Employee Group Term Life
Certificate of Insurance

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

Basic Term
Effective September 1, 2018

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. Every provision of the group policy which affects your insurance is summarized in this certificate. Nothing in the group policy may invalidate or impair the rights granted to the certificate holder by this certificate or by law. You may also examine the group policy at the principal office of the policyholder during regular working hours.

Secretary

President

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
**GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>POLICYHOLDER:</th>
<th>University of Rochester</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY NO.:</td>
<td>33260-G</td>
</tr>
<tr>
<td>ASSOCIATED COMPANIES:</td>
<td>All subsidiaries and affiliates reported to Securian Life by the policyholder for inclusion in the policy.</td>
</tr>
<tr>
<td>POLICY EFFECTIVE DATE:</td>
<td>November 1, 2006. This specifications page represents the plan in effect as of September 1, 2018.</td>
</tr>
</tbody>
</table>

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:**

- All new employees or members in the groups or classes eligible for such insurance will be added to such groups or classes for which they are respectively eligible.

  - **Group 1**
    - All regular full-time faculty or staff members except individuals represented by SEIU collective bargaining agreements.

  - **Group 2**
    - All regular part-time faculty or staff members except individuals represented by SEIU collective bargaining agreements.

  - **Group 3a**
    - All full-time Residents and Fellows of Strong Memorial Hospital.

  - **Group 3b**
    - All part-time Residents and Fellows of Strong Memorial Hospital.

  - **Group 4**
    - Closed group of 3 retirees of the Eastman Dental Center of the University of Rochester

  - **Group 5**
    - Closed group of grandparented retirees who retired prior to July 1, 1996

  - **Group 6**
    - Open group of grandparented retirees of the University of Rochester who were at least 50 years old or had 10 years of service as of July 1, 1996 (full-time)

  - **Group 7**
    - Open group of grandparented retirees of the University of Rochester who were at least 50 years old or had 10 years of service as of July 1, 1996 (part-time)

The following terms, as used in this policy, are defined as follows:

**Regular:** Period of appointment in nonexempt and/or professional, administrative, and supervisory (PAS) job classifications that is expected to exceed four months, unless otherwise defined in collective bargaining agreements; period of appointment for faculty-instructional staff that is at least one year (or one academic year) or, if shorter, is expected to be renewed. Appointments primarily for furthering education (for example, graduate assistants) are not considered regular appointments.
**Full-time:** For nonexempt job classifications (excluding those in PAS job classifications paid hourly): a regular weekly work schedule of at least 35 hours; for all professional, administrative, and supervisory (PAS) job classifications (including PAS paid on an hourly basis): a weekly work schedule of 40 hours or more; for faculty: a normal full teaching and research load as defined for the faculty by the college or school concerned.

**Part-time:** A regular weekly or monthly schedule which is less than that required for full-time status but generally not less than 17.5 hours per week in the case of those in nonexempt and/or professional, administrative, and supervisory (PAS) job classifications. For faculty, it indicates that the individual carries at least half the normal (full) teaching and research load as defined for faculty by the college or school concerned.

**ENROLLMENT PERIOD:** Not applicable for noncontributory for University-paid insurance.

**WAITING PERIOD:** None

**MINIMUM HOURS PER WEEK REQUIRED:** See definitions above in GROUP section.

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**EMPLOYEE BENEFIT SCHEDULE**

**University-paid Life Insurance**

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>An amount of insurance equal to 50% of the insured’s annual earnings, subject to a minimum of $15,000 and a maximum of $50,000.</td>
</tr>
<tr>
<td>Group 2</td>
<td>An amount of insurance equal to 50% of the insured’s annual earnings, subject to a minimum of $7,500 and a maximum of $25,000.</td>
</tr>
<tr>
<td>Group 3a</td>
<td>An amount of insurance equal to 150% of the insured’s annual earnings, subject to a minimum of $15,000 and a maximum of $50,000.</td>
</tr>
<tr>
<td>Group 3b</td>
<td>An amount of insurance equal to 150% of the insured’s annual earnings, subject to a minimum of $7,500 and a maximum of $25,000.</td>
</tr>
<tr>
<td>Group 4</td>
<td>Frozen amounts ranging from $12,500 to $25,000 as indicated on the census received by Securian Life from the policyholder.</td>
</tr>
<tr>
<td>Group 5</td>
<td>Frozen amounts ranging from $2,500 to $10,000 as indicated on the census submitted to Securian Life from the policyholder.</td>
</tr>
<tr>
<td>Group 6</td>
<td>$10,000</td>
</tr>
<tr>
<td>Group 7</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE (available to Groups 1, 2, 3a and 3b only)

