

Securian Life Insurance Company • A Stock Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

POLICYHOLDER: The Research Foundation for the State University of New York

POLICY NUMBER: 70511

If you meet the eligibility and enrollment requirements herein, you are insured under the group policy shown on the specifications page. This certificate contains the principal provisions of the group policy that affect you. In the event of a conflict between this certificate and the group policy, the terms of this certificate control. You may

The policy permits the group policyholder to change, reduce, restrict or terminate your rights or benefits under the policy without your consent. Such change, reduction, restriction, or termination may occur at a time when your health status has changed and may affect your ability to procure individual coverage.

Rebecca D. Montz Stephen M. Kline

President

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19-31702.31

Certificate Specifications Page

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GENERAL INFORMATION

POLICYHOLDER: The Research Foundation for the State University of New York

POLICY NUMBER: 70511

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

POLICY SITUS: The policy was issued and delivered in New York.

POLICY EFFECTIVE DATE: March 1, 2022.

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 active employees, eligible disabled employees, and those with portability status in the classifications below. Retirees, other than those with portability status, are not an eligible class under the policy, nor are the following classes of employees: temporary summer employees, full-time SUNY employees, and full-time SUNY Students in tiles where the work is related to students' educational goals. Spouses/domestic partners and dependent children of employees are eligible as stated in the policy and this specifications page.

Class 1 Active employees working in the United States on a regular appointment and eligible disabled employees whose coverage is continued under the continuation provisions of the policy.

Class 2 Closed group of grandfathered disabled employees who became disabled prior to January 1, 2014.

All new employees of the employer will be added to such group and classes for which they become eligible.

NO DOUBLE COVERAGE: A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: Not applicable for noncontributory insurance; 60 days from the first day of eligibility for contributory insurance

WAITING PERIOD: Six months from the date of hire or eligibility date.

The following provisions apply to an employee who has a break-in-service while satisfying the waiting period:

- A break in service of 28 days or less will not affect the employee's satisfaction of the waiting period.
- An employee who has a break in service of 28 days or more must satisfy a new waiting period before becoming eligible under the policy. The new waiting period begins on the new eligibility date (hire date or change in applicable employment status).

**MINIMUM HOURS
PER WEEK REQUIRED:**

Class 1: At least 50% of the hours in the employer's normal full-time work week for the employee's eligible class, but not less than 18.75.

Class 2: Not applicable.

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Class 1	\$50,000.
Class 2	An amount not to exceed the amount of basic life insurance in force on the certificate holder's last day of active work. Eligibility and coverage amount as determined by the policyholder and reported to Securian Life via census file.

Optional Life Insurance

<u>Eligible Class</u>	<u>Amount of Optional Life Insurance</u>
Class 1	One, two, three, four, five, six, or seven times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof then multiplied, subject to a minimum of \$300,000.
Class 2	An amount not to exceed the amount of optional life insurance in force on the certificate holder's last day of active work. Eligibility and coverage amount as determined by the policyholder and reported to Securian Life via census file.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

The amount of insurance on an employee age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
70	90%
71	80%
72	70%
73	60%
74	50%

Age reductions will apply on the January 1st following the date the insured employee attains the specified age.

RETIREMENT REDUCTIONS:

All insurance terminates at retirement, except as provided for under the portability provision.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; optional insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

The 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:

All basic insurance is guaranteed issue.

For optional insurance:

\$300,000.

NOTE: For an employee who was covered for optional life under the employer's plan immediately prior to the policy effective date shown above, the guaranteed issue for optional life is the amount of optional life in force under that prior plan immediately prior to the policy effective date.

**EFFECTIVE DATE OF INCREASES
AND DECREASES DUE TO CHANGE
IN ELIGIBLE CLASS OR EARNINGS:**

Increases and decreases due to a change in eligible class or earnings will become effective the date of the change in eligible class or earnings. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings. All increases are subject to the actively at work requirement. NOTE: An employee whose amount of supplemental insurance is limited to the guaranteed amount of \$300,000 due to being declined any amount of insurance by us under the group policy is not insured for a multiple of earnings plan, but rather is insured for the frozen amount of \$300,000 and therefore will not receive an increase in supplemental insurance due to salary increases.

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:

An employee must notify us or the employer when a dependent is no longer eligible for coverage under this certificate so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this certificate will be refunded without any payment of claim.

