

## Options to Keep Your Group Insurance

### Portability – State of Wisconsin

<b>Coverage available</b> <i>Available without proof of good health.</i>	Group Accident								
<b>Eligibility timing</b>	<b>Must be elected within 31 days after of receipt of notification of portability.</b>  If coverage is ported, insured will be billed.								
<b>Eligible events</b>	<b>Employee:</b> <ul style="list-style-type: none"> <li>▪ Termination of employment, including retirement</li> <li>▪ Reduced work hours</li> <li>▪ No longer in an eligible class or on a non-medical leave or layoff</li> </ul> <b>Spouse/Dependent:</b> <ul style="list-style-type: none"> <li>▪ Loss of eligibility due to legal separation or divorce of employee</li> <li>▪ Death of employee</li> <li>▪ Loss of dependent status</li> </ul>								
<b>Not allowed for these events</b>	<ul style="list-style-type: none"> <li>▪ Insured attains age 70</li> <li>▪ Not actively at work due to sickness or injury on the date immediately preceding last day of employment</li> <li>▪ Termination of group policy</li> </ul>								
<b>Amounts allowed to elect</b> <i>All of coverage previously in force.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;"><b>Maximum</b></th> </tr> </thead> <tbody> <tr> <td style="width: 30%;">Employee</td> <td>Previous benefit plan election</td> </tr> <tr> <td>Spouse</td> <td>Previous benefit plan election</td> </tr> <tr> <td>Children</td> <td>Previous benefit plan election</td> </tr> </tbody> </table>	<b>Maximum</b>		Employee	Previous benefit plan election	Spouse	Previous benefit plan election	Children	Previous benefit plan election
<b>Maximum</b>									
Employee	Previous benefit plan election								
Spouse	Previous benefit plan election								
Children	Previous benefit plan election								
<b>Termination of coverage</b> <i>The earlier of these events.</i>	<ul style="list-style-type: none"> <li>▪ Employee or Spouse attains age 70</li> <li>▪ 31 days after the due date of any premium contribution which is not made</li> <li>▪ Date the insured again meets the eligibility requirements of the certificate</li> <li>▪ Date the group policy is terminated</li> </ul>								

*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

### State of Wisconsin

Policy Number 76038

#### Accident

Coverage	Monthly Rate
Employee only	\$3.26
Employee & Spouse	\$4.94
Employee & Child(ren)	\$7.10
Employee & Family	\$10.46
Spouse only	\$2.90
Child only	\$5.98

*All rates include accidental death & are subject to change.*

### Details on How to Keep Group Insurance

#### Election of portable coverage

- Complete the Election form and sign it.
- Make a copy to keep for your records.
- Submit the form to us within **31 days** after loss of eligibility through one of the following options:

#### Form Return Options

Attach and submit on: [www.LifeBenefits.com/contactus](http://www.LifeBenefits.com/contactus)

Or Fax to: 651-665-4827

Or Mail to: Securian Financial Group, Inc.  
PO Box 64086  
St Paul, MN 55164-0086

If you have any questions, please call 855-750-1906.

# Election - Accident Portability



## Securian Life Insurance Company Minnesota Life Insurance Company

Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098  
Fax 651-665-4827

Employer name <b>State of Wisconsin</b>	Policy number <b>76038</b>
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### EMPLOYEE INFORMATION

Name	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> 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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Reason for leaving the employer's active plan (retirement, termination, etc.)

Were you actively at work on the day before your retirement or termination? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered no, was your absence due to sickness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> 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.**

Group accident coverage (select one)  
 Employee only  Employee & spouse  Employee & child  Employee & family  Spouse only  Child only

### DEPENDENT INFORMATION

Name of spouse	Spouse date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Name of child	Date of birth	Name of child	Date of birth
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Name of child	Date of birth	Name of child	Date of birth
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Name of child	Date of birth	Name of child	Date of birth
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**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 \$2.00 fee is charged *per premium payment* for administrative fees, unless billed annually.

**To be eligible for coverage, you must apply within 31 days of the date your previous coverage terminated.**

Applicant signature <b>X</b>	Date signed
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