

# Employee Group Term Life Certificate of Insurance



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

**SECURIAN®**

Effective January 1, 2023

**POLICYHOLDER:** Sony Pictures Entertainment Inc.

**POLICY NUMBER:** 70410

## Notice of the California Consumer Affairs Unit

If you have questions or concerns regarding your certificate, please contact us, our agent or other representative at the address shown above. The phone number for customer service is: 866-293-6047.

If we, our agent or representative fail to satisfactorily resolve your questions or concerns, you may contact the California Department of Insurance. The address of the Department's Consumer Services Division is:

300 S. Spring Street  
Los Angeles, CA 90013

The phone number for callers inside the State of California is: 1-800-927-HELP. The phone number for callers outside the State of California is: 1-(213) 897-8921.

## Right to Cancel

It is important to us that you are satisfied with this certificate after it is issued. If you are not satisfied with it, you may return the certificate by mail or other delivery method, to us or our agent within 30 days after you receive it. If you return this certificate, you will receive a full refund of any premiums you have paid. Upon cancellation of this certificate, it will be void from the beginning as if it never had been issued.

## Read Your Certificate Carefully

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

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

Secretary

President

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## GROUP TERM LIFE CERTIFICATE OF INSURANCE

**GENERAL INFORMATION**

**POLICYHOLDER:** Sony Pictures Entertainment Inc.

**POLICY NUMBER:** 70410

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

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

**POLICY EFFECTIVE DATE:** January 1, 2020. This specifications page represents the plan of insurance in effect as of January 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 employees and eligible retirees of the policyholder and its associated companies working in the United States in the following classes:

- Class 1 All active, regular, full-time non-union corporate employees and term deal employees of the employer regularly scheduled to work at least 20 hours per week, excluding employees in class 4 who are exempt eligible executives with base earnings equal to or greater than \$160,000.
- Class 2 All retirees of the employer classified as Film Exchange Retirees who retired prior to January 1, 1992.
- Class 3 All disabled employees of the employer with coverage under a prior plan as of December 31, 2011 and as on file with the employer and insurance carrier.
- Class 4 All active, full-time employees of the employer previously classified as executives that lost eligibility due to a reduction of earnings under the prior GVUL plan.

**NO DOUBLE COVERAGE:** A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. If both parents of a child are employees, both may insure their eligible children.

**ENROLLMENT PERIOD:** For employees during the initial eligibility period: Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance

For employees after the initial eligibility period: 31 days from the acquisition of a spouse or child for dependent contributory insurance

**WAITING PERIOD:** None

**MINIMUM HOURS PER WEEK REQUIRED:** Classes 1 and 4: 20 hours per week  
Classes 2 and 3: Not Applicable

# PLAN OF INSURANCE

## EMPLOYEE BENEFIT SCHEDULE

### EMPLOYEE TERM LIFE INSURANCE:

#### Basic Life Insurance

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Classes 1 and 4	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a minimum of \$20,000 and a maximum of \$1,000,000.
Classes 2 and 3	An amount on file with the Policyholder.

#### Supplemental Life Insurance

An amount elected by the employee from the following options:

<u>Eligible Class</u>	<u>Amount of Supplemental Life Insurance</u>
Classes 1 and 4	One, two, three, four, five, six, seven or eight times annual earnings, first rounded to the next higher \$1,000 if not already a multiple thereof, then multiplied, subject to a maximum of \$1,500,000.
Classes 2 and 3	An amount on file with the Policyholder, subject to a maximum of \$200,000.

### GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

#### AGE REDUCTIONS:

The amount of insurance on an employee age 65 or older shall be reduced to 65% of the amount otherwise provided by the plan of insurance applicable to such employee. Amounts of coverage are rounded to the next higher \$1,000 if not already a multiple thereof and then reduced.

Age reductions will apply on the policy anniversary following an insured employee's 65th birthday.

