

## Group Term Life Policy Amendment #3

MINNESOTA LIFE

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

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To be attached to and made a part of Group Policy No. 34294-G issued by Minnesota Life Insurance Company to State of Tennessee. This amendment is effective as of the dates indicated below. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.


### Effective January 1, 2016

Coverage for all employees currently terminates the "end of the month following the month of the employee's termination from active employment." Effective January 1, 2016 coverage for **Central State Government employees only** will now terminate the "end of the month of the employee's termination from active employment."

As a result:

- The Employee Certificate Specification Page effective July 1, 2015 is being replaced in its entirety with the Employee Certificate Specification Page effective January 1, 2016.
- The Certificate of Insurance Schedule is replaced in its entirety with the attached Certificate of Insurance Schedule EdF85403 3-2016.

Agreed to by Minnesota Life Insurance Company this 7th day of March 2016.

By   
\_\_\_\_\_  
Second Vice President LNO

## Certificates of Insurance Schedule

The following Certificate of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective / Revised</u>
State of Tennessee Basic Group Term Life Insurance Plan Effective January 1, 2016	13-31527, et al	All Eligible Employees and Dependents	January 1, 2016

SAMPLE

## Group Term Life Policy Amendment #2

MINNESOTA LIFE

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

To be attached to and made a part of Group Policy No. 34294-G issued by Minnesota Life Insurance Company to State of Tennessee. This amendment is effective as of the dates indicated below. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

### Effective July 1, 2015

1. The "Waiting Period" section of the Employee Certificate Specifications Page is amended to read as follows:

**WAITING PERIOD:**

**Employees regularly scheduled to work 30 hours a week or more:** The period commencing with the employee's date of hire and ending on the 1st day of the month following the date of hire.\*

\* For newly hired employees the effective date of coverage will be the first day of the month following one full calendar month of employment.

**Seasonal employees hired prior to July 1, 2015 certified as working 1,450 hours per fiscal year:** The period commencing 24 months from the employee's date of hire and ending on the 1st day of the month following the completion of the 24-month requirement.

2. The definition of "employee" is being amended to only include seasonal employees who are hired prior to July 1, 2015.

As a result, the "eligible employee" definition of the Group Term Life Insurance Certificate has been modified to read as follows:

**employee**

An individual employed by the State who:

- (1) is regularly scheduled to work not less than thirty (30) hours per week; or
- (2) has received a seasonal appointment and who meets the requirements set forth in TCA 8-27-204(a)(3); or
- (3) is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

3. As a clerical correction the "Age Reduction" section of the Employee Certificate Specification Page has been modified to read as follows:

**BASIC AD&D INSURANCE AGE REDUCTIONS:**

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

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 - 74***	45%
75 and over***	30%

Age reductions apply to both employees and spouses. Age reductions for both employees and spouses will be based upon the employee's age as of September 1 of each year with the effective date of the recalculated coverage to be on October 1 of the same year following an insured employee's 65th, 70th, and 75th birthdays. Reductions are not based upon the spouse's age.

\*\*\* These age reductions do not apply to Permaplan Employees. Permaplan employees reduce to 65% from age 65 and over.

Effective June 26, 2015

**The definition of spouse in the Dependents Term Life Insurance Certificate Supplement has been modified to read as follows:**

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

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

- (1) your legally married spouse who is not legally separated from you and who is not eligible for insurance as an employee under this certificate; and
- (2) your natural (biological) children, stepchildren, adopted (including a child placed for adoption in anticipation of adoption) children, children for whom you are the legal guardian and children for whom the plan has received a qualified medical child support order requiring the child to be enrolled in a health insurance plan pursuant to the State and Federal statutes. Children are eligible from live birth (stillborn or unborn children are not eligible) to the attainment of age 26. A child age 26 or older who is mentally and/or physically disabled and incapable of earning a living may have coverage continued as long as the incapacity existed before his or her 26th birthday and the child was already insured under this plan on his or her 26th birthday.

If both parents of a child qualify as eligible employees under the group policy, the child shall be considered a dependent of only one parent for purposes of this supplement. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child.

Any dependent child who, subsequent to the effective date of your child life insurance, meets the requirements of this provision will become insured on the date he or she so qualifies.

**Transition issues:**

Employees electing spouse coverage as a result of The United States Supreme Court ruling have until August 25, 2015 to add coverage. Couples who marry after July 25, 2015 will have the standard 31 days to enroll. Requests to add spouse coverage may be completed online if elected within 31 days of the event. Elections made after 31 days, but before August 25, 2015 can be completed by submitting an Optional Group Term Life Insurance Enrollment Form and Evidence of Insurability Form found on LifeBenefits.


