

Group Universal Life Insurance Program

Especially for JOHN DOE

Underwritten by Minnesota Life Insurance Company

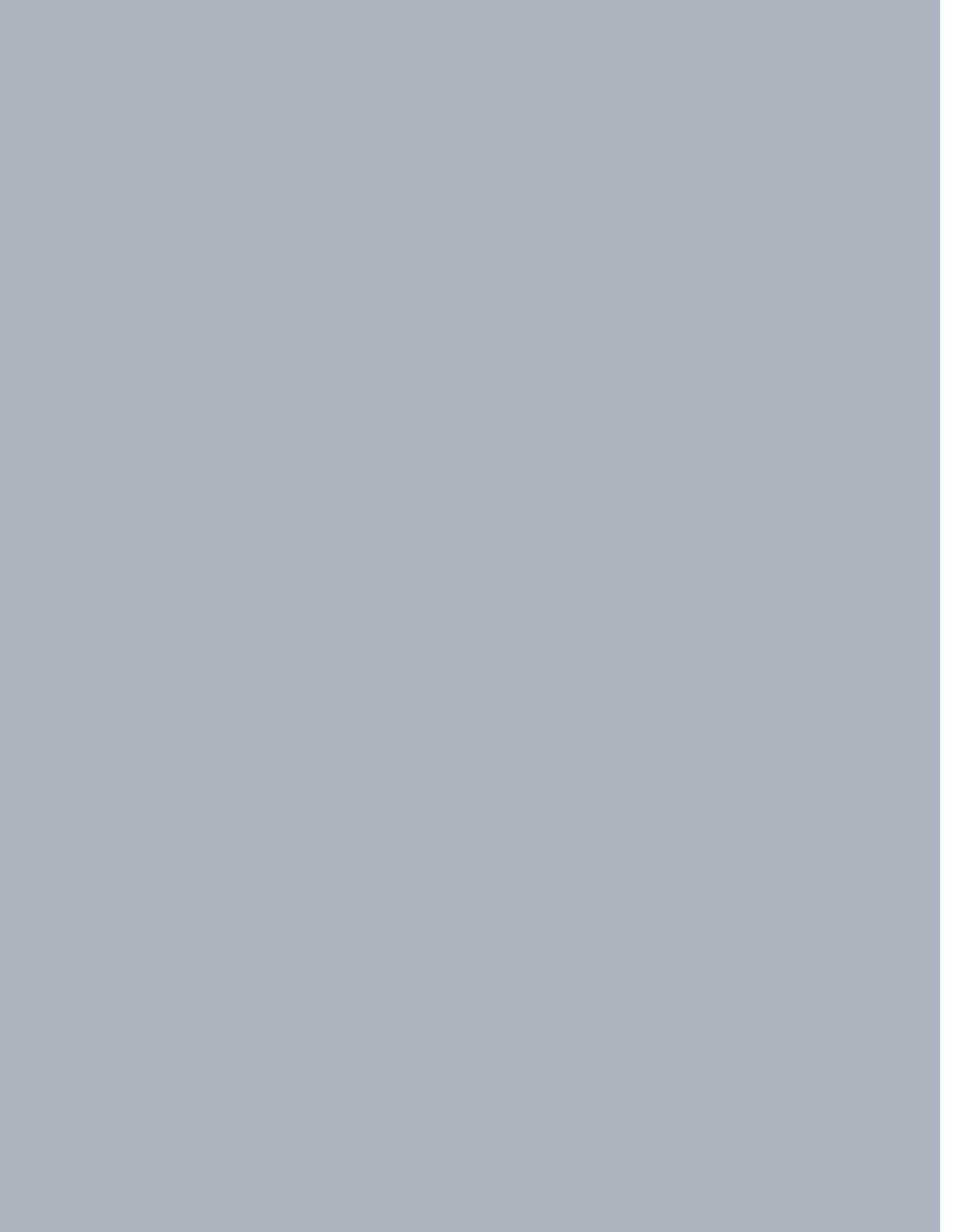
**Enroll within your
initial 90 day
eligibility period.**

**See enrollment instructions on
page 6.**



**YOUR ENROLLMENT WINDOW
IS NOW OPEN.**





Welcome

What do I need to do?

The State of Delaware is proud to partner with Securian Financial Group to provide group life insurance benefits. The State of Delaware's group life insurance program offers you, as a benefit eligible active employee, an affordable way to provide protection for your family.

Before enrolling, there are two very important questions you need to answer: Why do I need life insurance? and How much do I need?

Why do I need life insurance?