University-paid AD&D Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of AD&amp;D Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Employees in Classes 1, 2, 3a and 3b</td>
<td>An amount of AD&amp;D insurance equal to the amount of university-paid life insurance for which the insured is insured under the group policy.</td>
</tr>
</tbody>
</table>

Optional Term Life Insurance (for Group 5 only)
An amount elected by the employee from the following options:

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Optional Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 5</td>
<td>An amount of insurance equal to 35% of the employee’s optional life coverage in effect prior to retirement (such frozen amount as indicated on the Census submitted to Securian Life by the policyholder).</td>
</tr>
</tbody>
</table>

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: University-paid insurance is noncontributory insurance.

GUARANTEED ISSUE AMOUNT: All University-paid insurance is guaranteed issue.

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.

CONTRIBUTORY/NONCONTRIBUTORY: Dependents insurance is contributory insurance.

ADDITIONAL INFORMATION

SUPPLEMENTS TO THE CERTIFICATE

Accelerated Benefits
Accidental Death and Dismemberment
Portability
**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 this 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**
For an hourly-paid staff member, annual salary is standard annual hours times the hourly rate of pay; for a salaried faculty or staff member, annual salary is 12 times the regular monthly salary or 24 times the regular semi-monthly salary. For faculty members under the School of Medicine and Dentistry Master Clinical Faculty Compensation Plan, annual salary means "Targeted Salary."

**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 under 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**
Securian Life Insurance Company.

**you, your, certificate holder**
An employee who meets the eligibility requirements and is insured under the group policy.

**General Information**

You are insured under the group policy shown on the specifications page attached to this certificate. Your signed application as defined under this certificate is attached and is a part of this certificate. Your certificate, signed application, and any subsequent signed application, contain your entire certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage.

Any statements made in your signed application as defined in this certificate will be considered representations and not warranties.

No statement made by you relating to your insurability will be used to contest the validity of your coverage, with respect to which such statement was made, after your coverage has been in force prior to the contest period of two years during your lifetime or, to the extent of any increase, two years from the effective date of such
increase and unless it is contained in a written instrument signed by you, a copy of which is or has been furnished to you or to your beneficiary.

No change or waiver of any provisions of the group policy, or any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice-president, our secretary, or an assistant secretary. No agent or other person has the authority to change or waive any provisions of the group policy, or of any certificate issued under it.

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

Can the policy 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 for benefits incurred prior to the effective 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?”.

Unless otherwise specified in this certificate, you must continue to meet the actively at work requirement as specified in this certificate for your coverage to remain in force. Please refer to the provision entitled “Can your coverage be continued during sickness, injury, leave of absence or temporary layoff?”.

Are retired employees eligible for insurance?

If the policyholder’s plan of insurance 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 covered by an individual policy issued under the terms of the conversion right section, unless you cancel the individual policy without claim.

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. 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. Insurance will be deemed to continue until terminated by discontinuance of premium payment or written request.

Insurance continued for non-medical leave of absence or temporary layoff may not be continued beyond twelve months from the last day the insured employee was actively at work.

Insurance continued for sickness, injury or medical leave of absence may be continued while the insured employee is receiving LTD benefits under the employer’s LTD plan.
Practices established by the policyholder for determining eligibility for and continuance of insurance must be uniformly applied to all employees in a given class, regardless of such employee’s physical health or disability.

**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.

How 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 any applicable rate guarantee period; or
2. anytime, if the policy terms are amended or the total amount of insurance in force changes by 10% or more.

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

Can a premium be paid by the policyholder after the date it is due?

Yes. The policy has a 31-day grace period. If a premium is not paid on or before the date it is due, that premium may be paid during the 31-day period following the due date. The insurance under the policy will remain in effect during the 31-day grace period. The grace period does not apply to the first premium.

Can the premium be adjusted?

Yes. We will adjust the premium on each due date for insurance which was effective or terminated before the most recent due date, but not reflected in prior premium payments from the policyholder. We will charge the policyholder for any additional premium, and will refund any overpayment, excluding any overpayment made more than 12 months before the adjustment.

**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. The amount of insurance for an insured spouse or insured domestic partner shall not exceed the amount of insurance for which you are eligible. The amount of insurance for each insured dependent child shall not exceed the lesser of the amount of insurance for which you are eligible or $25,000.

