Basic Life Insurance - Effective July 1, 2018 as revised on December 15, 2017

POLICYHOLDER: Purdue University

Read Your Certificate Carefully

You are insured under the group policy shown on the specifications page attached to this certificate. This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

Right to Cancel

It is important to us that you are satisfied with this certificate after it is issued. If you are not satisfied with this certificate, you may cancel it by delivering or mailing a written notice or sending a telegram to Minnesota Life Insurance Company (Minnesota Life), 400 Robert Street North, St. Paul, Minnesota 55101-2098 and returning the certificate before midnight of the 30th day after you received this certificate.

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

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
CERTIFICATE SPECIFICATIONS PAGE

GENERAL INFORMATION

POLICYHOLDER: Purdue University

ASSOCIATED COMPANIES: All subsidiaries and affiliates reported to Minnesota Life by the policyholder for inclusion in the policy.

POLICY EFFECTIVE DATE: July 1, 2009. This specifications page represents the plan in effect as of January 1, 2018 as revised on December 15, 2017.

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

GROUP: The group is composed of all benefit eligible employees who are employed for 50% or greater and retirees.

ENROLLMENT PERIOD: 31 days from the first day of eligibility for contributory insurance.

WAITING PERIOD: None

MINIMUM HOURS PER WEEK REQUIRED: Employed for 50% or greater

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All benefit eligible employees who are employed for 50% or greater</td>
<td>1.5 times annual earnings, rounded to the nearer multiple of $1,000 (with $500 rounded up) if not already a multiple of $1,000, subject to a minimum of $10,000 and a maximum of $500,000.</td>
</tr>
</tbody>
</table>

Note: An employee may opt down if 1.5 times annual earnings is more than $50,000. However, if the employee wants to increase coverage at a later date, such employee will be subject to evidence of insurability for the requested increase.

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandfathered employees approved for LTD with the onset date of disability prior to January 1, 2013</td>
<td>Amounts of insurance continued by the policyholder and as reported to Minnesota Life.</td>
</tr>
</tbody>
</table>

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

Basic ADD Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All benefit eligible employees who are employed for 50% or more</td>
<td>$15,000 (coverage terminates when an employee retires or is separated from employment due to LTD)</td>
</tr>
</tbody>
</table>
Additional ADD Benefits: See Accidental Death and Dismemberment Certificate Supplement for full explanation of benefit

- Seatbelt/Airbag Benefit
- Repatriation Benefit
- Coma Benefit
- Exposure and Disappearance
- Felonious Assault
- Spouse Education
- Dependent Child Education
- Child Care

SURVIVOR INCOME BENEFIT

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent of Monthly Earnings Total</td>
</tr>
<tr>
<td></td>
<td>Years of Service</td>
</tr>
<tr>
<td>All benefit eligible employees classified as police or firefighters who are less than age 55 or over age 55 with fewer than 10 years of creditable service</td>
<td></td>
</tr>
<tr>
<td>Less than 12</td>
<td>15%</td>
</tr>
<tr>
<td>Less than 14</td>
<td>18%</td>
</tr>
<tr>
<td>Less than 16</td>
<td>21%</td>
</tr>
<tr>
<td>Less than 18</td>
<td>24%</td>
</tr>
<tr>
<td>Less than 20</td>
<td>27%</td>
</tr>
<tr>
<td>Less than 22</td>
<td>30%</td>
</tr>
<tr>
<td>Less than 24</td>
<td>32.4%</td>
</tr>
<tr>
<td>Less than 26</td>
<td>34.8%</td>
</tr>
<tr>
<td>Less than 28</td>
<td>37.2%</td>
</tr>
<tr>
<td>Less than 30</td>
<td>39.6%</td>
</tr>
<tr>
<td>Less than 32</td>
<td>42%</td>
</tr>
<tr>
<td>32 or more</td>
<td>44.4%</td>
</tr>
</tbody>
</table>

The Maximum Monthly Survivor Benefit is $2,500

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

RETIREMENT:

If an employee retires prior to age 65, they may continue their full amount of basic life insurance by paying the full premium to Minnesota Life. When the employee reaches age 65, the continued insurance ends and the employee may choose to either roll their basic life insurance into additional life insurance and port such insurance, or they may convert their basic life insurance.

