

**Classes 4 and 5**

**Revised July 22, 2015**

**POLICYHOLDER: City of Baltimore**

**POLICY NUMBER: 34019-G**

**Read Your Certificate Carefully**

You are insured under the group policy shown on the specifications page attached to this certificate. 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.

**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 this certificate, you may return the certificate to us or our agent within 45 days of the date of the execution of the application for this certificate or within 10 days after you receive the certificate, whichever is later. You may also

cancel this certificate by delivering or mailing a written notice or sending a telegram to Minnesota Life Insurance Company (Minnesota Life), 400 Robert Street North, St. Paul, Minnesota 55101-2098 and returning the certificate within 45 days of the date of the execution of the application or before midnight of the 10<sup>th</sup> day after you received the certificate, whichever is later.

Notice given by mail and return of the certificate by mail are effective on being postmarked, properly addressed, and postage prepaid. If you return this certificate, you will receive, within 10 days of the date we receive a notice of cancellation, a full refund of any premiums you have paid. Upon cancellation of this certificate, it will be void as if it had never been issued.



Secretary



President

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**GROUP TERM LIFE CERTIFICATE OF INSURANCE**

**GENERAL INFORMATION**

**POLICYHOLDER:** City of Baltimore **POLICY NO.:** 34019-G  
**ASSOCIATED COMPANIES:** All subsidiaries and affiliates reported to Minnesota Life by the policyholder for inclusion in the policy.  
**PROGRAM DATE:** This specifications page represents the plan of insurance in effect on January 1, 2015, revised July 22, 2015.

**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 all active employees in the following Classes:

Class	Claim Branch Code	Class Description
Class 4	0004A	Active full-time Members of Baltimore City who receive the benefits of Fire Fighters Local 734 (Non-supervisory).
Class 5	0005A	Active full-time Members of Baltimore City who receive the benefits of Fire Fighters Local 964 (Supervisory).

Temporary or seasonal employees, leased employees independent contractors and employees who are full-time members of the armed forces of any country are not eligible under this certificate.

**ENROLLMENT PERIOD:** Not applicable for noncontributory insurance; 45 days from the date of hire for contributory insurance.

**WAITING PERIOD:** Basic insurance for active employees: The first day following one year of service as an eligible active City employee. For retirees: The date they become a retired Member.

Additional insurance: for active employees: The first day following one month as an active City employee.

**MINIMUM HOURS PER WEEK REQUIRED:** At least 20 hours per week.

**PLAN OF INSURANCE**

**EMPLOYEE BENEFIT SCHEDULE**

**EMPLOYEE TERM LIFE INSURANCE:**

**Basic Life Insurance**

<u>Eligible Class</u>	<u>Amount of Basic Insurance</u>
Classes 4 and 5: Full-time employees	One times annual earnings, plus \$1,500 rounded to the next higher \$1,000 if not already a multiple thereof.

## **Additional Life Insurance**

An amount elected by the employee from the following options:

### **Eligible Class**

Classes 4 and 5: Full-time employees

### **Amount of Additional Insurance**

- Option 1: one times annual earnings rounded up to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$100,000.
- Option 2: two times annual earnings rounded up to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$200,000.
- Option 3: three times annual earnings rounded up to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$300,000.
- Option 4: four times annual earnings rounded up to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$400,000.
- Option 5: five times annual earnings rounded up to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$500,000.

## **EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:**

### **Basic AD&D Insurance**

#### **Eligible Class**

Classes 4 and 5: Full-time employees

#### **Amount of Basic AD&D Insurance**

An amount equal to the amount of basic life insurance for which the employee is insured under the group policy.

### **Additional AD&D Insurance**

#### **Eligible Class**

Classes 4 and 5: Full-time employees

#### **Amount of Additional AD&D Insurance**

An amount equal to the amount of additional life insurance for which the employee is insured under the group policy.

The employee must elect additional life coverage in order to elect additional AD&D insurance.

## **GENERAL PROVISIONS FOR EMPLOYEE INSURANCE**

### **CONTRIBUTORY/NONCONTRIBUTORY:**

Basic insurance is noncontributory insurance; additional insurance is contributory insurance.

### **GUARANTEED ISSUE AMOUNT:**

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.

Coverage increases due to salary increases are guaranteed issue.

For supplemental insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of the group policy.