An employee does not need to be insured for optional life insurance in order to elect dependents life insurance.

Spouse/Domestic Partner Life Insurance

Eligible Class

Classes 1 and 2

Amount of Spouse/Domestic Partner Life Insurance

An amount elected by the employee from the following options: \$10,000, \$20,000, \$40,000, \$60,000, \$80,000, or \$100,000. Coverage cannot exceed the total amount for which the insured employee is eligible (basic and optional combined).

Child Life Insurance

Eligible Class

Classes 1 and 2

Amount of Child Life Insurance

\$2,000, \$4,000, \$6,000, \$8,000, or \$10,000, as elected by the employee. Coverage cannot exceed the lesser of the amount for which the insured employee is eligible (basic and optional combined) or \$25,000.

An employee's first eligible newborn child is automatically covered at the lowest coverage option for 31 days from the date of the child's live birth. To continue coverage on the first child, the employee must elect child coverage within those 31 days; otherwise the coverage shall terminate at the end of the 31-day period.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

SPOUSE/DOMESTIC PARTNER AGE REDUCTIONS:

The amount of insurance on an insured spouse/domestic partner shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such spouse/domestic partner as determined by the employee's age in accordance with the following table:

<u>Age of Spouse/DP</u>	<u>Amount of Insurance</u>
70	90%
71	80%
72	70%
73	60%
74	50%

Age reductions will apply the January 1st following the date the insured employee attains the specified age.

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

The guaranteed issue is the maximum amount of insurance an eligible dependent 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 spouse/domestic partner insurance: \$20,000

For child insurance: \$10,000

NOTE: For employees with eligible dependents immediately prior to the policy effective date, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy immediately prior to the policy effective date.

EFFECT OF EMPLOYEE'S RETIREMENT:

All dependents insurance terminates upon the employee's retirement except as provided under the portability provision.

ADDITIONAL INFORMATION

ELECTION CHANGES:

Changes to your elections can only be made at annual open enrollment or within 31 days of a Qualified Status Change, as that term is defined by your employer. Coverage that does not require evidence of insurability will be effective on the date of the election for a Qualified Status Change, and on the following January 1 for an election change at annual enrollment. Coverage that requires evidence of insurability will be effective on the date it is approved by us for a Qualified Status Change or the later of the date it is approved by us or the following January 1 for a request made at annual enrollment.

EVIDENCE OF INSURABILITY:

Evidence of insurability satisfactory to us will be required:

- In order for a newly eligible employee to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the employee will be insured for the guaranteed issue amount.
- In order for a newly eligible spouse/domestic partner to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the spouse/domestic partner will be insured for the guaranteed issue amount.
- At Qualified Status Change or annual open enrollment.

Note: Child life insurance will never require evidence of insurability provided election is made within the enrollment period for a newly eligible child, annual enrollment, or within 31 days of a qualified status change event, as determined by the policyholder.

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits	Applies to all classes.
Accidental Death and Dismemberment	See certificate supplement for class and benefit details.
Dependents Term Life	Applies to all classes.
Portability	Applies to all classes.

Definitions

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.

contributory insurance

Insurance for which you are required to make premium contributions.

earnings

Your basic rate of compensation not including commissions, overtime or premium pay, bonuses, or any other additional compensation.

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 or 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. , including any person insured by supplement to 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.

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. You are not eligible until the first day following the waiting period.

we, our, us

Securian Life Insurance Company.

written

All references in the certificate to "in writing", "written" shall include any method made available by the policyholder and us, including digital, electronic or paper.

you, your

An insured employee.

General Information

What is your agreement with us?

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application as defined under this certificate is a part of this certificate. This certificate contains the principal provisions of the group policy that affect your life insurance coverage. Coverage is provided under the group policy issued to the group policyholder. Only provisions contained in the policy, this certificate, any certificate supplement, amendment or endorsement signed by the policyholder and us, or in the copy of the policyholder's application shall affect the rights of you or your beneficiary.

Any statements made in your application as defined in this certificate will be considered representations and not warranties. Also, any statement you make will not be used to contest your insurance unless the statement is contained in the application, a copy of which is or has been furnished to you or to your beneficiary.

Can this certificate be amended?

Yes. The insured's consent is not required to amend the policy or any certificates issued under it. 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 eligible group and of an eligible class as shown on the specifications page; 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; and
- (3) have satisfied the waiting period as shown on the specifications page; and
- (4) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

Are employees of associated companies eligible for insurance under the group policy?

