

**PAYMENT OF BENEFITS** – Amounts payable for loss of life shall be paid to your beneficiary under the policy. Benefits for other losses shall be paid to you.

**LIMITATIONS** – Benefits shall not be payable if death or other loss results from:

- (1) War, declared or undeclared, or any related act;
- (2) Travel or flight in or on any military aircraft, or participation as a passenger or otherwise in any military aviation or aeronautical operation;
- (3) Participation in or attempt to commit a felony;
- (4) Suicide or attempted suicide while sane or insane;
- (5) Directly or indirectly, from any physical or mental infirmity, illness, or disease;
- (6) Poisons, gases or fumes, voluntarily taken, administered, absorbed, inhaled, ingested or injected, except that an accidental poisoning which occurs as a direct result of and in the

course of your employment with the University is not excluded and would be eligible for a benefit if all other eligibility conditions are met; or

- (7) Bacterial infection other than infection occurring simultaneously with and in consequence of an accidental cut or wound.

**CONTINUANCE OF AD&D COVERAGE** – Employee Accidental Death, Dismemberment, Loss of Sight and Paralysis Coverage shall continue for you only while your group life insurance under the policy is maintained in force. This coverage shall not be included in any insurance issued under the Conversion Privilege.

**NOTICE OF PROOF** – Written notice of injury on which claim may be based must be given within 30 days after the accident, and affirmative proof of loss must be furnished to the Companies within 90 days after the date of loss. Such notice and proof are requirements of a valid claim, but failure to give notice or furnish proof within the required time shall not invalidate a claim if action was not reasonably possible prior to the actual date of presentment.

**MEDICAL EXAMINATION AND AUTOPSY** – The Companies shall have the right and opportunity to have medical examiners of their choice examine you whenever a claim is pending and, where not forbidden by law, the right and opportunity to make an autopsy in case of death.

#### **SPOUSE AND CHILD INSURANCE BENEFITS (Applicable Only to Those Employees Electing Such Coverages)**

The amounts of life insurance on your spouse and any covered child are the amounts applied for and approved by the Companies. You must continue to pay the required premium contributions to keep this insurance in force. A record of these amounts is retained by the University's Employees Benefit Department. You may contact the University's Total Compensation Department if you have a question about the amount of your insurance or your contribution rate.

**CHILD COVERAGE** – You may elect \$10,000 for each of your eligible children. All child life insurance is guaranteed issue, provided the election for child life insurance is made within 30 days of the child becoming benefit eligible, during annual enrollment or due to a qualified status change event as determined by the University.

**ELIGIBLE DEPENDENT CHILDREN** – Children are eligible from birth through age 25 (up to the 26<sup>th</sup> birthday). An eligible child may be unmarried or married. If your child is married, his or her spouse is not eligible to be covered under this certificate.

If both you and your spouse work for the University of Minnesota, both of you may cover your eligible

dependent children/grandchildren. This also applies to two divorced or unmarried employees who share legal responsibility for their dependent children or grandchildren. 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.

An eligible child can include your own biological child, legally adopted child, or child placed for the purposes of adoption, foster child, stepchild, and any other child state or federal law requires be treated as a dependent. Specific eligibility is as follows:

- (1) The date of placement for a child who is being adopted means the assumption and retention by a person of a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child's placement with a person terminates upon the termination of the legal obligation of total or partial support.
- (2) To be considered a dependent child, a foster child must be placed by the court in your custody.
- (3) To be considered a dependent child, a stepchild must be the child of your spouse by a previous marriage/partnership.
- (4) Your grandchild is eligible for coverage if he/she is your tax dependent; or if the grandchild is placed in your legal custody; or if the grandchild is legally adopted or placed with you for the purpose of adoption. The grandchild must be dependent upon you for more than one-half of his/her support and you must claim the grandchild as a dependent on your tax return. As an exception, your unmarried grandchild, who is the dependent child of your unmarried dependent child, may be covered by you even though the child may not be eligible to be your tax dependent under tax regulations, provided the child is dependent upon you for principal support and maintenance. In this instance the contributions made by the University to your grandchild's coverage as well as your contributions are considered taxable income on your tax returns.

**AUTOMATIC CHILD COVERAGE** - Your first eligible newborn child is automatically covered for child life insurance for 30 days from the child's live birth. To continue coverage on the first child, you must elect child coverage within those 30 days; otherwise the coverage shall terminate at the end of the 30-day period.

**DISABLED CHILD** — A child who is age 26 or older (no age maximum) is eligible to continue to be insured, provided the child is physically or mentally disabled and either:

- (1) lives with you and does not provide over 50% of his/her own support, or
- (2) does not live with you but is at least 50% dependent on the you.

Your dependent child of any age is eligible for coverage if he/she is incapable of self-sustaining employment by reason of mental retardation, mental illness, mental disorder, or physical disability, and is chiefly dependent upon you for his/her support and maintenance (meaning you provide for more than one-half of the child's support).

