

# LIMITED TIME OFFER

## Elect **GUARANTEED COVERAGE** - no health questions!

- **New Hires** - enroll within **30 days** from date of employment
- **Newly Eligible** - enroll within **30 days** of status change date

## What does **GUARANTEED COVERAGE** mean?

It is a special opportunity to elect insurance with no health questions or evidence of insurability required!

**When an employee first becomes eligible for insurance benefits**, there is a **one-time opportunity** to elect limited amounts of Optional Life Insurance and Short Term Disability Insurance, without providing evidence of insurability. We encourage you to take advantage of this opportunity as a newly eligible employee, **when coverage cannot be denied!**

Elect Guaranteed Issue (GI) amounts for Life, STD, and LTD on-line in Employee Self Service. For Life Insurance amounts beyond the GI offer and Optional Accidental Death & Dismemberment, complete the Optional Application. Refer to the brochures for plan details, cost, and instructions about how to apply. To qualify for the GI coverage, your initial enrollment must be completed on time and in accordance to the instructions from the State of Minnesota.

### GUARANTEED ISSUE DETAILS

<b>OPTIONAL LIFE INSURANCE</b> <ul style="list-style-type: none"><li>• Employee - Elect up to 2x your annual salary</li><li>• Spouse - Elect \$5,000 or \$10,000</li><li>• Child - Elect \$10,000 (live birth to age 26)</li></ul>	Coverage noted is guaranteed issue when newly eligible, however evidence of insurability is required for amounts greater than these and when enrolling in the future. As an exception, child life is guaranteed issue each annual enrollment period.
<b>SHORT TERM DISABILITY (STD)</b> <ul style="list-style-type: none"><li>• Employee - Elect a monthly benefit of \$300 up to the lesser of 66 2/3% of your gross monthly salary or \$5,000 (see chart within the Hartford brochure enclosed)</li></ul>	All coverage is guaranteed issue when newly eligible. STD can be elected at any time, however enrolling in the future requires evidence of insurability.
<b>LONG TERM DISABILITY (LTD)</b> <ul style="list-style-type: none"><li>• Employee - Elect a monthly benefit of \$300 up to a maximum amount, in accordance with your annual earnings, not to exceed \$7,000 (see chart within the Hartford brochure enclosed)</li></ul>	All coverage is guaranteed issue when newly eligible and each year during the annual enrollment period. Pre-existing conditions limitations always apply.
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D)</b> <ul style="list-style-type: none"><li>• Employee - Elect up to \$200,000</li><li>• Spouse - Elect up to \$25,000 (not to exceed employee's coverage amount)</li></ul>	All coverage is guaranteed issue and can be added at any time; evidence of insurability is never required. AD&D provides coverage for the accidental loss of a limb or eyesight and accidental death.

## Need More Life Insurance?

# APPLYING IS EASY

### DID YOU KNOW

The State of Minnesota employees can apply for Optional Term Life, beyond the guaranteed issue offer available when newly eligible and at any time during the year!

***See the rates for up to \$500,000 on the reverse side.***

### YOUR PLAN IS UNIQUE BECAUSE

- Employees can enroll their spouse, even if they do not have Optional Life coverage
- Spouse Life amounts can be greater than Employee Life amounts
- Employee and Spouse elections include an Accidental Death & Dismemberment benefit
- Child Life is available during annual enrollment **without** evidence of insurability

### HOW TO APPLY

#### Step 1

Complete the attached Optional Application form, indicating the coverage type and amount desired.

#### Step 2

Submit your application to the State of Minnesota Group Insurance Plan (SEGIP). Instructions are on the Optional Application form to submit by Fax, Email, or Mail.

#### Step 3

Securian Financial will send a letter to your home with instructions to complete the online Evidence of Insurability questions.

#### Step 4

Securian Financial will reach out to you if additional information is needed. If none, you will be notified when the coverage is approved or declined.

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## HAVE QUESTIONS? WANT MORE INFORMATION?

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#### WEB

[www.ochsinc.com/stmn](http://www.ochsinc.com/stmn)



#### EMAIL

[ochs@ochsinc.com](mailto:ochs@ochsinc.com)