For employees who first become eligible after the effective date of the group policy:

All guaranteed issue if elected within 45 days of initial eligibility.

Coverage increases due to salary increase are guaranteed issue.

**EVIDENCE OF INSURABILITY:**

Evidence of insurability is required as stated in the certificate and for an amount of insurance greater than the guaranteed issue amount.

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

The first day of the calendar month following the date of the change (or the actual date of the change if it falls on the first day of the month). 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.

**ADDITIONAL INFORMATION**

**SUICIDE EXCLUSION FOR LIFE INSURANCE:**

A 24 month suicide exclusion applies to employee additional life insurance under this certificate. Exclusions for AD&D insurance, including a suicide exclusion, are listed on the applicable certificate supplement.

**CONVERSION PERIOD:**

Notwithstanding anything in the policy to the contrary, an insured shall have 45 days from the date group coverage ends to elect to convert to an individual policy. The 31-day period after group coverage ends during which we will pay a death benefit regardless of whether a conversion application has been made, is extended to 45 days; if an employee dies within 45 days from the date group coverage ends and had not elected conversion, a benefit is payable.

**FUTURE ANNUAL OPEN ENROLLMENTS:**

During the policyholder's annual open enrollment, the following election changes can be made provided the insured receiving the increase has not previously been declined any insurance amount due to failure to provide satisfactory evidence of insurability:

- An employee who enrolled as a new hire and is participating in the additional life plan may increase his or her additional life coverage by one salary level during open enrollment, without providing evidence of insurability. Additionally, the employee may increase coverage by more than one salary level, but the amount over one salary level will require evidence of insurability. If an employee did not elect additional life coverage when they were newly hired, they are required to provide evidence of insurability for any amount requested.

Coverage will be effective on the January 1 following the annual enrollment, subject to the actively at work requirement.

**QUALIFIED STATUS CHANGES:**

An employee who experiences a Qualified Status Change may make the following election changes without providing evidence of insurability, provided enrollment is made within 60 days of the status change and the insured receiving the increase has not previously been declined any insurance amount due to failure to provide satisfactory evidence of insurability:

- An employee participating in the additional life plan may increase his or her additional life coverage by one salary level.

Coverage will be effective on the date of the qualified life event or the date the employee applies, whichever is later, if application is made within 60 days of the qualified event, subject to the actively at work requirement.

Qualified Status Change means:

- Birth or adoption or otherwise acquiring a newly eligible child
- Death of a dependent (spouse, or child)
- Divorce
- Marriage
- Commencement or termination of a spouse's employment
- A change in a spouse's employment from full-time to part-time

**SUPPLEMENT(S) TO THE CERTIFICATE**

Accidental Death and Dismemberment

Portability

Accelerated Benefits

## Definitions

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### **age**

Attained age as of most recent birthday.

### **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.

### **certificate effective date**

The date your coverage under this certificate becomes effective.

### **contributory insurance**

Insurance for which you are required to make premium contributions.

### **earnings**

An employee's annual rate of pay from the City in effect on the date of the employee's death. This amount may change if the employee's base salary or union affiliation changes during the year.

Annual earnings include: Contributions the employee makes through a salary reduction agreement with his/her employer to:

- an Internal Revenue Code (IRC) Section 401(k), 403 (b), 408 (k), or 457 deferred compensation arrangement; or
- an executive nonqualified deferred compensation arrangement.
- shift differential pay.
- amounts contributed to the employee's fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual earnings do not include bonuses, overtime pay, the City of Baltimore's contributions on the employee's behalf to any deferred compensation arrangement or pension plan, or any other extra 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 nor corporate directors who are not otherwise employees.

### **employer**

The policyholder or any designated associated companies.

### **evidence of insurability**

Evidence satisfactory to us of the insurability 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.

### **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.

### **policy anniversary date**

The policy anniversary date is shown on the specifications page attached to the group policy.

### **policyholder**

The owner of the group policy as shown on the specifications page attached to this certificate.

### **specifications page**

The outline which summarizes your coverage under the policyholder's plan of insurance.

### **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 attached to this certificate.

### **we, our, us**

Minnesota Life Insurance Company.

### **you, your, certificate holder**

The insured employee.

## General Information

### What is your agreement with us?

You are insured under the group policy shown on the specifications page attached to this certificate. Your application as defined under this certificate is attached and is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application attached to your certificate.