#### RETIREMENT REDUCTIONS:

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

#### CONTRIBUTORY/NONCONTRIBUTORY:

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

#### GUARANTEED ISSUE AMOUNT:

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

For basic insurance:

All basic insurance is guaranteed issue.

For supplemental insurance:

Classes 1 and 4\*: The lesser of five times annual earnings or \$1,000,000.

Classes 2 and 3: All coverage is guaranteed issue.

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

\*As an exception, employees in class 4 who are transitioning from the Policyholder's GVUL plan may elect coverage up to the guaranteed issue amount of the lesser of five times annual earnings or \$1,000,000, but only if their current amount of supplemental coverage at the time of transition is less than the guaranteed issue amount.

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

Increases and decreases due to a change in eligible class or earnings will become effective on 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. NOTE: An employee whose amount of supplemental insurance is limited to the guaranteed amount of \$1,000,000 due to being declined any amount of insurance by us under the group policy is not insured for a multiple of earnings plan, but rather is insured for the frozen amount of \$1,000,000 and therefore will not receive an increase in supplemental insurance due to salary increases.

**DEPENDENTS BENEFIT SCHEDULE**

**DEPENDENTS TERM LIFE INSURANCE:**

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

An employee does not need to be insured for supplemental life insurance in order to be insured for dependents life insurance. The dependents life insurance coverage may not exceed 100% of the employees total in force life insurance amount.

**Spouse/Domestic Partner Life Insurance**

<u>Eligible Class</u>	<u>Amount of Spouse/Domestic Partner Life Insurance</u>
Classes 1 and 4	\$10,000, \$25,000, \$50,000, \$100,000 or \$250,000, as elected by the employee
Classes 2 and 3	None

**Child Life Insurance**

<u>Eligible Class</u>	<u>Amount of Child Life Insurance</u>
Classes 1 and 4	\$10,000 or \$20,000, as elected by the employee
Classes 2 and 3	None

An employee's first eligible newborn child is automatically covered for \$10,000 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:** The guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:
- For dependents during the initial eligibility period:  
For spouse/domestic partner insurance: \$50,000\*  
For child insurance: \$20,000
- For dependents after the initial eligibility period:  
For spouse/domestic partner insurance: \$10,000  
For child insurance: \$20,000
- NOTE: For employees with eligible dependents immediately prior to the policy effective date, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy immediately prior to the policy effective date.
- \*As an exception, employees in class 4 who are transitioning from the Policyholder's GVUL plan may elect spouse coverage up to the guaranteed issue amount of \$50,000, but only if their current amount of supplemental coverage at the time of transition is less than the guaranteed issue amount.
- EFFECT OF EMPLOYEE'S RETIREMENT:** All dependents insurance terminates upon the employee's retirement except as provided under the portability provision.

### **ADDITIONAL INFORMATION**

- WAIVER OF PREMIUM APPLICATION:** Applies to contributory and noncontributory employee insurance.
- ELECTION CHANGES:** Changes to your elections can be made at annual open enrollment or within 31 days of a Qualified Status Change, as that term is defined by your employer. Coverage may also be elected at anytime throughout the year, but evidence of insurability must be provided. Coverage that does not require evidence of insurability will be effective on the date of the election for a Qualified Status Change, and on the following January 1 for an election change at annual enrollment. Coverage that requires evidence of insurability will be effective on the date it is approved by us for a Qualified Status Change or the later of the date it is approved by us or the following January 1 for a request made at annual enrollment.
- 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.
  - If changes are requested outside of annual enrollment or qualified status change events, or the newly eligible enrollment period.
  - At Qualified Status Change or annual open enrollment, a request that exceeds the amounts indicated below as not

requiring evidence of insurability.

- At Qualified Status Change or annual open enrollment, if the insured has previously been declined any insurance amount by us due to evidence of insurability being found unsatisfactory.
- At Qualified Status Change if the change is not in the list below in the "Certain Qualified Status Changes" section.