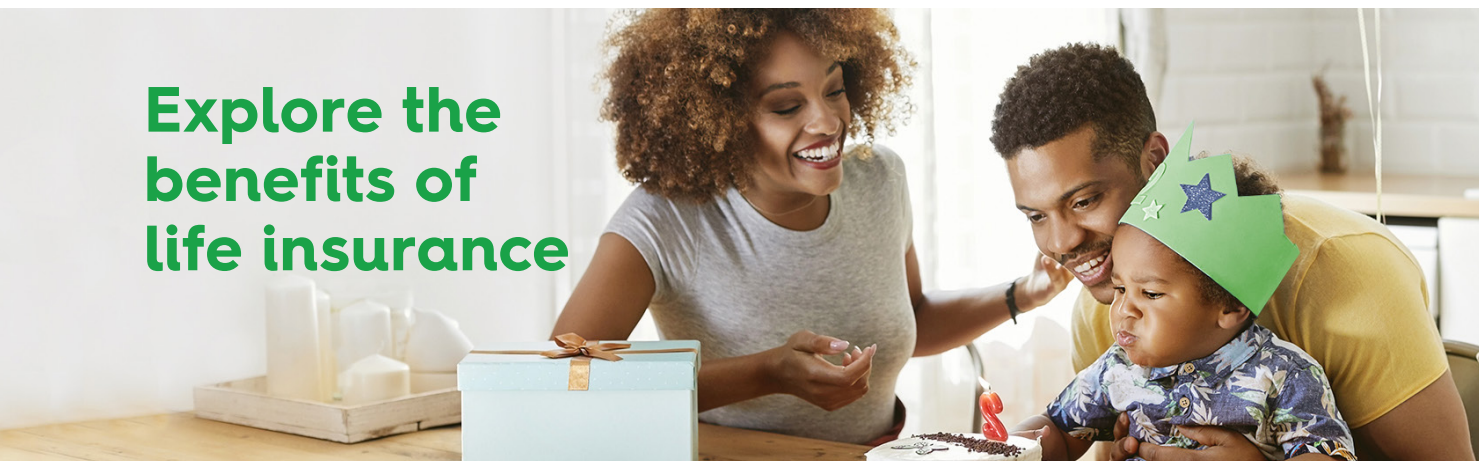
#### PHONE

651-665-3789  
1-800-392-7295

**STATE OF MINNESOTA - Employee & Spouse Optional Term Life and AD&D Semi-Monthly Rates**

Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Coverage											
\$5,000	0.15	0.20	0.23	0.25	0.43	0.78	1.23	2.03	3.25	5.25	8.50
\$10,000	0.30	0.40	0.46	0.50	0.86	1.56	2.46	4.06	6.50	10.50	17.00
\$20,000	0.60	0.80	0.92	1.00	1.72	3.12	4.92	8.12	13.00	21.00	34.00
\$30,000	0.90	1.20	1.38	1.50	2.58	4.68	7.38	12.18	19.50	31.50	51.00
\$40,000	1.20	1.60	1.84	2.00	3.44	6.24	9.84	16.24	26.00	42.00	68.00
\$50,000	1.50	2.00	2.30	2.50	4.30	7.80	12.30	20.30	32.50	52.50	85.00
\$60,000	1.80	2.40	2.76	3.00	5.16	9.36	14.76	24.36	39.00	63.00	102.00
\$70,000	2.10	2.80	3.22	3.50	6.02	10.92	17.22	28.42	45.50	73.50	119.00
\$80,000	2.40	3.20	3.68	4.00	6.88	12.48	19.68	32.48	52.00	84.00	136.00
\$90,000	2.70	3.60	4.14	4.50	7.74	14.04	22.14	36.54	58.50	94.50	153.00
\$100,000	3.00	4.00	4.60	5.00	8.60	15.60	24.60	40.60	65.00	105.00	170.00
\$110,000	3.30	4.40	5.06	5.50	9.46	17.16	27.06	44.66	71.50	115.50	187.00
\$120,000	3.60	4.80	5.52	6.00	10.32	18.72	29.52	48.72	78.00	126.00	204.00
\$130,000	3.90	5.20	5.98	6.50	11.18	20.28	31.98	52.78	84.50	136.50	221.00
\$140,000	4.20	5.60	6.44	7.00	12.04	21.84	34.44	56.84	91.00	147.00	238.00
\$150,000	4.50	6.00	6.90	7.50	12.90	23.40	36.90	60.90	97.50	157.50	255.00
\$160,000	4.80	6.40	7.36	8.00	13.76	24.96	39.36	64.96	104.00	168.00	272.00
\$170,000	5.10	6.80	7.82	8.50	14.62	26.52	41.82	69.02	110.50	178.50	289.00
\$180,000	5.40	7.20	8.28	9.00	15.48	28.08	44.28	73.08	117.00	189.00	306.00
\$190,000	5.70	7.60	8.74	9.50	16.34	29.64	46.74	77.14	123.50	199.50	323.00
\$200,000	6.00	8.00	9.20	10.00	17.20	31.20	49.20	81.20	130.00	210.00	340.00
\$210,000	6.30	8.40	9.66	10.50	18.06	32.76	51.66	85.26	136.50	220.50	357.00
\$220,000	6.60	8.80	10.12	11.00	18.92	34.32	54.12	89.32	143.00	231.00	374.00
\$230,000	6.90	9.20	10.58	11.50	19.78	35.88	56.58	93.38	149.50	241.50	391.00
\$240,000	7.20	9.60	11.04	12.00	20.64	37.44	59.04	97.44	156.00	252.00	408.00
\$250,000	7.50	10.00	11.50	12.50	21.50	39.00	61.50	101.50	162.50	262.50	425.00
\$260,000	7.80	10.40	11.96	13.00	22.36	40.56	63.96	105.56	169.00	273.00	442.00
\$270,000	8.10	10.80	12.42	13.50	23.22	42.12	66.42	109.62	175.50	283.50	459.00
\$280,000	8.40	11.20	12.88	14.00	24.08	43.68	68.88	113.68	182.00	294.00	476.00
\$290,000	8.70	11.60	13.34	14.50	24.94	45.24	71.34	117.74	188.50	304.50	493.00
\$300,000	9.00	12.00	13.80	15.00	25.80	46.80	73.80	121.80	195.00	315.00	510.00
\$310,000	9.30	12.40	14.26	15.50	26.66	48.36	76.26	125.86	201.50	325.50	527.00
\$320,000	9.60	12.80	14.72	16.00	27.52	49.92	78.72	129.92	208.00	336.00	544.00
\$330,000	9.90	13.20	15.18	16.50	28.38	51.48	81.18	133.98	214.50	346.50	561.00
\$340,000	10.20	13.60	15.64	17.00	29.24	53.04	83.64	138.04	221.00	357.00	578.00
\$350,000	10.50	14.00	16.10	17.50	30.10	54.60	86.10	142.10	227.50	367.50	595.00
\$360,000	10.80	14.40	16.56	18.00	30.96	56.16	88.56	146.16	234.00	378.00	612.00
\$370,000	11.10	14.80	17.02	18.50	31.82	57.72	91.02	150.22	240.50	388.50	629.00
\$380,000	11.40	15.20	17.48	19.00	32.68	59.28	93.48	154.28	247.00	399.00	646.00
\$390,000	11.70	15.60	17.94	19.50	33.54	60.84	95.94	158.34	253.50	409.50	663.00
\$400,000	12.00	16.00	18.40	20.00	34.40	62.40	98.40	162.40	260.00	420.00	680.00
\$410,000	12.30	16.40	18.86	20.50	35.26	63.96	100.86	166.46	266.50	430.50	697.00
\$420,000	12.60	16.80	19.32	21.00	36.12	65.52	103.32	170.52	273.00	441.00	714.00
\$430,000	12.90	17.20	19.78	21.50	36.98	67.08	105.78	174.58	279.50	451.50	731.00
\$440,000	13.20	17.60	20.24	22.00	37.84	68.64	108.24	178.64	286.00	462.00	748.00
\$450,000	13.50	18.00	20.70	22.50	38.70	70.20	110.70	182.70	292.50	472.50	765.00
\$460,000	13.80	18.40	21.16	23.00	39.56	71.76	113.16	186.76	299.00	483.00	782.00
\$470,000	14.10	18.80	21.62	23.50	40.42	73.32	115.62	190.82	305.50	493.50	799.00
\$480,000	14.40	19.20	22.08	24.00	41.28	74.88	118.08	194.88	312.00	504.00	816.00
\$490,000	14.70	19.60	22.54	24.50	42.14	76.44	120.54	198.94	318.50	514.50	833.00
\$500,000	15.00	20.00	23.00	25.00	43.00	78.00	123.00	203.00	325.00	525.00	850.00

## Explore the benefits of life insurance



### Life insurance coverage available with no health questions

There are certain times in which you can enroll for coverage without answering health questions. Below is a summary of those options.