This certificate is issued in consideration of your application and the payment of the required premium.

### 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 group and of an eligible class as defined in the group policy; 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 attached to this certificate; and
- (3) have satisfied the waiting period as shown on the specifications page attached to this certificate; and
- (4) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

### Are retired employees eligible for insurance?

If the policyholder's plan of insurance, as reflected in the specifications page attached to this certificate, 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 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.

### When will we require evidence of insurability?

Evidence of insurability will be required if:

- (1) the specifications page attached to this certificate states that evidence of insurability is required; or
- (2) the insurance is contributory and you do not enroll within the enrollment period shown on the specifications page attached to this certificate; or
- (3) the insurance for which you previously enrolled did not go into effect or was terminated because you failed to make a required premium contribution; or
- (4) during a previous period of eligibility, you failed to submit required evidence of insurability or that which was submitted was not satisfactory to us; or
- (5) you are insured by an individual policy issued under the terms of the conversion right section.

### 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) if required, you apply for the insurance on forms which are approved by us; and
- (3) we are satisfied with your evidence of insurability, if we require evidence; and
- (4) we receive the required premium.

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

Yes. If the policyholder's plan of insurance, as reflected in the specifications page attached to the group policy, allows for a choice of amounts of insurance for your class, you can request an increase or a decrease in the amount of your contributory insurance within the limitations of the policyholder's plan of insurance, including any limitations on when and how often such requests may be made. Any cost attributable to an increase in the amount of your contributory insurance must be paid for by you.

If you request an increase in the amount of your contributory insurance, we will require evidence of

insurability, unless otherwise noted on the specifications page.

### **When will changes in your coverage amount be effective?**

Requested increases in the amount of your contributory insurance, if approved, are effective on the date we approve the increase. Requested decreases in the amount of your contributory insurance are effective on the first day of the month following our receipt of your request for a decrease, or if different, according to the administrative practices of the employer.

Requests for a change made during a special enrollment period offered by the employer will not become effective prior to the general effective date of elections made during that enrollment.

Increases and decreases in insurance amounts which result from a change in your eligible class or earnings will be effective as shown on the specifications page attached to this certificate.

All increases in the amount of insurance are subject to the actively at work requirement.

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

Yes. The employer may continue your noncontributory insurance or allow you to continue your contributory insurance when you are absent from work due to sickness, injury, leave of absence, or temporary layoff. Continuation of your insurance is subject to certain time limits and conditions as stated in the group policy. If you stop active work for any reason, you should discuss with the employer what arrangements may be made to continue your insurance.

## **Premiums**

### **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 monthly basis. We apply premiums consecutively to keep the insurance in force.

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

The premium will be the 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.

We may change the premium rate on the policy anniversary date after 30 days notice has been given to you.

## **Death Benefit**

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

The amount of the death benefit is the amount of term life insurance for your eligible class which is shown on the specifications page attached to this certificate.

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

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us 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. We will pay interest on the death benefit from the date of your death until the date of payment. Interest will be at an annual rate determined by us, but never less than 4% per year compounded annually, or the minimum required by state law, whichever is greater.

Payment of the death benefit will extinguish our liability under the certificate for which the death benefit has been paid.

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

We will pay the death benefit to the beneficiary or beneficiaries. A beneficiary is named by you to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You cannot name the policyholder or an associated company of the policyholder as a beneficiary.

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 writing. To receive the death benefit, a beneficiary must be living on the date of your death. In the event a beneficiary is not living on the date 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 brothers and sisters in equal shares, if living, otherwise
- (5) the personal representative of your estate.



## Can you add or change beneficiaries?

Yes. You can add or change beneficiaries if 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 request to add or change a beneficiary must be made in writing. All requests are subject to our approval. A change will take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving your notice.

## Termination

### When does your coverage terminate?

Your coverage ends on the earliest of the following:

- (1) the date the group policy ends, if no conversion or continuation is made effective; 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) 31 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.

If your coverage under the group policy terminates due to non-payment of premiums, your coverage may be reinstated if all premiums due are paid and received by us within 31 days of the date of termination and during your lifetime.

### Can your insurance be reinstated after termination?

Yes. 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 coverage may be reinstated.