Yes. Employees of associated companies may be eligible for insurance under the group policy. The policyholder represents any associated company in all transactions pertaining to the group policy. The policyholder's acts or omissions and every notice given by us to the policyholder shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

Are retired employees eligible for insurance?

If the policyholder's plan of insurance, as reflected in the specifications page, 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, fully performing your customary duties for your regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires you to travel.

If you are not working due to illness or injury you do not meet the actively at work requirement. If you are receiving sick pay, short-term disability benefits or long-term disability benefits, you do not meet the actively at work requirement.

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.

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be eligible for claim payment. You will receive a refund of premium for any contributory insurance for which you were not eligible.

When will we require evidence of insurability?

The specifications page describes when evidence of insurability is required.

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) for contributory insurance, you apply for the insurance in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with your evidence of insurability, if we require evidence.

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

Yes. Insurance may, according to uniform practices established by the employer under its plan of insurance, be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment and is subject to the following maximum time frames:

- (1) if you are on non-medical leave of absence or temporary layoff, insurance cannot be continued beyond 12 months from the last day you were actively at work.
- (2) if you are on a medical leave of absence, insurance cannot be continued beyond the later of 12 months from the last day you were actively at work or attained age 65.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements. The above limits will be expanded if necessary in order to meet such requirements.

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 regular, periodic basis. We apply premiums consecutively to keep the insurance in force.

How is the premium determined?

The premium will be the applicable 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 any rate guarantee period; or
- (2) anytime the policy terms are amended or the total amount of insurance in force changes by 15% or more from the volume that was used to determine the current rates.

Premiums for contributory coverage are based on your attained age and increase with age. We will notify the policyholder 31 days in advance of a change in premium rates.

Death Benefit

What is the amount of the death benefit?

The amount of the death benefit is equal to the amount of insurance for which you are insured, based on the plan of insurance applicable to your class as described on the specifications page, and your elections.

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

Yes. The specifications page describes when changes can be requested, when evidence of insurability will be required for such changes, and when the changes will become effective.

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 as to both substance and form 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.

To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. You name a beneficiary to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You can change the beneficiary designation at any time, provided 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 beneficiary designation must be made in writing or by any other method made available under the plan. Any beneficiary designation shall take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving the designation.

You may also choose to name a beneficiary that you cannot change without the beneficiary's written 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 your beneficiary designation. To receive the death benefit, a beneficiary must be living at the time of your death. In the event a beneficiary is not living at the time 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 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 natural or legally adopted siblings in equal shares, if living; otherwise
- (5) your estate.

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.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within one year after the date your coverage under this certificate terminated, your prior coverage may be reinstated, without evidence of insurability. If you die prior to our receipt of your reinstatement application and the required premium, no benefit will be paid.

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 earlier of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) any policy anniversary so long as we provide the policyholder 31 days notice of our intent to terminate the group policy.

Conversion Right

What is the conversion right?

You can 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 life insurance, including any supplemental life insurance, if termination or reduction occurs because:

- (1) you move from one existing eligible class to another;
- (2) you are no longer in an eligible class;
- (3) your employment terminates;
- (4) the policy is changed to reduce or terminate the insurance for you; or
- (5) your employment is terminated by the employer because you are totally and permanently disabled.

Can you convert your life insurance if the group policy terminates?

You may convert your insurance if the group policy is terminated. If the group policy terminates, you are eligible to convert an amount up to the amount of insurance you had just prior to the termination, less any amount you may become eligible for under any policyholder sponsored group policy within 45 days of the termination.

Can you convert your life insurance if your coverage reduces due to age?

You may convert any portion of your insurance which is reduced on or after the attainment of age sixty in any increment or series of increments totaling twenty percent or more of the amount of insurance in force under the group policy prior to the first reduction at age sixty.

To what type of policy can you convert?

You may convert your insurance to any type of individual policy of life insurance then customarily issued by us or by one of our associated companies, 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.

If your coverage terminates because you are totally and permanently disabled, you may convert your insurance to a policy of life insurance then customarily issued by us or by one of our associated companies, including term insurance, by paying premiums directly to us.

