Certificate Amendment

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

This Certificate Amendment is attached to and made a part of the certificate of insurance describing the benefits available to you under Group Policy No. 76180, issued by Securian Life Insurance Company to Google LLC. This amendment is subject to every term, condition, exclusion, and provision of the certificate unless otherwise expressly provided for herein.

1. The definition of **physician**, wherever it appears, is amended as follows:
   (a) "In the United States or United States territory" in the first sentence is removed in its entirety; and
   (b) "United States" in the second sentence is removed in its entirety.

2. The definition of **specialist**, wherever it appears, is amended as follows:
   (a) to delete the reference to "(M.D. or D.O. only)" in item (1); and
   (b) to replace the language "state" or "state or US Territory" with "jurisdiction" in item (1).

3. The provision entitled **Are there any additional limitations that apply?** under the Exclusions and Limitations section of the certificate is deleted in its entirety.

Secretary

President

Group Accident Certificate of Insurance

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

APPLIES TO RESIDENTS OF CA, AL, AZ, DC, DE, FL, GA, HI, IA, IL, KY, MA, MD, ME, MI, NJ, NM, NV, NY, PA, RI, TN, VA and WY

Effective January 1, 2025

POLICYHOLDER: Google LLC

POLICY NUMBER: 76180

Notice of the California Consumer Affairs Unit

If you have questions or concerns regarding your Certificate, please contact us, our agent or other representative at the address shown above. The phone number for customer service is: 866-293-6047.

If we, our agent or representative fail to satisfactorily resolve your questions or concerns, you may contact the California Department of Insurance. The address of the Department's Consumer Services Division is:

300 S. Spring Street
Los Angeles, CA 90013

The phone number for callers inside the State of California is: 1-800-927-HELP. The phone number for callers outside the State of California is: 1-(213) 897-8921.

If you are 65 or older, you have the right to return this certificate, by mail or other delivery method, within 30 days after its receipt. If you do so, this certificate will be void from its inception, and we will refund the full premium paid.

THIS CERTIFICATE IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT. THIS CERTIFICATE DOES NOT SATISFY THE FEDERAL REQUIREMENT THAT YOU HAVE HEALTH INSURANCE COVERAGE, WHICH BECAME EFFECTIVE JANUARY 1, 2014.

THIS IS A LIMITED BENEFIT CERTIFICATE: This certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your certificate carefully.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If you are eligible for Medicare, review the Guide to Health Insurance for people with Medicare available from us.

Notice for residents of Arizona: This certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this certificate carefully.

Notice for residents of Maryland: This certificate is a part of a group policy issued outside of Maryland and may omit some of the benefits required for a policy issued and delivered in Maryland.

Read Your Certificate Carefully

If you meet the eligibility and enrollment requirements herein, you are insured under the group policy shown on the specifications page. 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.

Legal Actions

No action at law or in equity shall be brought to recover on this certificate prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this certificate. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Renée D. Montz — Secretary

Stephen M. Helgerson — President

TABLE OF CONTENTS

GROUP ACCIDENT CERTIFICATE OF INSURANCE

Certificate Specifications Page

Securian Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

GENERAL INFORMATION

POLICYHOLDER: Google LLC

POLICY NUMBER: 76180

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

POLICY SITUS: The policy was issued and delivered in California.

POLICY EFFECTIVE DATE: January 1, 2022. This specifications page represents the plan in effect as of January 1, 2025.

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

GROUP: The group is composed of all active full-time or part-time employees of the policyholder and its associated companies working in the United States and expatriates on Google's U.S. based payroll in the following class:

Class 1: All active eligible employees. This includes employees who are on an approved leave of absence following the effective date of this policy.

ENROLLMENT PERIOD: 31 days from the first day of eligibility for contributory insurance.

WAITING PERIOD: None

MINIMUM HOURS PER WEEK REQUIREMENT: Scheduled to work twenty (20) or more hours per week for at least five (5) months in any calendar year.

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE GROUP ACCIDENT INSURANCE:

Group Accident Insurance

Eligible Class	Employee Group Accident Insurance Benefit Plan
Class 1	If elected by the employee, benefit plan as described herein.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Accident insurance is contributory insurance.

CONTINUATION: The employee's plan in force as of the continuation date.

NOTE: Continuation is available to all insureds, including international insureds. The maximum timeframe for continuation is 18 months.

PORTABILITY: The employee's plan in force as of the portability date.

DEPENDENT BENEFIT SCHEDULE

An employee must be insured for accident insurance in order to elect dependent accident insurance.

SPOUSE/LEGAL PARTNER GROUP ACCIDENT INSURANCE

Group Accident Insurance

Eligible Class	Spouse/Legal Partner Group Accident Insurance Benefit Plan
Class 1	If elected by the employee, the Spouse/Legal Partner benefit plan matches the employee's Group Accident Benefit Plan.

CHILD GROUP ACCIDENT INSURANCE

Group Accident Insurance

Eligible Class	Child Group Accident Insurance Benefit Plan
Class 1	If elected by the employee, the Child benefit plan matches the employee's Group Accident Benefit Plan.

DEPENDENT PARENT BENEFIT

The Dependent Parent Benefit Certificate Supplement applies only to employees who are enrolled for employee accident insurance.

Dependent Parent Benefit

Eligible Class	Amount of Dependent Parent Benefit
Class 1	If elected by the employee, the Dependent Parent benefit plan is equal to 50% of the employee's Group Accident Benefit Plan.

All covered benefits listed in the Covered Benefits Schedule applicable to an employee are covered under Dependent Parent Benefit.

GENERAL PROVISIONS FOR DEPENDENT INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Accident insurance is contributory insurance.

CONTINUATION: Spouse/legal partner benefit plan matches the employee's Group Accident Benefit Plan.

Child benefit plan matches the employee's Group Accident Benefit Plan.

NOTE: Continuation is available to all insureds, including international insureds. The maximum timeframe for continuation is 18 months.

SPOUSE/LEGAL PARTNER AND CHILD PORTABILITY: Spouse/legal partner benefit plan matches the employee's Group Accident Benefit Plan.

Child benefit plan matches the employee's Group Accident Benefit Plan

DEPENDENT PARENT PORTABILITY: Not applicable. Dependent parent coverage is not portable.

COVERED BENEFITS

Refer to the **Injury Benefits**, **Emergency Care**, **Hospital Care**, **Surgery Benefits**, **Follow-up Care**, and **Support Care** sections of the Certificate for additional benefit details.

INJURY BENEFITS	**BENEFIT PLAN**
Burn Benefit	
2nd degree burns	
Less than 10% of the body	$500
Between 10% and 20% of the body	$1,000
20% or more of the body	$2,000
3rd degree burns	
Less than 10% of the body	$5,000
Between 10% and 20% of the body	$10,000
20% or more of the body	$20,000
Child Organized Sports Injury	$400
Concussion	$600
Dislocation	
Principal Amount (Surgical)	$11,000
	% of Principal Amount
Hip/Thigh	100%
Foot	40%
Ankle	40%
Knee	50%
Hand or wrist (excluding fingers)	Hand: 20% Wrist: 30%
Lower jaw	20%
Shoulder	30%
Collarbone	20%
Ribs	20%
Finger	5%
Toe	5%
Elbow	30%
Non-surgical	50% of surgical benefit
Partial dislocation	25% of non-surgical benefit
Eye Injury – with Surgery	$600
Eye Injury – Removal of Foreign Object without Surgery	$500

Fracture	
Principal Amount (Surgical)	$10,000
	% of Principal Amount
Hip/Thigh	100%
Vertebral body	50%
Vertebral processes	20%
Pelvis	75%
Sternum	75%
Coccyx	10%
Skull – non depressed	100%
Skull – depressed	150%
Lower leg	50%
Foot	25%
Ankle	25%
Kneecap	25%
Upper arm	35%
Facial excluding lower jaw	35%
Forearm	25%
Hand or wrist (except fingers)	40%
Lower jaw	25%
Shoulder blade	50%
Collarbone	50%
Ribs	25%
Finger	5%
Toe	5%
Nose	5%
Non-surgical	50% of surgical benefit
Chip fracture	25% of non-surgical benefit
Gunshot Wound	$400
Lacerations	
With stitches or staples	$600
Without stitches or staples	25% of benefit provided with stitches or staples
Paralysis	
Quadriplegia	$30,000
Paraplegia	$15,000
Hemiplegia	$15,000
Uniplegia	$7,500
Traumatic Brain Injury	$2,000