Think about it. If you died what would happen to the people who depend on you for financial support?

Group Universal Life (GUL) is a type of permanent life insurance with the option for tax-deferred cash accumulation. It's flexible protection and an excellent option for enhancing your family's overall financial security. This coverage will help protect your family against the unexpected loss of your life and income during your working years.

Insurance proceeds may be used as supplemental income for your family to pay off debts such as mortgage or medical expenses, or could be used to pay your funeral/burial costs.



How much life insurance do I need?



Everyone's needs are unique and it helps to evaluate your family's financial situation before choosing the exact amount.

Check out the online insurance needs calculator on www.ben.omb.delaware.gov/life to estimate how much or scan here with your smartphone or tablet.

Visit Ellie, your Interactive Benefits Guide, to learn more about your insurance benefits. By answering a few simple questions, you can determine if it meets your needs and get a quote to see if it fits your budget.



Go to www.ben.omb.delaware.gov/life to access helpful resources.

How do I elect coverage?

Enrolling is easy and can be done in four simple steps:

- Step 1:** Determine your needs
- Step 2:** Review your coverage options
- Step 3:** Calculate your costs
- Step 4:** Enroll

Step 1

Determine your needs

To estimate the amount of life insurance you need, you will want to determine what you must protect in the event of your death.

Assets and Income

What would be available to your family now, if you weren't here to provide for them?

Spouse's annual income x number of years to age 65	\$ _____
Cash, savings bonds, stocks, securities (current value)	\$ _____
Company savings plan (401(k), 403(b), other)	\$ _____
Cash value of life insurance	\$ _____
Other assets* or income (other than your own)	\$ _____

*Equity in your home, if you plan to sell or borrow against it for cash.

A = \$ _____

Basic Necessities

What basic needs do you and your family have?
(multiply the items below by the number of years required, if applicable)

Home - remaining mortgage or rent (120 months is a basic rule of thumb)	\$ _____
Annual household operating expenses (utilities, food, clothing, insurance, repairs, property taxes, etc.)	\$ _____
Childcare	\$ _____
Health - health insurance premiums or medical/hospital expenses not covered by insurance	\$ _____
Debt - balances on credit cards, car loans, etc.	\$ _____

B = \$ _____

Comfort Zone

What kind of special or one-time expenses may come along?

Tuition	\$ _____
Wedding	\$ _____
New residence	\$ _____
Elder care x number of years	\$ _____
Estate taxes, probate fees, attorney fees	\$ _____
Emergency fund	\$ _____
Funeral expenses (average is \$5,000 - \$10,000)	\$ _____
Golden years* (money put aside for survivor's retirement)	\$ _____

C = \$ _____

Complete the Equation

Complete the equation that most closely reflects your particular needs:

Basic Necessities

B - A = \$ _____

(Compare to current Life Insurance amount)

Comfort Zone

(B + C) - A = \$ _____

(Compare to current Life Insurance amount)

Remember, your calculation is based on today's costs and doesn't account for inflation or changes in annual earnings. Review your needs periodically to ensure that your needs will be met now and in the future.

Step 2

Review your coverage options

Plan at a glance

You have the option to enroll for life insurance for yourself and your dependents. Proof of good health is required for elected amounts that exceed guaranteed issue amounts, or if you elect coverage after the initial 90 day eligibility period.

Coverage type	Coverage options	Additional information
Employee Group Universal Life (GUL) and Accidental Death and Dismemberment (AD&D) <i>Employee-paid</i>	<ul style="list-style-type: none">One to six times base annual salary up to a maximum of \$350,000	<ul style="list-style-type: none">One to three times base annual salary, up to \$200,000, is guaranteed – Proof of good health is not required if elected within your initial 90 day eligibility period.Your total coverage amount will be rounded to the next higher \$10,000.AD&D benefit matches the GUL amount and terminates at age 70.
Spouse Term Life <i>Employee-paid</i>	<ul style="list-style-type: none">\$10,000 or \$20,000	<ul style="list-style-type: none">Coverage is guaranteed if elected within your initial 90 day eligibility period.Employees can also be insured as a spouse if both are benefit eligible active employees.
Child Term Life <i>Employee-paid</i>	<ul style="list-style-type: none">\$10,000 per child(ren)	<ul style="list-style-type: none">Coverage is guaranteed if elected within your initial 90 day eligibility period.If both parents are benefit eligible active employees, each may elect child coverage.See the Statewide Benefits Office website at www.ben.omb.delaware.gov/life for more information on Dependent Children eligibility.

Did you know?