#### **ONE TIME OPEN ENROLLMENT FOR EMPLOYEES IN CLASSES 1 and 4:**

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

- Employee supplemental life elections that do not exceed the lesser of five times annual earnings or \$1,000,000
- Spouse/domestic partner life elections that do not exceed \$50,000
- Any child life election

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

#### **ONE TIME OPEN ENROLLMENT FOR EMPLOYEES IN CLASS 4:**

Current employees who are participating in the Sony Pictures Entertainment GVUL program under their prior carrier are eligible for a multiple of salary equal to the life insurance multiple in effect on the day prior to the date the employee was no longer eligible under the prior plan due to a reduction of earnings. The amount cannot exceed the maximum benefit of eight times annual earnings or \$1,500,000. Employees who have an amount less than the guaranteed issue amount of the lesser of five times annual earnings or \$1,000,000 may elect coverage up to the guaranteed issue amount as is shown above. Those enrolling in the supplemental life program for the first time are subject to evidence of insurability.

Current spouses who are participating in the Sony Pictures Entertainment GVUL program are eligible for spouse coverage equal to the life insurance amount in effect on the day prior to the date the employee was no longer eligible under the prior plan due to a reduction in earnings. The amount must not exceed the maximum benefit of \$250,000. Employees who have a spouse amount less than the guaranteed issue amount of \$50,000 may elect coverage up to the guaranteed issue amount of \$50,000. Those enrolling in the spouse life benefit for the first time are subject to evidence of insurability.

#### **ANNUAL OPEN ENROLLMENTS FOR EMPLOYEES IN CLASSES 1 AND 4:**

During the employer's annual open enrollment, the following election changes can be made without providing evidence of insurability:

- An employee may elect for the first time or increase his or her supplemental life coverage by one times annual earnings, provided the resulting amount of insurance does not exceed the lesser of five times annual earnings or \$1,000,000
- An employee may elect for the first time or increase his or her spouse/domestic partner life insurance by one increment, provided the resulting amount of insurance does not exceed \$50,000
- An employee may elect any child life amount

Coverage will be effective on the January 1 following the annual enrollment, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.

**CERTAIN QUALIFIED STATUS  
CHANGES IN CLASSES 1 AND 4:**

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

- An employee may elect or increase his or her supplemental life coverage by one times annual earnings, including enrolling for the first time at the one times earnings level, provided the resulting amount of insurance does not exceed the lesser of five times annual earnings or \$1,000,000
- An employee may elect or increase his or her spouse/domestic partner life insurance by one increment, including enrolling in spouse/domestic partner life insurance for the first time at the \$10,000 level, provided the resulting insurance amount does not exceed \$50,000
- 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 for employees and the hospitalization/confinement clause for dependents.

Qualified Status Change for this purpose means:

- Birth or adoption or otherwise acquiring a newly eligible child
- Death of a dependent (spouse, domestic partner or child)
- Divorce, legal separation or annulment
- Termination of a dependent spouse's employment
- A change in the dependent spouse's benefit plan
- A change in employment status for the employees or their dependent spouse's that affects the employee's eligibility for benefits.
- Dissolution of a domestic partnership
- Marriage or creation of domestic partnership

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

Accelerated Benefits  
Dependents Term Life  
Portability  
Waiver of Premium

Applies to all classes.  
Applies to classes 1 and 4 only.  
Applies to classes 1 and 4 only.  
Applies to classes 1 and 4 only.

## GROUP TERM LIFE CERTIFICATE OF INSURANCE

### Definitions

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#### application

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

#### associated company

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

#### contributory insurance

Insurance for which you are required to make premium contributions.

#### earnings

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

#### employee

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees or corporate directors who are not otherwise employees.

#### employer

The policyholder or any designated associated companies.

#### evidence of insurability

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

#### insured

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

#### non-work day

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

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

#### noncontributory insurance

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

#### policyholder

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

#### waiting period

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

#### we, our, us

Securian Life Insurance Company.

