

Options to Keep Your Group Insurance

Portability – State of Wisconsin

Coverage available <i>Available without proof of good health.</i>	Group Accident
Eligibility timing	Must be elected within 31 days after of receipt of notification of portability. If coverage is ported, insured will be billed.
Eligible events	Employee: <ul style="list-style-type: none"> ▪ Termination of employment, including retirement ▪ Reduced work hours ▪ No longer in an eligible class or on a non-medical leave or layoff Spouse/Dependent: <ul style="list-style-type: none"> ▪ Loss of eligibility due to legal separation or divorce of employee ▪ Death of employee ▪ Loss of dependent status
Not allowed for these events	<ul style="list-style-type: none"> ▪ Insured attains age 70 ▪ Not actively at work due to sickness or injury on the date immediately preceding last day of employment ▪ Termination of group policy
Amounts allowed to elect <i>All of coverage previously in force.</i>	Maximum
	Employee Previous benefit plan election
	Spouse Previous benefit plan election
	Children Previous benefit plan election
Termination of coverage <i>The earlier of these events.</i>	<ul style="list-style-type: none"> ▪ Employee or Spouse attains age 70 ▪ 31 days after the due date of any premium contribution which is not made ▪ Date the insured again meets the eligibility requirements of the certificate ▪ Date the group policy is terminated

Product name, product features and availability may vary by state. 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

State of Wisconsin

Policy Number 76038

Accident

Coverage	Monthly Rate
Employee only	\$3.26
Employee & Spouse	\$4.94
Employee & Child(ren)	\$7.10
Employee & Family	\$10.46
Spouse only	\$2.90
Child only	\$5.98

All rates include accidental death & are subject to change.

Details on How to Keep Group Insurance

Election of portable coverage

- Complete the Election form and sign it.
- 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/contactus

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 855-750-1906.

Election - Accident 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 State of Wisconsin	Policy number 76038
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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	Employment location
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Reason for leaving the employer's active plan (retirement, termination, etc.)

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.

Group accident coverage (select one)
 Employee only Employee & spouse Employee & child Employee & family Spouse only Child only

DEPENDENT INFORMATION

Name of spouse	Spouse date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Name of child	Date of birth	Name of child	Date of birth
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Name of child	Date of birth	Name of child	Date of birth
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Name of child	Date of birth	Name of child	Date of birth
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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 of your previous coverage terminated.

Employee signature X	Date signed
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