Employee Group Term Life
Certificate of Insurance

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

 Applies to Classes: 2a, 3b, 4b, 5a, 5b, 6, 7a, 7b, 8, 9

POLICYHOLDER: Miami-Dade County
POLICY NUMBER: 34643 – Basic Term Life

Read Your Certificate Carefully
You are insured under the group policy shown on the specifications page attached to this certificate. This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

Right to Cancel
It is important to us that you are satisfied with this certificate after it is issued. If you are not satisfied with this certificate, you may cancel it by delivering or mailing a written notice or sending a telegram to Minnesota Life Insurance Company (Minnesota Life), 400 Robert Street North, St. Paul, Minnesota 55101-2098 and returning the certificate before midnight of the 30th day after you received this certificate.

Notice given by mail and return of the certificate by mail are effective on being postmarked, properly addressed, and postage prepaid. If you return this certificate, you will receive, within 10 days of the date we receive a notice of cancellation, a full refund of any premiums you have paid. Upon cancellation of this certificate, it will be void as if it had never been issued.

Notice to Certificateholders
If you have any questions regarding your certificate, or if you need assistance in resolving a complaint, you can contact us at: Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101-2098. Toll-Free Telephone Number: 1-866-293-6047.

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
**GENERAL INFORMATION**

**POLICYHOLDER:** Miami-Dade County  
**POLICY NO.:** 34641

**ASSOCIATED COMPANIES:** All subsidiaries and affiliates reported to Minnesota Life by the policyholder for inclusion in the policy.

**POLICY SITUS:** The policy was issued and delivered in the state of Florida.

**POLICY EFFECTIVE DATE:** January 1, 2019

**POLICY ANNIVERSARY DATE:** January 1 of each year beginning January 1, 2020

**PREMIUM DUE DATE(S):** The first day of each month.

**GROUP:** The group is composed of all active employees and designated retirees of the policyholder and its associated companies working in the United States in the following classes:

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>All Miami-Dade County Firefighters of the Policyholder (with basic term life and optional term life provided through Minnesota Life).</td>
</tr>
<tr>
<td>3b</td>
<td>All Clerical, Administrative, Managerial and Supervisory Employees of the Policyholder in Miami-Dade County.</td>
</tr>
<tr>
<td>4b</td>
<td>All Judges in Miami-Dade County and all other Employees of the Policyholder including Non-County Employees (HFA, DCID) in Miami-Dade County.</td>
</tr>
<tr>
<td>5a</td>
<td>All sworn Miami-Dade County Employees who are members of the Dade County Police Benevolent Association Bargaining Unit.</td>
</tr>
<tr>
<td>5b</td>
<td>All non-sworn Miami-Dade County Employees who are members of the Dade County Police Benevolent Association Bargaining Unit.</td>
</tr>
<tr>
<td>7a</td>
<td>Retirees under age 65 (on the first of the month following the date a retiree reaches age 65, they will move to class 7b).</td>
</tr>
<tr>
<td>7b</td>
<td>Retirees age 65 or over.</td>
</tr>
<tr>
<td>8</td>
<td>All active Commissioners.</td>
</tr>
<tr>
<td>9</td>
<td>Retired Commissioners.</td>
</tr>
</tbody>
</table>

**ENROLLMENT PERIOD:** Not applicable for noncontributory insurance, 90 days from the first day of eligibility for contributory insurance.

**WAITING PERIOD:** The period commencing with the employee’s date of employment and ending with the first day of the month following or coinciding with the employee’s completion of 60 days of continuous employment (Key Executives as defined by Miami-Dade and reported to Minnesota Life are eligible upon date of hire).