A full list of your life insurance coverage options is outlined on the next page. To apply for coverage other than what's outlined here, you'll answer three questions about your health history — along with height and weight. Applicants previously declined coverage also will be required to answer the health questions.

#### Within 30 days of initial eligibility

- Employee: Elect up to two times your annual salary
- Spouse: Elect up to \$10,000

#### During each open enrollment (when offered)

- Employee and spouse: Enroll or increase your optional life coverage based on the current amount in force

Current coverage	May add
\$0	\$5,000
\$5,000 to \$35,000	\$5,000
\$40,000 to \$55,000	\$10,000
\$60,000 to \$75,000	\$15,000
\$80,000 to 95,000	\$20,000
\$100,000 or more	\$25,000

#### Health questions never required

- Enrolling for child life and employee or spouse AD&D coverage never requires health questions

Prepared for:



Initial eligibility refers to the first time a person is eligible for coverage. For you, the employee, this is when you're hired and become eligible for benefits.

For your spouse, it's when you become eligible for benefits or within 30 days of a new marriage.

## Your optional coverages

### Optional coverages

Employee optional term life	\$5,000 increments	<ul style="list-style-type: none"> <li>Maximum: \$500,000</li> <li>Includes matching AD&amp;D benefit</li> </ul>
Spouse optional term life	\$5,000 increments	<ul style="list-style-type: none"> <li>Maximum: \$500,000</li> <li>Includes matching AD&amp;D benefit</li> </ul>
Child optional term life	\$10,000 per child	<ul style="list-style-type: none"> <li>Children are eligible from live birth until age 26</li> </ul>
Employee optional AD&D	\$5,000 increments	<ul style="list-style-type: none"> <li>Maximum: \$200,000</li> </ul>
Spouse optional AD&D	\$5,000 increments	<ul style="list-style-type: none"> <li>Maximum: \$25,000</li> <li>Coverage cannot exceed employee's amount and terminates at age 70</li> </ul>

## Semi-monthly cost of coverage

### Employee/spouse optional term life and AD&D

Age	Rate per \$5,000
Under 30	\$0.15
30-34	0.20
35-39	0.23
40-44	0.25
45-49	0.43
50-54	0.78
55-59	1.23
60-64	2.03
65-69	3.25
70-75	5.25
75-79	8.50
80-84	13.75
85-89	27.53

Please note, employee and spouse rates increase with age and all rates are subject to change.

### Child optional term life

One premium provides coverage for all eligible children

\$10,000	\$0.42
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### Voluntary AD&D

Employee + spouse	\$0.08 per \$5,000
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## Here's how to calculate your semi-monthly premium:

Coverage amount	\$ _____
÷ 5,000	\$ _____
× your rate (based on your age)	\$ _____
<b>= Semi-monthly premium</b>	<b>\$ _____</b>

## Need some guidance on how much life insurance you need?

Use Securian Financial's online benefits-decision tool, Benefit Scout®. By answering a few simple questions about your family and finances, you can determine the coverage that meets your needs and budget.

Visit [lifebenefits.com/stmn](http://lifebenefits.com/stmn)

## Enroll

Enroll for guaranteed issue (GI) coverage. For amounts greater than the GI limits, evidence of insurability (EOI) will be required. Obtain and complete the optional application at [LifeBenefits.com/plandesign/statemn](http://LifeBenefits.com/plandesign/statemn). You may enroll for optional AD&D anytime without EOI by completing the optional application.

## Questions?

Coverage and enrollment:

Contact SEGIP at **651-355-0100**

Call Ochs at **651-665-3789** or **1-800-392-7295**

Visit [LifeBenefits.com/plandesign/statemn](http://LifeBenefits.com/plandesign/statemn)

Ochs administers life and AD&D products on behalf of the issuing insurance company.

## Beneficiaries:

Visit [LifeBenefits.com](http://LifeBenefits.com) to review or change your beneficiary for life and AD&D insurance.

Your user ID is the letters SOM followed by your eight-digit employee ID.

Your initial password is your eight-digit date of birth followed by the last four digits of your Social Security number.

If you have previously logged in, you chose a new password. For technical assistance, call **1-866-293-6047**.



## Frequently asked questions

Q. What is term life and AD&D insurance?

A. Group term life insurance provides a cost-effective way to prepare for the unexpected by adding an extra level of protection during your working years. Your loved ones may benefit from life insurance to cover medical bills, funeral costs and estate management expenses. It can also be a critical resource in helping with your family's ongoing expenses.

Accidental death and dismemberment (AD&D) insurance provides additional financial protection in the event that a covered accident results in an insured person's loss of life, hearing, sight, paralysis and more, whether the accident occurs at work or elsewhere.

Q. Do I have to answer health questions?

A. Enrolling for coverage other than what is outlined on page one will require that you answer three questions about your health history, along with height and weight. Based on your answers, it will be determined whether anything further is needed to make a decision to approve or decline the application. If by any chance your application is not approved, you will still get any coverage that didn't require the health questions and it will not affect any coverage you already have.

Q. What happens when I retire?

A. If you or your spouse participate in the optional term life insurance program for the five consecutive years before reaching age 65, or the year you retire (whichever is later), you'll receive a no-cost permanent death benefit. This benefit comes at no cost to you or your spouse and is an amount equal to 15 percent of the smallest amount of optional term life insurance coverage carried during that five-year period.

Q. What if I retire early?

A. You can still participate in this benefit by continuing to pay the optional term life premiums at the same group rates until age 65 and/or your spouse reaches age 65. In order to qualify for the no-cost permanent life benefit, early retirees and their insured spouses must continue their premium payments to age 65.

## Additional features

Beyond paying for a benefit in the event of your death, your group life insurance has other important features:

- Early benefit payments if diagnosed as terminally ill – if an insured person becomes terminally ill with a life expectancy of 12 months or less, he/she may request early payment of up to 100 percent of the life insurance amount.
- No premiums if you become disabled – if you become totally disabled before age 70, life insurance premiums may be waived.

## Take your coverage with you

MN Continuation Law- If coverage is lost due to resignation, termination of employment, layoff or loss of eligibility due to reduction in hours, you may continue this insurance at the group rate until the earlier of 18 months or when insured under another group policy.