Preliminary Term Insurance

You may also elect to have issued to you a policy of term life insurance for a period of one year prior to converting to a policy of permanent insurance with us or by one of our associated companies. The premium rate for the preliminary term insurance may be higher than that paid under the group policy.

When must election to convert insurance be made?

You will be notified of your right to convert your group life insurance. If notification is made within 15 days before or after the event that results in termination or reduction of the group life coverage, you will have 31 days from the date the insurance terminates to elect conversion. If the notice is given more than 15 days but less than 90 days after the event, the time allowed for the exercise of the conversion privilege shall be extended to 45 days after such notice is sent. If the notice is not given within 90 days, the time allowed for the exercise of the conversion privilege expires 90 days after the terminating event. Such notice shall be mailed to you by us or an entity the policyholder designates at your last known address.

The conversion right is not available if your coverage under the group policy terminates due to your failure to make, when due, required premium contributions.

How do you convert your insurance?

You convert your insurance by applying for an individual policy and paying the first premium within the time period allowed for such election. 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 under the group policy on the date of conversion.

When is the individual policy effective?

When all conversion election requirements are satisfied, the individual policy takes effect on the date the group insurance provided under the group policy terminates.

What happens if you die during the conversion election period?

If you die during the conversion election period or any extended notice period, 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. If you have completed a conversion application, we will pay the beneficiary designated on the conversion application. If you have not completed a conversion application, we will pay the beneficiary under your group insurance coverage.

We will return any premium you paid for an individual policy converted from this group insurance to your beneficiary as described above. 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. An equitable premium adjustment from any benefit payable will be made so that the actual premium required at your correct age is paid. If your correct age is such that no benefit is payable, you will receive a refund of premium for the period your eligibility would have ended.

Is there any cash value to this coverage?

No. This is term life insurance and it does not build cash value.

What is the suicide limitation?

If you commit suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage. If there has been an increase in your amount of contributory life insurance for which you were required to apply or for which we required evidence of insurability, and if you die by suicide within two years 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.

Can your insurance coverage be contested?

Yes. Your coverage will become incontestable after two years from your original effective date of coverage or the effective date of any increase in coverage you applied for, except for the non-payment of premiums by the policyholder. If we discover a material misrepresentation, your coverage may be contested.

Any statements you make in your application as defined under this certificate will be considered representations and not warranties. Also, any statement you make will not be used to contest the validity of your insurance unless the statement was made after such insurance has been in force for two years during the insured's lifetime and in no event unless the statement is contained in the application, a copy of which is or has been furnished to you or your beneficiary.

Who is the owner of this coverage?

Unless assigned otherwise, you, the insured employee, are the owner of all coverage provided under your certificate. Only the owner has the right to exercise ownership rights under the certificate, including but not limited to naming or changing a beneficiary, changing the amount of insurance, assigning any or all ownership rights, converting coverage to an individual policy and terminating the coverage.

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. The assignment shall take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving the assignment.

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 the group policy, and shall provide access to such records when required for us to administer the policy.

If an administrative or clerical error is made in keeping records on or administering the insurance under the group policy, it will not affect otherwise valid insurance. Any clerical error is subject to the incontestability clause. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy and no claim shall be paid on amounts put into

effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

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 applicable laws of New York, we will file a revised provision for approval. Any amendment will be signed by the policyholder and us. Nothing in the group policy invalidates or impairs any rights or benefits as stated in this certificate or granted by New York law.

Accelerated Benefits Certificate Supplement

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

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

What does this supplement provide?

This supplement provides for the accelerated payment of either the full or a partial amount 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. An accelerated payment will not include any accidental death or dismemberment benefit payable under an Accidental Death and Dismemberment Certificate Supplement. You must give notice of claim while living and while your life insurance coverage is in force to be eligible for consideration of an accelerated benefit.

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of 12 months or less. We must be given medical evidence in substance and in form that satisfies us that the insured has a terminal condition. That evidence must include certification by a physician. For purposes of this supplement, a physician is an individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse/domestic partner, children, parents, grandparents, grandchildren, brothers or sisters; or the spouse/domestic partner of any such individuals.

Accelerated Benefit

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/domestic partner or dependent child insured under your certificate.

When can an accelerated benefit be requested?

An accelerated benefit can be requested any time, provided the following conditions are met:

- (1) the insurance is in force and all premiums due are fully paid; and
- (2) you have not assigned and are the sole owner of the certificate; and
- (3) the certificate does not have an irrevocable beneficiary.