**MINIMUM HOURS PER WEEK REQUIRED:** 60 hours bi-weekly.
PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Basic Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classes 2a, 3b, 4b, 5a &amp; 5b:</td>
<td>One times base annual earnings, rounded to the next higher $1.00, subject to a maximum of $1,000,000.</td>
</tr>
<tr>
<td>Class 6:</td>
<td>An amount elected by the retiree from the following option: $5,000 or $10,000.</td>
</tr>
<tr>
<td>Class 7a:</td>
<td>One times annual earnings, rounded to the next higher $1.00, subject to a maximum of $1,000,000.</td>
</tr>
<tr>
<td>Class 7b:</td>
<td>An amount elected by the employee from the following options: $15,000 or $20,000</td>
</tr>
<tr>
<td>Class 8:</td>
<td>$100,000</td>
</tr>
<tr>
<td>Class 9</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

ACCIDENTAL DEATH AND DISMEMBERMENT:

Basic Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classes 2a, 3b, 4b, 5a, 5b &amp; 7a</td>
<td>An amount equal to the amount of basic and supplemental life insurance for which the insured is insured under the group policy. AD&amp;D coverage ends at age 65 for employees in Class 7a.</td>
</tr>
</tbody>
</table>

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Classes 2, 3b, 4b, 5a, 5b and 8: Basic insurance is noncontributory insurance. Classes 6, 7a, 7b and 9: Basic insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT: Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS: Increases and decreases due to a change in eligible class or earnings will become effective the first of the month following the change in eligible class or earnings. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings. All increases are subject to the actively at work requirement.

RIDER(S) TO THE GROUP POLICY

Accelerated Benefits | Applies to all classes.
Accidental Death and Dismemberment | Applies classes 2a, 3b, 4b, 5a, 5b, and 7a
Portability | Applies to classes 2a, 3b, 4b, 5a, 5b and 8

F. MHC-50062
Definitions

age
Attained age as of most recent birthday.

application
Your application for insurance under the group policy and, if required, your evidence of insurability application.

associated company
Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

certificate effective date
The date your coverage under this certificate becomes effective.

contributory insurance
Insurance for which you are required to make premium contributions.

earnings
Your basic rate of compensation not including commissions, overtime or premium pay, bonuses, or any other additional compensation. For commission eligible salespeople, earnings shall include commissions and/or bonuses averaged over the prior 12 month period.

employee
An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner’s principal work is the conduct of the partnership’s business. The term employee does not include temporary employees nor corporate directors who are not otherwise employees.

employer
The policyholder or any designated associated companies.

evidence of insurability
Evidence satisfactory to us of the good health of the prospective insured and any other underwriting information we require.

insured
A person who is eligible for and becomes insured according to the terms of this certificate.

non-work day
A day on which you are not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

noncontributory insurance
Insurance for which you are not required to make premium contributions.

policyholder
The owner of the group policy as shown on the specifications page attached to this certificate.

specifications page
The outline which summarizes your coverage under the policyholder’s plan of insurance.

waiting period
The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page attached to this certificate.

we, our, us
Minnesota Life Insurance Company.

you, your, certificate holder
An insured employee.

General Information

What is your agreement with us?
You are insured under the group policy shown on the specifications page attached to this certificate. Your application as defined under this certificate is attached and is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application attached to your certificate.
This certificate is issued in consideration of your application and the payment of the required premium.

Can this certificate be amended?

Yes. We retain the right to amend this certificate at any time without your consent. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

Who is eligible for insurance?

You are eligible if you:

1. are a member of the group and of an eligible class as defined in the group policy; and
2. work for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page attached to this certificate; and
3. have satisfied the waiting period as shown on the specifications page attached to this certificate; and
4. meet the actively at work requirement as shown in the section entitled “What is the actively at work requirement?”.

Are retired employees eligible for insurance?

If the policyholder’s plan of insurance, as reflected in the specifications page attached to this certificate, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor have his or her insurance continued. If the policyholder’s plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

What is the actively at work requirement?

To be eligible to become insured or to receive an increase in the amount of insurance, you must be actively at work, fully performing your customary duties for your regularly scheduled number of hours at the employer’s normal place of business, or at other places the employer’s business requires you to travel.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your amount of insurance would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

When will we require evidence of insurability?

Evidence of insurability will be required if:

1. the specifications page attached to this certificate states that evidence of insurability is required; or
2. the insurance is contributory and you do not enroll within the enrollment period shown on the specifications page attached to this certificate; or
3. the insurance for which you previously enrolled did not go into effect or was terminated because you failed to make a required premium contribution; or
4. during a previous period of eligibility, you failed to submit required evidence of insurability or that which was submitted was not satisfactory to us; or
5. you are insured by an individual policy issued under the terms of the conversion right section.