EMERGENCY CARE	**BENEFIT PLAN**
Ambulance	
Ground or water	$500
Air	$2,000
Blood, Plasma or Platelets Transfusion	$800
Emergency Dental	
Crown	$400
Extraction	$200
Emergency Room Treatment	$350
Initial Physician's Office Visit	$250

HOSPITAL CARE	**BENEFIT PLAN**
Diagnostic Testing	$400
Hospital Stay	
Initial benefit, non-ICU	$2,000
Initial benefit, ICU	$4,000
Daily benefit, non-ICU	$300
Daily benefit, ICU	$600

Medical Observation Unit	$500
Spinal Injection for Pain Management	$200
Surgical Anesthesia	
General	$300
Regional	$100
X-ray	$250

SURGERY BENEFITS	**BENEFIT PLAN**
Abdominal or Pelvic Surgery	$3,000
Cranial Surgery	$3,000
Inpatient Surgery	$1,500
Joint Replacement Surgery of Elbow, Hip, Knee or Shoulder	$1,250
Knee Cartilage Surgery	
Open	$1,500
Arthroscopic	$750
Outpatient Surgery	$750
Ruptured Disc Surgery	$1,250
Skin Graft	50% of applicable burn benefit
Tendon, Ligament or Rotator Cuff Surgery	
Open	$1,500
Arthroscopic	$750
Thoracic Surgery	$3,000

FOLLOW-UP CARE	**BENEFIT PLAN**
Adaptive Home and Vehicle Benefit	$5,000
Appliances	$400
Follow-Up Physician's Office Visit	$250
Post-Traumatic Stress Disorder Benefit	$1,000
Prosthetics	
One prosthetic	$2,000
Two or more prosthetics	2x one prosthetic
Rehabilitative Therapy (Inpatient) – Physical, Occupational, Vocational, Cognitive Behavioral, Trauma Counseling	$200 per day
Rehabilitative Therapy (Outpatient) – Physical, Occupational, Vocational, Speech, Respiratory, Cognitive Behavioral, Trauma Counseling, Chiropractic, Acupuncture Lump Sum Benefit	$750
Transportation	$1,000 per visit

SUPPORT CARE	**BENEFIT PLAN**
Adult Companion Lodging	$250 per day
Family Care	$100 per day
Pet Boarding	$50 per day

ADDITIONAL INFORMATION

ANNUAL OPEN ENROLLMENTS:

During the policyholder's annual open enrollment an employee may elect employee and dependent accident insurance benefit plans for the first time.

Coverage will be effective on the January 1 following the annual enrollment.

QUALIFIED STATUS CHANGES:

An employee who experiences a qualified status change as defined by the policyholder's plan rules may elect employee and dependent accident insurance benefit plans for the first time, provided enrollment is made within 31 days of the status change. The change in plan must be consistent with the change in status.

Coverage will be effective on the date of the event for birth, adoption or otherwise acquiring a newly eligible child. However, an insured must be living at the time enrollment is completed. Posthumous elections are not allowed.

Coverage will be effective on the date of the election for all other qualified status changes as defined by the policyholder's plan rules.

SUPPLEMENTS TO THE CERTIFICATE

Continuation of Insurance	Applies to all states
Dependent Parent Benefit	Applies to all states
Portability	Applies to all states

Definitions

Any use in this certificate or any attached certificate supplement of a term defined in this section is to be given the meaning defined in this section unless otherwise defined in another provision of this certificate or certificate supplement.

accident

An act or event which is:

(1) unintended, unexpected and unforeseen; and
(2) results in bodily injury to the insured.

application

Your application or enrollment for insurance under the group policy.

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.

child or children

Your or your spouse/legal partner's:

(1) natural child;
(2) adopted child;
(3) stepchild;

Unmarried children are eligible from the moment of live birth (stillborn or unborn children are not eligible) to the attainment of age 26. Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support prior to age 26, and are financially dependent on the employee for more than one-half of their support and maintenance.

Adopted child includes children that are placed with you, or for whom you have filed a petition to adopt. Children placed with you, or for whom you have filed a petition to adopt within 60 days of the adopted child's date of birth, are eligible from the moment of live birth (stillborn or unborn children are not eligible). Coverage for an adopted child placed with you, or for whom you have filed a petition to adopt more than 60 days after the child's date of birth, is effective from the moment of placement or filing of the petition. However, coverage will not continue if the placement is disrupted prior to legal adoption or if the child is removed from placement. Placed/placement means physical placement in your or your spouse/legal partner's care. If physical placement is prevented due to the medical needs of the child, "placed" means the date you or your spouse/legal partner sign an agreement for adoption of the child and assume financial responsibility for the child.

confined, confinement

The assignment to a bed as a resident inpatient in a hospital (including an intensive care unit of a hospital) or confinement in an observation area within a hospital for a period of no less than 18 continuous hours.

contributory insurance

Insurance for which you are required to make premium contributions.

covered accident

An accident which:

(1) is not excluded under the Exclusions and Limitations section or any other terms of this certificate; and
(2) occurs while the insured's coverage is in force.

dependent

Your children or spouse/legal partner.

If both parents of a child qualify as eligible employees under the group policy, both parents may insure their children. If any child qualifies as an eligible employee under the group policy, he or she is also eligible to be insured as a dependent child. If your spouse/legal partner is eligible as an employee under the group policy, he or she is also eligible to be insured as a dependent spouse/legal partner.

emergency room

A department of a hospital or a satellite emergency center that is designated for persons requiring immediate medical care. This area must be staffed and equipped to handle trauma, be supervised by physicians, have treatment provided by physicians, and be available for care seven days per week, 24 hours per day.

A satellite emergency center is a licensed facility providing outpatient care under the direction of a licensed physician on a 24-hour basis. Available services must include:

(1) diagnostic care, including laboratory services, and diagnostic x-rays; and
(2) treatment or medical care, including availability of the means for stabilization of emergency medical conditions.

A satellite emergency center does not include a hospital or an office maintained by a licensed physician for the practice of medicine or dentistry.

employee

You must be in an eligible class of employee in order for the acccident insurance benefit to cover you or your dependents. Eligible classes include all individuals employed by Google LLC or its subsidiaries or affiliates whom Google LLC or its subsidiaries or affiliates regards, classifies or treats as regular employees on the United States payroll scheduled to work 20 or more hours per week for at least five (5) months during any calendar year.

Persons classified by Google LLC or its subsidiaries or affiliates exclude:

- employees who, pursuant to a job agreement with the policyholder, are not eligible for insurance;
- variable part-time employees;
- interns; and
- leased employees, agency workers, and independent contractors even if such persons are later determined by a court, regulatory body or administrative agency to be or have been common law employees.

employer

The policyholder or any designated associated companies.

family member

A parent, spouse, child, sibling, grandparent, aunt, uncle, first cousin, niece or nephew. This includes adopted, in-law, and step relatives.

hospital

A short-term, acute care general facility that:

(1) is legally licensed and operated as a hospital;
(2) provides overnight care of injured and sick people;
(3) requires that every patient be supervised by a physician;
(4) provides 24 hour nursing service by or under the supervision of a registered nurse;
(5) has on-site or pre-arranged use of x-ray equipment, laboratory, and surgical facilities; and
(6) maintains permanent medical history records.