Conversion rights- After your group eligibility ends, you may apply within 31 days to convert this coverage to an individual insurance policy without having to answer health questions.

Premiums may be higher than those paid by active employees.

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life Insurance Company to State of Minnesota. 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. All elections or increases are subject to the actively-at-work requirement of the policy.

Products are offered under policy form series 03-30522 Rev 1-2006 and MHC-96-13240 Rev 1-2006.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company is a subsidiary of Securian Financial Group, Inc.



INSURANCE  
INVESTMENTS  
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[lifebenefits.com](http://lifebenefits.com)

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# Automatic access to Lifestyle Benefits

Your employer's group insurance programs help protect your financial wellness. And you and your family can rely on a suite of additional tools, support, guidance and services to help make life a little easier.



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**Legal, financial and  
grief resources**

from LifeWorks by  
Morneau Shepell



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**Travel assistance**

from RedpointWTP LLC



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**Legacy planning  
resources**

from Securian Financial



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**Beneficiary financial  
coaching**

from Pricewaterhouse-  
Coopers LLP

There is no additional fee or enrollment for these resources. Just access the services you need, whenever you need them. Lifestyle Benefits are automatically available to active U.S. employees insured with Securian Financial. Your spouse and insurance-eligible children can also use these resources, even if they're not covered under the insurance program.



## Legal, financial and grief resources

Access professional services for a variety of needs - from legal matters and financial situations to coping with loss - through comprehensive web and mobile resources, as well as consultations.

- **Legal:** Includes resources such as will prep templates - and a free, 30-minute consultation per issue, by phone or in an attorney's office (additional services available at 25 percent discount).
- **Financial:** Includes telephone consults or 45-minute counseling session per issue on many topics - from budget analysis to tax planning. Includes online access to a financial fitness assessment.
- **Grief support:** Access master's-level consultants by phone for any stage of grief and referrals for loss support.

### How to access:

[LifeBenefits.com/Lfg](https://LifeBenefits.com/Lfg)

username: lfg  
password: resources

**1-877-849-6034**



## Travel assistance

24/7 online, pre-trip resources and support for emergency travel assistance and other services when traveling 50+ miles from home.

- **Pre-trip planning and trip support:** Get passport, visa, immunization and currency conversion info.
- **Medical evacuation services:** Pre-hospital/rental vehicle assistance, transport to nearest appropriate medical facility once hospitalized, mortal remains repatriation, return of dependent children/pets, family member visitation, and travel companion transport.
- **Security evacuation services:** Transfer to nearest safe area, ID theft support and assistance replacing lost/stolen luggage.

### How to access:

[LifeBenefits.com/travel](https://LifeBenefits.com/travel)

U.S./Canada:

**1-855-516-5433**

All other locations:

**1-415-484-4677**

Before traveling, call Redpoint to learn more and add this contact info into your phone..



## Legacy planning resources

Access a variety of online information/resources, including end-of-life and funeral planning, final arrangements, important directives and survivor assistance. After a claim is started, these additional services are available to beneficiaries by phone.

- **Funeral concierge:** Allows for coverage verification and direct payment to a funeral home so services can be provided before insurance payment is made.
- **Express Assignment™:** Same-day funeral home assignment service reduces concern about paying funeral expenses by working with the funeral home or lending agency.

### How to access:

[securian.com/legacy](https://securian.com/legacy)



## Beneficiary financial coaching

Independent, objective and free financial coaching program for beneficiaries includes:

- **Dedicated financial coaching:** Available monthly via phone for help with financial decisions during first 6 months after claim is paid. Includes coaching the following 6 months, as needed.
- **Access to PwC Envision™:** 12 months of mobile-enabled web application with budgeting, planning tools and content.
- **Financial fitness assessment:** Personalized wellness report outlines key action items to discuss with a financial coach.
- **Survivor guide workbooks:** Help make financial and legal decisions less overwhelming.

### How to access:

Beneficiaries receiving \$25,000 or more will be invited to take advantage of this program when the life insurance claim is paid. Telephone financial guidance provided to beneficiaries receiving \$100,000+.



INSURANCE  
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[securian.com](https://securian.com)

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Securian Financial is the marketing name for Securian Financial Group, Inc., and its affiliates. Minnesota Life Insurance Company and Securian Life Insurance Company are affiliates of Securian Financial Group, Inc.



# GROUP VOLUNTARY SHORT-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



Just over 1 in 4 of today's  
20 year-olds will become  
disabled before they  
retire (age 67).<sup>1</sup>

## THE STATE OF MINNESOTA

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.

## COVERAGE INFORMATION

BENEFIT AMOUNT	MAXIMUM	MINIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
You may choose your benefit in increments of \$100 per month.	The plan maximum is \$5,000 per month. The maximum benefit you can elect cannot exceed 66.67% of your gross monthly salary.	The minimum benefit amount you can enroll for is \$300 per month.	On the 8th day of Disability	On the 1st day of Disability	26 weeks

## PREMIUMS

See the Premium Worksheet.<sup>2</sup>

The cost of your coverage depends on the Maximum Monthly Benefit amount you select. You may choose any benefit amount shown in the Premium Worksheet up to the Maximum Monthly Benefit amount that corresponds with your monthly salary. All requests to increase short-term disability coverage levels after your initial enrollment opportunity will require evidence of insurability and The Hartford's approval.

To determine what your monthly salary:

$$\frac{\text{Hourly Rate of Pay}}{\text{Hours per Pay Period}} \times \text{X 26 pay periods} \div \text{by 12 months} = \frac{\text{Gross Monthly Salary}}{\text{Gross Monthly Salary}}$$

$$\frac{\text{Bi-Weekly (Gross) Salary}}{\text{Bi-Weekly (Gross) Salary}} \times \text{X 26 pay periods} \div \text{by 12 months} = \frac{\text{Gross Monthly Salary}}{\text{Gross Monthly Salary}}$$

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active employee eligible for insurance as determined by the State of Minnesota. This includes elected and appointed public officials but excludes employees who are eligible for coverage under the Manager's Income Protection Plan.

### AM I GUARANTEED COVERAGE?

If this is the first time you are eligible to elect coverage, evidence of insurability is not required. If you did not elect coverage during your initial enrollment opportunity, evidence of insurability is required to elect coverage or elect an increase in coverage level.

### HOW DO I PAY FOR THIS INSURANCE?

Premium will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll within 35 days of the first day of employment, reinstatement, or re-hire. Employees who become insurance eligible must enroll within 30 days of becoming eligible.

