

Minnesota Life Insurance Company Basic & Supplemental Term Life

(Pending underwriting approval if a health statement is completed)

BASIC EMPLOYEE LIFE INSURANCE

This insurance is payable for death from any cause to any person you name as beneficiary.

SUPPLEMENTAL EMPLOYEE LIFE INSURANCE

Your Employer-sponsored Basic Life coverage provides important protection for you, but you may need to add to that protection. To help meet this need, you have the opportunity to elect more group life insurance under the additional portion of your plan.

SUPPLEMENTAL DEPENDENT LIFE INSURANCE

Provides coverage on:

- Your Spouse
- Child(ren) from birth to age 21. Eligible to attainment of age 25 if enrolled as a full-time student in an accredited school or college. Handicapped children can continue to be covered with no age limit.

*It is your responsibility to notify payroll in writing when a dependent is ineligible for coverage. Examples of ineligible dependent status are divorce or a child graduates from college.

FEATURES

The plan features easy eligibility and simple enrollment procedures. There is no need for proof of good health for coverage up to \$50,000 on your life, or up to \$10,000 on the life of your spouse **if you enroll within 31 days of your date of initial eligibility.**

In addition, you may be eligible to increase coverage:

- During the period of annual enrollment
- If there is a qualified family status change

Refer to your annual enrollment materials for specific information about guaranteed increases that may be available during annual enrollment. Furthermore, automatic payroll deductions simplify paperwork. This means less bookkeeping for you and no worries about a lapse in coverage due to missed payments.

LOW COST

Your cost is lower than for comparable insurance on an individual basis due to the "wholesale" economies inherent in group insurance. Additionally, the System absorbs the cost of administering the program which is underwritten by Minnesota Life.

ELIGIBILITY

To be eligible for this plan:

- You must be insured for Basic Life.
- You must be an active full time employee or a permanent part-time employee working at least 20 hours per week excluding temporary or seasonal employees, full time members of the armed forces, leased employees or independent contractors
- Individuals may be covered only once under the group policy. Employees cannot also be insured as a spouse or child. A child can only be insured by one parent.

ENROLLMENT

Enrollment is simple - just fill out the application provided by your employer. Make sure you supply all the required information and return the form where you work. That's all. You will be notified as to when coverage starts.

BENEFICIARY

You have the right to designate the beneficiary of your choice under employee coverage. You are automatically the beneficiary under Dependent Life.

TERMINATION OF COVERAGE

All insurance under this plan will terminate upon the earlier of retirement, termination of employment, when the plan ceases or when you withdraw from the plan. If you should die within 31 days of the date your eligibility for coverage under the group policy terminates, a benefit may still be payable under the conversion right, whether or not application for conversion was made. In addition, if any of your covered dependents should die within 31 days of the date their eligibility for coverage under the group policy terminates, a benefit may be payable under the conversion right of the group policy.

DISABILITY

Your insurance may be continued during your disability if you are unable to work due to sickness, injury or medical leave of absence. You should contact your Employer to discuss how long your coverage may be continued and to make any necessary arrangements to continue premiums for contributory coverage.

CONVERSION

If your employment terminates while you are covered under the plan, you may convert all or a portion of your existing coverage to an individual policy administered by Minnesota Life. Evidence of insurability is not required for converted coverage.

You must apply for this policy within 31 days after the date your employment terminates. **You can apply for conversion by contacting Minnesota Life directly at 1.866.293.6047.** The conversion privilege applies to Basic and Supplemental employee life insurance and dependent life insurance.

PORTABILITY

If you no longer meet the eligibility requirements for coverage under the group policy due to termination of employment, moving to an ineligible class, or amendment to the group policy, you may elect to continue your employee term life insurance and the coverage of your dependents. To continue dependent coverage, you must continue your own Supplemental coverage.

You must be under age 70 to continue coverage otherwise lost under the portability provision. You are not eligible to continue coverage if you were not actively at work due to sickness or injury on the day before:

1) you, the employee terminate employment, including retirement; **2)** or you, the employee is no longer in a class eligible for insurance or is on a leave or layoff; or **3)** a class or group of employees insured under the policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this policy.