When does insurance become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

1. you meet all eligibility requirements; and
2. if required, you apply for the insurance on forms which are approved by us; and
3. we are satisfied with your evidence of insurability, if we require evidence.

Can your coverage be continued during sickness, injury, leave of absence or temporary layoff?

Yes. The employer may continue your noncontributory insurance or allow you to continue your contributory insurance when you are absent from work due to sickness, injury, leave of absence, or temporary layoff. Continuation of your insurance is subject to certain time limits and conditions as stated in the group policy. If you stop active work for any reason, you should discuss with the employer what arrangements may be made to continue your insurance.

Premiums

When and how often are your premium contributions due?

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a monthly basis. 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 the policyholder and we agree.
Death Benefit

What is the amount of the death benefit?

The amount of the death benefit is the amount of insurance shown on the specifications page attached to this certificate.

Can you request a change in the amount of your contributory insurance?

Yes. If the policyholder’s plan of insurance, as reflected in the specifications page attached to the group policy, allows for a choice of amounts of insurance for your class, you can request an increase or a decrease in the amount of your contributory insurance within the limitations of the policyholder’s plan of insurance, including any limitations on when and how often such requests may be made.

If you request an increase in the amount of your contributory insurance, we will require evidence of insurability, unless otherwise noted on the specifications page.

When will changes in your coverage amount be effective?

Requested increases in the amount of your contributory insurance, if approved, are effective on the date we approve the increase. Requested decreases in the amount of your contributory insurance are effective on the first day of the month following receipt of your request for a decrease or if different, according to the administrative practices of the employer.

Requests for a change made during a special enrollment period offered by the employer will not become effective prior to the general effective date of elections made during that enrollment.

Increases and decreases in insurance amounts which result from a change in your eligible class or earnings will be effective as shown on the specifications page attached to this certificate.

All increases in the amount of insurance are subject to the actively at work requirement.

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us that you died while insured under this certificate. All payments by us are payable from our home office.

The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary. We will pay interest on the death benefit from the date of your death until the date of payment. Interest will be at an annual rate determined by us, but never less than 0.1% per year compounded annually, or the minimum required by state law, whichever is greater.

Payment of the death benefit will extinguish our liability under the certificate for which the death benefit has been paid.

To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. A beneficiary is named by you to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You cannot name the policyholder or an associated company of the policyholder as a beneficiary.

You may also choose to name a beneficiary that you cannot change without the beneficiary’s consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in writing. To receive the death benefit, a beneficiary must be living on the date of your death. In the event a beneficiary is not living on the date of your death, that beneficiary’s portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary.

If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to:

1. your lawful spouse, if living, otherwise;
2. your natural or legally adopted child (children) in equal shares, if living, otherwise;
3. your parents in equal shares, if living, otherwise;
4. your natural or legally adopted siblings in equal shares if living, otherwise;
5. the personal representative of your estate.

Can you add or change beneficiaries?

Yes. You can add or change beneficiaries if all of the following are true:

1. your coverage is in force; and
2. we have written consent of all irrevocable beneficiaries; and
3. you have not assigned the ownership of your insurance.

A request to add or change a beneficiary must be made in writing. All requests are subject to our approval. A change will take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving your notice.

Termination

When does your coverage terminate?

Your coverage ends on the earliest of the following:

1. the date the group policy ends; or
2. the date you no longer meet the eligibility requirements; or
(3) the date the group policy is amended so you are no longer eligible; or
(4) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
(5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

If your coverage under the group policy terminates due to non-payment of premiums, your coverage may be reinstated if all premiums due are paid and received by us within 31 days of the date of termination and during your lifetime.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within three months after the date your coverage under this certificate terminated, your coverage may be reinstated.

Provided you are not then covered by an individual policy issued under the terms of the conversion right section, your coverage under the group policy shall be reinstated automatically, without evidence of insurability or satisfaction of any waiting period. Your amount of insurance will be that which applies to the classification to which you then belong, on the date you again become eligible. If the policyholder’s plan of insurance provides for contributory insurance under the group policy, your amount of contributory insurance will be limited to that for which you were insured immediately prior to the loss of coverage.