If you do not enroll during your initial enrollment opportunity, you may apply for coverage or apply to increase your coverage level at any time with evidence of insurability.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate. Your coverage will start on the 30th day following the day you are employed, reemployed or your employment is reinstated; or on the January 1 of the next plan year if you enroll during an Annual Enrollment Period.

You must be actively at work with your employer on the day your coverage takes effect.

### WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

### WHAT DOES IT MEAN TO BE DISABLED?

You must be Totally Disabled for benefits to begin. Total Disability means you are unable to perform the essential duties of your occupation due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy, and as a result, you are earning 20% or less of your pre-disability weekly earnings.

If you return to work on a part-time or limited duty basis after benefits have commenced for Total Disability, you may be Disabled and Working. Disabled and Working means you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but no more than 80% of your pre-disability weekly earnings.

Pre-disability earnings are defined in your policy.

### HOW ARE THE BENEFIT PAYMENTS CALCULATED?

The benefit paid depends on the Maximum Monthly Benefit amount you elected at enrollment. You will elect a monthly benefit amount, but short-term disability benefits are paid weekly. The weekly benefit amount is determined by multiplying your monthly benefit amount by 12 months and then dividing that amount by 52 weeks. The daily benefit is determined by dividing the weekly amount by 7 days.

Disabled and Working Benefits (partial disability benefits) are paid weekly and equal 80% of your pre-disability earnings minus your weekly earnings while partially disabled, including sick pay. The Disabled and Working benefit cannot exceed the Maximum Monthly Benefit amount for which you are enrolled.

<sup>1</sup>U.S. Social Security Administration Fact Sheet, Web, 14 October 2020 <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>

<sup>2</sup>Rates and/or benefits may be changed on class basis.

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## LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained on the Minnesota Management & Budget/SEGIP website.

### GROUP SHORT TERM DISABILITY INSURANCE

#### GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
  - War or act of war (declared or not)
  - The commission of, or attempt to commit a felony
  - An intentionally self-inflicted injury
  - Your being engaged in an illegal occupation
  - Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
  - Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment

#### THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

5962e NS-5/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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## PREMIUM WORKSHEET



Rates and/or benefits may be changed on a class basis.

Employee's Monthly Salary	Maximum Monthly Benefit	Semi-monthly Cost	Monthly Cost
\$450	\$300	\$2.19	\$4.38
\$600	\$400	\$2.92	\$5.84
\$750	\$500	\$3.65	\$7.30
\$900	\$600	\$4.38	\$8.76
\$1,050	\$700	\$5.11	\$10.22
\$1,200	\$800	\$5.84	\$11.68
\$1,350	\$900	\$6.57	\$13.14
\$1,500	\$1,000	\$7.30	\$14.60
\$1,650	\$1,100	\$8.03	\$16.06
\$1,800	\$1,200	\$8.76	\$17.52
\$1,950	\$1,300	\$9.49	\$18.98
\$2,100	\$1,400	\$10.22	\$20.44
\$2,250	\$1,500	\$10.95	\$21.90
\$2,400	\$1,600	\$11.68	\$23.36
\$2,550	\$1,700	\$12.41	\$24.82
\$2,700	\$1,800	\$13.14	\$26.28
\$2,850	\$1,900	\$13.87	\$27.74
\$3,000	\$2,000	\$14.60	\$29.20
\$3,150	\$2,100	\$15.33	\$30.66
\$3,300	\$2,200	\$16.06	\$32.12
\$3,450	\$2,300	\$16.79	\$33.58
\$3,600	\$2,400	\$17.52	\$35.04
\$3,750	\$2,500	\$18.25	\$36.50
\$3,900	\$2,600	\$18.98	\$37.96
\$4,050	\$2,700	\$19.71	\$39.42
\$4,200	\$2,800	\$20.44	\$40.88
\$4,350	\$2,900	\$21.17	\$42.34
\$4,500	\$3,000	\$21.90	\$43.80
\$4,650	\$3,100	\$22.63	\$45.26
\$4,800	\$3,200	\$23.36	\$46.72
\$4,950	\$3,300	\$24.09	\$48.18
\$5,100	\$3,400	\$24.82	\$49.64
\$5,250	\$3,500	\$25.55	\$51.10
\$5,400	\$3,600	\$26.28	\$52.56
\$5,550	\$3,700	\$27.01	\$54.02
\$5,700	\$3,800	\$27.74	\$55.48
\$5,850	\$3,900	\$28.47	\$56.94
\$6,000	\$4,000	\$29.20	\$58.40
\$6,150	\$4,100	\$29.93	\$59.86
\$6,300	\$4,200	\$30.66	\$61.32
\$6,450	\$4,300	\$31.39	\$62.78

Employee's Monthly Salary	Maximum Monthly Benefit	Semi-monthly Cost	Monthly Cost
\$6,600	\$4,400	\$32.12	\$64.24
\$6,750	\$4,500	\$32.85	\$65.70
\$6,900	\$4,600	\$33.58	\$67.16
\$7,050	\$4,700	\$34.31	\$68.62
\$7,200	\$4,800	\$35.04	\$70.08
\$7,350	\$4,900	\$35.77	\$71.54
\$7,500	\$5,000	\$36.50	\$73.00

5962e NS 07/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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# GROUP VOLUNTARY LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



More than 1 in 4 adults in the U.S. has some type of disability.<sup>1</sup>

## STATE OF MINNESOTA

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.

## COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION																		
<p>You may choose any benefit option shown up to the Maximum Monthly Benefit amount based on your annual earnings. Benefit options are in increments of \$50 from \$300 up to \$1,000, then in increments of \$100 up to \$7,000.</p> <p>See the Premium Worksheet table for benefit options, Maximum Monthly Benefits and Maximum Monthly Amount Allowed From All Sources.</p>	<p>The plan maximum is \$7,000 per month.</p>	<p>The greater of \$300 or 15% of the benefit</p>	<p>After 180 days disabled</p>	<p>As long as you are disabled, Benefit duration maximum:</p> <table><tr><td>Age When Disabled:</td><td>Benefits Payable</td></tr><tr><td>Prior to Age 63</td><td>The greater of your Social Security Normal Retirement Age or 48 months</td></tr><tr><td>Age 63</td><td>42 months</td></tr><tr><td>Age 64</td><td>36 months</td></tr><tr><td>Age 65</td><td>30 months</td></tr><tr><td>Age 66</td><td>27 months</td></tr><tr><td>Age 67</td><td>24 months</td></tr><tr><td>Age 68</td><td>21 months</td></tr><tr><td>Age 69 and over</td><td>18 months</td></tr></table>	Age When Disabled:	Benefits Payable	Prior to Age 63	The greater of your Social Security Normal Retirement Age or 48 months	Age 63	42 months	Age 64	36 months	Age 65	30 months	Age 66	27 months	Age 67	24 months	Age 68	21 months	Age 69 and over	18 months
Age When Disabled:	Benefits Payable																					
Prior to Age 63	The greater of your Social Security Normal Retirement Age or 48 months																					
Age 63	42 months																					
Age 64	36 months																					
Age 65	30 months																					
Age 66	27 months																					
Age 67	24 months																					
Age 68	21 months																					
Age 69 and over	18 months																					