If an employee retires after age 65, the employee can convert his/her basic life insurance.

Basic AD&D insurance terminates at retirement and cannot be continued, ported or converted.

LONG-TERM DISABILITY:

Basic life insurance and AD&D terminate when an employee is separated from employment. Grandfather provisions are available for those employees approved for LTD with the date of onset of the disability before January 1, 2013.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance, unless the employee retires prior to age 65 and chooses to continue his/her basic life insurance. Such continued insurance will be 100% contributory insurance for a retiree.
GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:
An amount equal to the amount of noncontributory insurance for which the employee was insured under the prior carrier’s group policy on the day immediately preceding the effective date of this policy. In addition, coverage amounts will be rounded to the next higher salary multiple not to exceed one-half salary multiple to fit into the plan parameters of this policy.

For employees who first become eligible after the effective date of this policy:
All basic insurance is guaranteed issue. Note: An employee may opt down if 1.5 times annual earnings is more than $50,000. However, if the employee wants to increase coverage at a later date, such employee will be subject to evidence of insurability for the requested increase.

Coverage increases due to salary changes are guaranteed issue to the plan maximum.

EVIDENCE OF INSURABILITY:
Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:
The date of the change in eligible class or earnings. All increases are subject to the actively at work requirement.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION FOR LIFE INSURANCE:
Does not apply to employee basic life insurance under this policy. Exclusions for AD&D insurance, including a suicide exclusion, are listed on the applicable policy rider.

RIDER(S) TO THE GROUP POLICY

Accidental Death and Dismemberment
Accelerated Benefits
Portability
Survivor Income Benefit
Repatriation Benefit

Applies only to police and firefighters who are less than age 55, or over age 55 with fewer than 10 years of creditable service.
Definitions

age
Attained age as of most recent birthday.

application
Your application for insurance under the group policy and, if required, your evidence of insurability application.

associated company
Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

certificate effective date
The date your coverage under this certificate becomes effective.

contributory insurance
Insurance for which you are required to make premium contributions.

earnings
Your Budgeted Annual Salary and Summer Amounts as determined by the employer.

employee
An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner’s principal work is the conduct of the partnership’s business. The term employee does not include temporary employees nor corporate directors who are not otherwise employees.

employer
The policyholder or any designated associated companies.

evidence of insurability
Evidence satisfactory to us of the good health of the prospective insured and any other underwriting information we require.

insured
A person who is eligible for and becomes insured according to the terms of this certificate.

non-work day
A day on which you are not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long term disability.

noncontributory insurance
Insurance for which you are not required to make premium contributions.

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

specifications page
The outline which summarizes your coverage under the policyholder’s plan of insurance.

waiting period
The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page attached to this certificate.

we, our, us
Minnesota Life Insurance Company.

you, your, certificate holder
The insured named on the specifications page attached to this certificate.

General Information

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

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

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

Can this certificate be amended?
Yes. We retain the right to amend this certificate at any time without your consent. Any amendment will be
without prejudice to any claim incurred for benefits prior to the date of the amendment.

**Who is eligible for insurance?**

You are eligible if you:

1. are a member of the group and of an eligible class as defined in the group policy; and
2. work for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page attached to this certificate; and
3. have satisfied the waiting period as shown on the specifications page attached to this certificate; and
4. meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

**Are retired employees eligible for insurance?**

If the policyholder’s plan of insurance, as reflected in the specifications page attached to this certificate, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor have his or her insurance continued. If the policyholder’s plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

**What is the actively at work requirement?**

To be eligible to become insured or to receive an increase in the amount of insurance, you must be actively at work performing your customary duties at the employer’s normal place of business, or at other places the employer’s business requires you to travel.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your amount of insurance would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

**When will we require evidence of insurability?**

Evidence of insurability will be required if:

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

**When does insurance become effective?**

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

1. you meet all eligibility requirements; and
2. if required, you apply for the insurance on forms which are approved by us; and
3. we are satisfied with your evidence of insurability, if we require evidence; and
4. we receive the required premium.

