

Options to keep your group insurance

Portability – MnFIRE

Coverage available <i>Available without proof of good health.</i>	Group Critical Illness
Eligibility timing	Must be elected within 45 days after receipt of notification of portability. If coverage is ported, insured will be billed.
Eligible events	▪ Termination of employment ▪ Retirement ▪ Layoff or leave ▪ No longer in an eligible class ▪ Reduced work hours ▪ Termination of group policy without a successor plan
Spouse and children eligible events	Employee ▪ Terminates employment ▪ Retirement ▪ Layoff or leave ▪ No longer in eligible class ▪ Reduced work hours ▪ Death Spouse and children ▪ No longer an eligible dependent ▪ Legal separation or divorce
Not allowed for these events	▪ Termination of group policy with a successor plan ▪ Not actively at work due to sickness or injury ▪ Nonpayment of premium ▪ Lose eligibility due to class no longer eligible ▪ Do not reside in the United States or its Territory
Amounts allowed to elect <i>All or a portion of coverage previously in force.</i>	Employee \$20,000
Coverage reductions <i>Reductions apply to minimum and maximum amounts elected.</i>	Employee No reductions
Termination of coverage <i>The earlier of these events</i>	▪ Employee turns age 70 ▪ Termination of group policy ▪ Nonpayment of premium ▪ Date the employee again meets the eligibility requirements of the certificate

Product name, product features and availability may vary by state. This is a summary of plan provisions related to the insurance policy issued by the company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.

Premium rates to keep group insurance

MnFIRE

Policy Number 76188

Employee

Group Critical Illness Portability

Age	Monthly Premium
	\$20,000
Under 30	\$7.98
30 - 34	\$8.27
35 - 39	\$8.59
40 - 44	\$11.96
45 - 49	\$18.15
50 - 54	\$31.03
55 - 59	\$48.50
60 - 64	\$74.33
65 - 69	\$127.19

Rates increase with age and are subject to change

Details on how to keep group insurance

How to choose coverage for yourself and your dependents

- Complete the Election form and sign it. Please note we are unable to accept electronic signatures.
- Make a copy to keep for your records.
- Submit the form to us within **45 days** after loss of eligibility through one of the following options:

Form return options

Attach and submit on: lifebenefits.com/filetransfer

Or fax to: 651-665-4827

Or mail to: Securian Financial Group, Inc.

PO Box 64086

St Paul, MN 55164-0086

If you have additional questions, call 855-750-1906.

Election - Critical Illness Portability



Securian Life Insurance Company Minnesota Life Insurance Company

Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098

Employer name MnFIRE	Policy number 76188
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EMPLOYEE INFORMATION

Name	Date of birth	Sex ☐ Male ☐ Female
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Address (street, city, state, zip)

Email address	Cell or daytime phone number
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Date leaving employer's active plan	Employment location
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Were you actively at work on the day before your retirement or termination? ☐ Yes ☐ No	If you answered no, was your absence due to sickness or injury? ☐ Yes ☐ No
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I choose to keep the following insurance coverage(s) active. Note: If you elect a coverage amount greater than the amount verified by your employer, we will use the verified amount.

Critical illness amount I want to keep (select one)

☐ \$20,000

BILLING INFORMATION

Please indicate how you would like to be billed: ☐ Quarterly ☐ Semi-Annually ☐ Annually

Do not send a premium payment in with this completed form. We will bill you for the premium payment after receiving your completed election form. You will have the option of a monthly EFT draft after your initial payment is received and processed.

A \$2 fee is charged *per premium payment* for administrative fees, unless billed annually.

To be eligible for coverage, you must apply within 45 days of the date your previous coverage terminated.

Employee/Applicant signature	Date signed
X	