Provided you are not then covered by an individual policy issued under the terms of the conversion right section, your coverage under the group policy shall be reinstated automatically, without evidence of insurability or satisfaction of any waiting period. Your amount of insurance will be that which applies to the classification to which you then belong, on the date you again become eligible. If the policyholder's plan of insurance provides for contributory insurance under the group policy, your amount of contributory insurance will be limited to that for which you were insured immediately prior to the loss of coverage.

## 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 earliest of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) on any subsequent policy anniversary after the date the number of employees insured is less than any minimum established by us or as required by applicable state law; or
- (3) 45 days after we provide the policyholder with notice of our intent to terminate the group policy.

## Conversion Right

### 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.

You may convert up to the full amount of terminated insurance if termination occurs because you move from one existing eligible class to another, or you are no longer in an eligible class.

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 to reduce or terminate your insurance.

In such case, you may convert up to the full amount of terminated insurance, but not more than the maximum. The maximum is the lesser of:

- (a) \$10,000; and
- (b) 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 the insurance terminated under the group policy.

Neither the 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.

Under both the 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, accidental death and dismemberment benefits, or accelerated 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 your group insurance terminates. No evidence of insurability will be required.

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

We base the premium for the individual policy on the plan of insurance, your age, and the class of risk to which you belong on the date of the 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 during the 31-day period allowed for conversion?

If you die during the 31-day period allowed for conversion, 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.

We will return any premium you paid for an individual policy to your beneficiary named under the group policy. In no event will we be liable under both the group policy and the individual policy.

## Additional Information

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### What if your age has been misstated?

If your age has been misstated, the amount of the death benefit will be that which would be purchased by applying the most recent mortality change using your correct age. A premium adjustment will be made so that the actual premium required at your correct age is paid.

### Is there a suicide exclusion?

The specifications page attached to this certificate indicates what insurance, if any, is subject to the suicide exclusion outlined below.

When applicable, this suicide exclusion limits our liability to an amount equal to the premiums paid if you, whether sane or insane, die by suicide within two years of the effective date of your insurance.

If there has been an increase in your amount of 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.

## When does your insurance become incontestable?

Except for fraud or the non-payment of premiums, after your insurance has been in force during your lifetime for two years from the effective date of your coverage, we cannot contest your coverage. However, if there has been an increase in the amount of insurance for which you were required to apply or for which we required evidence of insurability, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

Any statements you make in your application as defined under this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in the application attached to your certificate.

## 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.

## Is the policyholder required to maintain records?

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer this certificate. We own the records relating to the insurance provided by this certificate, and can obtain them from the policyholder at any reasonable time.

If a clerical error is made in keeping records on the insurance under the group policy, it will not affect otherwise valid insurance. A clerical error does not continue insurance which is otherwise stopped. If an error causes a change in premium payment, we will make a fair adjustment.

## 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 amended to conform to such laws and filed and approved in that state prior to use.

# Accidental Death and Dismemberment Certificate Supplement

**MINNESOTA LIFE**

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

## General Information

This certificate supplement is effective on the date shown on the specifications page attached to your certificate and 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. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate

### What does this supplement provide?

This supplement provides accidental death and dismemberment coverage subject to all terms, conditions, and exclusions herein.

### Who is eligible for insurance under this supplement?

An employee who is insured under the provisions applicable to life insurance coverage under the group policy is eligible for insurance under this supplement

### When does insurance under this supplement become effective?

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

- (1) the insured meets all eligibility requirements; and
- (2) for contributory coverage, application for the coverage is made on forms which are approved by us; and
- (3) we receive the required premium.

## Accidental Death and Dismemberment (AD&D) Benefit

### What does accidental death or dismemberment by accidental injury mean?

Accidental death or dismemberment by accidental injury as used in this supplement means that your death or dismemberment results, directly and independently of all other causes, from an accidental bodily injury which is unintended, unexpected, and unforeseen. The bodily injury must be the sole cause of death or dismemberment.

The injury must occur while your coverage under this supplement is in force. Your death or dismemberment must occur within 365 days after the date of the injury and while your coverage under this supplement is in force.