When does the group policy terminate?

The policyholder may terminate the group policy by giving us 31 days prior written notice.

We reserve the right to terminate the group policy on the earliest of the following to occur:

(1) 31 days (the grace period) after the due date of any premiums which are not paid; or
(2) on any subsequent policy anniversary after the date the number of employees insured is less than any minimum established by us or as required by applicable state law; or
(3) 31 days after we provide the policyholder with notice of our intent to terminate the group policy.

Limited conversion is available if, after you have been insured for at least five years, insurance is terminated because:

(1) the group policy is terminated; or
(2) the group policy is changed to reduce or terminate your insurance.

In such case, you may convert up to the full amount of terminated insurance, but not more than the maximum. The maximum is the lesser of:

(a) $10,000; and
(b) the amount of life insurance which terminated minus any amount of group life insurance for which you become eligible under any group policy issued or reinstated by us or any other carrier within 31 days of the date your insurance terminated under the group policy.

Neither the conversion right nor the limited conversion right is available if your coverage under the group policy terminates due to failure to make, when due, required premium contributions.

Under both the conversion right and the limited conversion right, you may convert your insurance to any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits, accidental death and dismemberment benefits, or accelerated benefits.

How do you convert your insurance?

You convert your insurance by applying for an individual policy and paying the first premium within 31 days after your group insurance terminates. No evidence of insurability will be required.

How is the premium for the individual policy determined?

We base the premium for the individual policy on the plan of insurance, your age, and the class of risk to which you belong on the date of the conversion.

When is the individual policy effective?

The individual policy takes effect 31 days after the group insurance provided under the group policy terminates.

What happens if you die during the 31-day period allowed for conversion?

If you die during the 31-day period allowed for conversion, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section.

We will return any premium you paid for an individual policy to your beneficiary named under the group policy.
In no event will we be liable under both the group policy and the individual policy.

**Additional Information**

**What if your age has been misstated?**

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on your correct age. A premium adjustment will be made so that the actual premium required at your correct age is paid.

**Is there a suicide exclusion?**

The specifications page attached to this certificate indicates what insurance, if any, is subject to the suicide exclusion outlined below.

When applicable, this suicide exclusion limits our liability to an amount equal to the premiums paid if you, whether sane or insane, die by suicide within two years of the effective date of your insurance.

If there has been an increase in your amount of insurance for which you were required to apply or for which we required evidence of insurability, and if you die by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

**When does your insurance become incontestable?**

Except for the non-payment of premiums, after your insurance has been in force during your lifetime for two years from the effective date of your coverage, we cannot contest your coverage.

However, if there has been an increase in the amount of insurance for which you were required to apply or for which we required evidence of insurability, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

Any statements you make in your application as defined under this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in the application attached to your certificate.

**Can your insurance be assigned?**

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

**Is the policyholder required to maintain records?**

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer this certificate. We own the records relating to the insurance provided by this certificate, and can obtain them from the policyholder at any reasonable time.

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. If an error causes a change in premium payment, we will make a fair adjustment.

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

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.
Benefits received under this Accelerated Benefits Policy Rider may be taxable. Certificate holders should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

**General Information**

This rider amends the group policy to which it is attached and is subject to every term, condition, exclusion, limitation, and provision of the group policy unless otherwise expressly provided for herein.

What does this rider provide?

This rider provides for the accelerated payment of either the full or a partial amount of an insured’s death benefit provided under the group policy. If the insured has a terminal condition as defined in this rider, an accelerated payment of the death benefit may be requested.

**Definitions**

**accelerated benefit**

The amount of the death benefit we will pay if the insured is eligible under this rider.

**death benefit**

The amount of the insured’s life insurance as shown on the specifications page attached to the certificate holder’s certificate.

**immediate family**

The certificate holder’s spouse, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

**insured**

For purposes of this rider, an insured employee.

**physician**

An individual who is licensed to practice medicine or treat illness in the state in which treatment is received. This does not include the certificate holder, or a member of the certificate holder’s immediate family.

**Terminal Condition**

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of twelve months or less.