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

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

**Premiums**

**When and how often are your premium contributions due?**

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a monthly basis. We apply premiums consecutively to keep the insurance in force.

**何 is the premium determined?**

The premium will be the premium rate multiplied by the number of $1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

**We may change the premium rate:**

1. on any premium due date following the expiration of the rate guarantee period; or
2. anytime, if the policy terms are amended.
Death Benefit

What is the amount of the death benefit?

The amount of the death benefit is the amount of insurance shown on the specifications page attached to this certificate.

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

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

If you request an increase in the amount of your contributory insurance, we will require evidence of insurability. If you request a decrease in the amount of your contributory insurance, we will grant the request.

When will changes in your coverage amount be effective?

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

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

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

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us that you died while insured under this certificate. All payments by us are payable from our home office.

The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary. We will pay interest on the death benefit from the date of your death until the date of payment. Interest will be at an annual rate determined by us, but never less than 4% per year compounded annually, or the minimum required by state law, whichever is greater.

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

To whom will we pay the death benefit?

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

You may also choose to name a beneficiary that you cannot change without the beneficiary’s consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in writing. To receive the death benefit, a beneficiary must be living on the date of your death. In the event a beneficiary is not living on the date of your death, that beneficiary’s portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary.

If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to:

1. your lawful spouse (does not include a domestic partner), if living, otherwise;
2. your natural or legally adopted child (children) in equal shares, if living, otherwise;
3. your parents in equal shares, if living, otherwise;
4. your brothers and sisters in equal shares, if living, otherwise;
5. the personal representative of your estate.

Can you add or change beneficiaries?

Yes. You can add or change beneficiaries if all of the following are true:

1. your coverage is in force; and
2. we have written consent of all irrevocable beneficiaries; and
3. you have not assigned the ownership of your insurance.

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

Termination

When does your coverage terminate?

Your coverage ends on the earliest of the following:

1. the date the group policy ends; or
2. the date you no longer meet the eligibility requirements; or
(3) the date the group policy is amended so you are no longer eligible; or
(4) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
(5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

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

**Can your insurance be reinstated after termination?**

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within three months after the date your coverage under this certificate terminated, your coverage may be reinstated.

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

**When does the group policy terminate?**

The policyholder may terminate the group policy by giving us 31 days prior written notice. We reserve the right to terminate the group policy on the earliest of the following to occur:

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

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**Conversion Right**

**What is the conversion right?**

You may convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates.

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

**What is the limited conversion right?**

Limited conversion is available if, after you have been insured for at least five years, insurance is terminated because:

1. the group policy is terminated; or
2. the group policy is changed to reduce or terminate your insurance.

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

(a) $10,000; and
(b) the amount of life insurance which terminated minus any amount of group life insurance for which you become eligible under any group policy issued or reinstated by us or any other carrier within 31 days of the date the insurance terminated under the group policy.

Neither the conversion right nor the limited conversion right is available if your coverage under the group policy terminates due to failure to make, when due, required premium contributions.

Under both the conversion right and the limited conversion right, you may convert your insurance to any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits, accidental death and dismemberment benefits, or accelerated benefits.

**How do you convert your insurance?**

You convert your insurance by applying for an individual policy and paying the first premium within 31 days after your group insurance terminates. No evidence of insurability will be required.

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

We base the premium for the individual policy on the plan of insurance, your age, and the class of risk to which you belong on the date of the conversion.

**When is the individual policy effective?**

The individual policy takes effect 31 days after the group insurance provided under the group policy terminates.

**What happens if you die during the 31-day period allowed for conversion?**

If you die during the 31-day period allowed for conversion, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section.
We will return any premium you paid for an individual policy to your beneficiary named under the group policy. In no event will we be liable under both the group policy and the individual policy.