In no event will we pay the accidental death or dismemberment benefit where your death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:

- (1) self-inflicted injury or self destruction, whether sane or insane; or
- (2) suicide or attempted suicide, whether sane or insane; or
- (3) your attempt to commit an assault or felony or actively participate in a violent disorder or riot (active participating does not include being at the scene of a violent disorder or riot); or
- (4) sickness or pregnancy at the time of the accident; or
- (5) heart attack or stroke; or
- (6) the voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a licensed physician; or
- (7) war or any act of war, whether declared or undeclared whether civil or international, and any substantial armed conflict between organized forces of a military nature; or
- (8) medical or surgical treatment for any of the above.

### What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page attached to the group policy. The percentage is determined by the type of loss as shown in the following table:

FOR LOSS OF	AMOUNT OF BENEFIT
Life .....	Full Amount of AD&D Insurance
Both Hands or Both Feet ..	Full Amount of AD&D Insurance
Sight of Both Eyes .....	Full Amount of AD&D Insurance
Speech and Hearing.....	Full Amount of AD&D Insurance
One Hand and One Foot ..	Full Amount of AD&D Insurance
One Foot and Sight of One Eye.....	Full Amount of AD&D Insurance
One Hand and Sight of One Eye.....	Full Amount of AD&D Insurance
Quadriplegia .....	Full Amount of AD&D Insurance
Paraplegia .....	75% of Amount of AD&D Insurance
Sight of One Eye .....	50% of Amount of AD&D Insurance
Speech or Hearing.....	50% of Amount of AD&D Insurance
One Hand or One Foot.....	50% of Amount of AD&D Insurance
Hemiplegia.....	50% of Amount of AD&D Insurance
Thumb and Index Finger of One Hand....	25% of Amount of AD&D Insurance

Coverage for losses is determined by your union affiliation as provided by the City of Baltimore.

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing (in both ears) which cannot be

corrected by medical or surgical treatment or by artificial means. Loss of thumb or finger means complete severance at or above the metacarpophalangeal joints (the joints closest to the palm of the hand).

Quadriplegia means total and permanent paralysis of both upper limbs (from the shoulder down including total paralysis of both hands) and both lower limbs (from the waist down including total paralysis of both feet).

Paraplegia means total and permanent paralysis of both lower limbs (from the waist down including total paralysis of both feet). Hemiplegia means total and permanent paralysis of both the upper limb (from the shoulder down including total paralysis of the hand) and lower limb (from the waist down including total paralysis of the foot) on one side of the body

A benefit is not payable for both loss of one hand and the loss of thumb and index finger of one hand or the loss of four fingers of one hand for injury to the same hand as a result of any one accident. Under no circumstance will more than one payment be made for the loss or paralysis of the same limb, eye, finger, thumb, hand, foot, sight, speech, or hearing if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss but the total amount of AD&D insurance payable under this supplement for all losses due to any one accident, not including any amount paid according to the terms of the Additional Benefits section of this supplement, will never exceed the full amount of AD&D insurance shown on the specifications page attached to the group policy.

### **When will the accidental death and dismemberment benefit be payable?**

We will pay the AD&D benefit upon receipt at our home office of written proof satisfactory to us that the insured died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office.

The benefit will be paid in a single sum. We will pay interest on the benefit from the date of the insured's death or dismemberment until the date of payment. Interest will be at an annual rate determined by us, but never less than 3% per year compounded annually or the minimum required by state law, whichever is greater.

### **To whom do we pay the benefit?**

In the case of your accidental death, we will pay the accidental death benefit to the person or persons entitled to receive your death benefit under the terms of the group policy. The benefit for other losses sustained by you will be paid to you, if living, otherwise to your estate.

## **Additional Benefits**

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any AD&D benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. These

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additional benefits apply to both the basic and additional AD&D insurance.

### **Air Bag Benefit**

#### **What is the air bag benefit?**

If you die as a result of a covered accident which occurs while you are driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of \$5,000 or your full amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the seat in which you were seated was equipped with a properly installed airbag at the time of the accident; and
- (2) the private passenger car is equipped with seatbelts; and
- (3) a seatbelt was in proper use by you at the time of the accident as certified in the official accident report or by the investigating officer; and
- (4) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag means a passive restraint device in a vehicle which inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

### **Child Care Benefit**

#### **What is the child care benefit?**

If you die as a result of a covered accident and you are survived by your insured dependent spouse and one or more insured dependent children under age 13, we will pay additional benefits to reimburse the surviving spouse for child care expenses they incur for your dependent children while under age 13. Your qualifying dependent children must also be dependent on the surviving spouse for a benefit to be considered.