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 the lesser of 25% of the insured's amount of insurance or \$50,000. The maximum death benefit that can be accelerated is \$1,000,000.

Is a partial accelerated benefit available?

Yes. You may choose to accelerate only a portion of an insured's death benefit, providing the remaining amount of insurance is the lesser of 25% of the insured's amount of insurance or \$50,000. This is called a partial accelerated benefit.

You may reapply for the payment of the remaining amount of insurance at any time. However, the total amount of the death benefit for all accelerated benefit payments for an insured cannot exceed \$1,000,000. We may ask for further evidence satisfactory to us in substance and in form that the insured meets all requirements for the accelerated benefit.

When will we pay an accelerated benefit?

We will pay an accelerated benefit upon receipt at our home office of written proof satisfactory to us in substance and in form that the insured meets the requirements herein.

The accelerated benefit will be paid in a single sum or by any other method agreeable to you and us.

To whom will we pay accelerated benefits?

We will pay the accelerated benefit to you unless you validly assign it otherwise. If you die before we issue payment of an accelerated benefit to you, we will pay the life insurance benefits to your life insurance beneficiary(s).

What is the effect on the insured's coverage of the receipt of an accelerated benefit?

If you elect to accelerate the full amount of an insured's death benefit, the insured's coverage and all other benefits under the certificate and any certificate supplements for that insured will end. If it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under the certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

Termination

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

An insured's accelerated benefits coverage terminates on the earliest of:

- (1) the date the insured is no longer insured for life insurance under the certificate; or
- (2) the date the accelerated benefits coverage is terminated for the policyholder's plan; or
- (3) the date the group policy is terminated.

Additional Information

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 beneficiary.

Do we have the right to obtain independent medical verification?

Yes. Although you are responsible for submitting proof satisfactory to us that you meet the requirements for the accelerated benefit, we do retain the right to have an insured medically examined at our expense to verify the insured's medical condition. We may do this as often as reasonably required while an accelerated benefit is being considered or paid.



Secretary



President

Accidental Death and Dismemberment Certificate Supplement

Securian Life Insurance Company
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 the 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 the 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?

The following classes are eligible to be insured under this supplement:

Class 1: Active employees working in the United States on a regular appointment and eligible disabled employees whose coverage is continued under the continuation provisions of the policy;

Class 2: Closed group of grandfathered disabled employees who became disabled prior to January 1, 2014.

In addition, an employee may elect coverage for his or her spouse/domestic partner and/or dependent child(ren)) who are insured under the Dependents Term Life Insurance Certificate Supplement attached to the certificate. All references to an insured in this supplement shall include dependents. All provisions of this supplement applicable to an "insured" shall apply to an insured dependent.

What is the amount of insurance?

The amount of insurance for each insured is based on his or her class, as follows:

<u>CLASS</u>	<u>AMOUNT OF INSURANCE</u>
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Class 1 and Class 2:	
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Basic AD&D	An amount equal to the amount of basic life insurance for which the employee is insured under the group policy.
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Supplemental AD&D	An amount equal to the amount of supplemental life insurance for
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which the employee is insured under the group policy.

Spouse/Domestic Partner AD&D	An amount equal to the amount of spouse/domestic partner life insurance for which the spouse/domestic partner is insured under the group policy.
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Child AD&D	An amount equal to the amount of child life insurance for which the child is insured under the group policy.
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Age reductions will apply to AD&D as follows:
The amount of insurance on an employee or on a spouse/domestic partner age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
70	90%
71	80%
72	70%
73	60%
74	50%

Age reductions will apply the January 1st following the date the insured employee attains the specified age.

Basic insurance is noncontributory insurance; supplemental and dependent insurance is contributory insurance.

When does insurance under this supplement become effective?

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

- (1) the insured meets all eligibility requirements; and
- (2) for contributory coverage, application is made in accordance with the application methods agreed upon by the policyholder and us.

For an insured employee who has existing dependent coverage in force, any newly acquired dependent who meets the requirements will automatically become insured when he or she becomes eligible unless additional premium is required for the newly eligible dependent, in which case coverage will become effective as described above.