Your GUL and AD&D coverage will be based on your “Highest Ever Salary” amount. This means that if, in the future, your base annual salary increases, your coverage will be increased appropriately. However, if your salary decreases (e.g., you change your position from full-time to part-time) your GUL and AD&D coverage will not be decreased.

Eligible employees purchasing the maximum guaranteed issue of \$200,000 are not eligible for automatic coverage increases as a result of salary changes.

For additional details regarding this program and your enrollment options, please refer to the following:

- Statewide Benefits Office website at www.ben.omb.delaware.gov/life
- Frequently Asked Questions section of this booklet

Qualified Family Status Change

Enrolled employees who experience a family status change, such as marriage, birth or adoption, may increase their coverage by one level, up to a maximum of three times base annual salary, or \$200,000, without providing proof of good health. The elections must be made within 31 days of the change.



Step 3

Calculate your costs

How much does it cost?

GUL and AD&D rates effective July 1, 2015

Monthly rates per \$1,000 of employee coverage

Age	GUL w/ ADD Rates
Under 30	\$0.050
30-34	\$0.059
35-39	\$0.077
40-44	\$0.096
45-49	\$0.142
50-54	\$0.244
55-59	\$0.382
60-64	\$0.594
65-69	\$1.037
70-74	\$1.837
75-79	\$2.843
80-84	\$4.357
85	\$4.449
86	\$4.763
87	\$5.113
88	\$5.483
89	\$5.889
90	\$6.323
91	\$6.830
92	\$7.393
93	\$8.067
94	\$8.852
95	\$10.088
96	\$12.119
97	\$15.608
98	\$21.543
99	\$23.140

Rates increase with age and include Accidental Death and Dismemberment coverage until age 70. GUL coverage terminates at age 100.

Dependent Term Life rate per month

Option	Monthly cost
\$10,000 spouse only	\$3.08
\$20,000 spouse only	\$7.05
\$10,000 spouse/\$10,000 child(ren)	\$4.24*
\$20,000 spouse/\$10,000 child(ren)	\$8.21*
\$10,000 child(ren)	\$1.16*

*One rate payment covers all eligible children in your family.

All rates shown are subject to change.

Calculate your premium

The cost of coverage for you is based on your current age. Your base annual pay is rounded up to the next higher \$10,000 for desired coverage amount.

Use this example as your guide to calculating your life insurance cost.

Determine your amount of coverage

Example: John Smith, age 35, base annual salary of \$36,000, wants six times base annual salary of life insurance.

Your base annual salary		\$36,000
Multiply by one times to six times	x	6
Total	=	\$216,000
Round up to next highest \$10,000		
This is your desired coverage amount:	=	\$220,000

Determine your cost of coverage

Desired coverage amount from step 1		\$220,000
Divide by 1,000	÷	1,000
Equals your units of coverage	=	220
Multiply by the rate from the rate table <i>(find your age and rate on the rate table)</i>	x	\$.077
This is your monthly cost:	=	\$16.94
Multiply by 12	x	12
This is your yearly cost of coverage	=	\$203.28
Divided by 26	÷	26
Estimated amount deducted from your paycheck each pay period:	=	\$7.82

Please note that the coverage options listed above are subject to the plan maximum.

Step 4

Enroll

How do I enroll online?

1. Visit www.ben.omb.delaware.gov/life.
2. Under “How do I enroll online and/or make coverage changes?” select the appropriate employee group and follow the simple steps.

Benefit eligible active State and DSWA employees can apply for coverage or request a change to their coverage any time after their initial eligibility period by providing proof of good health to Securian.

Is a paper form available?

A Group Universal Life Employee Application is included at the end of this booklet if you prefer not to enroll online.

Step 1: Complete the entire Insured’s information section, including the *Beneficiary Designation*.

Step 2: Complete the entire insurance information section.

Step 3: Complete the Group Life Insurance Evidence of Insurability form if applying for more than the guaranteed amount of insurance or if you’re applying after your initial 90 day eligibility period.

Sign and date your application and return it to Securian in the enclosed postage-paid envelope. If you have any questions, please call Securian toll-free at **1-877-215-1489**.

What happens if I don’t enroll?

You will not be covered under the group life insurance program. If you later decide to enroll in the group life insurance program, you will be required to provide proof of good health to Securian.



What insurance is available?

The State of Delaware offers Group Universal Life (GUL) and Accidental Death and Dismemberment (AD&D) benefits.

What is GUL insurance?

