

Group Term Life Policyholder Application



Securian Life Insurance Company
400 Robert Street North, St. Paul, MN 55101-2098

Application is hereby made to Securian Life Insurance Company for a Group Term Life insurance plan providing life insurance and other supplemental benefits as indicated below.

Applicant (policyholder)

 Address (street, city, state, zip)

 Contact name _____ Title _____ Phone number _____
 Email address _____

Plan Design: Please indicate the Group Term Life plan by checking the appropriate boxes below.

Plan Design	Policyholder Paid (Basic)				Employee Paid (Supplemental)		
	Non-Participating	Standard Participating	Participating with Retro Call	Low Remit	Cost Plus	Uni-Nicotine Rates	Nicotine Rates
Group Employee Term Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Accidental Death and Dismemberment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Waiver of Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse Term Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Term Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse Accidental Death and Dismemberment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Accidental Death and Dismemberment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financials:							
Employee Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Supplemental*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AD&D*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Standard is Non-Participating

Will there be any organizations that participate under the group policy? Yes No

Who will administer this plan? Securian Life Policyholder

If the policyholder administers the plan, the policyholder will maintain records (including beneficiary designations, insurance amounts, and name and address changes) and provide Securian Life with monthly information (number of insureds, total amount of insurance, premium rate and total premium) and annual participant data.

Securian Life Agrees To Provide:

1. Life insurance to those who have satisfied the eligibility and any underwriting requirements.
2. Enrollment materials necessary to implement the plan of insurance.
3. All underwriting, claims and actuarial services as necessary.

The Policyholder Agrees To Provide:

1. Employee information to Securian Life to facilitate preparation of enrollment materials and plan set-up if required.
2. Payroll deduction facilities to collect premiums from insured employees, or certificate holders, or from any participating organizations as applicable, accounting for such premiums and remittance of such premiums to Securian Life.
3. Reasonable administrative assistance to Securian Life with regard to notification of insured terminations, changes in payroll deduction authorizations and the distribution of materials to employees.
4. If applicable, provide a completed Participating Organization Exhibit identifying all participating organizations which will participate under the group policy beginning on the effective date of the group policy. The policyholder also agrees to provide Securian Life with an amended Participating Organization Exhibit within 31 days of any change to the list of entities.

FOR THE POLICYHOLDER

Policyholder _____ Employer identification number _____
 Signature _____ Title _____ Date _____
X

FOR SECURIAN LIFE

Agent, broker or representative _____ Agent, broker or representative license _____
 Signature _____ Date _____
X

Securian Financial is the marketing name for Securian Life Insurance Company. Insurance products are issued by Securian Life Insurance Company, a New York authorized insurer.

Access Agreement Overview

In recent years, there has been a global increase in the importance and awareness of information security and privacy issues. Like many companies, Securian Financial (Minnesota Life Insurance Company and Securian Life Insurance Company) is firmly committed to protecting the privacy and security of individual insured/employee information.

LifeBenefitsExtra is a website available to you to help manage your group life insurance plan. Through this website, we are able to share information quickly and easily. Technology, however, presents unique risks to privacy (e.g., keeping passwords secure, canceling passwords for terminating employees, etc.). To help protect the privacy and security of individual insured/employee information, Securian Financial requires clients to execute an Access Agreement in order to access individual insured/employee information via our website, LifeBenefitsExtra.

This position is supported by legal requirements applicable to Securian Financial including the Gramm-Leach-Bliley Act and state insurance regulations which require Securian Financial to respect the privacy of its insureds and to protect the security and confidentiality of their non-public personal information. One of the many ways we meet our legal obligations is to establish written commitments for the protection and privacy of our insureds' nonpublic personal information.

Sample

Group Policy Information Access Agreement



Securian Life Insurance Company Minnesota Life Insurance Company

400 Robert Street North, St. Paul, MN 55101-2098

This Group Policy Information Access Agreement (the "Agreement"), is effective (date) _____, by and between Minnesota Life Insurance Company and/or Securian Life Insurance Company (individually or collectively referred to as "Securian Financial"), and _____ ("Client").