A hospital is not a rehabilitation center, nursing home, rest home, extended-care facility, convalescent home, a place for alcoholics or drug addicts or a mental institution, even if such facilities are affiliated with or adjoined to a hospital.

injury or injuries

A bodily injury which is sustained as a result of a covered accident.

inpatient

Medical advice, care, diagnostic measures or treatment provided while admitted as a resident inpatient to a medical facility.

insured

An employee or dependent covered for insurance under this certificate.

legal partner

A same or opposite sex domestic partner pursuant to California Family Code Section 297 and as identified on a valid affidavit of domestic partnership on record with the Company, which shall certify that the partnership satisfies one of the following two alternatives:

Alternative 1:
You and your partner are currently registered as domestic partners, pursuant to state or local law where you reside.

Alternative 2:
You and your partner meet each of the following qualifications:

(1) Are each at least 18 years old;
(2) Share a committed and exclusive personal relationship and are responsible for each other's common welfare;
(3) Are each other's sole domestic partner;
(4) Are not related by blood closer than would bar marriage in your state of residence;
(5) Live together permanently;
(6) Are jointly financially responsible for basic living expenses such as the cost of food, shelter, medical care, education, etc.;
(7) Were mentally competent to consent to the relationship when the relationship began; and
(8) Are not legally married or in another domestic partnership.

Note: For purposes of the Legal Partner definition, satisfying one of the two alternatives is considered a valid affidavit.

noncontributory insurance

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

outpatient

Medical advice, care, diagnostic measures or treatment provided without being admitted as a resident inpatient to a medical facility.

A medical facility is not a rehabilitation center, nursing home, rest home, extended-care facility, convalescent home, a place for alcoholics or drug addicts or a mental institution, even if such facilities are affiliated with or adjoined to a hospital.

paralysis

Paralysis refers to the total, permanent, and irrevocable loss of movement. Paralysis includes quadriplegia, paraplegia, hemiplegia, and uniplegia.

Quadriplegia refers to 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 refers to paralysis of both lower limbs (from the waist down including total paralysis of both feet).

Hemiplegia refers to 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 refers to 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).

physician

A medical doctor or other person recognized by law or regulation in the United States or United States territory where services are rendered as a physician. The person must be licensed as required by the United States jurisdiction where care is given and must be operating in the scope of his or her license.

A physician cannot be a person who:

(1) ordinarily resides in your household; or
(2) is a family member.

policyholder

The owner of the group policy as shown on the specifications page.

specifications page

The summary of the plan specifics available under the group policy.

spouse

Your legally married spouse who is not legally separated from you.

For the purposes of this certificate, spouse shall also include legal partner.

surgery

Medical treatment in which a physician cuts into someone's body in order to repair or remove damaged parts as a result of a covered accident. The surgery must be performed solely because of injuries sustained in a covered accident.

urgent care center

A health care facility that is separate from a hospital or a separate unit within a hospital and whose primary purpose is the offering and provision of immediate, short term medical care, without appointment, for urgent care.

waiting period

The period, if any, of continuous employment with the employer that the employee must satisfy prior to becoming eligible for coverage under this certificate. You are not eligible to become insured until the first day following the waiting period. Any such waiting period is shown on the specifications page.

we, our, us

Securian Life Insurance Company.

you, your, certificate holder

An insured employee.

Entire Contract; Changes

This certificate, certificate supplements, and attached papers, if any, including the application if attached, constitutes the entire contract of insurance between you and us. Any statement you make, in the absence of fraud, will be deemed a representation and not a warranty. No such statement will be used in defense to a claim hereunder unless it is contained in a written application, nor shall any such statement, except a fraudulent misstatement, be used at all to void this certificate after it has been in force for three years from the date of its issue, nor shall any statement be used at all in defense to a claim for loss incurred after the insurance coverage with respect to which claim is made has been in effect for three years from the date it became effective. No change in this certificate shall be valid unless approved by an executive officer of the insurer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this certificate or to waive any of its provisions.

Who is eligible for insurance?

You are eligible for group accident insurance if you:

(1) are a member of the eligible group and of an eligible class as defined on the specifications page; 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.

Are your dependents eligible for insurance?

Yes. If you are insured for group accident coverage, your dependents are eligible for insurance.

Are employees of associated companies eligible for insurance under the group policy?

Yes. Employees of associated companies may be eligible for insurance under the group policy. The policyholder represents any associated company in all transactions pertaining to the group policy. The policyholder's acts or omissions and every notice given by us to the policyholder shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to policy termination will apply to such employees.

Are retired employees eligible for insurance?

No. A retired employee is not eligible for insurance under the group policy.

Can your 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. Continuation is contingent upon continued premium payment.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements.

Enrollment

When can you elect or make changes to your insurance?

You must enroll in order to be insured for contributory coverage under the group policy. You can enroll for coverage within 31 days of when you first become eligible.

After that period, you can only enroll for coverage or make changes during your annual open enrollment or within 31 days of a qualified status change event, as defined by the policyholder's plan rules.

When does your insurance become effective?

Your insurance becomes effective on the date all of the following conditions have been met:

(1) you meet all eligibility requirements; and
(2) for contributory coverage, application is made in accordance with the application methods agreed upon by the policyholder and us.

When does insurance for a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

(1) your insurance becomes effective;
(2) the dependent meets all eligibility requirements; and
(3) for contributory insurance, you apply for dependent coverage on forms which are approved by us.

When will changes in your coverage amount be effective?

Requested changes in the amount of your contributory insurance are effective on date shown under the ANNUAL OPEN ENROLLMENTS and QUALIFIED STATUS CHANGES sections found on the Certificate Specifications Page.

However, elections made during an enrollment period will not become effective prior to the effective date for that enrollment.

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 periodic basis. Premium rates are subject to change in accordance with the group policy.

How is the premium determined?

The premium will be the applicable premium rate 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.

Premium rates are subject to change according to the provisions of the group policy.

Grace Period

The group policy has a 60-day grace period. If a premium is not paid on or before the date it is due, that premium may be paid during the 60-day period following the due date. The insurance under the group policy will remain in effect during the 60-day grace period.

Injury Benefits

Burn Benefit

If an insured sustains a second or third degree burn in a covered accident, we will pay the appropriate amount shown on the specifications page based on the type of burn and the percentage of the body surface burned.

The burn must be treated by a physician within 72 hours after the covered accident. If the burn meets more than one of the burn classifications shown on the specifications page, the amount we pay will be based on the burn classification that pays the highest benefit.

We will pay the burn benefit no more than one time per insured per covered accident. No benefits are payable for sunburns or first degree burns.

Child Organized Sports Injury

The child organized sports injury benefit is subject to the following conditions.

(1) the insured dependent child suffers an injury in a covered accident while participating in an organized sport; and
(2) a benefit is payable for the insured dependent child under another provision of the group policy for the same covered accident; and
(3) the insured dependent child has not attained 19 years of age and is insured on the date the covered accident occurs.

A child organized sport refers to a sport activity that is governed by an organization and requires formal registration to participate. Adult supervision of practice and competition is required. Proof of registration must be submitted with claims.

The child organized sports injury benefit amount is shown on the specifications page.

This benefit is limited to one payment per insured dependent child.

Concussion

If an insured is injured in a covered accident and the injury causes a concussion, we will pay the amount shown on the specifications page. The insured must be treated by a physician within 72 hours of a covered accident and the concussion must be diagnosed by a physician within 30 days of the covered accident.

Concussion refers to a disruption of brain function resulting from a traumatic blow to the head.

This benefit is limited to one payment per insured per covered accident per calendar year.

The concussion benefit is not payable if a traumatic brain injury benefit is payable under this certificate for the same accident.

Dislocation

If a joint is dislocated in a covered accident, and it is diagnosed and treated by a physician within 180 days after the covered accident, we will pay the amount shown on the specifications page. The amount varies based on the joint that is dislocated, whether the dislocation is a full or a partial dislocation, and whether surgery is required to treat the dislocation.

A full dislocation refers to a completely separated joint due to a covered accident. A partial dislocation means the joint is misaligned but not completely dislocated, as diagnosed by a physician.