**Additional Information**

**What if your age has been misstated?**

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on your correct age. A premium adjustment will be made so that the actual premium required at your correct age is paid.

**Is there a suicide exclusion?**

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

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

If there has been an increase in your amount of insurance for which you were required to apply or for which we required evidence of insurability, and if you die by suicide within one year of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

**When does your insurance become incontestable?**

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

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

**Can your insurance be assigned?**

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

**Is the policyholder required to maintain records?**

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

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

**Will the provisions of this certificate conform with state law?**

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.
Benefits received under this Accelerated Benefits Certificate Supplement may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

**General Information**

This certificate supplement is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

**What does this supplement provide?**

This supplement provides for the accelerated payment of an insured’s death benefit provided under your certificate. If an insured has a terminal condition as defined in this supplement, you may request an accelerated payment of the applicable death benefit.

**Definitions**

**accelerated benefit**

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

**death benefit**

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

**immediate family**

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

**insured**

For purposes of this supplement, an insured employee, an insured spouse, or an insured dependent child.

**physician**

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

**Terminal Condition**

**What is a terminal condition?**

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

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

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

Do we have the right to obtain independent medical verification?

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

**Payment of Accelerated Benefit**

**How do we calculate the accelerated benefit?**

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

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

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

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

1. expected future premiums; and
2. the insured’s life expectancy.

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

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

1. coverage must be in force and all premiums due must be fully paid; and
2. application must be made in writing and in a form which is satisfactory to us. We will tell you what form is required; and
3. you must be the sole owner of the certificate; and
4. the insured’s insurance must not have an irrevocable beneficiary.
Who may request an accelerated payment of the death benefit?

You may request an accelerated payment of the insurance on your life or on the life of a spouse or dependent child insured under your certificate.

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this supplement is not intended to cause an involuntary reduction of the death benefit ultimately payable to the named beneficiary. Therefore, payment of the death benefit cannot be accelerated under this supplement if the insured:

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

Is there a minimum or maximum death benefit eligible for an accelerated benefit?

Yes. The minimum death benefit to be eligible for an accelerated benefit under this supplement is $10,000. The maximum death benefit to be eligible for an accelerated benefit is 50% of the insured’s death benefit, up to a maximum of $250,000 for you or $100,000 for your dependent.

How will we pay the accelerated benefit?

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

To whom will we pay accelerated benefits?

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

Termination

When does an insured’s coverage under this supplement terminate?

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

When does this supplement terminate?

This supplement will terminate on the earlier of:

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

Secretary

President
Accidental Death and Dismemberment
Certificate Supplement

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

General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate.

What does this supplement provide?

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

Who is eligible for insurance under this supplement?

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

When does insurance under this supplement become effective?

Insurance becomes effective on the date that you become insured under the group life policy:

Accidental Death and Dismemberment (AD&D) Benefit

What does accidental death or dismemberment by accidental injury mean?

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

The injury must occur while your coverage under this supplement is in force. Your death or dismemberment must occur within 180 days after the date of the injury and while your coverage under this supplement is in force.

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

(1) suicide or attempted suicide, whether sane or insane; or
(2) intentionally self-inflicted injuries, or any attempt to inflict such injuries; or
(3) sickness, whether the loss results directly or indirectly from the sickness; or
(4) medical or surgical treatment of the sickness, whether the loss results directly or indirectly from the treatment; or
(5) any infection. But this does not include: a) a pyogenic infection resulting from an accidental cut or wound; or b) a bacterial infection resulting from accidental ingestion of a contaminated substance; or
(6) war or any act of war “War” means declared or undeclared war and includes resistance to armed aggression; or
(7) an accident that occurs while the employee is serving on full-time active duty for more than 30 days in any armed forces. But this does not include Reserve or National Guard active duty for training; or
(8) travel or other movement by means of, or descent from or with, any kind of moving aircraft (aircraft includes rocket craft or any other vehicle, conveyance, device designed for travel or other movement in or beyond the earth’s atmosphere) when: aboard such aircraft the insured has any duties relating in any way to such aircraft or its operation, equipment, passengers, or crew or is giving or receiving training for any such duties, unless the loss is sustained in the course of the approved travel for the employer’s business and while carrying out assigned duties for the employer; or
(9) commission of or attempt to commit a felony; or
(10) being legally intoxicated or under the influence of any narcotic unless administered or consumed on the advice of a physician; or
(11) participation in these hazardous sports: scuba diving; bungee jumping; skydiving; parachuting; hang gliding; or ballooning.

