

## Options to Keep Your Group Insurance

### Portability – Southwestern Ohio EPC

<b>Coverage available</b>	<ul style="list-style-type: none"> <li>▪ Employee Basic Term Life</li> <li>▪ Employee Supplemental Term Life</li> <li>▪ Spouse Term Life</li> <li>▪ Child Term Life</li> </ul> <p>Dependent coverage can be ported only if employee coverage is ported</p> <p>Employee must be under age 80 to elect to port coverage</p>												
<b>Type of insurance</b> <i>Available without proof of good health.</i>	Group Term Life												
<b>Eligibility timing</b>	<b>Must be elected within 31 days from loss of eligibility.</b> If coverage is ported, insured will be billed.												
<b>Eligible events for portability</b>	<ul style="list-style-type: none"> <li>▪ Termination of employment</li> <li>▪ Lay off or non-medical leave</li> <li>▪ Other loss of eligibility</li> <li>▪ Retirement</li> </ul>												
<b>Not allowed for these events</b>	<ul style="list-style-type: none"> <li>▪ Employee not actively at work due to sickness or injury</li> <li>▪ Nonpayment of premium</li> </ul>												
<b>Maximum age to elect</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Employee</td> <td style="width: 10%;">Age 79</td> <td style="width: 80%;"></td> </tr> <tr> <td>Spouse</td> <td>Age 79 or employee's age 79</td> <td></td> </tr> <tr> <td>Child</td> <td>Age 26</td> <td></td> </tr> </table>	Employee	Age 79		Spouse	Age 79 or employee's age 79		Child	Age 26				
Employee	Age 79												
Spouse	Age 79 or employee's age 79												
Child	Age 26												
<b>Amounts allowed to elect</b> <i>All or a portion of coverage previously in force.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%; text-align: center;">Minimum</th> <th style="width: 65%; text-align: center;">Maximum</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td style="text-align: center;">\$10,000</td> <td style="text-align: center;">\$1,000,000</td> </tr> <tr> <td>Spouse</td> <td style="text-align: center;">\$1,000</td> <td style="text-align: center;">\$250,000</td> </tr> <tr> <td>Child</td> <td style="text-align: center;">\$1,000</td> <td style="text-align: center;">Previous amount in force</td> </tr> </tbody> </table>		Minimum	Maximum	Employee	\$10,000	\$1,000,000	Spouse	\$1,000	\$250,000	Child	\$1,000	Previous amount in force
	Minimum	Maximum											
Employee	\$10,000	\$1,000,000											
Spouse	\$1,000	\$250,000											
Child	\$1,000	Previous amount in force											
<b>Coverage reductions</b> <i>Reductions apply to minimum and maximum amounts elected.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Employee &amp; Spouse</td> <td style="width: 85%;">                     Age 65 reduces to 65%                      Age 70 reduces to 50%                      Age 75 reduces to 30%                 </td> </tr> </table>	Employee & Spouse	Age 65 reduces to 65% Age 70 reduces to 50% Age 75 reduces to 30%										
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<b>Termination of coverage</b>	<p style="text-align: center;">Termination of group policy</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Employee</td> <td style="width: 85%;">Age 80</td> </tr> <tr> <td>Spouse</td> <td>Age 80 or employee's age 80, whichever is sooner</td> </tr> <tr> <td>Child</td> <td>Age 26, or employee's age 80, whichever is sooner</td> </tr> </table>	Employee	Age 80	Spouse	Age 80 or employee's age 80, whichever is sooner	Child	Age 26, or employee's age 80, whichever is sooner						
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*This is a summary of plan provisions related to the insurance policy issued by the Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.*

## Premium Rates to Keep Group Insurance

### Ported Term Life (Basic and Supplemental) Employee or Spouse

Age	Monthly Rate Per \$1,000
Under 25	\$0.150
25 – 29	\$0.150
30 – 34	\$0.160
35 – 39	\$0.180
40 – 44	\$0.270
45 – 49	\$0.430
50 – 54	\$0.680
55 – 59	\$1.110
60 – 64	\$1.770
65 – 69	\$2.870
70 – 74	\$5.340
75	\$8.610
76	\$10.100
77	\$11.840
78	\$13.650
79	\$15.740

*Rates increase with age and are subject to change.*

### Child Term Life

Monthly Rate Per \$1,000
\$0.260

#### Monthly premium calculation

Divide the amount of insurance you are electing by 1,000. This is referred to as the number of units of insurance. Multiply the number of units of insurance by the rate listed for your age in the rate table to determine your monthly premium.