Accidental Death and Dismemberment (AD&D) Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when an insured's loss, death or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen. Loss, death or dismemberment caused by, resulting from, or where there is contribution from, bodily or mental or emotional disorders, or sickness are not considered accidental bodily injuries and are not covered under this supplement. The bodily injury must be the sole cause of the insured's death or dismemberment. The injury and accidental loss, death or dismemberment must occur while the insured's coverage is in force. The insured's loss, death or dismemberment must occur within 365 days after the date of the accidental injury.

In no event will we pay the accidental death or dismemberment benefit where insured accident, injury, loss, death or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) intentionally self-inflicted injury; or
- (2) suicide or attempted suicide; or
- (3) insured participation in a felony; or
- (4) insured being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or
- (5) aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or
- (6) war or any act of war, whether declared or undeclared; or
- (7) service in the armed forces or units auxiliary thereto, except as provided under the Reserve-National Guard benefit.

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. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand and One Foot.....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye.....	100%
Quadriplegia.....	100%

Paraplegia	75%
Sight of One Eye	50%
Speech or Hearing in Both Ears.....	50%
One Hand or One Foot.....	50%
Hemiplegia.....	50%
Thumb and Index Finger of One Hand.....	25%

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 for injury to the same hand as a result of any one accident (the largest benefit of these overlapping losses only will be paid). 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 an insured's AD&D insurance.

What notice of claim must be provided?

Written notice of claim must be given to us within 20 days of the date of a loss resulting from a covered accident. However, failure to give notice within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such notice and the notice was provided as soon as reasonably possible.

Will claim forms be provided?

Upon receipt of notice of claim, we will provide a claim form. If the claim form is not provided within 15 days after the insured has given notice of claim, we will deem the insured to have complied with the requirements for filing proof of a loss resulting from a covered accident if the insured submits, within the time period for filing proof of the loss, written proof of the occurrence, character and extent of the loss for which claim is made which is satisfactory to us.

When is proof of a loss resulting from a covered accident required?

Written proof of a loss resulting from a covered accident satisfactory to us must be provided to us within 120 days of the date of the loss. Failure to provide proof of the loss within this time will not invalidate or reduce a claim if it was not reasonably possible to provide proof within this 120 day period, provided such proof was furnished as soon as reasonably possible.

When will the accidental death and dismemberment benefit be payable?

We will pay the AD&D benefit within 60 days after receipt at our home office of written proof satisfactory to us as to both substance and form that an insured 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 or by any other method agreeable to us and the beneficiary.

To whom do we pay the benefit?

In the case of your accidental death, we will pay the accidental death benefit to the beneficiary or beneficiaries 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.

A dependent's AD&D benefit will be paid to you, if living, otherwise to your estate.

What are our physical examination rights?

After an insured has filed a claim and provided at his or her expense all requested claim forms and records, we have the right to have the insured examined by a physician of our choice and at our expense. This right may be exercised as often as reasonably necessary while an insured has a claim pending with us. We also have the right and opportunity to make an autopsy in the case of death unless prohibited by law.

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 and requirements listed under the "What does accidental death or dismemberment by accidental injury mean?" section, shall apply to these additional benefits.

Airbag Benefit

What is the airbag benefit?

If an insured dies as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

- (1) \$10,000 or
- (2) 10% of the insured's amount of AD&D insurance.

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

- (1) the seat in which the insured was 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 the insured 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 insured was the driver of the private passenger car, he or she was not intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

Airbag means a passive restraint device in a vehicle which inflates upon collision to protect an individual from injury or death. There is no obligation of the insured to ensure proper installation of the device.

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.

Reserve-National Guard Benefit

What is the reserve-national guard benefit?

Benefits will be paid for a covered loss due to injury of any insured which is sustained while the insured is a member of an organized Reserve Corps or National Guard Unit and is:

- (1) attending any regularly scheduled or routine training of less than 60 days, or is en route to or from such training; or
- (2) attending a service school no matter how long it is, or is en route to or from that school; or
- (3) taking part in any authorized inactive duty training; or
- (4) taking part as a unit member in a parade or exhibition authorized by official orders.

Service school means one operated by or on behalf of the United States of America or Canada.

Seatbelt Benefit

What is the seatbelt benefit?