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

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

<table>
<thead>
<tr>
<th>FOR LOSS OF</th>
<th>AMOUNT OF BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life..............</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>Speech and Hearing</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
</tbody>
</table>
One Hand and Sight of One Eye .................. Full Amount of AD&D Insurance
Quadriplegia .................. 200% of Amount of AD&D Insurance
Paraplegia .................. 100% of Amount of AD&D Insurance
Hemiplegia .................. 100% of Amount of AD&D Insurance
Sight of One Eye ........... 50% of Amount of AD&D Insurance
Speech or Hearing .......... 50% of Amount of AD&D Insurance
One Hand or One Foot ........... 50% of Amount of AD&D Insurance
Thumb and Index Finger of One Hand ...... 25% of Amount of AD&D Insurance

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means. Loss of thumb or finger means complete severance at or above the metacarpophalangeal joints (the joints closest to the palm of the hand).

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

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

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

When will the accidental death and dismemberment benefit be payable?

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

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

To whom do we pay the benefit?

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

Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any AD&D benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. All provisions of this supplement, including but not limited to the exclusions listed under the “What does accidental death or dismemberment by accidental injury mean?” section, shall apply to these additional benefits.

Air Bag Benefit

What is the air bag benefit?

If you die as a result of a covered accident which occurs while you are driving or riding in a private passenger car, we will pay an additional accidental death benefit equal to 10% of the amount of your accidental death insurance.

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

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

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

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

What is the child care benefit?

If you die as a result of a covered accident and you are survived by your dependent spouse and one or more dependent children, we will pay additional benefits to reimburse the surviving spouse for child care expenses they incur for the insured employee’s dependent children who are under age 7. The qualifying employee’s dependent children must also be dependent on the surviving spouse for a benefit to be considered and be enrolled in child care within 90 days of the employee’s death.

The benefit for each child per year will be the lesser of:

1. 5% of the insured employee’s amount of AD&D insurance; or
2. $7,500; or
3. incurred child care expenses.

Child care expenses are those expenses which are for a service or supply furnished by a licensed child care provider or facility for a dependent child’s care. No payment will be made for expenses incurred more than four years after the date of the insured employee’s death or for expenses incurred for dependent children over age 7. Proof of incurred child care expenses by the surviving spouse shall be required before any benefit payment is made. The child care benefit will be paid to the surviving spouse. If there is no dependent child eligible for this benefit, a benefit of $1,000 will be paid.

Coma Benefit

What is the coma benefit?

If you lapse into a coma as a result of and within 365 days of a covered accidental injury, and such coma has lasted for a minimum of 31 days, we will pay a monthly benefit equal to the lesser of:

1. 1% of your amount of AD&D insurance; or
2. 1% of the difference between your amount of AD&D insurance and the amount of any benefits paid under the loss schedule for the same accident. (If the full amount of AD&D insurance has been paid, no benefit is payable under this section).

This benefit will be paid monthly until the earliest of the following:

1. the date you recover such that you are no longer in a coma as defined herein; or
2. the date of your death. If an accidental death payment is due under this supplement, the amount of such payment will be reduced by the amount of AD&D insurance paid under this coma provision; or
3. 100 monthly benefits have been paid.

Coma means a state of profound unconsciousness with no evidence of appropriate responses to stimulation. The insured must be confined in a medical facility and diagnosed as comatose by a licensed physician.

Dependent Child Education Benefit

What is the dependent child education benefit?