**Effective January 1, 2014**

4. **A clerical correction is being made to the group policy form series due to a typographical error. The group policy form number 07-30978 is replaced with the policy form number 13-31526.**

As a result:

- The Dependents Term Life Insurance Certificate Supplement is being replaced in its entirety with the Dependents Term Life Insurance Certificate Supplement EdF83679 7-2015; and
- The Employee Certificate Specification Page effective January 1, 2015 is being replaced in its entirety with the Employee Certificate Specification Page effective July 1, 2015; and
- The Group Term Life Certificate of Insurance is being replaced in its entirety with the Group Term Life Certificate of Insurance EdF83848 7-2015.

Agreed to by Minnesota Life Insurance Company this 18th day of August 2015.

By   
\_\_\_\_\_  
Second Vice President LNO

**Certificates of Insurance Schedule**

The following Certificate of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective / Revised</u>
State of Tennessee Basic Group Term Life Insurance Plan Effective July 1, 2015	13-31527, et al	All Eligible Employees and Dependents	July 1, 2015

SAMPLE

## Group Term Life Policy Amendment #1

MINNESOTA LIFE

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

To be attached to and made a part of Group Policy No. 34294-G issued by Minnesota Life Insurance Company to State of Tennessee. This amendment is effective as of January 1, 2014. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

### A clerical correction has been made to the Waiver of Premium Certificate Supplement 13-31529.

The following question and paragraphs have been revised.

#### What will be considered due proof of total and permanent disability?

You must furnish evidence satisfactory to us that your disability:

- (1) commenced while your insurance under your certificate was in force; and
- (2) meets the definition of total disability; and
- (3) commenced before your 70<sup>th</sup> birthday; and
- (4) was continuous for nine months or more.

We will, from time to time, also require additional proof satisfactory to us that you continue to be totally and permanently disabled. We may also require that you submit to one or more medical examinations at our expense.

If you die within one year from the last day of the month following the end of a positive pay status following the date of onset of your disability, your beneficiary may claim benefits under this supplement even if your premium payments were discontinued and you had not submitted due proof satisfactory to us of your total disability or you were continuously disabled for less than nine months. Your beneficiary must submit due proof satisfactory to us that your total disability, which began before premium payments on your behalf were discontinued and before your 70th birthday, continued without interruption until your death.

As a result of this change the Term Life Waiver of Premium Certificate Supplement 13-31529 has been replaced in its entirety with Term Life Waiver of Premium Certificate Supplement 13-31529 rev 5-2014.

Agreed to by Minnesota Life Insurance Company this 18th day of June 2014.

By  \_\_\_\_\_ LNO  
Assistant Secretary

**Certificates of Insurance Schedule**

The following Certificate of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective / Revised</u>
State of Tennessee Basic Group Term Life Insurance Plan Rev 6-2014	13-31527, et al	All Eligible Employees and Dependents	1/1/2014 Revised 6/18/2014

SAMPLE

# Group Term Life Insurance Policy

MINNESOTA LIFE

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

**POLICYHOLDER:** State of Tennessee  
**POLICY NUMBER:** 34294-G  
**POLICY EFFECTIVE DATE:** January 1, 2014  
**POLICY ANNIVERSARY DATE:** January 1 of each year beginning January 1, 2015  
**PREMIUM DUE DATE(S):** The first day of each month

## Read Your Policy Carefully

This policy was issued to the policyholder on the effective date shown above. We promise to pay the benefits provided by this policy, subject to its conditions, limitations, and exceptions. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums.

Minnesota Life Insurance Company is a subsidiary of Minnesota Mutual Companies, Inc., a mutual insurance holding company. The policyholder is a member of Minnesota Mutual Companies, Inc., which holds its annual meetings on the first Tuesday in March of each year at 3 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098.



Secretary



President

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**GROUP TERM LIFE INSURANCE POLICY • NONPARTICIPATING • PREMIUMS ARE SUBJECT TO CHANGE**



## Certificates of Insurance Schedule

The following Certificate of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>
State of Tennessee Basic Group Term Life Insurance Plan	13-31527, et al	All Eligible Employees and Dependents

SAMPLE

## Definitions

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### **associated employer**

Any employer which is designated by you and agreed to by us to participate under the group policy. You represent any associated employer in all transactions pertaining to this policy. Your acts or omissions and every notice given by us to you shall be binding on every associated employer.

