

Group Life Insurance Program

Your employer provides benefit eligible employees Term Life and Accidental Death & Dismemberment (AD&D) Insurance through Securian Financial - administered by Ochs.

LIFE and AD&D INSURANCE

Protect yourself and your family from the unexpected loss of life and income during working years. Life Insurance provides a financial benefit to beneficiaries upon death; AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere.

HOW MUCH LIFE INSURANCE DO YOU NEED?


Check out the life insurance calculator at LifeBenefits.com/Insuranceneeds.



Insurance helps cover

- Funeral/burial costs
- Medical bills
- Taxes & living expenses (i.e. mortgage, childcare)

Automatically Enrolled Coverage - employer paid

Employee
Basic Term Life and AD&D  **Amount varies** - depending on job classification* • Includes an AD&D benefit

Elect Supplemental Coverage - employee paid

Employee**
Term Life and AD&D  up to **\$300,000** maximum • Elect in **\$5,000 increments**
• Includes a matching AD&D benefit

Spouse**
Term Life and AD&D  up to **\$150,000** maximum • Elect in **\$5,000 increments**
• Includes a matching AD&D benefit

Child**
Term Life  **\$10,000 or \$15,000** each child • One premium insures all eligible children from live birth to age 26

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible for coverage.

*Coverage reduces beginning at age 70 (see certificate for details).

**Class 9: Council Members are not eligible for this benefit (see certificate for details).

MONTHLY COST
Employee or Spouse
Supplemental Term Life and AD&D
 See rate grid for easy cost calculation.

Age	Rate per \$1,000
<25	\$0.075
25-29	\$0.085
30-34	\$0.105
35-39	\$0.115
40-44	\$0.145
45-49	\$0.235
50-54	\$0.395
55-59	\$0.635
60-64	\$0.775
65-69	\$1.335
70-74	\$2.085
75*	\$2.405

*Rates beyond age 75 are available upon request.
 Rates increase with age and all rates are subject to change.

MONTHLY COST
Child Life

\$10,000	\$15,000
\$1.30	\$1.95

One premium insures all eligible children.

ENROLL NOW

Turn in your completed forms to your employer by the enrollment deadline. Premiums will be automatically deducted from your paycheck.

BENEFICIARY DESIGNATIONS

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your elections periodically.

ADDITIONAL FEATURES

- **Waiver of Premium** - If you become totally and permanently disabled, according to the terms of your certificate, life insurance premiums may be waived.
- **Accelerated Benefit** - If an insured person is diagnosed with a terminal illness, as defined in your certificate, he/she may be eligible to request early payment of the life insurance in force.
- **Continuation** - If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage, if elected during the limited enrollment period. Premiums may be higher than those paid by active employees. Contact your employer or Ochs for information.

NEWLY HIRED EMPLOYEES

A special guaranteed issue opportunity is available for newly hired employees during their initial 31 day enrollment period. No evidence of insurability is required for the following **guaranteed amounts**:

- **Employee** - up to **\$200,000**
- **Spouse** - up to **\$25,000**
- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts.

ANNUAL ENROLLMENT

During your employer's designated annual enrollment period, no evidence of insurability is required for the following **guaranteed amounts**:

- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts and all other elections.

OTHER ENROLLMENT

If your policy or employer allows enrollment outside of their designated enrollment periods, **elections will require evidence of insurability.** *If you experience a family status change, check with your employer within 31 days to confirm guaranteed issue eligibility.*



Contact Ochs

ochs@ochsinc.com
 651-665-3789 or 1-800-392-7295

This is a summary of plan provisions related to the insurance policy underwritten by Minnesota Life Insurance Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates. Minnesota Life is an affiliate of Securian Financial Group, Inc.

Products are offered under policy form series MHC-96-13180.24 Rev 3-2009.