If more than one dislocation benefit is payable resulting from the same covered accident, we will pay the lesser of:

(1) the total of the benefit amounts shown for each applicable dislocation on the specifications page; or
(2) Two times the highest dislocation benefit that would otherwise be payable for any one of the dislocations involved.

Eye Injury – with Surgery

If an insured is injured in a covered accident and the injury results in an eye injury that requires surgery, we will pay the amount shown on the specifications page. The insured must be seen by a physician within 60 days of the covered accident and surgery must be performed within 180 days of the covered accident. This benefit is limited to one payment per eye per insured per covered accident.

Eye Injury – Removal of Foreign Object without Surgery

If an insured is injured in a covered accident and the injury results in an eye injury that requires removal of a foreign object, but does not require surgery, we will pay the amount shown on the specifications page. The insured must be seen by a physician within 60 days of the covered accident and removal of the foreign object must be performed within 180 days of the covered accident. This benefit is limited to one payment per eye per insured per covered accident.

Fracture

If a bone is fractured in a covered accident, and it is diagnosed and treated by a physician within 120 days after the covered accident, we will pay the amount shown on the specifications page. The amount varies based on the bone that is fractured, whether or not the fracture is a chip fracture, and whether surgery is required to treat the fracture.

Fracture refers to a break in a bone that can be seen by x-ray. A chip fracture is a fracture in which a small fragment of the bone is broken off.

If more than one fracture benefit is payable resulting from the same covered accident, we will pay the lesser of:

(1) the total of the benefit amounts shown for each applicable fracture on the specifications page; or
(2) 3 times the highest fracture benefit that would otherwise be payable for any one of the bones involved.

We will pay no more than one fracture benefit per bone, per covered accident per insured. In no event will multiple fracture benefits be paid for the same fracture benefit shown on the specifications page unless it is a bi-lateral fracture. Bi-lateral fracture means the fracture of the same bone on both the left and right sides of the body.

Gunshot Wound

If an insured is injured in a covered accident and the injury results from a gunshot wound, we will pay the amount shown on the specifications page. The gunshot wound must be caused by a shot from a conventional firearm that uses gunpowder.

The insured must be treated by a physician within 48 hours of the covered accident. This benefit is payable only once per insured per covered accident.

Lacerations

If an insured is injured in a covered accident and the injury results in a laceration, we will pay the appropriate amount shown on the specifications page based on the type of treatment provided.

The laceration must be treated by a physician within 96 hours after the covered accident. This benefit is limited to one payment per insured per covered accident. In no

event will we pay more than one laceration benefit per calendar year.

Paralysis

If an insured is injured in a covered accident and the injury causes paralysis which lasts more than 180 days we will pay the appropriate amount shown on the specifications page. The paralysis must be diagnosed by a physician within 180 days after the accident.

The amount payable will be based on the the type of paralysis.

We will pay no more than one paralysis benefit per covered accident per insured. In the event that an insured qualifies under multiple types of paralysis, the highest benefit amount will be paid.

Traumatic Brain Injury

If an insured is injured in a covered accident and the injury results in a traumatic brain injury, we will pay the amount shown on the specifications page.

Traumatic brain injury means only the following: intracranial hemorrhage, cerebral contusion or cerebral laceration.

The insured must be treated by a physician within 72 hours after the covered accident. The traumatic brain injury must be diagnosed within 30 days after the accident by computer tomography (CT) scan or magnetic resonance imaging (MRI). This benefit is payable only once per insured per covered accident. Scalp hematomas and scalp lacerations are not covered under this benefit.

Emergency Care

Ambulance

If an insured is injured in a covered accident and requires transportation to a hospital (or between hospitals) we will pay the appropriate ambulance benefit shown on the specifications page. Ground or water transportation must be provided by a licensed professional ambulance service within 90 days of the covered accident. Air transportation must be provided by a licensed professional ambulance service within 72 hours. This benefit is limited to one payment per insured per covered accident. If an insured requires more than one ambulance transport, the highest benefit amount will be paid.

Ambulance means any publicly or privately owned surface, water or air vehicle, including a helicopter that is specifically designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded.

Ambulance does not include a surface, water or air vehicle that is owned and operated to accommodate an incapacitated or disabled person who does not require medical monitoring, care or treatment during transport.

Blood, Plasma or Platelets Transfusion

If an insured is injured in a covered accident and requires a blood, plasma or platelets transfusion, we will pay the blood/plasma/platelets transfusion benefit shown on the specifications page. The transfusion must occur within 180 days of the covered accident. This benefit is limited to one payment per insured per covered accident.

Emergency Dental

If an insured has an injury to sound natural teeth as a result of a covered accident, we will pay the appropriate emergency dental benefit shown on the specifications page. A benefit is payable for a broken tooth repaired with crown(s) or a broken tooth requiring extraction. Treatment must occur within 90 days of the covered accident. The maximum number of crown benefits payable per insured per covered accident is two. The maximum number of extraction benefits payable per insured per covered accident is two.

Proof of the soundness of the injured tooth must be submitted with claims. Injuries resulting from biting or chewing are not covered under this benefit.
Sound natural teeth are defined as teeth that are free of active or chronic clinical decay, have at least 50% bone support and are functional in the arch.

Emergency Room Treatment

If an insured is injured in a covered accident and requires treatment in an emergency room, we will pay the emergency room treatment benefit shown on the specifications page. Treatment must occur within 72 hours of the covered accident.

This benefit is limited to one payment per insured per covered accident.

Initial Physician's Office Visit

If an insured is injured in a covered accident, we will pay the initial physician's office visit benefit shown on the specifications page.

Benefits are payable for the initial treatment received in a physician's office or an urgent care center for injuries resulting from a covered accident. Treatment must occur within 96 hours of the covered accident. The benefit is not payable if the insured receives care in an emergency room within the same 96 hour period. Only one benefit is payable per covered accident.

Hospital Care

Diagnostic Testing

If an insured is injured in a covered accident and requires diagnostic testing for treatment of the injury within 180 days of a covered accident, we will pay the diagnostic testing benefit shown on the specifications page per visit. The following diagnostic tests are covered under this benefit:

- ultrasound
- electroencephalogram (EEG)
- computed tomography scan (CT)
- computed axial tomography (CAT)
- magnetic resonance (MR)
- magnetic resonance imaging (MRI)

This benefit is limited to one payment per insured per covered accident.

Hospital Stay

If an insured is injured in a covered accident and requires treatment in a hospital for the injury within 365 days of a covered accident, we will pay the hospital stay benefit shown on the specifications page subject to the following.

Initial Benefit

We will pay the initial benefit shown on the specifications page for the first day of a hospital stay provided the insured is receiving treatment for a covered accident in the hospital for a minimum of 18 continuous hours.

The benefit payment will be based on the type of room and level of care the insured receives. The Intensive Care Unit (ICU) benefit is payable if the insured is receiving treatment in an ICU room of a hospital. The non-ICU benefit is payable if the insured is receiving treatment in a non-ICU room.

This benefit is limited to one payment per insured per covered accident. In the event the insured receives treatment in both a non-ICU and an ICU room, the higher benefit will be payable as an initial benefit.

Daily Benefit

If an initial benefit is payable, the insured will also receive a daily benefit for each day he or she is treated in the hospital, including the first day. The amount payable for the daily benefit is shown on the specifications page.

The daily benefit payment will be based on the type of room and level of care the insured receives. The ICU benefit is payable if the insured is receiving treatment in an ICU room of a hospital. The non-ICU benefit is payable if the insured is receiving treatment in a non-ICU room.

The ICU daily benefit will be limited to a maximum of 15 days per insured per covered accident. The non-ICU daily benefit will be limited to 120 days per insured per covered accident.

If an insured is released from the hospital and subsequently requires treatment in a hospital for injuries sustained in the same covered accident, the subsequent treatment will be considered a continuation of the same hospital stay for purposes of determining the cumulative maximum daily benefit so long as the treatment occurs within two years of the date of the covered accident.