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

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

The benefit payable will be the lesser of:

1. the actual tuition charged, exclusive of room and board; or
2. 5% of your amount of insurance; or
3. $5,000.

The benefit will be payable at the beginning of each school year for a maximum of four consecutive years, but not beyond the date the child attains age 24. The benefit will be paid to the dependent child if he or she is of legal age. If the dependent child is not of legal age the benefit will be paid to the person who provides proof they have paid or will pay the tuition bill for that school year. Proof of enrollment and tuition costs are required for each school year. If there is no dependent child eligible for this benefit, a benefit of $1,000 will be paid.

Disappearance Benefit

What is the disappearance benefit?

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

Exposure Benefit

What is the exposure benefit?

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

What is the felonious assault benefit?

If you die or suffer a covered dismemberment as a result of a covered accident caused by a felonious assault, we will pay an additional benefit equal 5% of your amount of AD&D insurance.

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

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

(1) always provides 24 hour nursing services by registered graduate nurses; and
(2) is not a place primarily for custodial or maintenance care.

Repatriation Benefit

What is the repatriation benefit?

If, as a result of a covered accident, you die at least 150 miles from your principal residence, an additional accidental death benefit shall be paid for the preparation and transportation of your body to a mortuary. The additional benefit shall be the lesser of the actual cost of such preparation and transportation or $2,500. The benefit will be paid to the person who has or who will incur such cost, as evidenced to the satisfaction of us. This may or may not be the beneficiary for the rest of the accidental death proceeds. We may at our sole discretion pay benefits directly to the facility handling the preparation and/or transportation. All determinations and payments by us will be final and fully release and discharge us from any further liability under this repatriation benefit.

Seatbelt Benefit

What is the seatbelt benefit?

If you die as a result of a covered accident which occurs while you are driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to 10% of the your amount of AD&D insurance.

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

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

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

Spouse Education Benefit

What is the spouse education benefit?

We will pay an education benefit on behalf of the employee’s spouse if an insured employee dies as a result of a covered accident and is survived by his or her spouse, provided that the spouse enrolls in any professional or trades program within 30 months of the date of the employee’s death for the purposes of obtaining an independent source of support or enriching the spouse’s ability to earn a living.

The benefit payable will be the least of:

(1) the actual tuition charged for all such education; or
(2) 5% of the insured employee’s amount of AD&D insurance; or
(3) $5,000.

Proof of such costs will be required before benefits are paid.

Termination

When does your coverage under this supplement terminate?

Your coverage ends on the earliest of:

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

When does this supplement terminate?

This supplement will terminate on the earlier of:

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

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have you medically examined at our expense when and so often as we may reasonably require whenever a claim is pending and, where not forbidden by law, we reserve the right to have an autopsy performed in case of death.

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

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

Secretary

President
General Information

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

What does this supplement provide?

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

To continue coverage under the provisions of this supplement, you must make a written request and make the first premium contribution within 31 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this supplement will then be deemed effective retroactive to the beginning of the 31-day period. This date is considered to be your portability date and you are then considered to have portability status.

Who is eligible to continue insurance under this supplement?

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

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

An insured will not be eligible to request coverage under this supplement if the insured:

1. has attained the age of 70; or
2. has converted his/her insurance to an individual life policy under the terms of the certificate’s conversion right section; or
3. lose eligibility due to termination of the group policy.

What insurance can be continued under this supplement?

Only noncontributory insurance may be continued under this supplement. You may also continue coverage under all supplements to your certificate which apply to noncontributory insurance and by which you were insured immediately preceding your portability date, except the Accidental Death and Dismemberment Certificate Supplement, which shall terminate upon porting.

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

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

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

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

The maximum amount of insurance that can be continued under this supplement is the amount of insurance that was in force on your portability date, but not more than $500,000. If you are age 65 or older on your portability date, the amount will not be more than 65% of the amount of insurance in force on your portability date subject to a maximum of $325,000.

Will the amount of insurance continued under this supplement change?