Ochs, Inc.
 A Securian Financial Company
 400 Robert Street N, Ste. 1880, St. Paul, MN 55101



Email: ochs@ochsinc.com
Phone: 651-665-3789 • 1-800-392-7295
Web: ochsinc.com

Employee and Spouse Supplemental Term Life and AD&D Monthly Rates (based on age)

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75*
Rate per \$1,000	\$0.075	\$0.085	\$0.105	\$0.115	\$0.145	\$0.235	\$0.395	\$0.635	\$0.775	\$1.335	\$2.085	\$2.405
Coverage												
\$5,000	0.38	0.43	0.53	0.58	0.73	1.18	1.98	3.18	3.88	6.68	10.43	12.03
\$10,000	0.75	0.85	1.05	1.15	1.45	2.35	3.95	6.35	7.75	13.35	20.85	24.05
\$20,000	1.50	1.70	2.10	2.30	2.90	4.70	7.90	12.70	15.50	26.70	41.70	48.10
\$30,000	2.25	2.55	3.15	3.45	4.35	7.05	11.85	19.05	23.25	40.05	62.55	72.15
\$40,000	3.00	3.40	4.20	4.60	5.80	9.40	15.80	25.40	31.00	53.40	83.40	96.20
\$50,000	3.75	4.25	5.25	5.75	7.25	11.75	19.75	31.75	38.75	66.75	104.25	120.25
\$60,000	4.50	5.10	6.30	6.90	8.70	14.10	23.70	38.10	46.50	80.10	125.10	144.30
\$70,000	5.25	5.95	7.35	8.05	10.15	16.45	27.65	44.45	54.25	93.45	145.95	168.35
\$80,000	6.00	6.80	8.40	9.20	11.60	18.80	31.60	50.80	62.00	106.80	166.80	192.40
\$90,000	6.75	7.65	9.45	10.35	13.05	21.15	35.55	57.15	69.75	120.15	187.65	216.45
\$100,000	7.50	8.50	10.50	11.50	14.50	23.50	39.50	63.50	77.50	133.50	208.50	240.50
\$110,000	8.25	9.35	11.55	12.65	15.95	25.85	43.45	69.85	85.25	146.85	229.35	264.55
\$120,000	9.00	10.20	12.60	13.80	17.40	28.20	47.40	76.20	93.00	160.20	250.20	288.60
\$130,000	9.75	11.05	13.65	14.95	18.85	30.55	51.35	82.55	100.75	173.55	271.05	312.65
\$140,000	10.50	11.90	14.70	16.10	20.30	32.90	55.30	88.90	108.50	186.90	291.90	336.70
\$150,000	11.25	12.75	15.75	17.25	21.75	35.25	59.25	95.25	116.25	200.25	312.75	360.75
\$160,000	12.00	13.60	16.80	18.40	23.20	37.60	63.20	101.60	124.00	213.60	333.60	384.80
\$170,000	12.75	14.45	17.85	19.55	24.65	39.95	67.15	107.95	131.75	226.95	354.45	408.85
\$180,000	13.50	15.30	18.90	20.70	26.10	42.30	71.10	114.30	139.50	240.30	375.30	432.90
\$190,000	14.25	16.15	19.95	21.85	27.55	44.65	75.05	120.65	147.25	253.65	396.15	456.95
\$200,000	15.00	17.00	21.00	23.00	29.00	47.00	79.00	127.00	155.00	267.00	417.00	481.00
\$210,000	15.75	17.85	22.05	24.15	30.45	49.35	82.95	133.35	162.75	280.35	437.85	505.05
\$220,000	16.50	18.70	23.10	25.30	31.90	51.70	86.90	139.70	170.50	293.70	458.70	529.10
\$230,000	17.25	19.55	24.15	26.45	33.35	54.05	90.85	146.05	178.25	307.05	479.55	553.15
\$240,000	18.00	20.40	25.20	27.60	34.80	56.40	94.80	152.40	186.00	320.40	500.40	577.20
\$250,000	18.75	21.25	26.25	28.75	36.25	58.75	98.75	158.75	193.75	333.75	521.25	601.25
\$260,000	19.50	22.10	27.30	29.90	37.70	61.10	102.70	165.10	201.50	347.10	542.10	625.30
\$270,000	20.25	22.95	28.35	31.05	39.15	63.45	106.65	171.45	209.25	360.45	562.95	649.35
\$280,000	21.00	23.80	29.40	32.20	40.60	65.80	110.60	177.80	217.00	373.80	583.80	673.40
\$290,000	21.75	24.65	30.45	33.35	42.05	68.15	114.55	184.15	224.75	387.15	604.65	697.45
\$300,000	22.50	25.50	31.50	34.50	43.50	70.50	118.50	190.50	232.50	400.50	625.50	721.50

*Additional rates available upon request
Rates change according to age brackets.