GUL insurance is life insurance protection to help secure the future for those who depend on you. You may insure yourself and purchase Group Term Life insurance to cover your spouse and eligible children. GUL also has an optional cash accumulation account that allows you to contribute additional premium. This will accumulate cash at a fixed rate of interest on a tax-deferred basis. The money accumulated in the account can be used to meet long-term financial opportunities and obligations.

What is AD&D coverage?

AD&D coverage provides your beneficiaries with financial protection if your death is due to a covered accident or provides you a benefit if you are dismembered as a result of a covered accident. AD&D provides protection for covered accidents occurring at any time, whether at work or elsewhere.

All employees who enroll in the GUL plan are automatically provided a matching amount of AD&D coverage. Coverage continues until age 70.

AD&D benefits are paid based on the type of loss shown in the table below:

Type of loss	AD&D benefit amount
Life	100 percent
Both hands or both feet	100 percent
Sight in both eyes	100 percent
One hand and one foot	100 percent
One hand and sight of one eye	100 percent
One foot and sight of one eye	100 percent
Sight of one eye	50 percent
One foot or one hand	50 percent

Loss of hand or foot 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. The AD&D benefit is only available for employees. The amount of AD&D benefit excludes any premiums accumulated in the cash accumulation account.

What plan features are available?

Beyond paying a benefit in the event of your death, your group universal life insurance plan has other important features.

- **Accelerated Death Benefit** - Receive early payment of benefits, up to 100 percent of your GUL or Term Life face amount if the insured becomes terminally ill with a life expectancy of 12 months or less.
- **Cash Accumulation Account** - You have the opportunity to contribute *additional* premiums to your policy. Any premium beyond the cost of insurance grows tax-deferred¹ in the cash accumulation account. Your contributions in this account earn interest that is guaranteed not to be less than four percent. Loans and withdrawals are available but will reduce both the policy cash value and death benefit.
 - **Loans:** The minimum loan amount is \$100; the net interest rate is two percent.
 - **Withdrawals:** The minimum withdrawal is \$100.

¹ Under current tax laws, you are generally not taxed on the interest you accumulate until you withdraw more funds than you have contributed to the program.

How does cash value work?

With GUL insurance, you have the option to make additional premium contributions that grow tax-deferred² in the cash accumulation account.

How does it work?

- Any contributions to the cash accumulation account are deducted from your paycheck along with your premium for the cost of the insurance protection.
- Each contribution made to the cash accumulation account is assessed a one-time administration charge of three percent.
- After that, your contribution earns a fixed rate of return, guaranteed not to fall below four percent.
- Any cash accumulated in your policy will pass to your beneficiary(ies) income-tax free at your death.

Your money, your choices

- Start, stop, or change contributions to the cash accumulation account at any time online or complete a Universal Life Service Request form at www.ben.omb.delaware.gov/life, or from Securian Customer Service at 1-877-215-1489.
- To see how cash value may grow at different contribution levels visit www.ben.omb.delaware.gov/life and follow the login instructions for access to Securian's online cash accumulation tool.
- Contributions through automatic deductions from your paycheck are the most convenient but you may send lump-sum contributions to Securian.
- If you have contributed to the cash accumulation account and accumulated cash value, you may access your funds by withdrawal or loan. Withdrawals and loans reduce the policy's total death benefit, which is a combination of the policy's face amount and any cash value. Your policy may lapse if a premium payment is missed and there is not sufficient cash value in the policy to cover it.
 - You may withdraw any amount up to 100 percent of your policy's net cash value. The minimum withdrawal amount is \$100. You are generally not taxed on any earnings on the money accumulated in your account until you withdraw more than the premiums you have contributed, including the premiums you pay for the cost of insurance. When you take a cash withdrawal, Securian first takes out the money from the contributions you made, then from the interest you earned.
 - You may take a loan against the cash value. The minimum loan amount is \$100. You do not have to pay back the loan. Interest will be added to the remaining balance in the cash accumulation account.

Why accumulate cash value?

You can build up cash in the cash accumulation account for long-term financial goals, such as:

- Leaving a legacy for your loved ones
- Providing your family with income in the event of your death
- Supplementing your retirement income
- Funding your child(ren)'s education
- Providing for you or a family member's long-term care

² For information about IRS limits on premium contributions, view the online MEC limit calculator in the Online Resources section of LifeBenefits.com. No information contained in this booklet should be considered tax advice. Please consult your tax advisor regarding your own tax situation.

This information is a general discussion of the relevant federal tax laws. It is not intended for, nor can it be used by any taxpayer for the purpose of avoiding federal tax penalties. This information is provided to support the promotion or marketing of ideas that may benefit a taxpayer. Taxpayers should seek the advice of their own tax and legal advisors regarding any tax and legal issues applicable to their specific circumstances.