You may continue all or a portion of your supplemental Term Life with a minimum of \$10,000 and a maximum of previous amount to \$200,000 (\$130,000 if 65 or older). You may continue all or a portion of your spouse term life insurance. All child coverage currently in force may be continued. In order to continue your coverage, you must complete a Portability Election form and send it to Minnesota Life within 31 days of the date the coverage would otherwise have terminated. **Contact Minnesota Life at 1.866.293.6047 to obtain the necessary form.** All coverage is continued without proof of good health.

All **Employee** coverage terminates when you attain age 70. Your **Spouse** coverage terminates the earlier of your age 70, or the spouse's age 70. **Child** coverage terminates at age 21 or 25 if your child is a full time student.

ACCELERATED BENEFITS

If you have a life expectancy of 12 months or less, you can request an accelerated death benefit from your Basic and Supplemental Employee life insurance plans. Similarly, if your dependent has a life expectancy of 12 months or less, you can request an accelerated death benefit from the dependent life insurance plan.

To qualify for an accelerated benefit, you or your covered dependent must:

- be insured for at least \$10,000
- not have an irrevocable beneficiary
- be terminally ill (life expectancy of 12 months or less).

The full amount of your in force coverage may be accelerated.

SUICIDE EXCLUSION

No Supplemental Employee or Supplemental Spouse Life Benefits are payable if you commit suicide within two years from the effective date of the coverage. The Suicide exclusion also applies to any increase in your coverage amount.

CLAIMS PROCEDURE

Claim forms needed to file for benefits under the group insurance program can be obtained from your employer who will also be ready to answer questions about the insurance benefits and to assist in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully. If there is any question about a claim payment, an explanation can be requested from your Employer, who is usually able to provide the necessary information.

This information has been prepared to give you the highlights of coverage now being offered by your Employer to meet your insurance needs. For details please ask your Human Resources Department or refer to the certificate of insurance that you will receive after you have signed up for protection.

NOTE: If you become insured, you will receive a group certificate containing a detailed description of the insurance coverage. The information presented is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Minnesota Life.

SCHEDULE OF BENEFITS

BASIC EMPLOYEE LIFE INSURANCE

All Eligible Employees \$1,000 (No cost to you)

SUPPLEMENTAL EMPLOYEE LIFE INSURANCE

Your choice of the following amounts: \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000, \$150,000, \$200,000

SUPPLEMENTAL DEPENDENT LIFE INSURANCE

- **SPOUSE-** \$10,000 or \$20,000
- **CHILDREN-** \$5,000 (On each of your eligible children no matter how many children you may have)
- You choose either: Family coverage, Spouse only coverage or Child(ren) only coverage.
- Supplemental Dependent Life Insurance is available only to those eligible Employees who are insured for Supplemental Employee Life Insurance.
- All dependent coverage is limited to 100% of the total amount of Employee Supplemental Life Insurance.

PLAN SPONSOR

Durham Public Schools
511 Cleveland Street
Durham, NC 27701
919.560.3643



Minnesota Term Life Rates
(Based on 10 pay periods during the plan year)

	\$10,000	\$20,000	\$30,000
Employee Only	\$2.38	\$4.75	\$7.13
Employee & Children	\$2.98	\$5.35	\$7.73
Employee & Spouse (10k)	\$7.75	\$10.13	\$12.50
Employee & Spouse (20k)	\$13.13	\$15.50	\$17.88
Employee & Family-Spouse (10k)	\$8.35	\$10.73	\$13.10
Employee & Family-Spouse (20k)	\$13.73	\$16.10	\$18.48

	\$40,000	\$50,000	\$60,000
Employee Only	\$9.50	\$11.88	\$14.26
Employee & Children	\$10.10	\$12.48	\$14.86
Employee & Spouse (10k)	\$14.88	\$17.26	\$19.63
Employee & Spouse (20k)	\$20.26	\$22.63	\$25.01
Employee & Family-Spouse (10k)	\$15.48	\$17.86	\$20.23
Employee & Family-Spouse (20k)	\$20.86	\$23.23	\$25.61