What evidence do we require of the insured’s terminal condition?

We must be given evidence that satisfies us that the insured’s life expectancy, because of sickness or accident, is twelve months or less. That evidence must include certification by a physician.

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have the insured medically examined at our own expense to verify the insured’s medical condition. We may do this as often as reasonably required while accelerated benefits are being considered or paid.

**Payment of Accelerated Benefit**

How do we calculate the accelerated benefit?

We will multiply the death benefit by the accelerated benefit factor to determine the accelerated benefit available.

How do we calculate the accelerated benefit factor?

The accelerated benefit factor will be stated as a percentage of the insured’s death benefit. When we calculate this factor, we will consider the insured’s age and gender.

We will also base our calculation on certain assumptions, which we may change from time to time, including but not limited to assumptions about:

1. expected future premiums; and
2. the insured’s life expectancy.

What are the conditions for the payment of an accelerated benefit?

We will consider the payment of an accelerated benefit, subject to all of the following conditions:

1. coverage must be in force and all premiums due must be fully paid; and
2. application must be made in writing and in a form which is satisfactory to us. We will tell a certificate holder what form is required; and
3. the certificate holder must be the sole owner of the certificate; and
4. the insured’s insurance must not have an irrevocable beneficiary.
Who may request an accelerated payment of the death benefit?

A certificate holder may request an accelerated payment of the insurance on his or her life.

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this rider is not intended to cause an involuntary reduction of the death benefit ultimately payable to the named beneficiary. Therefore, payment of the death benefit cannot be accelerated under this rider if the insured:

1. is required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
2. is required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

Is there a minimum or maximum death benefit eligible for an accelerated benefit?

Yes. The minimum death benefit to be eligible for an accelerated benefit under this rider is $10,000. The maximum death benefit to be eligible for an accelerated benefit is $1,000,000.

Does a certificate holder have to take the entire accelerated benefit?

No. The certificate holder may choose to receive a partial accelerated benefit. If he or she does so, the insured’s remaining coverage will stay in force.

If a certificate holder elects to receive only a partial accelerated benefit amount available under this rider, the remaining death benefit under the certificate must be at least $25,000.

The certificate holder may reapply for the payment of the remaining amount of insurance at any time. However, we may ask for further satisfactory evidence that the insured meets all requirements for the accelerated benefit.

What is the effect on an insured’s coverage of the receipt of an accelerated benefit?

If a certificate holder elects to accelerate the full amount of an insured’s death benefit, the insured’s coverage and all other benefits under the certificate and any certificate supplements which apply to that insured will end. If the insured is a certificate holder, any other individual insured under his or her certificate will be allowed to convert any such insurance to a policy of individual life insurance according to the conversion right section of the group policy to which this rider is attached.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under the certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

How will we pay the accelerated benefit?

We will pay the accelerated benefit in one lump sum or in any other mutually agreeable manner.

To whom will we pay accelerated benefits?

All accelerated benefits will be paid to the certificate holder who requested the accelerated payment unless the certificate holder validly assigns them otherwise. If such certificate holder dies before all payments have been made, we will pay the remainder to the insured’s beneficiary named under the certificate. Payment will be made in one lump sum which will be the present value of the payments that remain, using the interest rate we use to determine the payments.

Termination

When does an insured’s coverage under this rider terminate?

An insured’s coverage ends on the date the insured is no longer covered for life insurance under the group policy.

When does this rider terminate?

This rider will terminate on the earlier of:

1. the date we receive a written request to cancel this rider; or
2. the date the group policy is terminated.

Secretary

President
Accidental Death and Dismemberment
Policy Rider

Minnesota Life Insurance Company, a Securian Financial Group affiliate
400 Robert Street North • St. Paul, Minnesota  55101-2098

Statement to Policyholders
If you have any questions regarding this policy rider, or if you need assistance in resolving a complaint, you can contact us at: Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN  55101-2098. Toll-Free Telephone Number: 1-800-843-8358.

General Information
This rider is issued in consideration of the required premium and amends the group policy to which it is attached. This rider is subject to every term, condition, exclusion, limitation, and provision of the group policy unless otherwise expressly provided for herein.