#### you, your

An insured employee.

### Entire Contract; Changes

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This certificate, certificate supplements, and any papers attached thereto, including the application if attached, constitute the entire insurance contract between you and us. No agent has the authority to change the contract or to waive any of its provisions.

#### Can this certificate be amended?

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

#### Who is eligible for insurance?

You are eligible if you:

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

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

Yes. Employees of associated companies may be eligible for insurance under the group policy. The policyholder represents any associated company in all transactions



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

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

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

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

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

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

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

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

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be eligible for claim payment. You will receive a refund of premium for any contributory insurance for which you were not eligible.

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

The specifications page describes when evidence of insurability is required.

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

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

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

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

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

- (1) if you are on non-medical leave of absence or temporary layoff, insurance cannot be continued beyond 24 months from the last day you were actively at work.
- (2) if you are on a medical leave of absence, insurance cannot be continued beyond the later of 24 months from the last day you were actively at work or attained age 65.

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

## **Premiums**

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

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

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

The premium will be the applicable premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

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

## **Death Benefit**

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

The amount of the death benefit is equal to the amount of insurance for which you are insured, based on the plan of

insurance applicable to your class as described on the specifications page, and your elections.

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

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

### **When will the death benefit be payable?**

We will pay the death benefit upon receipt at our home office of written due proof as to both substance and form that you died while insured under this certificate. All payments by us are payable from our home office. The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

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

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

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

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

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

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in your beneficiary designation. To receive the death benefit, a beneficiary must be living at the time of your death. In the event a beneficiary is not living at the time of your death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary.

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

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

- (4) your natural or legally adopted siblings in equal shares if living; otherwise
- (5) your estate.

## **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) 60 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 31 days prior written notice. We reserve the right to terminate the group policy on the earlier of the following to occur:

- (1) 60 days (the grace period) after the due date of any premiums which are not paid; or
- (2) 31 days after we provide the policyholder with notice of our intent to terminate the group policy.

## **Reinstatement**

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When your coverage terminates because you are no longer eligible, and you become eligible again within three months after the date your coverage under this certificate terminated, your prior coverage may be reinstated, without evidence of insurability. Following reinstatement, you shall have the same rights you had under the certificate immediately before your coverage terminated. If you die prior to our receipt of your reinstatement application and the required premium, no benefit will be paid.

## **Conversion Right**

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

You may be able to convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates due to the reasons listed below. If you are totally disabled at the time the group policy terminates, you may convert your coverage to an individual life insurance policy subject to the terms of the Conversion Right section.

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

You may convert up to the full amount of terminated insurance if termination occurs because of termination of

employment or of membership in the class or classes eligible for coverage.

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

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

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

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

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

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

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

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

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

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

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

If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 25 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

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

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

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

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

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

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

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

## **Incontestability**

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Your coverage shall not be contested, except for nonpayment of premiums, after it has been in force for two years from your original effective date of coverage or increase in coverage. Any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in your signed application and is material to the risk accepted or the hazard assumed by us.

## **Physical Examinations**

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We, at our own expense, shall have the right and opportunity to examine the person of the insured when and as often as we reasonably require during the pendency of a claim and to make an autopsy in case of death where it is not forbidden by law.

## **Additional Information**

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

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on

your correct age. A premium adjustment from any benefit payable will be made so that the actual premium required at your correct age is paid. If your correct age is such that no benefit is payable, you will receive a refund of premium for the period your eligibility would have ended.

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

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

**What is the suicide limitation?**

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

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

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

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

**Can your insurance be assigned?**

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a

certified copy with us at our home office, and we send you an acknowledged copy.