If an insured dies as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

- (1) \$10,000; or
- (2) 10% of the insured's 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 the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
- (3) if at the time of the accident, the insured was the driver of the private passenger car, he or she was not intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

Termination

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

An insured's coverage ends on the earliest of:

- (1) the date the insured is no longer covered for life insurance under the group policy; or
- (2) for a dependent, the date the dependent no longer meets the eligibility requirements; or

- (3) for a insured dependent, the date the dependent is no longer covered for life insurance under the group policy; or
- (4) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (5) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Accidental Death and Dismemberment coverage for its plan; or
- (2) the date the group policy is terminated (we will provide the policyholder 31 days notice of our intent to terminate the group policy).

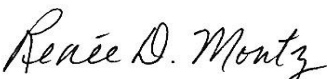
Additional Information

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 certificate.

Legal Actions

No legal action may be brought to recover on this certificate within the first sixty days after written proof of loss has been given as required by this certificate. No such action may be brought after two years from the time written proof of loss is required to be given.


Secretary


President

Dependents Term Life Insurance Certificate Supplement

Securian Life Insurance Company

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.

What does this supplement provide?

This supplement provides insurance on the lives of your eligible dependents.

What members of your family are eligible for insurance under this supplement?

The following members of your family are eligible for insurance under this supplement:

- (1) your lawful spouse who is not legally separated from you, or your same or opposite sex domestic partner, as recognized under the laws of the jurisdiction of celebration; and
- (2) your or your spouse's/domestic partner's natural, legally adopted or stepchildren who are less than 26 years old and dependent upon you for support and maintenance. An adopted child includes a child legally placed for adoption with you. Eligibility begins at live birth (stillborn or unborn children are not eligible).

Adopted child includes children that are placed with you, or for whom you have filed a petition to adopt. Children placed with you, or for whom you have filed a petition to adopt within 60 days of the adopted child's date of birth, are eligible from the moment of live birth (stillborn or unborn children are not eligible). Coverage for an adopted child placed with you, or for whom you have filed a petition to adopt more than 60 days after the child's date of birth, is effective from the moment of placement or filing of the petition. However, coverage will not continue if the placement is disrupted prior to legal adoption or if the child is removed from placement. Placed/placement means physical placement in your or your spouse's care. If physical placement is prevented due to the medical needs of the child, "placed" means the date you or your spouse sign an agreement for adoption of the child and assume financial responsibility for the child.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

Any dependent who, subsequent to the effective date of your dependents term life insurance, meets the eligibility requirements of this supplement will become insured on the date he or she so qualifies, provided no additional premium is required and the dependent is not hospitalized or confined because of illness or disease (except in the case of a newborn). If additional premium is required, the insurance for that dependent will be effective under the same conditions which would apply if you were newly becoming eligible for dependents term life insurance under this supplement. If the dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement (except in the case of a newborn).

When will we require evidence of insurability?

The specification page describes when evidence of insurability will be required.

When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

the dependent meets all eligibility requirements; and for contributory coverage, you apply for dependents coverage in accordance with the application methods agreed upon by the policyholder and us; and we are satisfied with the dependent's evidence of insurability, if we require evidence.

Death Benefit

What is the amount of life insurance on each insured dependent?

The amount of life insurance on each insured dependent is shown on the specifications page.

To whom will we pay the death benefit?

The death benefit payable under this supplement will be paid to you if living, otherwise to your estate.

Termination

When does an insured dependent's coverage under this supplement terminate?

An insured dependent's coverage ends on the earliest of the following:

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or
- (4) the date you are no longer covered under the group policy; or
- (5) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Dependents Term Life coverage for its plan; or
- (2) the date the group policy is terminated.

Additional Information

What is the conversion right under this supplement?

If an insured dependent's coverage under this supplement terminates because he or she is no longer eligible, or because of your death, or because of termination or amendment of this supplement, the insurance may be converted to a policy of individual insurance with us.

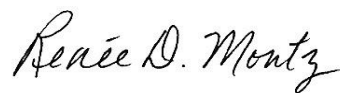
You may request to convert dependent coverage under this supplement. If a dependent's coverage terminates because of your death then each covered dependent may elect to convert their coverage. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

What is the suicide limitation?

If an insured dependent commits suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in an insured dependent's amount of contributory life insurance for which you were required to apply or for which we required evidence of insurability, and if the dependent dies by suicide within two years 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.

The suicide exclusion does not apply to an insured child.



Secretary



President

Portability Certificate Supplement

Securian Life Insurance Company
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 the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for continuation of insurance if an insured no longer meets the eligibility requirements of the certificate, except as provided for herein.