Frequently asked questions

Can I take my coverage with me if I leave or retire?

If you are no longer employed in a benefit eligible active position, you may take advantage of the following continuation options.

Premiums may be higher than those paid by active employees. Securian will bill you directly for the premiums. If payment is not received, premiums for the cost of insurance will be automatically deducted from funds in your cash accumulation account, if any.

Hired prior to July 1, 2015

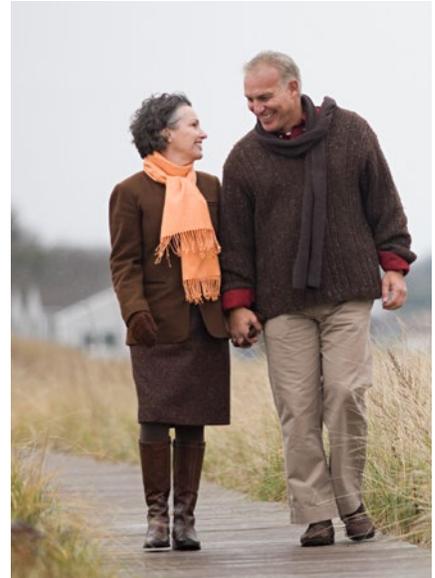
- **Portability** – If you leave or retire from a benefit eligible active position, you will be able to port (take with you) 50 percent of your GUL coverage amount and all Dependent Term Life coverage in effect as of your last day of employment. Premiums may be higher than those paid by active employees.
- **Conversion** – You may convert the remaining 50 percent of your GUL coverage amount (based on attained age) into an individual policy, if applied for within 31 days of employment termination or retirement from a benefit eligible position. Dependent Term Life can be converted to individual policies once eligibility expires or upon the approval of premium waiver for the employee. Converted rates are higher than ported rates.

Hired on or after July 1, 2015

Please note: Applies to employees hired, transferred, or rehired into a benefit eligible position as of July 1, 2015.

- **Portability** – If you leave or retire from a benefit eligible active position, you will be able to port (take with you) 100 percent of your GUL coverage amount and all Dependent Term Life coverage in effect as of your last day of employment. Premiums will be higher than those paid by active employees.
- **Conversion** – You can convert 100 percent of your GUL coverage (based on attained age) into an individual policy if applied for within 31 days of employment termination or retirement from a benefit eligible position. Dependent Term Life can be converted to individual policies once eligibility expires or upon the approval of premium waiver for the employee. Converted rates are higher than ported rates.

Premiums are paid directly to Securian and will be adjusted at the time of employment separation.



Frequently asked questions (cont.)

Who is eligible for coverage?

Those eligible to enroll in the GUL program include:

- **Permanent full-time employees** (regularly scheduled 30 or more hours per week or 130 or more hours per month)
- **Permanent part-time employees** (regularly scheduled to work less than 130 hours per month, but a minimum of 15 hours per week)
- **Limited term employees**
- **Elected and appointed State officials**
- **Board Members**

Benefit eligible active employees enrolled in the GUL plan may purchase Group Term Life insurance for their legal spouse and their unmarried children, stepchildren and legally adopted children. Children are eligible from live birth up to age 26.

You may also cover a child who is not yours or your spouse's natural or adopted child if the child is:

- unmarried; and
- living with you in a regular parent-child relationship; and
- dependent upon you for support and maintenance; and
- is under age 19; or (under age 24 if a full-time student)

Disabled children can be covered beyond the dependent child age limits.

The disabled child may be covered if he or she:

- was covered continuously as a dependent child in the Group Term Life program through his or her parent before reaching the dependent child age limit;
- is not married; and
- is providing 50 percent or less of his/her own support because of a disability that is expected to last more than 12 months or results in death.

See the Statewide Benefits Office website at www.ben.omb.delaware.gov/life for more information on Dependent Children eligibility.

When will coverage be effective?

During your initial 90-day eligibility period, coverage elections approved by Securian are effective the first of the month following three months of continuous employment (not counting legal holidays and approved leaves). Elections made after your initial eligibility period or elections that exceed the guaranteed issue amount will be effective on the date coverage is approved by Securian.

If you are not actively at work on the effective date of your coverage, your insurance or increase in insurance amount will become effective when you return to active employment.

When can I elect or increase coverage?

During your initial 90-day eligibility period, you may elect guaranteed coverage for you and your dependents – without providing proof of good health. Outside of this period, proof of good health may be required.