### **Contract Edison Registration ID # 157401**

The contract between The State of Tennessee, State Insurance Committee and Minnesota Life Insurance Company, as subsequently amended and, if applicable, as subsequently extended or reissued.

### **policyholder, you, your**

State of Tennessee.

### **we, our, us**

Minnesota Life Insurance Company.

## General Information

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### **What is your agreement with us?**

Contract Edison Registration ID # 157401, this policy and your application contain the entire contract between you and us. Any statements you make will, in the absence of fraud, be considered representations and not warranties. Also, any statement that you make will not be used to void this policy, nor will it be used in our defense if we refuse to pay a claim, unless the statement is contained in your application.

No change or waiver of any provisions of this 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 this policy, or of any certificate issued under it.

### **Can this policy be amended?**

Yes. The insured's consent is not required to amend this 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.

### **Can an insured employee's coverage be continued during sickness, injury, leave of absence or temporary layoff?**

Yes. Insurance may be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence as described in the Leave of Absence Addendum attached to this policy. Continuation is contingent upon continued premium payment.

Continuation of insurance must be in accordance with practices and procedures that preclude individual selection.

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

## Premiums

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### **When and how often are premiums due?**

Unless we have agreed to some other premium payment procedure, premiums for this policy are paid to you by the employee and then remitted to us monthly. Premiums are due on the premium due date shown on the first page of this policy. 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 you and we agree.

Premium rates may be changed in accordance with Contract Edison Registration ID # 157401.

### **Can a premium be paid after the date it is due?**

Yes. This 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 this policy will remain in effect during the 31-day grace period.

### **Can the premium be adjusted?**

Yes. The premium will be adjusted on each due date for insurance which was effective or terminated before the most recent due date, but not reflected in prior premium payments. We will charge the insured for any additional premium, and will refund any overpayment.

## Termination

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### **When does this group policy terminate?**

Termination of this policy shall be in accordance with Contract Edison Registration ID # 157401.

## Additional Information

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### **Are you required to maintain records?**

Yes. You are required to maintain adequate records of any information necessary for us to administer this policy. We can have access to the records at any reasonable time agreed upon by the policyholder and us.

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, make

insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy. If an error causes a change in premium payment, a fair adjustment will be made.

**Will a certificate of insurance be provided for each insured?**

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

**Are you our agent?**

No. For all purposes of this policy, neither you, an associated employer, nor any administrator you appoint is our agent. We will not be liable for any of your acts or omissions or those of an associated employer or administrator.

**Will the provisions of this policy conform with state law?**

Yes. If any provision in this policy, or in the certificates issued under this policy, is in conflict with the laws of the state governing the policy or the certificates, the provision will be deemed to be amended to conform to such laws.

SAMPLE

## LEAVE OF ABSENCE ADDENDUM – State of Tennessee

<b>Type of Leave</b>	<b>Insurance Coverage Type and Length of Time Coverage is continued for the Type of Leave</b>	
	<u>Basic Term Life and Accidental Death and Dismemberment Insurance</u>	<u>Dependent Term Life Insurance</u>
FMLA Leaves*	Coverage may be continued for up to 12 weeks. Both the employer and the employee pay the premium.	Coverage may be continued for up to 12 weeks. Both the employer and the employee pay the premium.
Other Medical and Disability Leaves	Coverage may be continued for the length of the leave to a maximum of 24 months provided all premiums are paid when due.  The employee pays premium.	Coverage may be continued for the length of the leave to a maximum of 24 months provided all premiums are paid when due.  The employee pays premium.
Non-Medical Leaves	Coverage may be continued for the length of the leave to a maximum of 24 months provided all premiums are paid when due.  The employee pays premium.	Coverage may be continued for the length of the leave to a maximum of 24 months provided all premiums are paid when due.  The employee pays premium.
Military Leaves	Coverage may be continued for a maximum time as stated in the military orders.  The employee pays premium.	Coverage may be continued for a maximum time as stated in the military orders.  The employee pays premium.

### **Return from Leave of Absence**

If an employee discontinues coverage during a leave of absence and returns to work the employee will automatically be reinstated to prior coverage levels. Coverage goes into effect the first of the next month after you return to work.

\* The employee must have completed a minimum of 12 months of employment and worked 1,250 hours in the 12 months immediately before the onset of leave.

SAMPLE

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