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 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 Insurance 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

OPTIONAL LIFE INSURANCE

- Employee Elect up to 2x your annual salary
- Spouse Elect \$5,000 or \$10,000
- Child Elect \$10,000 (live birth to age 26)

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

- Employee Elect up to \$200,000
- Spouse Elect up to \$25,000 (not to exceed employee's coverage amount)

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.

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

State of Minnesota employees can apply for Optional Term Life at any time during the year! Monthly premium cost for up to \$500,000 can be found on the rate grid.

YOUR PLAN IS UNIQUE BECAUSE

- Employees can enroll their spouse, even if they do not have Optional Life coverage themselves (exception - if your spouse is an employee, you cannot elect Optional Life coverage for them)
- Spouse Life amounts can be greater than employee Life amounts
- Employee and spouse elections include a matching Accidental Death & Dismemberment benefit
- Child Life is available during annual enrollment without evidence of insurability



HOW TO APPLY

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



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



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



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.

HAVE QUESTIONS? WANT MORE INFORMATION?



www.ochsinc.com/stmn



ochs@ochsinc.com



651-665-3789

1-800-392-7295

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

			· .		.ioiiai io						
Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Coverage		1								-	
\$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	121.86	201.50	325.50	527.00
	9.60	12.40	14.72	16.00	27.52	49.92		129.92	208.00	336.00	544.00
\$320,000 \$330,000	9.00	13.20		16.50		51.48	78.72	133.98	214.50	346.50	561.00
·	10.20	13.60	15.18 15.64	17.00	28.38	53.04	81.18 83.64	138.04	221.00	357.00	
\$340,000 \$350,000	10.20	14.00	16.10					142.10	227.50	367.50	578.00 595.00
·				17.50	30.10	54.60	86.10			378.00	
\$360,000 \$370,000	10.80 11.10	14.40 14.80	16.56 17.02	18.00 18.50	30.96 31.82	56.16 57.72	88.56 91.02	146.16 150.22	234.00 240.50	388.50	612.00 629.00
·											
\$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

Rev 9-2022 All rates increase with age and are subject to change.

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

Coverage	EMPLOYEES	SPOUSE
Coverage	EMPLOYEES	through age 70*
\$5,000	\$0.08	\$0.08
\$10,000	\$0.15	\$0.15
\$15,000	\$0.23	\$0.23
\$20,000	\$0.30	\$0.30
\$25,000	\$0.38	\$0.38
\$30,000	\$0.45	n/a
\$35,000	\$0.53	n/a
\$40,000	\$0.60	n/a
\$45,000	\$0.68	n/a
\$50,000	\$0.75	n/a
\$55,000	\$0.83	n/a
\$60,000	\$0.90	n/a
\$65,000	\$0.98	n/a
\$70,000	\$1.05	n/a
\$75,000	\$1.13	n/a
\$80,000	\$1.20	n/a
\$85,000	\$1.28	n/a
\$90,000	\$1.35	n/a
\$95,000	\$1.43	n/a
\$100,000	\$1.50	n/a
\$105,000	\$1.58	n/a
\$110,000	\$1.65	n/a
\$115,000	\$1.73	n/a
\$120,000	\$1.80	n/a
\$125,000	\$1.88	n/a
\$130,000	\$1.95	n/a
\$135,000	\$2.03	n/a
\$140,000	\$2.10	n/a
\$145,000	\$2.18	n/a
\$150,000	\$2.25	n/a
\$155,000	\$2.33	n/a
\$160,000	\$2.40	n/a
\$165,000	\$2.48	n/a
\$170,000	\$2.55	n/a
\$175,000	\$2.63	n/a
\$180,000	\$2.70	n/a
\$185,000	\$2.78	n/a
\$190,000	\$2.85	n/a
\$195,000	\$2.93	n/a
\$200,000	\$3.00	n/a

^{*}NOTE: Spouse coverage cannot exceed employee's amount and terminates at age 70.



State of Minnesota Group term life and accidental death and dismemberment (AD&D) insurance

Insurance products issued by:
Minnesota Life Insurance Company



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
- Child: All coverage is guaranteed

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

• Child: All coverage is guaranteed

Health questions never required

• Enrolling for 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

	¢E 000 in orom onto	• Maximum: \$500,000			
Employee optional term life	\$5,000 increments	 Includes matching AD&D benefit 			
Spouse optional term life	\$5,000 increments	• Maximum: \$500,000			
Spoose opnonal term life	\$3,000 increments	 Includes matching AD&D benefit 			
Child optional term life \$10,000 per child		Children are eligible from live birth until age 26			
Employee optional AD&D \$5,000 increments		• Maximum: \$200,000			
		• Maximum: \$25,000			
Spouse optional AD&D	\$5,000 increments	Coverage cannot exceed employee's amount and terminates at age 70			

Semi-monthly cost of coverage

Employee/spouse optional term life and AD&D

Employee/spoose opnond	rieilli ille dila ADAD
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

Voluntary AD&D

Employee + spouse	\$0.08 per \$5,000
-------------------	--------------------

Here's how to calculate your semi-monthly premium:

Semi-monthly premium	\$
X your rate (based on your age)	\$
÷ 5,000	\$
Coverage amount	\$

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

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 <u>LifeBenefits.com/plandesign/statemn</u>. 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

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

Beneficiaries:

Visit <u>LifeBenefits.com</u> 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. If you retire(d) on or after 1-1-204, the benefit is equal to 20 % of the smallest amount of optional term life insurance coverage carried during that five-year period prior to retiring. Retirees prior to 1-1-2024, receive(d) 15 % of the smallest amount of optional term life coverage carried.
- 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.



PREPARE PROTECT

RELIASTAR

ReliaStar Life Insurance Company 20 Washington Avenue South Minneapolis, MN 55401



400 Robert Street North Suite 1880 St. Paul, MN 55101-2025 ochs@ochsinc.com 651-665-3789 1-800-392-7295



Optional Insurance Application

Information: Refer to the **Your Employee Benefits** booklet at 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.

SSN	XXX-XX-				
		Employee	ID#		
Phone	: Work	Но	ome		
Birthd	ate (mm/dd/yyyy)				
Gender		male	female		
rent Coverage	+/- Amount of c	overage	New total		
Spouse Information – Complete ONLY if applying for or increasing Spouse Optional Insurance.					
Birthdate (mm/dd/yyyy) me					
Gender male female			ale		
Date of Marriage (mm/dd/yyyy)					
rent Coverage	+/- Amount of c	overage	New total		
Child Life: Cancel Enroll Name DOB					
r	Birthd Gende ent Coverage ing for or increa Birthd Gende Date of	rent Coverage +/- Amount of company of the coverage of the cov	Birthdate (mm/dd/yyyy) Gender male rent Coverage +/- Amount of coverage ing for or increasing Spouse Optional Insur Birthdate (mm/dd/yyyy) Gender male fem Date of Marriage (mm/dd/yyyy) rent Coverage +/- Amount of coverage		

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.

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