Intensive Care Unit (ICU) refers to a specifically designated part of a hospital that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care. Hospital Intensive Care Units must be:

(1) separate and apart from the surgical recovery room; and
(2) separate and apart from rooms, beds, and wards customarily used for patient confinement; and
(3) permanently equipped with special life-saving equipment to care for the critically ill or injured; and
(4) under constant and continuous observation by nursing staffs assigned to the Intensive Care Unit.

Medical Observation Unit

We will pay the medical observation unit benefit shown on the specifications page if an insured is injured in a covered accident and requires physician ordered observation in an observation unit for a minimum of six hours.

For purposes of this benefit, an observation unit means a designated observation area within a hospital or emergency room, which:

(1) is under the direct supervision of a physician or registered nurse;
(2) is staffed by nurses assigned specifically to that unit; and
(3) provides care 7 days per week, 24 hours per day.

This benefit is limited to one payment per insured per covered accident.

This benefit is not payable if a Hospital Stay initial benefit is also payable for the same covered accident.

Spinal Injection for Pain Management

If an insured is injured in a covered accident and undergoes one of the procedures listed below to manage the pain from the injury, we will pay the spinal injection for pain management benefit shown on the specifications page.

- Lumbar Epidural Injections
- Lumbar Transforaminal Injections
- Caudal Steroid Injections
- Cervical Epidural Injections
- Facet Blocks
- Lumbar Sympathetic Blocks
- Sacroiliac Joint Injections
- Stellate Ganglion Blocks
- Facet Medial Branch Radiofrequency Neurolysis

We will not pay a benefit for a procedure administered more than 365 days after the covered accident occurs. We will pay the benefit no more than two times per insured per covered accident.

Surgical Anesthesia

If an insured is injured in a covered accident and requires surgery to treat the injury, we will pay the surgical anesthesia benefit shown on the specifications page. Anesthesia must be administered by a nurse anesthetist or physician and is not limited to epidural anesthesia.

This benefit is only payable if a surgical benefit is payable under the Surgery Benefits section of this certificate. The regional benefit is payable for surgery requiring regional anesthesia. The general benefit is payable for surgery requiring general anesthesia. In the event both benefits are payable for the same surgery, the higher benefit will be paid.

X-ray

If an insured is injured in a covered accident and requires an x-ray for treatment of the injury within 180 days of a covered accident, we will pay the x-ray benefit shown on the specifications page.

This benefit is limited to one payment per insured per covered accident.

Surgery Benefits

Abdominal or Pelvic Surgery

If an insured is injured in a covered accident and requires abdominal or pelvic surgery to treat the injuries, we will pay the abdominal or pelvic surgery benefit shown on the specifications page. The surgery must be performed within 72 hours of the covered accident. This benefit is limited to one payment per insured per covered accident. Surgery required to treat a fracture or dislocation is payable under the fracture or dislocation benefit and is not covered under the abdominal or pelvic surgery benefit.

Cranial Surgery

If an insured is injured in a covered accident and requires cranial surgery to treat the injuries, we will pay the cranial surgery benefit shown on the specifications page. The surgery must be performed within 72 hours of the covered accident. This benefit is limited to one payment per insured per covered accident.

Surgery required to treat a skull fracture is payable under the fracture benefit and is not covered under the cranial surgery benefit.

Inpatient Surgery

If an insured is injured in a covered accident and requires inpatient surgery, we will pay an inpatient surgery benefit subject to the following:

(1) the inpatient surgery is ordered and performed by a physician; and
(2) the inpatient surgery is performed while the insured is confined to a hospital as an inpatient.

We will pay the inpatient surgery benefit shown on the specifications page for each day the insured undergoes inpatient surgery.

The insured must be treated by a physician within 60 days of the covered accident and surgery must be performed within one year of the covered accident. This benefit is limited to one benefit per insured per day and one benefit per insured per accident.

If any other inpatient surgery benefits are payable for the same covered accident, we will pay the higher of that benefit amount or the Inpatient Surgery benefit.

Joint Replacement Surgery of Elbow, Hip, Knee or Shoulder

If an insured is injured in a covered accident and requires joint replacement surgery of the elbow, hip, knee or shoulder to treat the injury, we will pay the joint replacement surgery benefit shown on the specifications page. The insured must be treated by a physician within 60 days of the covered accident and surgery must be performed within 365 days of the covered accident. This benefit is limited to one payment per insured per covered accident.

Knee Cartilage Surgery

If an insured is injured in a covered accident and requires knee cartilage surgery to treat the injury, we will pay the knee cartilage surgery benefit shown on the specifications page. The insured must be treated by a physician within 60 days of the covered accident and surgery must be performed within 365 days of the covered accident. This benefit is limited to one payment per insured per covered accident.

If both open and arthroscopic surgeries are required for the same injury, only the open benefit will be paid.

Outpatient Surgery

If an insured is injured in a covered accident and requires outpatient surgery, we will pay an outpatient surgery benefit subject to the following:

(1) the outpatient surgery is ordered and performed by a physician; and
(2) the outpatient surgery is performed in a physician's office, hospital outpatient department, ambulatory surgical center, or emergency room.

We will pay the outpatient surgery benefit shown on the specifications page for each day the insured undergoes outpatient surgery.

The insured must be treated by a physician within 60 days of the covered accident and surgery must be performed within one year of the covered accident. This benefit is limited to one benefit per insured per day and one benefit per insured per accident.

This benefit will not be payable if the sole reason for the outpatient surgery is wound repair with sutures or staples.

If any other outpatient surgery benefit is payable for the same covered accident, we will pay the higher of that benefit amount or the Outpatient Surgery benefit.

Ruptured Disc Surgery

If an insured is injured in a covered accident and requires surgery for one or more ruptured discs to treat the injury, we will pay the ruptured disc surgery benefit shown on the specifications page. The insured must be treated by a physician within 60 days of the covered accident and surgery must be performed within 365 days of the covered accident. This benefit is limited to one payment per insured per covered accident.

Skin Graft

The skin graft benefit is subject to the following conditions:

(1) a benefit is payable under the burn benefit of the Injury Benefits section of the certificate; and
(2) the skin graft is performed within 365 days of the covered accident.

We will pay the skin graft benefit shown on the specifications page. This benefit is limited to one payment per insured per covered accident.

Tendon, Ligament or Rotator Cuff Surgery

If an insured is injured in a covered accident and requires tendon, ligament or rotator cuff surgery to treat the injuries, we will pay the tendon, ligament or rotator cuff surgery benefit shown on the specifications page. The insured must be treated by a physician within 60 days of the covered accident and surgery must be performed within 365 days of the covered accident. This benefit is limited to one payment per insured per covered accident.

If both open and arthroscopic surgeries are required, only the open benefit will be paid.

Thoracic Surgery

If an insured is injured in a covered accident and requires thoracic surgery to treat the injuries, we will pay the thoracic surgery benefit shown on the specifications page. The surgery must be performed within 72 hours of the covered accident. This benefit is limited to one payment per insured per covered accident.

Surgery required to treat a fracture or dislocation is payable under the fracture or dislocation benefit and is not covered under the thoracic surgery benefit.

Follow-Up Care

Adaptive Home and Vehicle Benefit

If an insured is injured in a covered accident and requires adaptive modifications to his or her primary residence or private vehicle to be made drivable or rideable, we will pay the adaptive home and vehicle benefit shown on the specifications page subject to the following conditions:

(1) the covered accident results in paralysis of the insured; and
(2) the modification must take place within two years of the covered accident; and
(3) such home alterations are made by a person or persons with experience in such alterations and recommended by a recognized organization associated with the injury; and
(4) such vehicle modifications are carried out by a person or persons with experience in such matters and approved by the Motor Vehicle Department.

This benefit is limited to one payment per insured per covered accident.

Appliances

If an insured is injured in a covered accident and a medical appliance is prescribed by a physician for mobility, we will pay the appliance benefit shown on the specifications page. The order for the appliance must be placed within 365 days of the covered accident. This benefit is limited to payment for two covered appliances per insured per covered accident.