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

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

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

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

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

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

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

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

# Accelerated Death Benefit Certificate Supplement



## Securian Life Insurance Company

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

**Benefits received under this Accelerated Benefits Certificate Supplement are intended for favorable tax treatment and will be administered under Section 101(g) of the Internal Revenue Code of 1986, as amended. However, please be advised that there may be tax consequences for accepting an amount above the amount that would be tax qualified under the Internal Revenue Code. You should seek assistance from a qualified tax advisor prior to requesting an accelerated payment of death benefits.**

## General Information

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

### What does this supplement provide?

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

### What is a terminal condition?

A terminal condition is a medical condition that would, in the absence of treatment, result in death within 12 months or less. We must be given written proof covering the character and the extent of the occurrence or loss.

## Accelerated Benefit

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

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

### When can an accelerated benefit be requested?

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

- (1) the insurance is in force and all premiums due are fully paid; and
- (2) you have obtained a signed acknowledgment of concurrence for payout from the assignee, if any; and
- (3) you have obtained a signed acknowledgment of concurrence for payout from the irrevocable beneficiary, if any.

### Is there a cost to accelerate payment of the death benefit?

There is no additional premium required for the accelerated benefit. There are no fees or administrative expenses associated with this supplement.

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

Yes. The minimum death benefit to be eligible for an accelerated benefit under this supplement is \$10,000. The maximum death benefit that can be accelerated is \$1,000,000. The amount of your death benefit to be accelerated is fixed at the time we approve your request for the accelerated death benefit. The payment of the accelerated death benefit is not conditioned on the receipt of long-term care or medical services.

### Is a partial accelerated benefit available?

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

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

### When will we pay an accelerated benefit?

We will pay an accelerated benefit immediately upon receipt at our home office of written due proof in substance and in form that the insured meets the requirements herein. Payment of the accelerated death benefit is not conditioned on the receipt of long-term care or medical services.

You shall have the option to take the accelerated benefit in a lump sum or to receive periodic payments for a certain period.

## To whom will we pay accelerated benefits?

We will pay the accelerated benefit to you unless you validly assign it otherwise. If you die before we issue payment of an accelerated benefit to you, we will pay the life insurance benefits to your life insurance beneficiary(s). This supplement shall not restrict the insured's use of the proceeds.

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

If you elect to accelerate the full amount of an insured's death benefit, the insured's coverage and all other benefits under the certificate and any certificate supplements for that insured will end. If it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.

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

## Notice of Claim

Written notice of claim must be given to us within 30 days after the occurrence or commencement of any loss covered under this supplement, or as soon thereafter as reasonably possible. Notice given by or on the insured's behalf to us at our home office or to any authorized agent of ours, with information to identify the insured, shall be deemed notice by us.

## Claim Forms

When we receive written notice of claim, we will furnish to the claimant such forms as are usually furnished by us for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this certificate as to proof of loss upon submitting, within the time fixed in this certificate for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

## Proof of Loss

Proof of loss must be furnished to us within 90 days after the date of loss. However, failure to give such notice and proof within the time provided will not invalidate or reduce the claim if it was not reasonably possible for proof to be given within that time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof of loss is otherwise required.

## Termination

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

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

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

## Additional Information

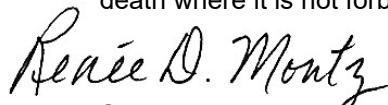
### Is the request for an accelerated benefit voluntary?

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

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

## Physical Examinations

We, at our own expense, shall have the right and opportunity to examine the person of the insured when and as often as we reasonably require during the pendency of a claim and to make an autopsy in case of death where it is not forbidden by law.

  
Secretary

  
President

**Securian Life Insurance Company**

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

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## **General Information**

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

### **What does this supplement provide?**

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

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

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

- (1) your lawful spouse who is not legally separated from you, your civil union partner, or your registered domestic partner, as recognized under the laws of the jurisdiction of celebration; or
- (2) your or your spouse's natural, legally adopted or stepchildren who are less than 26 years old. An adopted child includes a child legally placed for adoption with you. Eligibility begins at live birth (stillborn or 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.