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 3% 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.

Prior to January 1, 2007, if there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to the personal representative of your estate.

Effective January 1, 2007, 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 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. 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.

Unless otherwise specified in this certificate, you must continue to meet the actively at work requirement as specified in this certificate for your coverage to remain in force. Please refer to the provision entitled “Can your insurance be reinstated after termination?”.

Can the policy be reinstated?

No. We will not reinstate the policy after it terminates.

The policyholder must submit a new application for a new policy after the policy has terminated.

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

1. you move from one existing eligible class to another; or
2. you are no longer in an eligible class; or
3. your employment terminates; or
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.

You can also 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 group policy within 45 days of the termination.

If you have received accelerated payment of the full amount of your death benefit, any other individual insured under your certificate will be allowed to convert any such insurance to a policy of individual life insurance with Securian Life or one of its associated companies.
You can also 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.

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. 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.

Can you continue your group insurance prior to conversion?

Yes. If your coverage ends due to any of the terminating events allowing conversion, you may elect to continue such insurance under the group policy prior to converting to an individual policy by paying premiums directly to us. You may continue your group term life insurance for a period of up to one year at which time you may convert such insurance to an individual policy of permanent insurance with Securian Life or one of its associated companies. Such conversion shall be subject to the rest of this Conversion Right section. The premium rate for this continued coverage may be higher.

When must election to continue or convert insurance be made?

You will be notified of your right to continue or 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 continuation or 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 continuation or 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 continuation or conversion privilege expires 90 days after the terminating event. Such notice shall be mailed to you at your last known address.

The continuation or 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 on the date of the conversion.

What happens if you die during the period allowed for conversion?

If you die during the 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?

No.

When does your insurance become incontestable?

Except for the non-payment of premiums, after your insurance has been in force during your lifetime for two years 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 voluntarily apply, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

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 void your insurance, nor defend against a claim, unless the written statement is contained in the application or any evidence of insurability application which is signed by you and a copy has been furnished to you or to your beneficiary.

Our liability with respect to any contested amount of insurance will be limited to the premiums paid and attributable to the contested amount.

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.

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. 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 a certificate of insurance be provided for each insured?

Yes. We will provide the policyholder with a certificate of insurance for delivery to each insured. The certificate will include information regarding the principal provisions of his or her coverage.

Is the policyholder our agent?

No. For all purposes of the policy, neither the policyholder, an associated company, nor any administrator the policyholder appoints is our agent. We will not be liable for any of the policyholder’s acts or omissions or those of an associated company or administrator.

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 and may affect your eligibility for public assistance programs. 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 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.

**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?**

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

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 the lesser of 25% of the insured's amount of insurance or $50,000. The maximum death benefit to be eligible for an accelerated benefit is $1,000,000.

**Do you have to take the entire accelerated benefit?**

No. You may choose to receive a partial accelerated benefit. If you do so, the insured's remaining coverage will stay in force.

If you have elected to accelerate a partial amount of your term life amount of insurance, the remaining amount of your term life insurance available for a subsequent request for accelerated benefits is the lesser of 25% of your remaining amount of term life insurance or $50,000.

You may reapply for the payment of the remaining amount of insurance at any time. However, we may ask for further satisfactory evidence that the insured meets all requirements for the accelerated benefit.

**What is the effect on an 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 such termination causes a certificate holder's covered spouse or dependent children to lose coverage, each of them will be allowed to convert any such insurance to a policy of individual life insurance according to the conversion right section of the certificate to which this supplement is attached.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under your certificate will be the full amount of insurance minus the amount of insurance that was accelerated, except any accidental death benefit which may be payable under the terms of the group policy.

If you elect to receive accelerated benefits, we will send a statement which illustrates the effects of the accelerated benefit payment on your amount of insurance.

If there is any death benefit remaining after the payment of a partial accelerated death benefit, any accidental death and dismemberment insurance covering the insured on whose life the partial accelerated death benefit payment has been made, shall remain unaffected by any such partial accelerated death benefit payment.

**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.

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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 a benefit for your accidental death or dismemberment which occurs as a result of an accidental injury.

Accidental Death and Dismemberment 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 injury which is unintended, unexpected, and unforeseen.