Note for maintaining disabled child life coverage:

- (1) If for any reason, you drop coverage for a disabled dependent prior to age 26, then wish to cover the child again, coverage must be added prior to the child turning age 26.
- (2) Once a disabled child has reached age 26, the child must be continuously covered under the Plan in order to maintain eligibility.
- (3) A disabled dependent child who is 26 years of age or older and unmarried at the time of your initial eligibility for coverage in the Plan, may be enrolled for coverage if you enroll for coverage during your initial eligibility period. The disabled dependent shall be eligible for coverage as long as he/she continues to be disabled and dependent, unless coverage otherwise terminates under the Plan.

**SPOUSE COVERAGE** – you may elect spouse life insurance in an increment of \$1,000 to a maximum benefit of \$500,000.

**GUARANTEED ISSUE AMOUNT** - The guaranteed issue amount is the maximum amount of insurance you can elect for your spouse without evidence of insurability when your spouse is first eligible under the group policy, provided enrollment is made within 30 days of his or her initial eligibility. The guaranteed issue amount is \$25,000.

**SPOUSE ELIGIBILITY** - Spouse shall mean your lawful spouse, who is not legally divorced from you.

**SPOUSE ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT AND PARALYSIS BENEFITS (DOES NOT APPLY TO CHILDREN)** – An insured spouse also has Accidental Death, Dismemberment, Loss of Sight and Paralysis Benefits under the same terms and conditions described in connection with your insurance (as an exception, the Child Education and Spouse Training benefits only apply to the employee's loss of life.) The amount of the Principal Sum for each insured spouse shall equal such insured spouse's life insurance in force under the policy when loss is suffered, except that benefits shall not be payable for a loss occurring after the spouse's 70th birthday. Benefits are payable to you, if living, otherwise to your estate. However, if you have named a different beneficiary for your spouse life insurance, accidental death benefits will be payable to that named beneficiary.

**PAYMENT OF BENEFIT** – The Companies will pay, within two months of receipt of due proof of death of any insured spouse or child, to you, if living, otherwise to your estate, the amount of life insurance for which the spouse or child is insured at the time of his or her death. You may name a different beneficiary for this coverage. The Change of Beneficiary section shall apply.

**TERMINATION OF SPOUSE OR CHILD INSURANCE-** Insurance on any spouse or child shall terminate automatically on the last day of the month, which day coincides with or next follows the earliest of:

- (1) The date the applicable coverage or the policy is terminated;
- (2) The date you cease to be insured;
- (3) The last day of the period for which you have made the contribution required for the applicable coverage;
- (4) The date you retire regardless of whether some or all of your insurance may be continued;
- (5) The date a spouse or child ceases to meet the eligibility requirements; or
- (6) The date a spouse or child enters the armed forces of any country or the service of any governmental agency which involves employment outside the United States.

**CONVERSION PRIVILEGE** – If a spouse or child's life insurance terminates because he or she is no longer eligible or because of your death, or because of discontinuance or amendment of these coverages, you, your spouse or the child or child's guardian, if applicable, can replace it with an individual policy issued by either Company. The conversion benefits and requirements are the same as for your insurance.

**EXTENDED INSURANCE** – If your insurance is continued in force by the Extended Insurance provision of the policy without further payment of premiums, any spouse and child insurance you have shall also continue in force without payment of premiums until the spouse or child's eligibility terminates or until your insurance terminates under the Extended Insurance provision of the policy.

The Extended Insurance benefits are inapplicable if the spouse or child's insurance has been converted under the Conversion Privilege, unless the converted policy is surrendered without claim except for refund of premium.

### **ACCELERATED BENEFIT**

This is life insurance which pays accelerated benefits at your option as specified below. This benefit is not a long-term care benefit meeting the requirements of Minnesota Statutes 62A.46 to 62A.56 (Long-Term Care Policies), or of Minnesota Statute 62S (Qualified Long-Term Care Policy).

If you, your insured spouse or your insured child is diagnosed by a physician as being terminally ill with a life expectancy of 12 months or less, you may request an Accelerated Benefit payment. An Accelerated Benefit is an advance (before death) payment of a part or all of your life insurance benefit. To qualify for an Accelerated Benefit, the insured must:

- (1) Be insured for at least \$10,000; and
- (2) Have not assigned ownership rights under the plan; and
- (3) Not have an irrevocable beneficiary; and
- (4) Be terminally ill (life expectancy of 12 months or less); and
- (5) Send proof to Minnesota Life that the insured's life expectancy, because of sickness or accident, is 12 months or less. This must include certification by a physician. Minnesota Life retains the right to have the insured medically examined at Minnesota Life's expense to verify the insured's medical condition.

An Accelerated Benefit is not available if you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, nor is it available if you are required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

If you qualify, you may choose a full or partial Accelerated Benefit. A partial Accelerated Benefit can only be requested if the remaining death benefit after the Accelerated Benefit will be at least \$25,000. If you choose a partial Accelerated Benefit, you may reapply for an accelerated payment of the remaining amount of insurance at any time, though further evidence of your eligibility may be requested.