**For example,** if you were a 50-year-old who wants to keep \$10,000 of term life insurance, the following is a *sample* calculation of the monthly premium.

Sample Premium Calculation			
\$10,000 ÷ 1,000	=	Units	10
Rate for 50-year Old	X	<u>.680</u>	
<b>Sample Monthly Premium</b>			<b>\$6.80</b>

## **Individual Coverage**

You can talk to an insurance advisor who can help you choose from a wide range of individual life insurance products for you and your dependents. This option requires you and your dependents to complete an individual application and provide proof of good health. Call our Client Services Advisors at 888-826-2723 to learn more and apply for coverage.

## **Conversion**

Allows employees to convert in force Group Term Life insurance to an individual life policy without providing proof of good health. No coverage or age maximums apply to your conversion, and the rates do not increase with age. Conversion rates are higher than those paid for group coverage. Conversion is also available when life coverage ends for an individual. Dependent Term Life coverage can be converted even if employee coverage is not converted. Conversion premium must be mailed with the conversion application within 31 days of the event.

## **Details on How to Keep Group Insurance**

### **How to elect portable coverage for yourself and your dependents:**

- Complete the Election form and sign it. Please note we are unable to accept electronic signatures.
- Make a copy to keep for your records.
- Submit the form to us within **31 days** after loss of eligibility through one of the following options:

#### **Form Return Options**

Attach and submit on: [www.LifeBenefits.com/Filetransfer](http://www.LifeBenefits.com/Filetransfer)

Or Fax to: 651-665-4827

Or Mail to: Securian Financial Group, Inc.  
PO Box 64086  
St Paul, MN 55164-0086

If you have any questions, please call 866-365-2374.

## Election - Portability



### Securian Life Insurance Company Minnesota Life Insurance Company

Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098  
Fax 651-665-4827

Employer name <b>Southwestern Ohio EPC</b>	Policy number <b>8510400</b>
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#### EMPLOYEE INFORMATION

Name	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Address (street, city, state, zip)

Email address	Cell or daytime phone number
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Date leaving employer's active plan	Reason for leaving the employer's active plan (retirement, termination, etc.)
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Employment location

Were you actively at work on the day before your retirement or termination? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered no, was your absence due to sickness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**I choose to keep the following insurance coverage(s) active. Note: If you elect a coverage amount greater than the amount verified by your employer, we will use the verified amount.**

Basic term life amount  
\$

Supplemental term life amount  
\$

#### DEPENDENT INFORMATION

**The Employee is the beneficiary for the coverage(s) noted below, or as noted in your policy.**

Spouse term life amount I want to keep  
\$

Name of spouse	Spouse date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Child term life amount I want to keep  
\$

Name of child	Date of birth
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Name of child	Date of birth
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Name of child	Date of birth
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Name of child	Date of birth
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Name of child	Date of birth
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**Note: If you elect a coverage amount greater than the amount verified by your employer, we will use the verified amount.**

**CONTINUE ON TO NEXT PAGE**

Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

# Election - Portability

Securian Life Insurance Company • Minnesota Life Insurance Company

Employee name	Your group number	Employee date of birth	Policy number <b>8510400</b>
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**This designation applies to all employee coverages on page 1 of the Election page.**

**EMPLOYEE PRIMARY BENEFICIARY(IES)** - The person or persons named will receive the benefit.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Social Security number	Share %
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Address (street, city, state, zip) and phone number		Relationship to insured	

**Total Primary Shares Must Equal 100%**

**EMPLOYEE CONTINGENT BENEFICIARY(IES)** - Receives a benefit ONLY if all primary beneficiaries are no longer living.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
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Beneficiary full name	Date of birth	Social Security number	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

**Total Contingent Shares Must Equal 100%**

Please indicate how you would like to be billed:  Quarterly  Semi-Annually  Annually

**Do not send a premium payment in with this completed form.** We will bill you for the premium payment after receiving your completed election form. You will have the option of a monthly EFT draft after your initial payment is received and processed.

A \$2.00 fee is charged *per premium payment* for administrative fees, unless billed annually.

**To be eligible for coverage, you must apply within 31 days of the date your previous coverage terminated.**

Applicant signature <b>X</b>	Date signed
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