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

Coverage may continue after any dependent insured under this supplement attains age 26 and is both:

- (1) incapable of self-sustaining employment due to intellectual disability or physical handicap, and

- (2) is primarily dependent upon you for support and maintenance.

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

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

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

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

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

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

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## **Death Benefit**

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

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

The amount of life insurance on a dependent cannot exceed the amount of insurance on the employee.

### **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.

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## **Termination**

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

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

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 60 days (the grace period) after the due date of any premium contribution which is not paid; or

- (3) the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or
- (4) the date you are no longer covered under the group policy; or
- (5) the date this supplement terminates.

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

This supplement will terminate on the earlier of:

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

## **Additional Information**

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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 us.

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

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

If an insured dependent, whether sane or insane, commits suicide within two years from the effective date of any contributory life insurance, our liability with respect to that

coverage will be limited to an amount equal to the premiums paid for the coverage.

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

The suicide exclusion does not apply to an insured child.


### **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, 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.

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

  
Secretary

  
President



**Securian Life Insurance 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 the certificate unless otherwise expressly provided for herein.

**What does this supplement provide?**

This supplement provides for continuation of insurance if an insured no longer meets the eligibility requirements of the certificate, except as provided for herein.

To continue insurance, the insured 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. Coverage provided by this supplement will be effective the date we receive the completed application. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

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

An insured employee is eligible to continue group life insurance under the terms of this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

- (1) the employee terminates employment, including retirement; or
- (2) the employee is no longer in a class eligible for insurance or is 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.

An insured spouse is eligible to continue insurance under this supplement if he or she no longer meets the eligibility requirements of the certificate due to legal separation, divorce or the employee's death.

An insured child age 19 or older is eligible to continue insurance under this supplement if he or she no longer meets the eligibility requirements of the certificate due to attaining an age limit or otherwise ceases to be an eligible dependent.

An insured will not be eligible to request coverage under this supplement if he or she:

- (1) has attained the age of 70; or

- (2) has converted his or her insurance to an individual life policy under the terms of the certificate's conversion right section; or
- (3) is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
- (4) is a spouse and is totally disabled. A spouse will be considered totally disabled only if he or she is unable to engage in any full time or part time occupation for which he or she is reasonably suited by education, training, or experience; or
- (5) loses eligibility due to termination of the group policy.

**Can insurance that is lost due to moving from one eligible class to another be ported?**

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

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

Contributory and non-contributory insurance may be continued under this supplement. If an employee elects to continue his or her own coverage according to the provisions of this supplement, he or she may also elect to continue contributory insurance for any dependent insured under his or her certificate.

If a former spouse continues his or her own coverage according to the provisions of this supplement, he or she may also elect to continue contributory insurance on any insured children, provided the employee is not otherwise insuring the children.

An insured may also continue coverage under all certificate supplements which apply to his or her contributory insurance and by which he or she was insured immediately preceding his or her portability date, except the Waiver of Premium Certificate Supplement, which shall terminate upon porting.

Death benefits will be paid in accordance with the provisions of the certificate and applicable supplements with the following exception: Death benefits for a former spouse or child porting his or her own coverage (not being continued as a rider to the employee's coverage) shall be payable according to the Death Benefit section of the certificate and not the Death Benefit section of the Dependents Term Life Insurance Certificate Supplement. Therefore a former spouse or child may choose to name a beneficiary or beneficiaries to receive his or her death benefit proceeds, subject to all provisions of the Death Benefit section of the certificate, including the provisions

related to payment when there are no eligible named beneficiaries.

**Is there a minimum amount of insurance that can be continued under this supplement?**

Yes. The minimum amount of insurance that can be continued on an employee's life under this supplement is \$10,000. The minimum for dependents life is \$1,000.

**Is there a maximum amount of insurance that can be continued under this supplement?**

Yes. 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.

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

No. Insurance continued under this supplement will not reduce. Insurance terminates at age 70.