The benefit for each child will not exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the insured's AD&D benefit, whichever is less

Child care expenses are those expenses which are for a service or supply furnished by a licensed child care provider or facility for a dependent child's care. No payment will be made for expenses incurred more than 36

months after the date of your death or for expenses incurred for dependent children over age 13. Proof of incurred child care expenses by the surviving spouse shall be required before any benefit payment is made. The child care benefit will be paid to the surviving spouse.

### **Disappearance Benefit**

#### **What is the disappearance benefit?**

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

### **Exposure Benefit**

#### **What is the exposure benefit?**

A loss due to exposure to the elements will be covered as if it were due to injury, provided such loss results from unavoidable exposure to the elements by reason of a covered accident.

### **Higher Education Benefit**

#### **What is the higher education benefit?**

We will pay a higher education benefit on behalf of your dependent children if you die as a result of a covered accident and are survived by one or more insured dependent children, provided that:

- (1) at the time of the your death, the dependent child is enrolled as a full-time student at an accredited post-secondary educational institution (however, no benefit will be payable for the current school year); or
- (2) the dependent child enrolls on a full-time basis in an accredited post-secondary educational institution within one year of your death.

The benefit for each child will be payable for tuition expenses incurred, exclusive of room and board, not to exceed \$5,000 per year, or the cumulative total of \$20,000 or 25% of your AD&D amount, whichever is less.

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

### **Occupational Assault Benefit**

#### **What is the occupational assault benefit?**

If you die or suffer a covered dismemberment as a result of a covered accident caused by an occupational assault, we will pay an additional benefit equal to the lesser of \$50,000 or 25% of your amount of AD&D insurance.

An occupational assault is a physical assault by another person resulting in bodily harm to you. The assault must take place while you are performing your customary duties at the employer's normal place of business or at other places the employer's business requires you to travel. The assault must involve the use of force or violence with intent to cause harm and must be either a felony or a misdemeanor.

No benefit is payable if the assault is a result of a moving violation or is committed by an immediate family member or a coworker. Immediate family members are your spouse, children, parents, grandparents, grandchildren, brothers and sisters, and the spouses of such individuals.

### **Public Transportation Benefit**

#### **What is the public transportation benefit?**

If you die as a result of a covered accident which occurs while you are a fare-paying passenger on a public transportation vehicle, we will pay an additional benefit equal to the lesser of:

- (1) 100% of your full amount of AD&D insurance; or
- (2) \$200,000.

Public transportation vehicle means any air, land or water vehicle operated under a license for the transportation of fare paying passengers.

### **Seatbelt Benefit**

#### **What is the seatbelt benefit?**

If you die as a result of a covered accident which occurs while you are driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

- (1) \$10,000; or
- (2) your amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the private passenger car was equipped with seatbelts; and
- (2) a seatbelt was in proper use by you at the time of the accident as certified in the official accident report or by the investigating officer; and
- (3) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

### **Spouse Career Adjustment Benefit**

#### **What is the spouse career adjustment benefit?**

If you die as a result of a covered accident and you are survived by your insured dependent spouse, we will pay a career adjustment benefit to the surviving spouse provided that the spouse incurs tuition expenses, exclusive of room and board, books, fees, supplies and other expenses, for training within 36 months of your death. The spouse must be a full-time student in an accredited educational institution or an institution of vocational training for the purpose of preparing for full-time employment or increasing earnings.

The benefit will not exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of your AD&D amount, whichever is less. Proof of such costs will be required before benefits are paid.

### **Termination**

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

Your coverage ends on the earliest of:

- (1) the date you are no longer covered for life insurance under the group policy; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid.

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

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to cancel this supplement; or
- (2) the date the group policy is terminated.

### **Additional Information**

#### **Do we have the right to obtain independent medical verification?**

Yes. We retain the right to have an insured medically examined at our expense whenever a claim is pending and, where not forbidden by law, we reserve the right to have an autopsy performed in case of death.

#### **Can insurance under this supplement be converted to a policy of individual insurance upon termination?**

No. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the group policy.