Covered appliances means only the following: crutches, canes, walkers, wheelchairs/scooters, leg braces and back braces. This benefit does not cover replacement appliances.

Follow-Up Physician's Office Visit

If an insured is injured in a covered accident and follow-up care for the injury is ordered by the treating physician, we will pay the follow-up physician's office visit benefit shown on the specifications page. The follow-up visit(s) must

occur within 365 days of the covered accident. This benefit is limited to four payments per insured per covered accident. Follow-up at an urgent care center is not covered under this benefit.

Post-Traumatic Stress Disorder Benefit

If an insured is diagnosed with Post-traumatic Stress Disorder (PTSD) resulting from a covered accident, we will pay the post-traumatic stress disorder benefit amount shown on the specifications page. An insured must be diagnosed by a specialist and must meet the diagnostic criteria for PTSD as defined by the Diagnostic and Statistical Manual of Mental Disorders V (DSM V). The diagnosis must take place within one year after the covered accident for a benefit to be payable.

This benefit is limited to one per insured per covered accident and one per insured per calendar year.

A specialist is a person who:

(1) is licensed and recognized as a medical doctor (M.D. or D.O. only) by the state in which he/she practices;
(2) is practicing within the scope of his/her license; and
(3) has the medical training and board-certification in the specialty or sub-specialty needed to diagnose and treat the specific diseases or conditions covered under the policy.

A specialist cannot be a person who:

(1) ordinarily resides in your household; or
(2) is a family member.

Prosthetics

If an insured is injured in a covered accident and sustains the loss of a limb, hand, foot or sight in an eye, we will pay the prosthetic benefit shown on the specifications page, subject to the following:

(1) this benefit is limited to payment for two prosthetic devices per insured per covered accident; and
(2) the prosthetic device(s) must be prescribed by a physician and ordered within 365 days after the covered accident.

Prosthetic device refers to an artificial device that replaces a missing limb, hand, foot or an eye. For purposes of this benefit, the term prosthetic device does not include corrective lenses or other cosmetic prostheses.

In addition, this benefit does not provide coverage for damaged prosthetics; more than one prosthetic device for the same limb, hand, foot or eye; the replacement of a prosthetic device; or a joint replacement.

Rehabilitative Therapy (Inpatient) – Physical, Occupational, Vocational, Cognitive Behavioral, Trauma Counseling

If an insured is injured in a covered accident and is receiving rehabilitative therapy ordered by a physician to treat the injury on an inpatient basis, we will pay the rehabilitative therapy benefit shown on the specifications page for each day the insured is confined as an inpatient in a hospital or rehabilitative center. The following rehabilitative therapies are covered under this benefit:

- physical therapy
- occupational therapy
- vocational therapy
- cognitive behavioral therapy
- trauma counseling

The benefit is limited to 30 benefit payments per insured per covered accident. Inpatient rehabilitative therapy must be received within two years from the date of the covered accident. If rehabilitative therapy is provided in a hospital and the sole purpose of the insured's hospital stay is for rehabilitative services, then only the inpatient rehabilitative therapy benefit is payable and not the hospital stay benefit.

This benefit does not include inpatient rehabilitative therapy received in a nursing home, skilled nursing facility, hospice care facility, treatment center for chemical dependency or assisted living facility.

Rehabilitative Therapy (Outpatient) – Physical, Occupational, Vocational, Speech, Respiratory, Cognitive Behavioral, Trauma Counseling, Chiropractic, Acupuncture

If an insured is injured in a covered accident and is receiving rehabilitative therapy ordered by a physician to treat the injury on an outpatient basis, we will pay the rehabilitative therapy benefit if the insured receives one or more of the following outpatient rehabilitative therapies:

- physical therapy
- occupational therapy
- vocational therapy
- speech therapy
- respiratory therapy
- cognitive behavioral therapy
- trauma counseling
- chiropractic therapy
- acupuncture

The lump sum rehabilitative therapy benefit shown on the specifications page is payable as a one-time payment if the insured receives one or more of the covered outpatient rehabilitative therapies. The benefit is limited to one benefit payment per insured per covered accident.

Outpatient rehabilitative therapy must be received within two years from the date of the covered accident.

This benefit does not include outpatient rehabilitative therapy received in a nursing home, skilled nursing facility, hospice care facility, treatment center for chemical dependency or assisted living facility.

Transportation

If an insured receives follow-up treatment ordered by a physician for an injury sustained in a covered accident and is required to travel more than 100 miles (one way) from the insured's primary residence to a hospital or other treatment facility, we will pay the transportation benefit shown on the specifications page subject to the following:

(1) a benefit is payable under this certificate for the same injury; and
(2) the follow-up treatment is ordered by a physician and is not available within 100 miles (one way) of the insured's primary residence; and
(3) the Ambulance benefit is not payable for the same trip.

Mileage is measured from the insured's primary residence to the hospital or treatment facility where the follow-up treatment is provided.

This benefit is limited to two payments per insured per covered accident.

Support Care

Adult Companion Lodging

If an insured is injured in a covered accident, we will pay the adult companion lodging benefit shown on the specifications page for each day the insured is receiving treatment in a hospital or rehabilitative facility for the injury, and for the 24 hours following the last day the insured is receiving treatment in a hospital or rehabilitative facility for the injury, subject to the following conditions:

(1) a companion who accompanies the insured stays in lodging for which a charge is made; and
(2) either the hospital stay benefit or rehabilitative therapy (inpatient) benefit is payable for the same day the adult companion lodging benefit is payable; and
(3) the companion is 18 or older.

Lodging refers to an establishment licensed under the laws applicable to where it is located, such as a motel, hotel, or other facility that provides sleeping accommodations to the general public in exchange for a fee and is located at least 100 miles from the insured's primary residence.

This benefit is limited to 30 days per covered accident. Proof must be provided that the companion incurred an expense for staying at a lodging.

Family Care

If an insured employee or spouse/legal partner is injured in a covered accident, we will pay the family care benefit shown on the specifications page for each day the insured is receiving treatment in a hospital or rehabilitative facility for the injury and the insured's child(ren) are attending a child care center subject to the following:

(1) either the hospital stay benefit or rehabilitative therapy (inpatient) benefit is payable for the same day the family care benefit is payable; and
(2) the child(ren) is under age 13, unless the child is mentally or physically disabled.

The child attending the child care center does not need to be insured under this certificate but must meet the eligibility requirements for dependent children in the General Information section.

Child care center refers to a program of child care which is provided in a facility that is licensed as a child care center or is operated by a licensed day care provider and charges a fee for the care of children. The term does not include child care provided by a family member.

This benefit is limited to 30 days per child per covered accident and is subject to a combined maximum of 75 days for all children per covered accident. If both the employee and spouse/legal partner are insured under this certificate, only one family care benefit claim may be submitted per child. Proof must be provided that child care expenses were incurred for each day the benefit is payable.

Pet Boarding

If an insured is injured in a covered accident, we will pay the pet boarding benefit shown on the specifications page for each day the insured is receiving treatment in a hospital or rehabilitative facility for the injury and the insured's pet requires boarding, subject to the following:

(1) a charge is incurred for the boarding; and
(2) either the hospital stay benefit or rehabilitative therapy (inpatient) benefit is payable for the same day the pet boarding benefit is payable.

Pet refers to any breed of domesticated feline or canine. Boarding means that the pet is boarded at a facility outside of the insured's primary residence.

This benefit is limited to one payment per day, regardless of the number of pets, up to a maximum of 30 days per covered accident. Proof must be provided that pet boarding expenses were incurred for each day the benefit is payable. The pet is not considered an insured under this certificate.

Exclusions and Limitations

Are there any other exclusions that apply?