## PREMIUMS

See the Premium Worksheet.<sup>2</sup>

To determine the maximum amount for which you are eligible, locate your salary range in the first column and cross over to the 3rd column. You may enroll for any amount of coverage as shown up to that maximum amount. The 4th column also shows you what your minimum benefit would be for that particular coverage level. Before you enroll, make sure you understand how benefits are calculated.

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active employee as determined by the State of Minnesota who works at least 40 hours per week on a regularly scheduled basis. This includes elected and appointed public officials but excludes employees who are eligible for coverage under the Manager's Income Protection Plan.

### **AM I GUARANTEED COVERAGE?**

If this is the first time you are eligible to elect coverage, evidence of insurability is not required. If you are electing coverage or increasing coverage during the Annual Enrollment Period, evidence of insurability is not required.

This coverage is subject to a pre-existing condition exclusion. Please refer to the Limitations & Exclusions sheet provided with this benefit highlight sheet for more information on limitations and exclusions, such as pre-existing conditions.

### **HOW DO I PAY FOR THIS INSURANCE?**

Premium will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### **WHEN CAN I ENROLL?**

You may enroll within 30 days following the day you are employed, reemployed or your employment is reinstated or you may enroll or increase coverage during the Annual Enrollment Period.

### **WHEN DOES THIS INSURANCE BEGIN?**

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate. Your coverage will start on the 30<sup>th</sup> day following the day you are employed, reemployed or your employment is reinstated; or on the January 1 of the next plan year if you enroll during an Annual Enrollment Period.

You must be actively at work with your employer on the day your coverage takes effect.

### **WHEN DOES THIS INSURANCE END?**

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

### **WHAT DOES IT MEAN TO BE DISABLED?**

Total Disability means that during the elimination period and for the next 24 months, you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance. After that period, you must be prevented from performing one or more of the essential duties of any occupation for which you are qualified by education, training or experience and has earnings potential greater than the maximum monthly amount from all sources.

Pre-disability earnings are defined in your policy.

<sup>1</sup>Center for Disease Control and Prevention "Disability Impacts All of Us," September 2020: <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>, as viewed on 10/14/2020.

<sup>2</sup>Rates and/or benefits may be changed on a class basis.

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The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

# **LIMITATIONS & EXCLUSIONS**



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## **GROUP LONG TERM DISABILITY INSURANCE**

### **GENERAL EXCLUSIONS**

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
  - War or act of war (declared or not)
  - The commission of, or attempt to commit a felony
  - An intentionally self-inflicted injury
  - Your being engaged in an illegal occupation

### **PRE-EXISTING CONDITIONS**

- Your insurance excludes the benefits you can receive for pre-existing conditions. A pre-existing condition means any accidental bodily injury, sickness, mental illness, pregnancy, or episode of substance abuse for which you received medical care during the 365-day period before your effective date of coverage, or the effective date of a change in coverage. Any manifestations, symptoms, findings or aggravations related to or resulting from the same disability are considered to be the same disability for purposes of determining a pre-existing condition. You will be covered for a disability due to that condition only if:
  - You have not received treatment for your condition for 365 days before the effective date of your insurance, or the effective date of an increase in coverage, or
  - You have been insured under this coverage for 730 days prior to your disability commencing, so you can receive benefits even if you're receiving treatment.
- Medical care is received when a physician or other health care provider is consulted or gives medical advice, or recommends, prescribes or provides treatment. Treatment includes, but is not limited to medical examinations, tests, attendance or observation, as well as the use of drugs, medicines, medical services, supplies or equipment.
- If you elect to increase your monthly benefit amount during any of the State's annual open enrollment periods, that incremental amount of increase will be subject to the full pre-existing condition limitation.

These examples are for purposes of illustrating the effect of this exclusion and is not intended to reflect the situation of a particular claimant under the Policy:

Example 1) Jane was treated for kidney stones 6 months before she enrolls for coverage. Because she received treatment during the 365 day period prior to her effective date of her coverage, Jane will not have coverage for problems related to her kidney stones until she has been continuously covered under the plan for 730 days (2 years). However, she is covered for disabilities unrelated to kidney stones during that 730 day period. Any disability related to kidney stones that begins after 730 days of being continuously insured would be covered.

Example 2) Bob was treated for an ulcer 1-1/2 years before he enrolls for coverage. Any disability related to his ulcer condition would not be excluded because he has not received treatment for his ulcers during the 365 day period prior to his effective date of coverage.

### **OFFSETS**

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
  - Social Security disability insurance (please see next section for exceptions)
  - Workers' compensation
  - Plan or arrangement of coverage, whether insured or not, as a result of employment by or association with your employer, including vacation pay, vacation donation, sick pay, or which is a result of membership in or association with any group, association, union or other organization.
  - Individual insurance policy where the premium is wholly or partially paid by the employer
  - Unemployment benefits
  - Settlements or judgments for income loss
  - Retirement benefits that your employer fully or partially pays for (such as a pension plan), unless you immediately transfer the payment to another plan qualified by the U.S. Internal Revenue Service for the funding of a future retirement: (The portion, if any, of such retirement benefit that was funded by your after-tax contributions will not be included.)
  - Retirement benefits you or your family receive from Social Security or similar plans
  - Disability benefits under the employer's retirement plan, such as the Minnesota State Retirement System (MSRS)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
  - Retirement benefits if you were already receiving them before you became disabled
  - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
  - Most personal disability policies
  - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

#### Example 1

Assumptions - Annual Salary:	\$32,000
Corresponding Maximum Monthly Amount From all Sources:	\$1,600
Amount of benefit employee has elected at enrollment:	\$1,000 (a)
Income from other sources (such as MSRS):	\$1,000
<b>To calculate benefit payment:</b>	
Maximum Monthly Benefit From all Sources:	\$1,600
Subtract income from other sources:	\$1,000
Difference:	= \$600 (b)
Your monthly LTD benefit is the lesser of (a) or (b):	\$600

#### Example 2

Assumptions - Annual Salary:	\$43,000
Corresponding Maximum Monthly Amount From all Sources:	\$2,200
Amount of benefit employee has elected at enrollment:	\$600 (a)
Income from other sources (such as MSRS):	\$1,000
<b>To calculate benefit payment:</b>	
Maximum Monthly Benefit From all Sources:	\$2,200
Subtract income from other sources:	\$1,000
Difference:	= \$1,200 (b)
Your monthly LTD benefit is the lesser of (a) or (b):	\$600

#### THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

5962d NS 05/21. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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# PREMIUM WORKSHEET



Rates and/or benefits may be changed on a class basis.