**Can an insured request a change in the amount of insurance continued under this supplement?**

Yes. An insured may elect to reduce the amount of insurance on his or her life, subject to the minimum amount. 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 not beyond 31 days after coverage terminates under the provisions of this supplement, it may be converted to a policy of individual insurance with us. All other conditions and provisions of the conversion right section of the certificate to which this supplement is attached will apply. Coverage cannot be continued under both this supplement and the conversion privilege.

**What happens if an insured again becomes eligible under the certificate?**

If an insured is continuing coverage under the terms of this supplement, and again meets the eligibility requirements of the certificate, the insured shall no longer

be considered to have portability status, ported coverage will terminate and only one death benefit will be paid under the coverage. Insurance may be continued only under the terms of the certificate, not including this supplement unless and until the insured no longer meets the eligibility requirements of the 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 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 70th 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 the employee's certificate, the date the employee's 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 the certificate, unless the spouse or child ports coverage on their own as provided for under the terms of this supplement; or
- (4) in the case of a dependent child who is insured by a rider to the former spouse's coverage, the date the child ceases to be an eligible dependent as defined under the terms of the certificate, unless the child ports coverage on his or her own as provided for under the terms of this supplement; or
- (5) 31 days after the due date of any premium contribution which is not made; or
- (6) the date an insured requests to terminate his or coverage being continued under this supplement; or
- (7) the date the group policy is terminated.

  
Secretary

  
President

# Waiver of Premium Certificate Supplement

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



## General Information

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

The specifications page indicates to what insurance this supplement applies. This supplement does not apply to you if you have portability status.

### What does this supplement provide?

This supplement provides for waiver of premium if you become totally disabled, as defined herein. 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 disability.

### What is total disability?

You are considered totally disabled if you are eligible for and receiving disability income benefits under the employer's long term disability (LTD) plan. The disability for which LTD benefits are ultimately payable must commence while your insurance is in force under the group policy.

### 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. You cannot have coverage under both policies and only one death benefit will be available.

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

You must furnish due evidence as to both substance and form that your disability:

- (1) commenced while your insurance under your certificate was in force; and
- (2) meets the definition of total disability.

We will, from time to time, also require additional proof that you continue to be totally disabled. After you have provided at your expense the requested claim forms and records, 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 total disability, your beneficiary may claim benefits under this supplement even if your premium payments were discontinued and you had not submitted due proof of your total disability or you were continuously disabled for less than nine months. Your beneficiary must submit due proof that your total disability, which began before premium payments on your behalf were discontinued, continued without interruption until your death.

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

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

If the group policy provides for reductions in amounts of insurance based on age or retirement, such reductions shall apply to your insurance while disabled.

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

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

- (1) the date you recover so that you are no longer totally disabled; or
- (2) the date you are no longer receiving LTD benefits; or
- (3) the date you fail to furnish proof of continued disability when requested or you refuse to submit to a required medical examination.

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

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

- (1) If you are then eligible for coverage under your certificate, your insurance may be continued under your certificate provided that premiums are paid. The first such premium payment must be made within 31 days of the date the waiver of premium benefit ends.
- (2) If you are no longer eligible for coverage under your certificate, you may convert coverage to an individual policy, as provided for under the conversion right section of your certificate.

Your insurance will end unless, within 31 days of the date benefits under this supplement end, premium payments

on your behalf are resumed or you apply to convert your coverage.

## Notice of Claim

Written notice of claim of your total disability must be given to us within one year of the date of onset of such disability, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to us at our home office, or to any authorized agent of us, with information sufficient to identify you, shall be deemed notice to us.

Written notice of claim must be given to us within one year of death that you died during a period of continuance provided by this supplement, or as soon thereafter is reasonably possible. Notice given by or on behalf of the claimant to us at our home office, or to any authorized agent of us, with information sufficient to identify you, shall be deemed notice to us.

