

# How you can keep your life insurance going...

*even if your group coverage ends.*

If any portion of your Minnesota Life group coverage terminates (because your employment or membership in a class eligible for insurance terminates or the master group contract terminates), you may be able to continue your life insurance protection. Your right to do this is called a conversion privilege, and its features are described here for you.

In order to exercise your conversion privilege, you must — within 31 days after your group insurance ends — submit the conversion enrollment form provided and the first premium payment. Your conversion rights are subject to the master contract under which you are insured.

### How can I continue my life insurance protection when my group coverage terminates?

You can continue your protection by taking out an individual life insurance policy. This is called a conversion and your right to do so is called a conversion privilege. You do not have to prove that you are insurable, but you must submit your enrollment form and first premium payment within 31 days after your group coverage ends.

### What about my family's insurance?

If your group coverage includes life insurance on your dependents, you may be able to continue their protection under individual policies. Check your certificate to make sure they qualify.

### What if the master group contract terminates?

Depending upon applicable state law and the terms of the master group contract, you may be eligible to convert all or a portion of your group life insurance. For more information, call our toll-free number, 1-800-660-2519.

## MINNESOTA LIFE

Minnesota Life Insurance Company  
Group Insurance - Atlanta Office  
A Securian Financial Group Affiliate

260 Peachtree Street NW, Suite 1203  
Atlanta, GA 30303-1237  
www.lifebenefits.com

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### How much insurance can I get?

If your coverage terminates for any reason other than cancellation of the master contract, you can convert all or any portion of your group insurance. If your master group contract terminates and you are eligible to convert, the amount you are eligible to convert will depend on applicable state law and the terms of the master group contract. Call our toll-free number for details.

### What if I die before I have a chance to convert my insurance?

If you die during the 31-day conversion period, your beneficiary will receive the full amount of your group insurance — whether or not you enrolled to continue your coverage. Any premium paid for a new policy will be refunded.

### What kind of policy will be issued?

You will be issued a whole life insurance policy known as Classic Life.

### How much will it cost?

Your premiums will be at Minnesota Life's regular rates in use at the time your new policy is issued, depending on your age at the time you convert. Use the rates provided to determine your initial premium. Rates are subject to change.

### How do I determine my new premium?

First, determine your issue age. The effective date of your new policy will usually be 31 days from the date your coverage terminates. Your issue age is your current age if, on the effective date of your new policy, more than six months remain until your next birthday. Otherwise, it is the age you will be on your next birthday.

Second, find the annual premium rate per \$1,000 for your issue age in the rate table.

Third, multiply the rate by the amount of insurance you are requesting.

Example: \$20,000 = insurance amount.  $20 \times$  premium rate.

Fourth, add the annual policy charge.\* Use the example provided to help determine your premium.

### Can I pay more often than once a year?

You may make premium payments quarterly or semiannually if each payment is at least \$10. To determine a semiannual premium, divide your annual premium by two and add \$1. To determine a quarterly premium, divide the annual premium by four and add \$1. See the example provided.



For more information about your conversion privilege, call Minnesota Life's toll-free number, 1-800-660-2519.

## How do I convert?

Complete the enrollment form provided. Use your beneficiary's full name (no initials) and show the relationship of each beneficiary to you (for example, wife). **Make sure your employer completes the bottom section of the enrollment form.** Date and sign the enrollment form using your full name (no initials) and send to Minnesota Life along with your first premium payment.

If you want to convert your dependents' insurance, complete a separate enrollment form for each individual. Sign the enrollment form as "Employee," and have your dependent (if legally old enough to sign) sign as "Person Converting."

## Here's an example to help you determine your new premium:

Line	Example	You
1. Birth date	<u>Sep. 6, 1961</u>	_____
2. Last day of coverage	<u>Apr. 30, 2006</u>	_____
3. Effective date of new policy (31 days after date on line 2)	<u>May 31, 2006</u>	_____
4. Actual age on effective date of new policy	<u>44</u>	_____
5. Are there more than six months from the effective date of your new policy (line 3) until your next birthday? (Yes or No)	<u>No</u>	_____
6. Issue age on effective date of new policy. If 'Yes' on line 5, your issue age equals your actual age on line 4; if 'No,' your issue age is the age you will be on your next birthday.	<u>45</u>	_____
7. Amount of new insurance	<u>\$20,000</u>	_____
8. Premium rate per \$1,000 for age on line 6	<u>\$25.54</u>	_____
9. Amount x rate ÷ 1,000 = <small>(line 7 x line 8 ÷ 1,000)</small>	<u>\$510.80</u>	_____
10. Annual policy charge* =	<u>\$60.00</u>	_____
11. Annual premium = <small>(line 9 ÷ line 10)</small>	<u>\$570.80</u>	_____

## How to determine premium payment amount for semiannual or quarterly payments:

Semiannual premium = <small>Annual premium ÷ 2 + \$1 (line 11 ÷ 2 + \$1)</small>	<u>\$286.40</u>	_____
Quarterly premium = <small>Annual premium ÷ 4 + \$1 (line 11 ÷ 4 + \$1)</small>	<u>\$143.70</u>	_____

## Classic Life features:

- Premiums are payable until death.
- Premium amount remains the same (based on your age at time of conversion).
- Face amount of insurance payable at death.
- Dividends earned based on company experience.
- Living benefit builds cash value.