The amount of the Accelerated Benefit payment will be the full amount of the life insurance being requested to be accelerated. The minimum amount that can be accelerated is \$10,000. The maximum amount that can be accelerated is \$1,000,000. An Accelerated Benefit payment is made to you, the employee, unless you validly assign it otherwise. If you die before any payment is made, it will be paid to the beneficiary. If a partial Accelerated Benefit is chosen, coverage will remain in force, and premiums will be reduced accordingly. The remaining amount of insurance will be the full amount of insurance minus the amount of insurance that was accelerated. If a full Accelerated Benefit is chosen, your coverage will cease.

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

## PORTABILITY BENEFIT

See the attached Term Life Portability Certificate Supplement for port details.

## GENERAL PROVISIONS

**CERTIFICATE** – This certificate describes the most important provisions of the policy as they affect your insurance. The effective date of your basic insurance or change in amount of basic insurance due to a change in class or salary is the first day of the month following employment, reemployment or reinstatement, or for a class or salary change, the date of the change, provided you are actively at work, performing your customary duties at your usual place of employment; otherwise on the date you return to active work. Optional insurance shall be effective on the date your basic coverage is effective, the date you enroll, or the date any required evidence of insurability is approved by the Companies, whichever shall last occur, provided you are actively at work, performing your customary duties at your usual place of employment; otherwise on the date you return to active work.

Spouse or child's insurance is effective on the later of the date you enroll for the spouse or child's insurance or the date any required evidence of insurability is approved by the Companies, provided the spouse or child is not confined in any institution for care or treatment of injury or sickness; otherwise on the date on which the spouse or child is discharged from institution confinement. In no event shall your spouse or child's coverage become effective before your coverage.

The benefits described in this certificate are subject in every respect to the policy which alone constitutes the agreement under which payments are made. The policy may be amended, cancelled or discontinued by agreement between the Companies and the University without the consent of or notice to you or your beneficiary. This certificate replaces any and all certificates previously issued to you under the policy. Read it carefully. Keep it in a safe place known to your family.

**PREMIUM CONTRIBUTIONS** – The amount of your required premium contribution is based on your age, except for spouse coverage where the contribution is based on your spouse's age. Your premium contribution will be adjusted for your age and your spouse's age on each policy anniversary.

**LEAVE OF ABSENCE** – Generally, coverage may continue only while you remain actively at work. If you stop active work for any reason, you should discuss with your employer what arrangements may be made to continue your insurance.



**ASSIGNMENT** – Your rights, titles, benefits, interests and incidence of ownership that have accrued or will accrue to you under this certificate may be assigned by you. No assignment will be binding upon the Companies unless it is in writing and until it is filed with the Companies. The Companies assume no responsibility as to the validity or effect of any such assignment, and any claim based upon an assignment hereunder shall be subject to proof of insurance and extent thereof.

**MISSTATEMENT OF AGE** – If your age is found to have been incorrectly reported, 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.

**INCONTESTABILITY** – All statements made by you shall be deemed representations and not warranties, and no such statement, except for any claim arising because of total and permanent disability, shall be used in any contest of the validity of the insurance with respect to which it was made after the insurance has been in force for a period of two years during your lifetime, nor unless it is contained in a written application or instrument signed by you.

**GROUP POLICY** – You may examine Group Policy No. 32615-G at the Total Compensation Department of the University of Minnesota, located at 100 Donhowe – 319 15<sup>th</sup> Avenue S.E., Minneapolis, during regular working hours.

**CORRESPONDENT COMPANY** – All communications, notices and paper pertaining to this insurance may be given to or filed with Minnesota Life Insurance Company at its Home Office in St. Paul, Minnesota, which shall receive the same as principal and as agent for ReliaStar Life Insurance Company.

# Term Life Insurance Portability Certificate Supplement

**MINNESOTA LIFE**

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

## General Information

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

### What does this supplement provide?

This supplement provides 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 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) 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?

Employee life (basic and optional) 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 any dependents insurance for which you were insured on your portability date. All provisions of your certificate will apply to ported coverage except for the Extended Optional Insurance During Disability provision, which shall terminate upon porting.

The amount of insurance continued under this supplement for any individual will be subject to any applicable state law or regulation relating to allowable amounts of insurance.

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

The minimum amount of insurance that can be continued on the life of an insured under this supplement is \$10,000 for an employee and \$1,000 for each of his or her insured dependents.

### 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 the insured's portability date, but not more than \$1,000,000 for an employee or \$250,000 for a spouse. 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.

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

Yes. On the first day of the month following the date an insured attains the following ages. Upon attainment of age 65, the amount of insurance on his or her life continued under this rider will reduce to 65%, when an insured attains age 70 the amount of his or her life continued under the rider will reduce to 50% and when an insured attains age 75 the amount of his or her life continued under this rider will reduce to 25%. Each reduction is based off the amount of insurance in force on the day prior to his or her attainment of age 65. 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 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) 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 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 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



President