- For you: Elect one to three times your base annual salary – up to \$200,000 – without providing proof of good health. Or, you may elect four to six times your base annual salary up to \$350,000 with proof of good health to Securian.
- For your dependents: Elect one of the following Group Term Life options for your eligible spouse and dependent children: \$10,000 or \$20,000 spouse only and/or \$10,000 child only.
- Qualified Family Status Change: Enrolled employees who experience a family status change, such as marriage, birth or adoption, may increase their coverage by one level, up to a maximum of three times base annual salary, or \$200,000, without providing proof of good health. The election must be made within 31 days of the change.

Frequently asked questions (cont.)

Can I increase coverage amounts?

Yes. Benefit eligible active employees can apply at any time after their initial 90-day eligibility period by providing proof of good health. You may also increase coverage when the following events occur (provided you have not been previously declined during the proof of good health process):

- **Life event changes** – If you experience a life event (marriage, adoption or birth of a child), you may increase your coverage by one times your base annual salary up to three times your base annual salary, or \$200,000, whichever is less, without additional proof of good health – if you apply within 31 days of the life event
- **Salary increases** – For GUL coverage based on salary multiples, your coverage will increase as your salary increases. This will occur automatically, up to the plan maximum. Proof of good health may be required for those who have been previously declined.

How do I pay premiums for coverage?

For benefit eligible active employees, your insurance premiums and optional contributions to a cash accumulation account are conveniently deducted from your paycheck each pay period.

Check your pay advice for premium deduction amounts.

When does coverage terminate?

Your GUL coverage terminates upon the first of the following to occur: 31 days from the date you don't pay a premium when due and your cash value (from the cash accumulation account) is not sufficient to cover the monthly charge; surrender of your certificate or your 100th birthday. If you reach age 100, you will receive a payment of any remaining cash value.

AD&D coverage terminates at age 70.

How do I designate a beneficiary?

Designating your beneficiary(ies) is important. It lets you determine who receives the proceeds from your policy. Under current tax law, life insurance benefits paid to a beneficiary are generally not considered taxable income. Some common beneficiary choices are:

- **Primary beneficiary(ies)** – The person or persons named will receive the proceeds.
- **Contingent (Secondary) beneficiary(ies)** – If the primary beneficiary is deceased, the proceeds will be paid to the contingent beneficiary.
- **Irrevocable beneficiary** – Once you designate the beneficiary, you may not change it without the beneficiary's signed authorization.
- **Default beneficiary** – If you do not make a beneficiary designation, or if there is no named beneficiary alive at the time of your death, benefits will be paid in the following order of priority: your spouse by marriage or civil union, if living; otherwise your natural and legally adopted children, if living; your parents, if living; otherwise your estate.

What happens to coverage if I am disabled?

Please visit the Statewide Benefits Office website at www.ben.omb.delaware.gov/life for a complete description of the premium waiver benefit. While the State hopes and intends to continue the premium waiver feature indefinitely, the State reserves the right at any time, in its sole discretion, to modify or eliminate the feature, without advance notice to employees or disabled individuals.

Frequently asked questions (cont.)

What additional services³ are available?

There is no additional fee or enrollment for the following services beyond the group life insurance program. Just access these resources as you need them.

- **Legal, Financial and Grief Resources** - Ceridian provides active employees covered under our group life insurance policies, and their spouses and dependents, access to counseling professionals and related resources and referrals in each of the three areas (Retirees, premium waiver beneficiaries and/or ported participants are not eligible for this service). Contact Ceridian at **1-877-849-6034** or visit **www.Lifeworks.com** (user name: *lfg*, password: *resources*).
- **Legacy Planning Resources** - are designed to support active, retired, ported participants, premium waiver beneficiaries and their families. Log onto **www.LegacyPlanningResources.com** for information and resources on preparing your own final plans and arrangements to share with loved ones. The website will also help you find information to guide you through planning a loved one's funeral or memorial service. The online resources are easy to access and available 24/7/365.
- **Travel Assistance Services** - are provided by RedpointWTP LLC to actively employed U.S. employees, spouses and child(ren) who are enrolled in the GUL and AD&D program. (Retirees, premium waiver beneficiaries and/or ported participants are not eligible for this service). Services are available 24/7/365 and include medical professional locator services, assistance replacing lost or stolen luggage, medication or other critical items, medical or security evacuation, medically necessary repatriation and repatriation of mortal remains when traveling 100 or more miles from home. For more information, visit **www.LifeBenefits.com/travel** or call (855) 516-5433 in the U.S. and Canada. From other locations, you can call collect to (415) 485-4677.