Yes. In no event will we pay benefits where the insured's accident, injury or loss is caused from any of the following:

(1) self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane;
(2) suicide or attempted suicide, whether sane or insane;
(3) an insured's commission of, or attempt to commit a felony, or engagement in an illegal occupation;
(4) bodily or mental infirmity, illness, or disease;
(5) being intoxicated where the insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the jurisdiction where the accident occurred;
(6) being under the influence of any illegal drug or illegal controlled substance as defined in the jurisdiction where the accident occurred;
(7) poisons, gases, fumes or other substances voluntarily taken, absorbed, inhaled, ingested or injected unless as a direct result of an occupational accident;
(8) aviation, except as a fare-paying passenger;
(9) riding or driving in any motor-driven vehicle in a race, stunt show or speed test (with the exception of recreational Go-Kart type activities);
(10) practicing for or participating in any semi-professional or professional competitive athletics; or
(11) repetitive stress syndromes including rotator cuff syndrome, bursitis, tendonitis, carpal tunnel syndrome, ulnar nerve syndrome, stress fractures, neuropathy, epicondylitis or neuritis.

Are there any additional limitations that apply?

Yes. Benefits are not payable for any care, treatment or diagnostic measures which were received outside of the United States or a United States territory.

Notice of Claim

Written notice of claim must be given to us within 20 days after the occurrence or commencement of any loss covered by the certificate or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to us at our home office or to any authorized agent of ours, with information sufficient to identify the insured, shall be deemed notice to us.

Claim Forms

When we receive written notice of claim, we will furnish to the claimant such forms as are usually furnished by us for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this certificate as to proof of a loss upon submitting, within the time fixed in this certificate for filing proof of loss, written proof of the occurrence, character and extent of the loss for which claim is made.

Proof of Loss

Written proof of a loss must be furnished to us within 90 days after the date of loss. However, failure to provide such notice and proof within the time provided will not invalidate or reduce a claim if it was not reasonably possible to provide proof within that time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the insured, later than one year from the time proof is otherwise required.

Time of Payment of Claims

We will pay a benefit for a loss resulting from a covered accident immediately after receipt at our home office of written proof of the loss which meets all policy requirements. Any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt at our home office of written proof of the loss which meets all policy requirements. You are responsible for all costs associated with claim form(s) completion, records, and the submission of your claim.

Payment of Claims

To whom will benefits be paid?

All benefits including dependent's benefits will be paid to you, if you are living.

If you are not living, we will pay the death benefit to:

(1) your lawful spouse or legal partner 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 siblings in equal shares, if living; otherwise
(5) your estate.

Physical Examination and Autopsy

We, at our own expense, shall have the right and opportunity to examine the person of any individual whose injury is the basis of a claim when and as often as we may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

Termination

When does your coverage terminate?

Coverage ends on the earliest of the following:

(1) the last day of the month in which you no longer meet the eligibility requirements; or
(2) 60 days (the grace period) after the due date of any premium which is not paid; or

(3) the last day for which premium contributions have been paid following your request to cancel your coverage; or
(4) the date the group policy ends, unless coverage is continued according to the terms of the Portability Certificate Supplement.

When does an insured dependent's coverage terminate?

An insured dependent's coverage ends on the earliest of the following:

(1) the last day of the month in which the dependent no longer meets the eligibility requirements; or
(2) 60 days (the grace period) after the due date of any premium contribution which is not paid; or
(3) the last day for which premium contributions have been paid following your written request that insurance on your eligible dependents be terminated; or
(4) the date you are no longer covered under the group policy, unless the dependent's coverage is continued according to the terms of the Portability Certificate Supplement.

You must notify us or your employer when you no longer have dependents eligible for coverage under this certificate so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this certificate will be refunded without any payment of claim.

Time Limit on Certain Defenses

After two years from the date of issue of this certificate, no misstatements, except fraudulent misstatements, made by an insured in the application for insurance shall be used to void coverage or to deny a claim for loss incurred commencing after the expiration of the two-year period.

Additional Information

Is the policyholder required to maintain records?

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer the policy, and shall provide access to such records when required for us to administer the policy. 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 benefit amount provided by the provisions of the policy. No claim shall be paid on amounts affected by a clerical error. If an error causes a change in premium payment, a fair adjustment will be made.

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

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

What if an insured's age has been misstated?

If an insured's age has been misstated, all amounts payable will be adjusted to that amount which the premium would have purchased at the correct age. This will be determined by applying the ratio of the paid premium over the required premium to the initial benefit amount.

Can this insurance be assigned?

No. Insurance coverage under the group policy cannot be assigned.

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.

Continuation of
Insurance Certificate Supplement

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

General Information

This certificate supplement is subject to every term, condition, exclusion, limitation and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for continuation of insurance if an insured no longer meets the eligibility requirements of the certificate, except as provided for herein.

To continue insurance under the provisions of this supplement, the insured must make a written request and make the first premium payment within 60 days after insurance provided by the group policy would otherwise terminate. Coverage will remain in effect during the 60 day election period, but not beyond this unless all continuation requirements are met. Upon satisfactory completion of all continuation election requirements, coverage provided by this supplement will then be deemed effective retroactive to the beginning of the 60 day period. This date is considered to be the insured's continuation date, and the insured is then considered to have continuation status.

Who is eligible to continue insurance under this supplement?

An insured employee is eligible to continue group accident insurance under the terms of this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

(1) the employee terminates employment, including retirement; or
(2) the employee's number of working hours are reduced; or
(3) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
(4) a class or group of employees insured under the policy are 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.

An insured dependent is eligible to continue group accident insurance under this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

(1) the employee's termination of 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) the employee's number of working hours are reduced; or
(4) A class or group of dependents insured under the policy are 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; or
(5) legal separation or divorce; or
(6) the dependent ceases to be an eligible dependent; or
(7) the employee's death.

Regardless of whether an insured is otherwise eligible under this supplement to continue, an insured will not be eligible to request coverage under this supplement if the insured loses eligibility due to termination of the group policy.

What insurance can be continued under this supplement?

Group accident insurance may be continued under this supplement. If an employee elects to continue his or her own coverage according to the provisions of this supplement, he or she may also elect to continue insurance for any other individual insured under his or her certificate.

If a former spouse/legal partner continues his or her own coverage according to the provisions of this supplement, he or she may also elect to continue insurance on any insured children, provided the employee is not otherwise insuring the children.

Benefits will be paid in accordance with the provisions of the certificate with the following exception: in the event a spouse/legal partner or child continues his or her own coverage, benefits will be paid to the spouse/legal partner or child who continues their coverage, if living, otherwise in accordance with the "To whom will benefits be paid?" item under the Claims section of the certificate.

How does coverage begin under this supplement?

An insured who experiences an eligible event may continue coverage under this supplement. If an insured elects to extend coverage under this supplement, coverage may not be continued beyond the terms of this supplement, unless portability is available to the insured.

In order to continue coverage under this supplement, an insured must notify us within 60 days of any of the following:

(1) divorce; or
(2) legal separation; or
(3) a child losing eligibility under the certificate.

Failure to provide notice to us within 60 days will result in the loss of the right to continue the coverage.

The group policyholder must notify us within 30 days of any of the following:

(1) an employee's death; or
(2) termination of employment; or
(3) reduction in hours.

Notice will be given to the insured of his or her continuation rights. The insured will then have 60 days from the date of receipt to elect to continue his or her insurance. Failure to elect to continue insurance within 60 days after a person is notified of their continuation rights will result in loss of the right to continue such insurance.

How will premiums be paid?

Premiums will be paid directly to us on a periodic basis agreed to by the insured and us. The first premium must be paid within 45 days of the date of the election to continue coverage. Subsequent premiums are subject to the grace period shown below.

What is the premium rate?

The premium rate for continuation coverage will not exceed 102 percent of the rate paid by active employees.

When will insurance continued under this supplement terminate?

An insured's insurance being continued under this supplement will terminate on the earliest of the following:

(1) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this supplement; or
(2) 60 days (the grace period) after the due date of any premium which is not paid; or
(3) in the case of a dependent child or a spouse/legal partner, the date your coverage is no longer being continued under this supplement or the date the spouse/legal partner or child ceases to be eligible as defined under the terms of your certificate, unless the spouse/legal partner or child has continued coverage on their own as provided for under the terms of this supplement; or
(4) the date the group policy is terminated; or
(5) 18 months after the date continuation coverage became effective.