What does this rider provide?
This rider provides accidental death and dismemberment coverage subject to all terms, conditions, and exclusions herein.

Who is eligible for insurance under this rider?
An employee who is eligible under the provisions applicable to life insurance coverage under the group policy is eligible for insurance under this rider.

When does insurance under this rider become effective?
Insurance becomes effective on the date the employee becomes insured for life insurance under the group policy.

Accidental Death and Dismemberment (AD&D) Benefit

What does accidental death or dismemberment by accidental injury mean?
Accidental death or dismemberment by accidental injury as used in this rider means that the insured’s death or dismemberment results, directly and independently of all other causes, from an accidental bodily injury which is unintended, unexpected, and unforeseen. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of death or dismemberment.

The injury must occur while the insured’s coverage under this rider is in force. The insured’s death or dismemberment must occur within 365 days after the date of the injury.

In no event will we pay the accidental death or dismemberment benefit where the insured’s death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:

(1) self-inflicted injury or self destruction, whether sane or insane; or
(2) suicide or attempted suicide, whether sane or insane; or
(3) the insured’s participation in or attempt to commit a crime, assault, felony, or any illegal activity, regardless of any legal proceedings, or the absence of any legal proceedings, thereto; or
(4) bodily or mental infirmity, illness or disease; or
(5) the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; or
(6) motor vehicle collision or accident where the insured is the operator of the motor vehicle and this insured’s blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings, or the absence of any legal proceedings, thereto; or
(7) infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; or
(8) medical or surgical treatment or diagnostic procedures or any resulting complications; or
(9) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; or
(10) war or any act of war, whether declared or undeclared; or
(11) service in the military of any nation, except as provided under the Reserve-National Guard benefit.

What is the amount of the accidental death and dismemberment benefit?
The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page attached to the group policy. The percentage is determined by the type of loss as shown in the following table:

<table>
<thead>
<tr>
<th>FOR LOSS OF</th>
<th>AMOUNT OF BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>Speech and Hearing</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>One Hand and Sight of One Eye</td>
<td>Full Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>75% of Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>Loss of One Arm</td>
<td>75% of Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>Loss of One Leg</td>
<td>75% of Amount of AD&amp;D Insurance</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75% of Amount of AD&amp;D Insurance</td>
</tr>
</tbody>
</table>
Sight of One Eye ........50% of Amount of AD&D Insurance
Speech or Hearing ......50% of Amount of AD&D Insurance
One Hand or
One Foot ..................50% of Amount of AD&D Insurance
Hemiplegia ...............50% of Amount of AD&D Insurance
Thumb and Index
Finger of One Hand .....25% of Amount of AD&D Insurance
Uniplegia ................25% of Amount of AD&D Insurance

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of arm or leg means complete severance at or above the elbow or knee. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means. Loss of thumb or finger means complete severance at or above the metacarpophalangeal joints (the joints closest to the palm of the hand).

Quadriplegia means total and permanent paralysis of both upper limbs (from the shoulder down including total paralysis of both hands) and both lower limbs (from the waist down including total paralysis of both feet).
Paraplegia means total and permanent paralysis of both lower limbs (from the waist down including total paralysis of both feet). Hemiplegia means total and permanent paralysis of both the upper limb (from the shoulder down including total paralysis of the hand) and lower limb (from the waist down including total paralysis of the foot) on one side of the body. Uniplegia means total and permanent paralysis of one limb (from the shoulder down including total paralysis of the hand if claiming an upper limb, and from the waist down including total paralysis of the foot if claiming a lower limb).

A benefit is not payable for both loss of one hand and the loss of thumb and the loss of four fingers of one hand for injury to the same hand as a result of any one accident. Under no circumstance will more than one payment be made for the loss or paralysis of the same limb, eye, finger, thumb, hand, foot, sight, speech, or hearing if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss but the total amount of AD&D insurance payable under this rider for all of an insured’s losses due to any one accident, not including any amount paid according to the terms of the Additional Benefits section of this rider, will never exceed the full amount of AD&D insurance shown on the specifications page attached to the group policy.

When will the accidental death and dismemberment benefit be payable?

We will pay the AD&D benefit upon receipt at our home office of written proof satisfactory to us that the insured died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office.