	\$70,000	\$80,000	\$90,000
Employee Only	\$16.63	\$19.01	\$21.38
Employee & Children	\$17.23	\$19.61	\$21.98
Employee & Spouse (10k)	\$22.01	\$24.38	\$26.76
Employee & Spouse (20k)	\$27.38	\$29.76	\$32.14
Employee & Family-Spouse (10k)	\$22.63	\$24.98	\$27.36
Employee & Family-Spouse (20k)	\$27.98	\$30.36	\$32.74

	\$100,000	\$150,000	\$200,000
Employee Only	\$23.76	\$35.64	\$47.52
Employee & Children	\$24.36	\$36.24	\$48.12
Employee & Spouse (10k)	\$29.14	\$41.02	\$52.90
Employee & Spouse (20k)	\$34.51	\$46.39	\$58.27
Employee & Family-Spouse (10k)	\$29.74	\$41.62	\$53.50
Employee & Family-Spouse (20k)	\$35.11	\$46.99	\$58.87

GUARANTEED ISSUE OPPORTUNITIES AND EOI REQUIREMENTS

Note: The stipulations below apply during the plan year, January 1, 2018 through December 31, 2018.

- **All increases are subject to the actively at work requirement of the policy**

Employee

Newly Eligible	\$50,000 is guaranteed without EOI if elected within 31 days of initial eligibility.
2018 Annual Enrollment	•An employee participating in the additional life plan at the time of the open enrollment may elect to increase his or her coverage by one option (\$10,000), provided the resulting amount of insurance does not exceed \$100,000; or An employee not enrolled for coverage under the Supplemental life plan during the open enrollment may elect the \$10,000 coverage option. • Employees previously declined for coverage are not eligible for this guaranteed issue offer.
Family Status Changes (birth, marriage , divorce, legal separation, annulment or adoption)	•Within 31 days of a qualified family status change, an employee participating in the additional life plan may elect to increase his or her coverage by one option (\$10,000), provided the resulting amount of insurance does not exceed \$100,000. • Employees previously declined for coverage are not eligible for this guaranteed issue offer.

Spouse

Newly Eligible	•\$10,000 is guaranteed if elected within 31 days of initial eligibility.
Annual Enrollment	•Electing or increasing coverage requires EOI.
Family Status Changes (birth, marriage, or adoption)	•Electing or increasing coverage requires EOI.

Notes:

- For a Spouse to be eligible for \$20,000, the Employee must elect a minimum of \$20,000 Employee Supplemental Life Insurance.

Children

Newly Eligible	• All coverage is guaranteed without EOI if elected within 31 days of initial eligibility.
Annual Enrollment	• All coverage guaranteed without EOI.
Family Status Changes (birth, marriage or adoption)	• All coverage guaranteed without EOI.

WHEN TO SUBMIT AN EOI (Evidence of Insurability (Health Statement))

- *If you currently have the supplemental Term life plan, you may elect to increase one \$10,000 increment up to the maximum of \$100,000 without completing a health statement.*
- *If you increase by more than one \$10,000 level, you must complete a health statement. Any amount elected over \$100,000 will automatically require a health statement.*
- *If you have been previously declined by Minnesota Life, you are not eligible for Guaranteed Issue. You must complete a health statement when you apply, no matter what face amount you elect.*
- *Any coverage amount elected on a Spouse requires a health statement.*
- *A health statement is not required for Child(ren).*
- *If you do not currently have supplemental Term Life coverage and elect it for January 1, 2018, you may elect \$10,000 coverage without completing a health statement.*

To submit an Evidence of Insurability (EOI), follow the instructions below.

Financial security
for the long run®



Evidence of Insurability

COMPLETE YOUR EOI ONLINE

You recently elected to increase your group life insurance coverage underwritten by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer.

Before this coverage becomes active, you must submit satisfactory Evidence of Insurability (EOI).

Before you begin

- The process takes 10-30 minutes to complete
- You will not be able to save your work to return later
- An email address is required
- Have your medical records available
- If you have elected spouse coverage, they must complete their questions during the same session

Visit www.LifeBenefits.com/SubmitEOI

- Provide your group policy number 33902
- Enter your access key DURHAM
- Complete the word validation