Your Gross Annual Salary	Maximum Monthly Amount Allowed From All Sources	Choose Maximum Monthly Benefit Amount	Minimum Monthly Benefit Amount Payable	Semi-Monthly Cost	Monthly Cost
\$6,001 - \$6,500	\$300	\$300	\$300	\$0.81	\$1.62
\$6,501 - \$7,000	\$350	\$350	\$300	\$0.95	\$1.89
\$7,001 - \$8,000	\$400	\$400	\$300	\$1.08	\$2.16
\$8,001 - \$9,000	\$450	\$450	\$300	\$1.22	\$2.43
\$9,001 - \$10,000	\$500	\$500	\$300	\$1.35	\$2.70
\$10,001 - \$11,000	\$550	\$550	\$300	\$1.49	\$2.97
\$11,001 - \$12,000	\$600	\$600	\$300	\$1.62	\$3.24
\$12,001 - \$12,500	\$650	\$650	\$300	\$1.76	\$3.51
\$12,501 - \$13,000	\$700	\$700	\$300	\$1.89	\$3.78
\$13,001 - \$14,000	\$750	\$750	\$300	\$2.03	\$4.05
\$14,001 - \$15,000	\$800	\$800	\$300	\$2.16	\$4.32
\$15,001 - \$16,000	\$850	\$850	\$300	\$2.30	\$4.59
\$16,001 - \$18,000	\$900	\$900	\$300	\$2.43	\$4.86
\$18,001 - \$19,000	\$950	\$950	\$300	\$2.57	\$5.13
\$19,001 - \$20,000	\$1,000	\$1,000	\$300	\$2.70	\$5.40
\$20,001 - \$22,000	\$1,100	\$1,100	\$300	\$2.97	\$5.94
\$22,001 - \$24,000	\$1,200	\$1,200	\$300	\$3.24	\$6.48
\$24,001 - \$26,000	\$1,300	\$1,300	\$300	\$3.51	\$7.02
\$26,001 - \$28,000	\$1,400	\$1,400	\$300	\$3.78	\$7.56
\$28,001 - \$30,000	\$1,500	\$1,500	\$300	\$4.05	\$8.10
\$30,001 - \$32,000	\$1,600	\$1,600	\$300	\$4.32	\$8.64
\$32,001 - \$34,000	\$1,700	\$1,700	\$300	\$4.59	\$9.18
\$34,001 - \$36,000	\$1,800	\$1,800	\$300	\$4.86	\$9.72
\$36,001 - \$38,000	\$1,900	\$1,900	\$300	\$5.13	\$10.26
\$38,001 - \$40,000	\$2,000	\$2,000	\$300	\$5.40	\$10.80
\$40,001 - \$42,000	\$2,100	\$2,100	\$315	\$5.67	\$11.34
\$42,001 - \$44,000	\$2,200	\$2,200	\$330	\$5.94	\$11.88
\$44,001 - \$46,000	\$2,300	\$2,300	\$345	\$6.21	\$12.42
\$46,001 - \$48,000	\$2,400	\$2,400	\$360	\$6.48	\$12.96
\$48,001 - \$50,000	\$2,500	\$2,500	\$375	\$6.75	\$13.50
\$50,001 - \$52,000	\$2,600	\$2,600	\$390	\$7.02	\$14.04
\$52,001 - \$54,000	\$2,700	\$2,700	\$405	\$7.29	\$14.58
\$54,001 - \$56,000	\$2,800	\$2,800	\$420	\$7.56	\$15.12
\$56,001 - \$58,000	\$2,900	\$2,900	\$435	\$7.83	\$15.66
\$58,001 - \$60,000	\$3,000	\$3,000	\$450	\$8.10	\$16.20
\$60,001 - \$61,000	\$3,100	\$3,100	\$465	\$8.37	\$16.74
\$61,001 - \$62,000	\$3,200	\$3,200	\$480	\$8.64	\$17.28