The following service is available to beneficiaries of employees and spouses covered under the group life insurance policies. Access information is provided with claims payment. The program is optional.

- **Beneficiary Financial Counseling** - Beneficiaries who receive at least \$25,000 in policy benefits may choose to receive independent beneficiary financial counseling services from PricewaterhouseCoopers LLP (PwC). PwC does not sell investments or other financial products and no information will be given to PwC without the beneficiary(ies) consent. Financial counseling services are designed to help beneficiaries understand and address financial decisions at a difficult time. Visit **www.ben.omb.delaware.gov/life** for more information.

³Services provided by Ceridian HCM, Inc., PricewaterhouseCoopers LLP and RedpointWTP LLC are their sole responsibility. The services are not affiliated with Minnesota Life or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services.

Group Universal Life Employee Application

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

MINNESOTA LIFE

EMPLOYER: State of Delaware

POLICY NUMBER: 50166

INSURED'S INFORMATION (insured is the owner of the insurance unless otherwise requested)

Employee name	Date of birth	Social Security number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street address	City	State	Zip code
Email address			
Occupation	Date of employment	Payroll frequency	

Yes No If you are part-time, are you actively working at your employer's normal place of business at least 15 hours per week?

Yes No If you are full-time, are you actively working at your employer's normal place of business at least 30 hours per week?

Primary beneficiary designation (include full name and address)	Relationship	Share % (must total 100%)

Contingent beneficiary designation (include full name and address) <i>Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.</i>	Relationship	Share % (must total 100%)

INSURANCE INFORMATION

If applying for more than the guaranteed issue amount, you must complete an Evidence of Insurability form.

Amount of elected coverage (one to three times your annual base pay, up to \$200,000 is guaranteed)

Maximum guaranteed issue amount 1x salary 2x salary 3x salary 4x salary 5x salary 6x salary

Contribution to the cash accumulation account net per pay amount (must be in whole dollars with a minimum of \$5.00 per pay)

\$ Waive

Dependent term life insurance (please choose option and complete information below)

\$10,000 spouse \$20,000 spouse \$10,000 child(ren)

This is due to family status change.*

* A qualifying Family Status Change may include but is not limited to marriage, divorce, or the birth/adoption of a child. Please refer to your certificate of insurance for the family status change definition specific to your policy.

If you applied for dependent term life insurance, please enter the information below:

Spouse's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth

Employee signature X	Daytime phone number	Evening phone number	Date signed
Spouse signature X	Daytime phone number	Evening phone number	Date signed

Group Life Insurance Evidence of Insurability

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 400 Robert Street North • B1-3102 • St. Paul, Minnesota 55101-2098 • Fax 651-665-7092

EMPLOYER NAME: State of Delaware

POLICY NUMBER: 50166

EMPLOYEE INFORMATION (always complete for coverage that requires evidence of insurability)

First name	Middle initial	Last name	Daytime phone number	Evening phone number
Street address		City	State	Zip code
Date of birth	Social Security number	Date of employment	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Total amount of insurance requested <input type="checkbox"/> 1x salary <input type="checkbox"/> 2x salary <input type="checkbox"/> 3x salary <input type="checkbox"/> 4x salary <input type="checkbox"/> 5x salary <input type="checkbox"/> 6x salary			Email address	

SPOUSE INFORMATION (only complete if coverage requires evidence of insurability)

First name	Middle initial	Last name	Daytime phone number	Evening phone number
Date of birth	Social Security number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Total amount of insurance requested <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> Waive			Email address	

CHILDREN INFORMATION (only complete if coverage requires evidence of insurability; list names and dates of birth)

Total amount of insurance requested <input type="checkbox"/> \$10,000 <input type="checkbox"/> Waive

HEALTH QUESTIONS (always complete for coverage that requires evidence of insurability)

Employee	Spouse	Children	Employee	Spouse	Occupation		
Yes No	Yes No	Yes No	Height	Weight	Height	Weight	Occupation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

- During the past three years, have you for any reason consulted a physician(s) or other health care provider(s) or been hospitalized?
- During the past ten years, have you ever had, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction?
- Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?

If you answer "Yes" to any question, please provide additional information below or on a separate sheet of paper.