WHEREAS, Securian Financial has issued to Client one or more insurance policies (collectively the "Policy"), as specified on Exhibit A; and

WHEREAS, Client wishes to receive certain information related to the administration of the Policy for distribution to certain of its employees and other individuals (the "Authorized Persons," as further defined below); and

WHEREAS, Securian Financial has agreed to provide such information, subject to the provisions of this Agreement.

NOW THEREFORE, for good and valuable consideration the parties agree as follows:

I. Definitions

- a. Client - Client shall include any and all parents, subsidiaries, affiliates, or subunits of Client.
- b. Authorized Persons - Collectively each director, officer, employee, agent, or third party that has a need to know the Confidential Information as defined herein. An Authorized Person shall cease being an Authorized Person if he or she leaves the employ of Client or otherwise severs his or her relationship with Client.
- c. Confidential Information – shall include all information described in Article II of this Agreement.
- d. Site - an internet site with access restricted to Authorized Persons through which the Confidential Information may be provided.

II. Confidentiality; Authorized Use of Confidential Information

- a. Securian Financial may from time to time disclose to Client information proprietary and secret to Securian Financial and information which is personal and confidential to persons insured under the Policy. Such information, collectively, is "Confidential Information."
- b. Client agrees to safeguard and hold confidential from disclosure to any person, other than an Authorized Person, any and all Confidential Information provided by Securian Financial.
- c. Client shall use the Confidential Information only for a legitimate business use in connection with the administration of the Policy.
- d. Client agrees to store the Confidential Information in a secure manner and to use the same degree of care that it uses to protect its own confidential and proprietary information in order to prevent unauthorized use, disclosure, or availability of Confidential Information.
- e. Securian Financial reserves the right to audit Client for compliance with the security and confidentiality provisions of this Agreement. Any such audit shall be at Securian Financial's expense, upon reasonable written notice and during normal business hours.
- f. Confidential Information subject to this section shall not include information which is or becomes (1) publicly known through no fault of Client; (2) known to Client through independent discovery or from third parties not under an obligation of confidence; (3) required to be disclosed by Client by applicable law, by any court, governmental agency or regulatory authority or by subpoena or discovery request in pending litigation; or (4) independently developed by Client without use of Confidential Information.

III. Client's Duties and Responsibilities Regarding Authorized Persons

- a. Prior to an Authorized Person gaining access to the Site, Client shall provide to Securian Financial, in a format and a manner mutually agreed upon, certain information by which Securian Financial may identify the Authorized Person.
- b. Client agrees to take all reasonable steps to ensure that Authorized Persons sign a "user agreement" electronically when such Authorized Person first accesses the Site.
- c. Client agrees to inform Securian Financial if an Authorized Person ceases to be an Authorized Person for any reason including, but not limited to, termination of or change in employment.

IV. Breach

The parties acknowledge that monetary damages may be inadequate for breach of this Agreement and agree that, in addition to other legal remedies, the parties may seek injunctive relief to enforce the terms of this Agreement.

V. No Warranties

All Confidential Information is provided "as is" without warranty of any kind either express or implied including, but not limited to, the implied warranties of merchantability and fitness for a particular purpose, title, non-infringement, security, or accuracy.

VI. Copyright/Trademarks

The trademarks, logos, and service marks ("Marks") displayed on the Site are the property of Securian Financial and other parties. The use of any Marks without the written permission of Securian Financial or such third party that may own the Marks is prohibited. The Site is protected by copyright as to content, presentation, and design. Authorized Users are prohibited from modifying, copying, distributing, transmitting, displaying, publishing, selling, licensing, creating derivative works, or using any content, presentation, or design on the Site for commercial, for-profit, or public purposes.

VII. Governing Law

This Agreement shall be construed and the rights of the parties governed by the laws of the State of Minnesota.

VIII. Site Ownership

No title or rights to the computer code used to generate the Site, content of the Site, or domain name is transferred to Client by this or any other Agreement.