## Claim Forms

When we receive written notice of claim, we will furnish to the claimant such forms as are usually furnished by us for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this certificate as to proof of loss upon submitting, within the time fixed in this certificate for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

## Proof of Loss

Proof of loss must be furnished to us that you continued to be totally disabled during the entire period of continuance until death. However, failure to give such notice and proof within the time provided will not invalidate or reduce the claim if it was not reasonably possible for proof to be given within that time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof of loss is otherwise required.

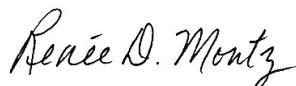
## Termination

### When does your coverage under this supplement terminate?

Your waiver of premium coverage terminates on the earliest of:

- (1) the date you are no longer insured for life insurance covered by this supplement; or
- (2) the date requested by the policyholder to cancel the Waiver of Premium coverage for its plan; or
- (3) 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 Waiver of Premium coverage or of the group policy.



Secretary



President

## California Contact Notice

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

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**IT IS IMPORTANT TO US THAT YOU ARE SATISFIED WITH THIS POLICY AND THE SERVICE YOU RECEIVE FROM US.**

**IF YOU HAVE AN UNRESOLVED COMPLAINT, THE CALIFORNIA INSURANCE DEPARTMENT SUGGESTS THAT YOU NOTIFY THEIR CONSUMER AFFAIRS OFFICE. CONTACT SHOULD BE MADE ONLY AFTER COMMUNICATIONS BETWEEN YOU AND US (THE AGENT OR OTHER REPRESENTATIVE) HAVE FAILED TO PRODUCE A SATISFACTORY SOLUTION TO THE PROBLEM.**

**CONTACT: YOUR AGENT  
OR  
SECURIAN LIFE INSURANCE COMPANY  
400 ROBERT STREET NORTH  
ST. PAUL, MN 55101-2098  
651-665-3500**

**QUESTIONS ABOUT THIS NOTICE OR ANY UNRESOLVED COMPLAINT MAY BE DIRECTED TO:**

**DEPARTMENT OF INSURANCE  
CONSUMER AFFAIRS DEPARTMENT  
300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013  
213-897-8921**

**TOLL FREE TELEPHONE FOR CALIFORNIA ONLY:  
800-927-4357**

**OFFICE HOURS: 9 AM TO 5 PM**

**THIS NOTICE PROVIDES CONTACT INFORMATION ONLY AND IS NOT A CONDITION OF THE POLICY.**

## Important Notice

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

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

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverage, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's right or obligations or the rights or obligations of the Association.

#### COVERAGE

##### Persons Covered

Generally, an individual is covered by the Association if the insurer was a member of the Association **and** the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

##### Amounts of Coverage

The basic coverage protections provided by the Association are as follows:

- **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**

80% of death benefits but not to exceed \$300,000

80% of cash surrender or withdrawal values but not to exceed \$100,000

- **Annuities and Structured Settlement Annuities**

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for **all** life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website [www.califega.org](http://www.califega.org).

## **COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE**

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract.
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society.
- If a person is provided coverage by the guaranty association of another state.
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual.
- Employer and association plans, to the extent they are self-funded or uninsured.
- A policy or contract providing any health care benefits under Medicare Part C or part D.
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract.
- Any policy of reinsurance unless an assumption certificate was issued.
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

## **NOTICES**

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverage provided by the Association, please visit the Association's website at [www.califega.org](http://www.califega.org), or contact either of the following:

**California Life and Health Insurance  
Guarantee Association**  
P.O. Box 16860  
Beverly Hills, CA 90209-3319  
(323) 782-0182

**California Department of Insurance  
Consumer Communications Bureau**  
300 South Spring Street  
Los Angeles, CA 90013  
(800) 927-4357

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

**Securian Life Insurance Company** • A Stock Company

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

**GROUP TERM LIFE CERTIFICATE OF INSURANCE**