The injury must occur while your coverage under this supplement is in force. Your death or dismemberment must occur within 90 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 results from or is caused directly or indirectly by any of the following:

1. Suicide or attempted suicide; or
2. your participation in or attempt to commit a felony; or
3. bodily or mental infirmity, illness or disease including bacterial infection, other than infection occurring simultaneously with, and as a result of, the accidental injury; or
4. intoxication or influence of any narcotic unless administered on the advice of a physician; or
5. travel or flight in or on, or descent from or with, any type of military aircraft; or
6. war or any act of war, whether declared or undeclared.

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

<table>
<thead>
<tr>
<th>FOR LOSS OF</th>
<th>AMOUNT OF BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>Full Amount of Insurance</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>Full Amount of Insurance</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>Full Amount of Insurance</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>Full Amount of Insurance</td>
</tr>
<tr>
<td>One Foot and Sight</td>
<td>Full Amount of Insurance</td>
</tr>
<tr>
<td>One Eye</td>
<td>Full Amount of Insurance</td>
</tr>
<tr>
<td>One Hand and Sight</td>
<td>Full Amount of Insurance</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50% of Amount of Insurance</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50% of Amount of Insurance</td>
</tr>
</tbody>
</table>

The amount of insurance is shown on the specifications page attached to your certificate. Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight means the entire and irrecoverable loss of sight which cannot be corrected by medical or surgical treatment or by artificial means.

Benefits may be paid for more than one accidental injury but the total amount of insurance payable under this supplement due to any one accident will never exceed the full amount of insurance shown on the specifications page attached to your certificate.

When will the accidental death and dismemberment benefit be payable?

We will pay the accidental death and dismemberment 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?

We pay the death benefit to the person or persons entitled to receive them under the terms of your certificate. The benefit for other losses is paid to you.
**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 the Accidental Death and Dismemberment Policy Rider to the group policy; 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 whenever a claim is pending and, where not forbidden by law, we reserve the right to have an autopsy performed in case of death.

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 the time period allowed for election of continuation under this supplement 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 period allowed for election of continuation under this supplement. This date is considered to be your portability date and you are then considered to have portability status.

When must election to continue or convert insurance be made?

You will be notified of your right to continue or 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 continuation or 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 continuation or conversion right 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 or conversion right expires 90 days after the terminating event. Such notice shall be mailed to you at your last known address.

The continuation or conversion 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?

You are eligible to continue insurance under 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. an amendment to the group policy, provided that less than 25% of the total number of insureds under the group policy lose eligibility due to that amendment.

You will not be eligible to request coverage under this supplement if you:

1. have attained the age of 70; or
2. have converted your insurance to an individual life policy under the terms of your certificate’s conversion right section; or
3. lose 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 you elect to continue your own coverage according to the provisions of this supplement, you may also elect to continue contributory insurance for any other individual insured under your certificate. You may also continue coverage under all supplements to such certificate which apply to contributory and noncontributory insurance and by which you were insured immediately preceding your portability date, except for the Term Life Waiver of Premium Certificate Supplement, which shall terminate on the portability date.

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 $7,500. 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 for an employee, or $100,000 for a spouse/domestic partner. For an insured who is age 65 or older on his or her portability date, the amount will not
be more than 65% of the amount of insurance in force on the insured’s portability date subject to a maximum of $325,000 for an employee, or $65,000 for a spouse/domestic partner.

You may convert any amount of your insurance under the group policy which exceeds the maximum amount of insurance that you can continue under the terms of this certificate supplement to a policy of individual life insurance with Securian Life or one of its associated companies. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

Will the amount of insurance continued under this supplement change?

Yes. When you attain age 65, the amount of insurance on your life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to your attainment of age 65. Your insurance terminates at age 70.

You may convert any amount of your insurance under the group policy which reduces according to the terms of this provision to a policy of individual life insurance with Securian Life or one of its associated companies. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

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

Yes. You may elect to reduce the amount of insurance on your 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 life insurance with Securian Life or one of its associated companies. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

What happens if you again become 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 provided 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 continued under this supplement will terminate on the earliest of the following:

(1) your 70th birthday; or
(2) the date you again meet the eligibility requirements of your certificate, not including the terms of this supplement; or
(3) in the case of a dependent child or a spouse or domestic partner who is insured by a supplement to your certificate, the date your coverage is no longer being continued under this supplement or the date your spouse or domestic partner or child ceases to be eligible as defined under the terms of your certificate; or
(4) 31 days after the due date of any premium contribution which is not made.

Upon termination, you may convert any amount of your remaining amount of insurance under this certificate supplement to a policy of individual life insurance with Securian Life or one of its associated companies according to the conditions and provisions of the conversion right section of your certificate to which this supplement is attached.