Yes. When the insured attains age 65, the amount of insurance on his/her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to his/her attainment of age 65. An insured’s insurance terminates at age 70.

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

Yes. An insured may elect to reduce the amount of insurance on his/her life. Your remaining amount of insurance must be at least $10,000.

The amount of insurance continued under this supplement will never increase.
How will premium contributions be paid?

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

Can the premium rate change?

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

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

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

What happens if an insured again becomes eligible under your certificate?

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

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

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

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

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

When will insurance continued under this supplement terminate?

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

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

Secretary

President
General Information

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

What does this supplement provide?

This supplement provides a monthly benefit payable to your qualified family member survivors if you die while covered under this supplement.

Who is eligible for insurance under this supplement?

You must meet the requirements shown on the specifications page attached to your certificate to be eligible for survivors income benefits under this supplement.

When does survivors income insurance become effective?

Survivors income insurance becomes effective on the date when both of the following conditions have been met:

1. You meet all eligibility requirements; and
2. We receive the required premium.

Death Benefit

What is the amount of the survivors income benefit?

The amount of the survivors income benefit is shown on the specifications page attached to the certificate.

When will the survivors income insurance benefit be payable?

We will pay the first monthly installment of the survivors income benefit upon receipt at our home office of written proof satisfactory to us that the you died while insured under this supplement. Subsequent benefit payments will be paid each following month until benefits terminate as described below. The maximum monthly survivor benefit amount shown in the specifications page.

All payments by us are payable from our home office.

To whom will we pay the survivors income benefit?

We will pay the survivors income benefit to the following eligible qualified family member survivor(s), in order of priority:

1. Your surviving widow or widower; otherwise
2. Your unmarried child under the age of 24. “Child” includes your: a) natural child born within 31 days before your death or born after your death if your widow or widower is a qualified family member when the report is made. b) legally adopted child or a child for whom legal adoption proceedings were terminated by your death; or c) step-child who was dependent upon you for support and maintenance at the time of your death.

When do survivors income benefits terminate?

If there are no eligible survivors living after your death, no benefits will be payable under this supplement.

Termination

When does your coverage under this supplement terminate?

Your coverage ends on the earliest of the following:

1. The date you no longer meet the eligibility requirements; or
2. 31 days (the grace period) after the due date of any premium which is not paid; or
3. The date you are no longer covered under the group policy.

When does this supplement terminate?

This supplement will terminate on the earlier of:

1. The date we receive a written request from the policyholder to cancel the Survivors Income Benefit Policy Rider; or
2. The date the group policy is terminated.

Monthly benefits payable due to your death will not end due solely to the termination of this supplement or of the group policy.

Additional Information

Can the survivors income benefit be converted to an individual policy when group eligibility ends?

No. The survivors income benefit cannot be converted to an individual policy when group coverage ends.

Does the Term Life Waiver of Premium Certificate Supplement apply to survivors income insurance?

No. Premium payments must be continued in order to keep the survivors income benefit in force.

Secretary

President
General Information

This certificate supplement is subject to every term, condition, exclusion, limitation and provision of your certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate.

The specifications page attached to your certificate indicates to what insurance this supplement applies. This supplement does not apply to a certificate holder with portability status.

What does this supplement provide?

This supplement provides for an additional benefit for the preparation and transportation of mortal remains if a certificate holder dies at least 150 miles from his or her principal residence and death benefit is payable under the terms of the certificate to which this supplement is attached.

What is repatriation of mortal remains?

Repatriation of mortal remains means transporting a certificate holder’s mortal remains from a morgue or hospital to a morgue, funeral home, or mortuary.

What is the amount of the repatriation additional benefit?

The additional benefit is an amount equal to the lesser of:

1. $25,000; or
2. the actual cost of such preparation and transportation.

When will the repatriation benefit be payable?

We will pay the repatriation benefit upon receipt at our home office of written proof satisfactory to us that a certificate holder died at least 150 miles from his or her principal residence and a death benefit is payable under the provisions of the certificate to which this supplement is attached.