Group Life Insurance Evidence of Insurability

Minnesota Life Insurance Company - A Securian Company
 Administered by Ochs, Inc • 400 Robert Street North • 18-3789 • St. Paul, MN 55101-2098
 Phone 1-800-392-7295 • Fax 651-665-3791

MINNESOTA LIFE**EMPLOYER NAME:****POLICY NUMBER:****EMPLOYEE INFORMATION** (always complete for coverage that requires evidence of insurability)

First name	Middle initial	Last name	Email address	
Street address		City	State	Zip code
Date of birth		Annual salary	Date of employment	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Total amount of insurance requested

\$

SPOUSE INFORMATION (only complete if coverage requires evidence of insurability)

First name	Middle initial	Last name	Email address	
Date of birth	Social Security number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Total amount of insurance requested

\$

CHILDREN INFORMATION (only complete if coverage requires evidence of insurability; list names and dates of birth)

Total amount of insurance requested

\$

HEALTH QUESTIONS (always complete for coverage that requires evidence of insurability)

Employee		Spouse		Children		Employee Height	Weight	Spouse Height	Weight	Occupation
Yes	No	Yes	No	Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider(s) or been hospitalized?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever had, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?				

If you answer "Yes" to any question, please provide additional information below or on a separate sheet of paper.

ADDITIONAL HEALTH INFORMATION (provide details for every "Yes" answer to the health questions)

NAME	DATE	NAME AND ADDRESS OF DOCTOR, CLINIC, HOSPITAL	REASON FOR CONSULTATION	DIAGNOSIS AND TREATMENT

FOR OFFICE USE ONLY:

Employee		Spouse		Children		Dependent Life Package - Coverage Code 94	
Current in force	U/W applied for	Current in force	U/W applied for	Current in force	U/W applied for	U/W applied for	U/W applied for
\$	\$	\$	\$	\$	\$	Spouse \$	Child \$

▶▶ PLEASE READ & SIGN NEXT PAGE & SEND ALL PAGES TO

EMPLOYER NAME:

POLICY NUMBER:

AUTHORIZATION

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, pharmacy benefit manager, or other health care provider that has provided payment, treatment or services to me or on my behalf to disclose my entire medical record and any other protected health information concerning me to Minnesota Life Insurance Company, (the Company), and its employees, reinsurers and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco.

I also authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau (MIB) to give any medical or nonmedical information about me including alcohol or drug abuse, to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB.

This protected health information is to be disclosed under this Authorization so the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below. A copy of this Authorization is as valid as the original. I understand I am entitled to receive a copy of this Authorization. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company. I understand that a revocation does not apply to any action that was taken in reliance on this Authorization or to the Company's legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that there is a possibility of re-disclosure of any information disclosed pursuant to this authorization and that information, once disclosed, may no longer be protected by federal rules governing privacy and confidentiality. I understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments.

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send the Company a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights, you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098
Telephone: (800) 872-2214

For information about the MIB, you may contact:

MIB
50 Braintree Hill, Suite 400
Braintree, MA 02184-8734
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642
Website: www.mib.com

I have read this Authorization and Consumer Privacy Notice and I understand I can have copies. The answers provided on this application are representations of the person signing below. The answers given are true and complete. It is understood that Minnesota Life Insurance Company shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid while my health and other conditions affecting my insurability are as described in this application. I authorize my employer to withdraw premiums from my salary to pay for this coverage. I understand that false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

Employee name (please print)		Date of birth	
Employee signature X	Daytime phone number	Evening phone number	Date signed
Spouse name (please print)		Date of birth	
Spouse signature X	Daytime phone number	Evening phone number	Date signed



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.



**Legal, financial and
grief resources**
from LifeWorks by
Morneau Shepell



Travel assistance
from RedpointWTP LLC



**Legacy planning
resources**
from Securian Financial



**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
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

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



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 products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Services provided by Morneau Shepell, PricewaterhouseCoopers LLP and RedpointWTP LLC are their sole responsibility. The services are not affiliated with Securian Financial or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the appropriate website.

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.



INSURANCE
INVESTMENTS
RETIREMENT

securian.com

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