The benefit will be paid in a single sum. We will pay interest on the benefit from the date of the insured’s death or dismemberment until the date of payment.

Interest will be at an annual rate determined by us, but never less than 0.1% per year compounded annually or the minimum required by state law, whichever is greater.

To whom do we pay the benefit?

A certificate holder’s accidental death benefit will be paid to the person or persons entitled to receive a death benefit under the terms of the group policy. The benefit for other losses sustained by a certificate holder will be paid to the certificate holder, if living, otherwise to his or her estate.

Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any AD&D benefits described in the Accidental Death and Dismemberment section, unless otherwise stated.

Air Bag Benefit

What is the air bag benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

(1) $10,000; or
(2) 10% of the insured’s amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

(1) the seat in which the insured was seated was equipped with a properly installed airbag at the time of the accident; and
(2) the private passenger car is equipped with seatbelts; and
(3) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
(4) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag means a passive restraint device in a vehicle which inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.
Brain Damage Benefit

What is the brain damage benefit?

If an insured sustains and is diagnosed by a licensed physician as having Traumatic Brain Injury (TBI) as a result of and within 30 days of a covered accidental injury, and such TBI damage has lasted for a minimum of 12 consecutive months, we will pay 100% of the insured’s amount of AD&D insurance.

The insured must be hospitalized due to TBI for at least five days within the first 30 days following the accident.

Coma Benefit

What is the coma benefit?

If an insured lapses into a coma as a result of and within 365 days of a covered accidental injury, and such coma has lasted for a minimum of 31 days, we will pay a monthly benefit equal to the lesser of:

1. 1% of the insured’s amount of AD&D insurance;
2. 1% of the difference between the insured’s amount of AD&D insurance and the amount of any benefits paid under the loss schedule for the same accident. (if the full amount of AD&D insurance has been paid, no benefit is payable under this section).

This benefit will be paid monthly until the earliest of the following:

1. the date the insured recovers such that he or she is no longer in a coma as defined herein; or
2. the date of the insured’s death. If an accidental death payment is due under this rider, the amount of such payment will be reduced by the amount of AD&D insurance paid under this coma provision; or
3. 100 monthly benefits have been paid.

Coma means a state of profound unconsciousness with no evidence of appropriate responses to stimulation. The insured must be confined in a medical facility and diagnosed as comatose by a licensed physician.

Public Transportation Benefit

What is the public transportation benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

1. $10,000; or
2. 10% of the insured’s amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

1. the private passenger car was equipped with seatbelts; and
2. a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
3. at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

Seatbelt Benefit

What is the seatbelt benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

1. $10,000; or
2. 10% of the insured’s amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

1. the private passenger car was equipped with seatbelts; and
2. a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
3. at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

Termination

When does an insured's coverage under this rider terminate?

An insured’s coverage ends on the earliest of:

1. the date the certificate holder is no longer covered for life insurance under the group policy; or
2. 31 days (the grace period) after the due date of any premium contribution which is not paid.

The certificate holder must notify us or the employer when he or she no longer has any dependents eligible for coverage under this benefit so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this benefit will be refunded without any payment of claim.

When does this rider terminate?

This rider will terminate on the earlier of:

1. the date we receive a written request from the policyholder to cancel this rider; or
2. the date the group policy is terminated.
Additional Information

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have an insured medically examined at our expense whenever a claim is pending and, where not forbidden by law, we reserve the right to have an autopsy performed in case of death.

Can insurance under this rider be converted to a policy of individual insurance upon termination?

No. Coverage under this rider will not be included in any insurance issued under the conversion right section of the group policy.

Secretary

President
**General Information**

This rider is issued in consideration of the required premium and amends the group policy to which it is attached. This rider is subject to every term, condition, exclusion, limitation and provision of the group policy unless otherwise expressly provided for herein.

**What does this rider provide?**

This rider provides for continuation of group life insurance for insureds who no longer meet the eligibility requirements of the group policy except as provided for herein.

To continue coverage under the provisions of this rider, an eligible insured must make a written request and make the first premium contribution within 31 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this rider will then be deemed effective retroactive to the beginning of the 31-day period. This date is considered to be the insured’s portability date and the insured is then considered to have portability status.