ADDITIONAL HEALTH INFORMATION (provide details for every "Yes" answer to the health questions)

NAME	DATE	NAME AND ADDRESS OF DOCTOR, CLINIC, HOSPITAL	REASON FOR CONSULTATION	DIAGNOSIS AND TREATMENT

FOR OFFICE USE ONLY:

Employee			Spouse			Children		
Current in force	U/W applied for	Total elected	Current in force	U/W applied for	Total elected	Current in force	U/W applied for	Total elected
\$	\$	\$	\$	\$	\$	\$	\$	\$

▶▶▶▶▶▶ PLEASE READ & SIGN NEXT PAGE & SEND ALL PAGES TO MINNESOTA LIFE ▶▶▶▶▶▶

AUTHORIZATION

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, pharmacy benefit manager, or other health care provider that has provided payment, treatment or services to me or on my behalf to disclose my entire medical record and any other protected health information concerning me to Minnesota Life Insurance Company, (the Company), and its employees, reinsurers and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco.

I also authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau (MIB) to give any medical or nonmedical information about me including alcohol or drug abuse, to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB.

This protected health information is to be disclosed under this Authorization so the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below. A copy of this Authorization is as valid as the original. I understand I am entitled to receive a copy of this Authorization. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company. I understand that a revocation does not apply to any action that was taken in reliance on this Authorization or to the Company's legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that there is a possibility of re-disclosure of any information disclosed pursuant to this authorization and that information, once disclosed, may no longer be protected by federal rules governing privacy and confidentiality. I understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments.

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send the Company a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights, you may contact:

Group Division Underwriting
 Minnesota Life Insurance Company
 400 Robert Street North
 St. Paul, Minnesota 55101-2098
 Telephone: (800) 872-2214

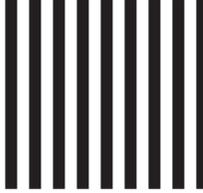
For information about the MIB, you may contact:

MIB
 50 Braintree Hill, Suite 400
 Braintree, MA 02184-8734
 MIB Telephone: (866) 692-6901
 MIB TTY: (866) 346-3642
 Website: www.mib.com

I have read this Authorization and Consumer Privacy Notice and I understand I can have copies. The answers provided on this application are representations of the person signing below. The answers given are true and complete. It is understood that Minnesota Life Insurance Company shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid while my health and other conditions affecting my insurability are as described in this application. I authorize my employer to withdraw premiums from my salary to pay for this coverage. I understand that false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

Employee name (please print)		Date of birth	
Employee signature X	Daytime phone number	Evening phone number	Date signed
Spouse/Dependent name (please print)		Date of birth	
Spouse/Dependent signature X	Daytime phone number	Evening phone number	Date signed

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

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ST. PAUL, MN

POSTAGE WILL BE PAID BY ADDRESSEE

MINNESOTA LIFE

GROUP ADMINISTRATION DEPARTMENT
PO BOX 64546
ST PAUL MN 55164-9825



About Securian

Who is Securian?

Based in St. Paul, Minnesota, Securian Financial Group, Inc. and its affiliates:

- Provide financial security to over 15 million clients¹
- Protect clients nationwide with over \$1 trillion of life insurance in force¹
- As the third largest direct writer of group life insurance,² insure employees and retirees of 21 state governments and many Fortune 500 companies.

Member companies Minnesota Life Insurance Company and Securian Life Insurance Company are highly rated by the major independent rating agencies that analyze the financial soundness and claims-paying ability of insurance companies.³

For more information about Securian, visit www.securian.com.

¹Securian Financial Group, Inc. 2014 Annual Report as of December 31, 2014.

²Direct group life insurance in force as of Dec. 31, 2014, on a consolidated basis as reported in the annual statement policy exhibit state pages. Data Source: SNL Financial LC. This statistic reflects the insurance affiliates of Securian Financial Group, Inc., Minnesota Life Insurance Company and Securian Life Insurance Company.

³For more information about the rating agencies and to see where our rating ranks relative to other ratings, please see our website at securian.com/ratings. Ratings for financial strength and claims-paying ability are important; however they are not reflective of the performance of any registered securities or variable subaccounts.



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

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JOHN M DOE
123 MAIN STREET
SOMEWHERE, MN 12345

State of Delaware Life Insurance Enrollment Materials

Prepared for State of Delaware

This product is offered under the policy form series 00-30252

If there are any differences between these materials and the policy or certificate, the policy and certificate govern.

Insurance products are underwritten by Minnesota Life Insurance Company, an affiliate of Securian Financial Group, Inc.

Securian Financial Group, Inc.

Group Insurance
LifeBenefits.com

400 Robert Street North St. Paul, MN 55101-2098
877-215-1489 • 651.665.4827 Fax

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