<b>Your Gross Annual Salary</b>	<b>Maximum Monthly Amount Allowed From All Sources</b>	<b>Choose Maximum Monthly Benefit Amount</b>	<b>Minimum Monthly Benefit Amount Payable</b>	<b>Semi-Monthly Cost</b>	<b>Monthly Cost</b>
\$62,001 - \$63,000	\$3,300	\$3,300	\$495	\$8.91	\$17.82
\$63,001 - \$64,000	\$3,400	\$3,400	\$510	\$9.18	\$18.36
\$64,001 - \$65,000	\$3,500	\$3,500	\$525	\$9.45	\$18.90
\$65,001 - \$67,000	\$3,600	\$3,600	\$540	\$9.72	\$19.44
\$67,001 - \$69,000	\$3,700	\$3,700	\$555	\$9.99	\$19.98
\$69,001 - \$71,500	\$3,800	\$3,800	\$570	\$10.26	\$20.52
\$71,501 - \$73,000	\$3,900	\$3,900	\$585	\$10.53	\$21.06
\$73,001 - \$75,000	\$4,000	\$4,000	\$600	\$10.80	\$21.60
\$75,001 - \$77,000	\$4,100	\$4,100	\$615	\$11.07	\$22.14
\$77,001 - \$79,000	\$4,200	\$4,200	\$630	\$11.34	\$22.68
\$79,001 - \$81,000	\$4,300	\$4,300	\$645	\$11.61	\$23.22
\$81,001 - \$83,000	\$4,400	\$4,400	\$660	\$11.88	\$23.76
\$83,001 - \$85,000	\$4,500	\$4,500	\$675	\$12.15	\$24.30
\$85,001 - \$87,000	\$4,600	\$4,600	\$690	\$12.42	\$24.84
\$87,001 - \$89,000	\$4,700	\$4,700	\$705	\$12.69	\$25.38
\$89,001 - \$91,000	\$4,800	\$4,800	\$720	\$12.96	\$25.92
\$91,001 - \$93,000	\$4,900	\$4,900	\$735	\$13.23	\$26.46
\$93,001 - \$96,000	\$5,000	\$5,000	\$750	\$13.50	\$27.00
\$96,001 - \$98,000	\$5,100	\$5,100	\$765	\$13.77	\$27.54
\$98,001 - \$100,000	\$5,200	\$5,200	\$780	\$14.04	\$28.08
\$100,001 - \$102,000	\$5,300	\$5,300	\$795	\$14.31	\$28.62
\$102,001 - \$104,000	\$5,400	\$5,400	\$810	\$14.58	\$29.16
\$104,001 - \$106,000	\$5,500	\$5,500	\$825	\$14.85	\$29.70
\$106,001 - \$108,000	\$5,600	\$5,600	\$840	\$15.12	\$30.24
\$108,001 - \$110,000	\$5,700	\$5,700	\$855	\$15.39	\$30.78
\$110,001 - \$112,000	\$5,800	\$5,800	\$870	\$15.66	\$31.32
\$112,001 - \$114,000	\$5,900	\$5,900	\$885	\$15.93	\$31.86
\$114,001 - \$116,000	\$6,000	\$6,000	\$900	\$16.20	\$32.40
\$116,001 - \$118,000	\$6,100	\$6,100	\$915	\$16.47	\$32.94
\$118,001 - \$120,000	\$6,200	\$6,200	\$930	\$16.74	\$33.48
\$120,001 - \$122,000	\$6,300	\$6,300	\$945	\$17.01	\$34.02
\$122,001 - \$124,000	\$6,400	\$6,400	\$960	\$17.28	\$34.56
\$124,001 - \$126,000	\$6,500	\$6,500	\$975	\$17.55	\$35.10
\$126,001 - \$128,000	\$6,600	\$6,600	\$990	\$17.82	\$35.64
\$128,001 - \$130,000	\$6,700	\$6,700	\$1,005	\$18.09	\$36.18
\$130,001 - \$132,000	\$6,800	\$6,800	\$1,020	\$18.36	\$36.72
\$132,001 - \$133,500	\$6,900	\$6,900	\$1,035	\$18.63	\$37.26
\$133,501 - \$135,500	\$7,000	\$7,000	\$1,050	\$18.90	\$37.80

5962e NS 07/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

#### The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2020 The Hartford.

## Optional Insurance Application

**Information:** Refer to the **Your Employee Benefits** booklet at [mn.gov/mmb/segip](http://mn.gov/mmb/segip) for the amount of optional coverage you may elect. The carrier will contact you if evidence of insurability is required. SEGIP will complete your enrollment when we are notified of your acceptance. Long Term Disability may be elected or increased upon initial eligibility or during the annual Open Enrollment. You may decrease or cancel optional coverages anytime.

If both you and your spouse are separately eligible for the full employer contribution through respective employers, then you may not purchase Spouse Life insurance or Accidental Death & Dismemberment insurance coverage for each other. You may only both participate in life insurance coverage as employees. Child Life insurance may only be purchased by one SEGIP participant.

<b>Employee Information – All Information is required</b>			
Name (Last, First, Middle Initial)	SSN    XXX-XX-	Employee ID #	
Address	Phone: Work	Home	
City, State, Zip code	Birthdate (mm/dd/yyyy)		
Email	Gender	male	female

Employee Optional Insurance	Current Coverage	+/- Amount of coverage	New total
Additional Life			
Accidental Death & Dismemberment			
Short Term Disability			
Long Term Disability			

<b>Spouse Information – Complete ONLY if applying for or increasing Spouse Optional Insurance.</b>			
Name (Last, First, Middle Initial)	Birthdate (mm/dd/yyyy)		
	Gender	male	female
SSN	Date of Marriage (mm/dd/yyyy)		

Spouse Optional Insurance	Current Coverage	+/- Amount of coverage	New total
Spouse Life			
Accidental Death & Dismemberment			

<b>Child Life:</b>	Cancel	Enroll	Name	DOB
One Child Life Insurance policy of \$10,000 covers all insurance eligible children.				

## Employee Authorization

I understand that I must immediately notify SEGIP if my spouse's or dependent's eligibility status changes. I understand that my spouse/dependents are only eligible for coverage according to the eligibility rules defined in the SEGIP Summary of Benefits and/or the applicable union contract or compensation plan. I understand that attempting to enroll or enrolling an ineligible dependent may result in me being liable for all claims paid by the Plan on behalf of an ineligible dependent and that I may be subject to employment discipline, including discharge, as well as criminal penalties. If paid through the State of Minnesota central payroll system, I authorize payroll deductions for my share of the premiums on a before-tax basis.

Employee signature

Today's Date (mm/dd/yyyy)

**Submit your form to SEGIP: Secure fax 651-296-5445; Mail MMB/SEGIP, 400 Centennial Building, 658 Cedar Street, Saint Paul, MN 55155; Scan and email (secure only when sent from a @state.mn.us account) [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us).**

**Questions? Call us at 651-355-0100**

## Notice of Collection of Private Data

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why SEGIP is requesting data about you, how we will use it, who will see it, and your obligation to provide it.

### What data will we use?

We will use the data you provide us at this time, as well as data previously provided us, about yourself and your spouse and dependent(s). If you provide any data about you or your dependents that is not necessary, we will not use it for any purpose.

### Why do we ask you for this data?

We ask for this data so that we can successfully administer employee benefits, develop new programs, and to determine if existing programs are properly managed and meet member needs, and to comply with federal and state laws and rules. This data is used to process your request to add, waive, drop, or change coverage for yourself and your spouse and dependents. The requested data helps us to determine eligibility, to identify you, and to contact you, your spouse, and dependents.

### What will happen if you do not answer the questions we ask?

You are not required to provide the data requested. If you do not answer these questions, the insurance benefit transaction you requested for you, your spouse, dependent, or other insurance benefit transaction may be delayed or denied.

### Who else may see this data about you and your spouse and dependents?

We may give data about you, your spouse and dependents to your insurance carrier, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. The parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

### How else may this data be used?

We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

February 2018