**Who is eligible to continue insurance under this rider?**

A certificate holder is eligible to continue insurance under this rider if he or she, except as provided by this rider, no longer meets the eligibility requirements of the group policy due to any of the following:

1. the employee terminates employment, including retirement; or
2. 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.

The certificate holder will not be eligible to request coverage under this rider if he or she:

1. has attained the age of 80; or
2. has converted his or her insurance to an individual life policy under the terms of the group policy’s conversion right section; or
3. has been insured for fewer than six months as of his or her portability date; or
4. loses eligibility due to termination of the group policy.

**What insurance can be continued under this rider?**

Both contributory and non-contributory insurance may be continued under this rider. The certificate holder may also continue coverage under all supplements to such certificate which apply to non-contributory insurance and by which he or she was insured immediately preceding his or her portability date, except for the Business Travel Accident which shall terminate upon porting.

The amount of insurance continued under this rider for any individual will be subject to any applicable state law or regulation relating to allowable amounts of insurance.

**What is the minimum amount of insurance that can be continued under this rider?**

The minimum amount of insurance that can be continued on the life of a certificate holder under this rider is $10,000.

**What is the maximum amount of insurance that can be continued under this rider?**

The maximum amount of insurance that can be continued under this rider is the amount of insurance that was in force on the insured’s portability date, but not more than $500,000 for an employee. However, for a certificate holder who is age 65 or older on his or her portability date, the amount will not be more than $325,000 for an employee.

**Will the amount of insurance continued under this rider change?**

Yes. When a certificate holder attains age 65, the amount of insurance on his or her life continued under this rider will reduce to 65% of the amount of insurance in force on the day prior to his or her attainment of age 65. The amount of insurance will further reduce at age 70 to 50% of the amount of insurance in force prior to the attainment of age 65 and to 25% at age 75. Insurance terminates at age 80 (Accidental Death and Dismemberment coverage terminates at age 100).

**Can a certificate holder request a change in his or her amount of insurance continued under this rider?**

Yes. The certificate holder may elect to reduce the amount of insurance provided under his or her certificate. The remaining amount of insurance on the life of a certificate holder must be at least $10,000.

The amount of insurance continued under this rider will never increase.
How will premium contributions be paid?

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

Can the premium rate change?

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future but will not change more often than once per year.

Can insurance continued under this rider be converted to a policy of individual insurance?

Yes. At any time after insurance has been continued under the provisions of this rider, it may be converted to a policy of individual insurance with Minnesota Life. All other conditions and provisions of the conversion right section of the group policy to which this rider is attached will apply.

What happens if a certificate holder again becomes eligible under the group policy?

If a certificate holder who is continuing coverage under the provisions of this rider again meets the eligibility requirements of the group policy, not including the terms of this rider, he or she shall no longer be considered to have portability status. Insurance for that certificate holder may be provided only under the terms of the group policy, not including this rider, unless and until he or she no longer meets the eligibility requirements of the group policy and again returns to portability status as provided for herein.

What happens to insurance provided under this rider when the group policy terminates?

Anything in the group policy notwithstanding, termination of the group policy by the policyholder or us will not terminate life insurance then in force for any person under the terms of this rider. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.

Any insurance continued under the terms of this rider will remain in force until terminated by the provisions of the section entitled “When will insurance continued under this rider terminate?”.

No individual may elect coverage under this rider on or after the date of termination of the group policy.

When will insurance continued under this rider terminate?

Insurance continued under this rider will terminate on the earliest of the following:

1. the first of the month following the certificate holder’s 80th birthday; or
2. the date the certificate holder again meets the eligibility requirements of the group policy, not including the terms of this rider; or
3. 31 days after the due date of any premium contribution which is not made.

Secretary

President
Notice

Minnesota Life Insurance Company - a Securian Financial company
400 Robert Street North, St. Paul, MN  55101-2098

If you have any questions regarding your coverage, or if you need assistance in resolving a complaint, you can contact us at:

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

Telephone Number:  651-665-3500
Business hours 7am - 5pm Central Time Monday - Friday