To whom will we pay the repatriation benefit?

The benefit will be paid to the person who has or who will incur such cost, as evidenced to the satisfaction of Minnesota Life. This may or may not be the beneficiary for the death benefit payable under certificate to which this supplement is attached. Minnesota Life may at its sole discretion pay benefits directly to the facility handling the preparation and/or transportation. All determinations and payments by Minnesota Life will be final and fully release and discharge Minnesota Life from any further liability under this repatriation benefit.

Termination

When does a certificate holder’s coverage under this supplement terminate?

A certificate holder’s coverage under this rider terminates upon the earlier of:

1. the date the certificate holder is no longer insured for life insurance under the certificate to which this supplement is attached; or
2. the date requested by the policyholder to cancel this supplement for its plan.

Secretary

President
NOTICE OF PROTECTION PROVIDED BY THE
INDIANA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Indiana Life and Health Insurance Guaranty Association (ILHIGA) and the protection it provides for policyholders. ILHIGA was established to provide protection to policyholders in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations. If this should happen, ILHIGA will typically arrange to continue coverage and pay claims, in accordance with Indiana law, with funding from assessments paid by other insurance companies.

Basic Protections Currently Provided by ILHIGA
Generally, an individual is covered by ILHIGA if the insurer was a member of ILHIGA and the individual lives in Indiana at the time the insurer is ordered into liquidation with a finding of insolvency. The coverage limits below apply only to companies placed in rehabilitation or liquidation on or after January 1, 2013.

- **Life Insurance**
  - $300,000 in death benefits
  - $100,000 in cash surrender or withdrawal values

- **Health Insurance**
  - $500,000 in basic hospital, medical and surgical or major medical insurance benefits
  - $300,000 in disability and long term care insurance
  - $100,000 in other types of health insurance

- **Annuities**
  - $250,000 in present value of annuity benefits (including cash surrender or withdrawal values)
  - $5,000,000 for covered unallocated annuities

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $300,000. Special rules may apply with regard to basic hospital, medical and surgical or major medical insurance benefits.

The protections listed above apply only to the extent that benefits are payable under covered policy(s). In no event will the ILHIGA provide benefits greater than those given in the life, annuity, or health insurance policy or contract. The statutory limits on ILHIGA coverage have changed over the years and coverage in prior years may not be the same as that set forth in this notice.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract.

To learn more about the protections provided by ILHIGA, please visit the ILHIGA website at [www.inlifega.org](http://www.inlifega.org) or contact:

**Indiana Life and Health Insurance Guaranty Association**
8777 Purdue Road, Suite 360
Indianapolis, IN 46268
317-636-8204

**Indiana Department of Insurance**
311 West Washington Street, Suite 103
Indianapolis, IN 46204
317-232-2385
The policy or contract that this notice accompanies might not be fully covered by ILHIGA and even if coverage is currently provided, coverage is (a) subject to substantial limitations and exclusions (some of which are described above), (b) generally conditioned on continued residence in Indiana, and (c) subject to possible change as a result of future amendments to Indiana law and court decisions.

Complaints to allege a violation of any provision of the Indiana Life and Health Insurance Guaranty Association Act must be filed with the Indiana Department of Insurance, 311 West Washington Street, Suite 103, Indianapolis, IN 46204; (telephone) 317-232-2385.

Insurance companies and agents are not allowed by Indiana law to use the existence of ILHIGA or its coverage to encourage you to purchase any form of insurance. (IC 27-8-8-18(a)). When selecting an insurance company, you should not rely on ILHIGA coverage. If there is any inconsistency between this notice and Indiana law, Indiana law will control.

Questions regarding the financial condition of a company or your life, health insurance policy or annuity should be directed to your insurance company or agent.
Questions regarding your policy or coverage should be directed to:

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

Telephone: 651-665-3500

If you (a) need the assistance of a governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, IN 46204-2787

Consumer Hot Line 800-622-4461
In the Indianapolis Area 317-232-2395

Complaints can be filed electronically at www.in.gov/idoi.