IX. Term

Either party may terminate this Agreement for any reason upon giving at least a 30-day notice to the other party. Articles II and III shall survive the termination of this Agreement.

X. Miscellaneous

This Agreement will be construed to constitute a separate and distinct Agreement between each Company and the Client. The duties and obligations of each Company under this Agreement are several and not joint and apply only to business issued under its insurance policies referenced in Exhibit A.

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year first written below.

Securian Financial

By: _____
Sign name

Print name

Title

Date

By: _____
Sign name

Print name

Title

Date

Exhibit A

Insurance Policy(ies) Issued to Client

Policy Number

Description of Policy

Sample

RATE CONFIRMATION

1. Policyholder:
2. Policy Number(s):
3. Insurance Product(s):
4. The insurance rates included in this rate confirmation include compensation as outlined in the Compensation Notice & Disclosure Statement.
5. Underwriting company:
6. Rate Coverage Period:

Premium Rates:

Basic Life: \$0.000 / \$1,000 / month

Basic AD&D: \$0.000 / \$1,000 / month

Employee and Spouse Supplemental Term Life:

<u>Age</u>	<u>Rate / \$1,000 / Month</u>
Under 25	\$ 0.000
25-29	\$ 0.000
30-34	\$ 0.000
35-39	\$ 0.000
40-44	\$ 0.000
45-49	\$ 0.000
50-54	\$ 0.000
55-59	\$ 0.000
60-64	\$ 0.000
65-69	\$ 0.000
70-74	\$ 0.000
75+	\$ 0.000

Employee Voluntary AD&D: \$0.000 / \$1,000 / month

Family Voluntary AD&D: \$0.000 / \$1,000 / month

Child Life: \$0.000 / \$1,000 / month

Securian Financial Group

By 
 Susan Munson-Regala

Date _____

Title Vice President and Actuary

ACKNOWLEDGEMENT BY AUTHORIZED REPRESENTATIVE OF POLICYHOLDER

This document confirms that the rates stated above are the agreed upon rates for the specified policy numbers. These rates will be charged for coverage amounts effective during the Rate Coverage Period listed above. Securian reserves the right to adjust the rates at any time in the event of plan design changes, modifications to the definition of eligible employees, or significant demographic changes in the group. We define significant changes to mean a change in the volume within a coverage or across coverages of more than 15%. Actives and retirees are considered independent coverages. The baseline for calculating the total change in volume will be the volume provided in the 202X RFP census.

By _____

Date _____

Title _____

Sample

**SECURIAN LIFE INSURANCE COMPANY
COMPENSATION NOTICE & DISCLOSURE STATEMENT**

1. Policyholder:
2. Policy Number(s):
3. Insurance Product(s):
4. Producer/Intermediary:
5. Compensation will be paid as follows:

First Year:

Renewal Years:

6. The insurance rates and fees offered by Securian Life for the Policy Number(s) listed above contain allowances to cover the cost of the commissions paid to Producer/Intermediary. There will be no additional charge to Policyholder for this compensation beyond the rates and fees agreed to for the Policy Number(s) identified above. Securian Life will not pay any additional compensation to Producer/Intermediary without the prior written authorization of Policyholder.
7. Effective Date of Compensation:

SECURIAN LIFE INSURANCE COMPANY

By _____ Date _____
(Signature)

Title _____

ACKNOWLEDGEMENT BY AUTHORIZED REPRESENTATIVE OF POLICYHOLDER

I acknowledge that I have received and read the Compensation Notice and Disclosure Statement above. This disclosure applies to all participating groups in the plan. I authorize Securian Life to include the Policy Number(s) identified in 2 above in the calculation of sales commissions as described in 5 above. I understand that if Schedule A of Form 5500 is required, all compensation will be reported on this form. I understand that if I have further questions regarding the payment of sales commissions I can call Securian Life at 1-888-826-2645 or e-mail them at groupcompensation@securian.com.

By _____ Date _____
(Signature)

Title _____