Secretary



President

# Accelerated Benefits Certificate Supplement

MINNESOTA LIFE

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

**Benefits received under this Accelerated Benefits Certificate Supplement may be taxable and may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.**

## General Information

This certificate supplement is effective on the date shown on the specifications page attached to your certificate and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

### What does this supplement provide?

This supplement provides for 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.

## Definitions

### accelerated benefit

The amount of the death benefit we will pay if the insured is eligible under this supplement.

### death benefit

The amount of the insured's term life insurance as shown on the specifications page attached to your certificate.

### immediate family

Your spouse, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

### insured

For purposes of this supplement, an insured employee .

### physician

An individual who is licensed to practice medicine or treat illness in the state in which treatment is received. This does not include you or a member of your immediate family.

## Terminal Condition

### What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of twenty-four months or less.

### What evidence do we require of the insured's terminal condition?

We must be given evidence that satisfies us that the insured's life expectancy, because of sickness or accident, is twenty-four months or less. That evidence must include certification by a physician.

### Do we have the right to obtain independent medical verification?

Yes. We retain the right to have the insured medically examined at our own expense to verify the insured's medical condition. We may do this as often as reasonably required while accelerated benefits are being considered or paid.

## Payment of Accelerated Benefit

### How do we calculate the accelerated benefit?

We will multiply the death benefit by the accelerated benefit factor to determine the accelerated benefit available.

### How do we calculate the accelerated benefit factor?

The accelerated benefit factor will be stated as a percentage of the insured's death benefit. When we calculate this factor, we will consider the insured's age and gender.

We will also base our calculation on certain assumptions, which we may change from time to time, including but not limited to assumptions about:

- (1) expected future premiums; and
- (2) the insured's life expectancy.

### What are the conditions for the payment of an accelerated benefit?

We will consider the payment of an accelerated benefit, subject to all of the following conditions:

- (1) coverage must be in force and all premiums due must be fully paid; and

- (2) application must be made in writing and in a form which is satisfactory to us. We will tell you what form is required; and
- (3) you must be the sole owner of the certificate; and
- (4) We receive a signed authorization from assignees and irrevocable beneficiaries.

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

You may request an accelerated payment of the insurance on your life.

### **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 named beneficiary. Therefore, payment of the death benefit cannot be accelerated under this supplement if the insured:

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

### **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 to be eligible for an accelerated benefit is \$500,000.

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

If you elect to accelerate 100% of your death benefit, your coverage and all other benefits under the certificate and any certificate supplements for you will end.

If less than a 100% accelerated benefit is chosen, coverage will remain in force and premiums will be reduced proportionally to the death benefit remaining if you take an accelerated benefit. The remaining amount of insurance under your certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

### **How will we pay the accelerated benefit?**

We will pay the accelerated benefit in one lump sum or in any other mutually agreeable manner.

### **To whom will we pay accelerated benefits?**

All accelerated benefits will be paid to you unless you validly assign them otherwise. If you die before all payments have been made, we will pay the remainder to the beneficiary named under this certificate. Payment will be made in one lump sum which will be the present value of the payments that remain, using the interest rate we use to determine the payments.

## **Termination**

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

An insured's coverage ends on the date the insured is no longer covered for life insurance under the group policy.

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

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to cancel the Accelerated Benefits Policy Rider; or
- (2) the date the group policy is terminated.



Secretary



President



# Term Life Insurance Portability Certificate Supplement

**MINNESOTA LIFE**

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

## General Information

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

### What does this supplement provide?

This supplement provides for continuation of your group life insurance if you no longer meet the eligibility requirements of your certificate, except as provided for herein.

To continue coverage under the provisions of this supplement, you must make a written request and make the first premium contribution within 45 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this supplement will then be deemed effective retroactive to the beginning of the 45-day period. This date is considered to be your portability date and you are then considered to have portability status.

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

You are eligible to continue your group life insurance under the terms of this supplement if you, except as provided by this supplement, no longer meet the eligibility requirements of your certificate due to any of the following:

- (1) you terminate employment, including retirement; or
- (2) you are no longer in a class eligible for insurance or you are on a leave or layoff; or
- (3) a class or group of employees insured under the policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this policy.

You will not be eligible to request coverage under this supplement if you:

- (1) have attained the age of 70; or
- (2) have converted your insurance to an individual life policy under the terms of your certificate's conversion right section; or
- (3) were not actively at work due to sickness or injury on the date immediately preceding your portability date; or

- (4) lose eligibility due to termination of the group policy.