To continue insurance, the insured must make a written request and make the first premium payment within 31 days, or any extended notice period, after insurance provided by the group policy would otherwise terminate. Upon completion of all portability election requirements, coverage provided by this supplement will be effective the date the insured's coverage terminated under the group policy. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

When must election to continue insurance be made?

You will be notified of your right to continue your group life insurance. If notification is made within 15 days before or after the event that results in termination or reduction of the group life coverage, you will have 31 days from the date the insurance terminates to elect continuation under this supplement. If the notice is given more than 15 days but less than 90 days after the event, the time allowed for of the exercise of the continuation privilege shall be extended to 45 days after such notice is sent. If the notice is not given within 90 days, the time allowed for the exercise of the continuation privilege expires 90 days after the terminating event. Such notice shall be mailed to you by us or an entity the policyholder designates at your last known address.

If you elect to continue your coverage you may later elect to convert your continued group life coverage to an individual policy at any time. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

The continuation right is not available if your coverage under the group policy terminates due to your failure to make, when due, required premium contributions.

Who is eligible to continue insurance under this supplement?

An insured employee is eligible to continue group life insurance under the terms of this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

- (1) the employee terminates employment, including retirement; or
- (2) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
- (3) an amendment to the group policy, provided that less than 25% of the total number of insureds under the group policy lose eligibility.

An insured will not be eligible to request coverage under this supplement if he or she:

- (1) has attained the age of 75; or
- (2) has converted his or her insurance to an individual life policy under the terms of the certificate's conversion right section; or
- (3) loses eligibility due to termination of the group policy.

What insurance can be continued under this supplement?

Contributory and noncontributory insurance may be continued under this supplement. If an employee elects to continue his or her own coverage according to the provisions of this supplement, he or she may also elect to continue contributory insurance for any dependent insured under his or her certificate.

An insured may also continue coverage under all certificate supplements which apply to his or her contributory insurance and by which he or she was insured immediately preceding his or her portability date.

Is there a minimum amount of insurance that can be continued under this supplement?

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

Is there a maximum amount of insurance that can be continued under this supplement?

Yes. The maximum amount of insurance that can be continued under this supplement is the amount of insurance that was in force on the insured's portability date, but not more than \$350,000 for an employee or \$100,000 for a spouse/domestic partner. However, for an insured age 65 or older on his or her portability date, the amount will not be more than \$227,500 for an employee or \$65,000 for a spouse/domestic partner.

The amount of ported AD&D insurance cannot exceed the amount of ported life insurance.

Amounts in excess of portability maximums stated above may be converted according to the Conversion Right section of your certificate.

Will the amount of insurance continued under this supplement change?

Yes. On the first day of the month following the date an insured attains age 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65. Insurance terminates at age 75.

Can an insured request a change in the amount of insurance continued under this supplement?

Yes. An insured may elect to reduce the amount of insurance on his or her life, subject to the minimum amount. 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 one 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, but not beyond 31 days, or any extended notice period, after coverage terminates under the provisions of this supplement, it may be converted to a policy of individual insurance with us. All other conditions and provisions of the conversion right section of the certificate to which this supplement is attached will apply. Coverage cannot be continued under both this supplement and the conversion privilege.

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

If an insured is continuing coverage under the terms of this supplement, and again meets the eligibility requirements of the certificate, the insured shall no longer be considered to have portability status, ported coverage will terminate and only one death benefit will be paid under the coverage. Insurance may be continued only under the terms of the certificate, not including this supplement unless and until the insured no longer meets the eligibility requirements of the 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 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.

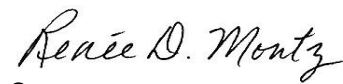
Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this supplement terminate?"

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 75th birthday; or
- (2) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this supplement; or
- (3) in the case of a dependent child or a spouse/domestic partner who is insured by a supplement to the employee's certificate, the date the employee's coverage is no longer being continued under this supplement or the date the spouse/domestic partner or child ceases to be eligible as defined under the terms of the certificate.
- (4) 31 days after the due date of any premium contribution which is not made.


Secretary


President

Securian Life Insurance Company • A Stock Company

400 Robert Street North • St Paul, Minnesota 55101-2098

**GROUP TERM LIFE CERTIFICATE OF INSURANCE • NONPARTICIPATING •
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