## Annual premium rates per \$1,000<sup>‡</sup>

*Excluding annual policy charge\**

Age	Premium	Age	Premium
0	\$ 4.30	46	\$ 26.76
1	4.44	47	28.03
2	4.60	48	29.38
3	4.76	49	30.79
4	4.92	50	31.97
5	5.10	51	33.51
6	5.29	52	35.12
7	5.50	53	36.83
8	5.71	54	38.61
9	5.93	55	39.98
10	6.17	56	41.90
11	6.42	57	43.92
12	6.68	58	46.04
13	6.93	59	48.29
14	7.21	60	49.93
15	7.47	61	52.37
16	7.73	62	54.91
17	8.01	63	57.59
18	8.30	64	60.39
19	8.59	65	62.06
20	8.83	66	64.99
21	9.16	67	68.07
22	9.50	68	71.31
23	9.87	69	74.73
24	10.26	70	78.12
25	10.67	71	81.91
26	11.10	72	85.88
27	11.57	73	90.01
28	12.06	74	94.31
29	12.57	75	98.76
30	13.12	76	103.38
31	13.70	77	108.20
32	14.31	78	113.29
33	14.96	79	118.68
34	15.63	80	124.40
35	16.34	81	130.48
36	17.10	82	136.92
37	17.89	83	143.73
38	18.72	84	150.92
39	19.60	85	158.60
40	20.44	86	166.89
41	21.40	87	176.03
42	22.41	88	186.20
43	23.47	89	197.88
44	24.58	90	211.32
45	25.54		

\*Annual policy charge is \$3 per \$1,000 of new insurance, not to exceed \$100 maximum.

<sup>‡</sup>Rates are subject to change.

# MINNESOTA LIFE

## CONVERSION OF GROUP LIFE INSURANCE ENROLLMENT

Minnesota Life Insurance Company • 260 Peachtree Street NW • Suite 1203 • Atlanta, Georgia 30303

NAME OF PERSON CONVERTING (PLEASE PRINT)		MIDDLE INITIAL	LAST NAME	RELATIONSHIP TO EMPLOYEE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER		ISSUE AGE (Age your nearest birthday)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS			CITY	STATE	ZIP CODE
NAME OF EMPLOYEE (If other than person converting)			SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER

REASON FOR TERMINATION OF GROUP INSURANCE

Termination of employment on \_\_\_\_\_ (date)    Reduction of Hours /Age Reduction on \_\_\_\_\_ (date)

No longer eligible as a dependent on \_\_\_\_\_ (date)

NAME OF GROUP POLICYHOLDER <b>State of Georgia</b>	GROUP POLICY NUMBER <b>33352</b>	AMOUNT OF GROUP INSURANCE TERMINATING
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### NEW (CONVERTED) INSURANCE

AMOUNT OF INSURANCE BEING CONVERTED  \$	TYPE OF INSURANCE POLICY <input checked="" type="checkbox"/> <b>Classic Life</b>	ANNUAL PREMIUM  \$	AUTOMATIC PREMIUM LOAN: Should you fail to make a premium payment before the end of the grace period, we will: 1) Use any dividend accumulations you left with us to pay the premium and 2) If necessary, we will make a policy loan to pay the balance of the premium. Do you want the Automatic Premium Loan to be operative? <input type="checkbox"/> YES <input type="checkbox"/> NO
DIVIDEND OPTIONS <input type="checkbox"/> PAID IN CASH <input type="checkbox"/> REDUCE PREMIUM Dividends paid in cash unless otherwise requested.	PREMIUMS PAYABLE <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY		

**Home office endorsements amending answers indicated. Acceptance of policy shall ratify changes entered here by Company.**

**BENEFICIARY:**

Subject to the policy beneficiary provisions. Right is reserved to revoke and change any beneficiary not designated irrevocable. List beneficiaries by class 1, 2, 3 etc., in order of their eligibility to receive payment. For example, class 2 beneficiaries collect only if all class 1 beneficiaries are deceased. Surviving beneficiaries in any given class share equally unless otherwise specified.

CLASS	FULL GIVEN NAME, MIDDLE NAME, SURNAME AND ADDRESS, IF DIFFERENT.	RELATIONSHIP TO INSURED.

**AGREEMENT:** Information in this enrollment form is given to obtain this insurance and is true and complete to the best of my knowledge and belief. The policy issued hereupon shall not take effect unless the first premium shall be actually paid to the Company during my lifetime upon or before delivery of the policy.

AMOUNT OF PREMIUM ATTACHED  \$	SIGNATURE OF EMPLOYEE (IF OTHER THAN PERSON CONVERTING) <b>X</b>	DATE
	SIGNATURE OF PERSON CONVERTING (IF OVER 18) <b>X</b>	DATE

**TO BE COMPLETED BY EMPLOYER OR MINNESOTA LIFE**

DATE ON WHICH THIS INDIVIDUAL FIRST BECAME INSURED UNDER THIS GROUP POLICY	DATE TO WHICH GROUP PREMIUMS WERE PAID FOR THIS INDIVIDUAL
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**I certify that the information given by this employee concerning employment and group insurance with us is correct according to our records.**

GROUP POLICYHOLDER	PLAN OR DIVISION
SIGNATURE <b>X</b>	TITLE
	DATE

Send the completed enrollment form(s) and the first premium payment(s) to: Group Conversions, Minnesota Life, Atlanta Branch Office, 260 Peachtree Street NW, Suite 1203, Atlanta, Georgia 30303