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

Contributory and noncontributory insurance may be continued under this supplement. You may also continue coverage under all supplements to your certificate which apply to contributory and noncontributory insurance and by which you were insured immediately preceding your portability date.

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

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

The minimum amount of insurance that can be continued on your life under this supplement is \$10,000. This minimum does not apply to any other insureds covered under this supplement.

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

The maximum amount of insurance that can be continued under this supplement is the amount of insurance that was in force on the insured's portability date, but not more than \$500,000. However, for an insured age 65 or older on his or her portability date, the amount will not be more than 65% of the amount in force on the insured's portability date to a maximum of \$325,000.

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

Yes. When an insured attains age 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65. Insurance terminates at age.

### Can you request a change in your amount of insurance continued under this supplement?

Yes. You may elect to reduce the amount of insurance on your life. Your remaining amount of insurance must be at least \$10,000.

The amount of insurance continued under this supplement will never increase.

**How will premium contributions be paid?**

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

**Can the premium rate change?**

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future but will not change more often than once per year.

**Can insurance continued under this supplement be converted to a policy of individual insurance?**

Yes. At any time after insurance has been continued under the provisions of this supplement, it may be converted to a policy of individual insurance with Minnesota Life. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

**What happens if you again become eligible under your certificate?**

If you are continuing coverage under the terms of this supplement, and again meet the eligibility requirements of your certificate, not including the terms of this supplement, you shall no longer be considered to have portability status. Insurance may be continued only under the terms of your certificate, not including this supplement unless and until you no longer meet the eligibility requirements of your certificate and again return to portability status as provided for herein.

**What happens to insurance provided under this supplement when the group policy terminates?**

Anything in the group policy notwithstanding, termination of the group policy by the policyholder or us will not terminate life insurance then in force for any person under the terms of this supplement. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.

Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this supplement terminate?".

No individual may elect coverage under this supplement on or after the date of termination of the group policy.

**When will insurance continued under this supplement terminate?**

Insurance being continued under this supplement will terminate on the earliest of the following:

- (1) the insured's 70th; or
- (2) the date the insured again meets the eligibility requirements of your certificate, not including the terms of this supplement; or
- (3) 31 days after the due date of any premium contribution which is not made.

Secretary

President

## Notice

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

MINNESOTA LIFE

### NOTICE OF PROTECTION PROVIDED BY MARYLAND LIFE AND HEALTH INSURANCE GUARANTY CORPORATION

This Notice provides a brief summary of the Maryland Life and Health Guaranty Corporation (the Corporation) and the protection it provides for policyholders. This safety net was created under Maryland law, which determines who and what is covered and the amounts of coverage.

The Corporation is not a department or unit of the State of Maryland and the liabilities or debts of the Life and Health Insurance Guaranty Corporation are not liabilities or debts of the State of Maryland.

The Corporation was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, the Corporation will typically arrange to continue coverage and pay claims, in accordance with Maryland law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Corporations are:

#### Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values

#### Health Insurance

- \$300,000 in health insurance benefits, including net cash surrenders and net cash withdrawal values
- \$500,000 for basic hospital, medical, and surgical insurance or major medical insurance provided by health benefit plans
- \$300,000 for disability insurance
- \$300,000 for long-term care insurance
- \$100,000 for a type of health insurance not listed above, including any net cash surrender and net cash withdrawal values under the types of health insurance listed above

#### Annuities

- \$250,000 in the present value of annuity benefits, including net cash withdrawal values and net cash surrender values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, are the amounts listed above.

**NOTE: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Maryland law.

To learn more about the above protections, please visit the Corporation's website at [www.mdlifega.org](http://www.mdlifega.org), or contact:

**Maryland Life and Health Insurance Guaranty Corporation**  
9199 Reisterstown Road  
P.O. Box 671 - Suite 216C  
Owings Mills, Maryland 21117  
410-998-3907

**Maryland Insurance Administration**  
200 St. Paul Place, Suite 2700  
Baltimore, Maryland 21202  
1-800-492-6116, ext. 2170

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

THERESE M. GOLDSMITH  
Insurance Commissioner

**MINNESOTA LIFE**

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

**GROUP TERM LIFE CERTIFICATE OF INSURANCE**