Renée D. Montz

Secretary

President

Dependent Parent Benefit
Certificate Supplement

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

General Information

This certificate supplement is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides an eligible dependent parent benefit.

A dependent parent is a parent who satisfies one of the following:

(1) is claimed as a dependent on IRS income tax forms; or
(2) is financially dependent on you or your spouse/legal partner for more than half of their out-of-pocket support costs, including, but not limited to, food, housing, clothing, and medical services.

A parent is a biological parent, step-parent, or adoptive parent of you or your spouse/legal partner.

If a dependent parent is otherwise eligible under the policy, or is insured under the portability provision, they are not eligible as a dependent parent. Only one person can insure an eligible dependent parent.

Any dependent parent who, subsequent to the effective date of your Dependent Parent coverage, meets the eligibility requirements of this supplement will become insured on the date he or she so qualifies.

When will we require evidence of insurability?

Evidence of insurability is not required.

When does insurance on a dependent parent become effective?

Insurance under this supplement becomes effective on the later of:

(1) the date the employee becomes insured for accident insurance under the certificate; or
(2) the date the dependent parent meets all eligibility requirements.

In no event will insurance on a dependent parent be effective before your insurance is effective.

Accident Benefit

What is the amount of accident insurance on each insured dependent parent?

The amount of accident insurance on each insured dependent parent is shown on the specifications page.

To whom will we pay the accident benefit?

The accident benefit payable under this supplement will be paid to you if living, otherwise to your estate.

Termination

When does an insured dependent parent's coverage under this supplement terminate?

An insured dependent parent's coverage ends on the earliest of the following:

(1) the last day of the month in which the dependent parent no longer meets the eligibility requirements; or
(2) the date you are no longer covered for accident insurance under the group policy; or
(3) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

(1) the date requested by the policyholder to cancel the Dependent Parent coverage for its plan; or
(2) the date the group policy is terminated, unless employee's coverage is continued according to the terms of the Portability Certificate Supplement.

Additional Information

Do any other supplements to your certificate apply to insured dependent parent?

No. No other supplements to your certificate apply to insured dependent parent.

Renée D. Mentz — Secretary

President

Portability
Certificate Supplement

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

General Information

This certificate supplement is subject to every term, condition, exclusion, limitation and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for continuation of insurance if an insured no longer meets the eligibility requirements of the certificate, except as provided for herein.

To continue insurance under the provisions of this supplement, the insured must make a written request and make the first premium payment within 31 days after insurance provided by the group policy would otherwise terminate. Coverage will remain in effect during the 31 day election period but not beyond this unless all continuation requirements are met. Upon satisfactory completion of all portability election requirements, coverage provided by this supplement 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 supplement?

An insured employee is eligible to continue group accident insurance under the terms of this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

(1) the employee terminates employment, including retirement; or
(2) the employee's number of working hours are reduced; or
(3) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
(4) a class or group of employees insured under the policy are 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 the policy; or
(5) coverage continued according to the provisions of the Continuation of Insurance Certificate Supplement ends due solely to attainment of the maximum allowable continuation time period, as provided under the provisions of the Continuation of Insurance Certificate Supplement; or
(6) termination of the group policy where there is no successor plan for the group policy. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under the policy.

An insured dependent is eligible to continue group accident insurance under this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

(1) the employee terminates employment, including retirement; or
(2) the employee's number of working hours are reduced; or
(3) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
(4) a class or group of employees insured under the policy are 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 the policy; or
(5) coverage continued according to the provisions of the Continuation of Insurance Certificate Supplement ends due solely to attainment of the maximum allowable continuation time period, as provided under the provisions of the Continuation of Insurance Certificate Supplement; or
(6) legal separation or divorce; or
(7) the dependent ceases to be an eligible dependent; or
(8) the employee's death.

Regardless of whether an insured is otherwise eligible under this supplement to continue, an insured will not be eligible to request coverage under this supplement if he or she:

(1) has attained the age of 120; or
(2) is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date, unless the employee had continued his or her coverage according to the provisions of the Continuation of Insurance Certificate Supplement; or
(3) loses eligibility due to a class or group of employees no longer being eligible under the policy and there is a successor plan for that class or group of employees; or
(4) loses eligibility due to termination of the group policy.

What insurance can be continued under this supplement?

Group accident insurance may be continued under this supplement. If an employee elects to continue his or her own coverage according to the provisions of this supplement, he or she may also elect to continue insurance for any other individual insured under his or her certificate.

If a former spouse/legal partner continues his or her own coverage according to the provisions of this supplement, he or she may also elect to continue insurance on any insured children, provided the employee is not otherwise insuring the children.

Benefits will be paid in accordance with the provisions of the certificate with the following exception: in the event a spouse/legal partner or child ports his or her own coverage, benefits will be paid to the spouse/legal partner or child who ports their coverage, if living, otherwise in accordance with the "To whom will benefits be paid?" item under the Claims section of the certificate.

Coverage under the Dependent Parent Benefit Certificate Supplement will be continued with ported coverage. All other certificate supplements will terminate upon porting.

What benefit amounts can be continued under this supplement?

The benefit amounts that can be continued under this supplement shall be the amounts shown on the specifications page applicable to the insured based on the benefit plan selected by the insured employee.

Can an insured request a change in the benefit plan continued under this supplement?

Yes. The insured employee, and a dependent who ports coverage on his or her own as provided for under the terms of this supplement, may change the benefit plan to one that provides lower benefit amounts, but may not change the benefit plan to one that provides higher benefit amounts.

How will premiums be paid?

Premiums 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.

Can the premium rate change?

Yes. The premium rates for ported coverage may be different than the premium rates for active employees, and are not subject to the premium rate provision of the policy.

What happens if an insured again becomes eligible under the certificate?

If an insured is continuing coverage under the terms of this supplement, and again meets the eligibility requirements of the certificate the insured shall no longer be considered to have portability status. Insurance may be continued only under the terms of the certificate, not including this supplement, unless and until the insured no longer meets the eligibility requirements of the certificate and again returns to portability status as provided for herein.

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

Anything in the group policy notwithstanding, termination of the group policy by the policyholder or us will not terminate accident insurance for any person with coverage under the terms of this supplement. The group policy will remain in force solely for the purpose of continuing such insurance.

Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this supplement terminate?"

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

When will insurance continued under this supplement terminate?

An insured's insurance being continued under this supplement will terminate on the earliest of the following:

(1) the insured's 120th birthday;
(2) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this supplement;
(3) in the case of a dependent child or a spouse/legal partner, the date your coverage is no longer being continued under this supplement or the date the spouse/legal partner or child ceases to be eligible as defined under the terms of your certificate, unless the spouse/legal partner or child has ported coverage on their own as provided for under the terms of this supplement;
(4) 60 days after the due date of any premium contribution which is not made.

Renée D. Montz — Secretary

Joseph M. Hafner — President

California Contact Notice

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

IT IS IMPORTANT TO US THAT YOU ARE SATISFIED WITH THIS POLICY AND THE SERVICE YOU RECEIVE FROM US.

IF YOU HAVE AN UNRESOLVED COMPLAINT, THE CALIFORNIA INSURANCE DEPARTMENT SUGGESTS THAT YOU NOTIFY THEIR CONSUMER AFFAIRS OFFICE. CONTACT SHOULD BE MADE ONLY AFTER COMMUNICATIONS BETWEEN YOU AND US (THE AGENT OR OTHER REPRESENTATIVE) HAVE FAILED TO PRODUCE A SATISFACTORY SOLUTION TO THE PROBLEM.

CONTACT: YOUR AGENT
OR
SECURIAN LIFE INSURANCE COMPANY
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098
651-665-3500

QUESTIONS ABOUT THIS NOTICE OR ANY UNRESOLVED COMPLAINT MAY BE DIRECTED TO:

DEPARTMENT OF INSURANCE
CONSUMER AFFAIRS DEPARTMENT
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
213-897-8921

TOLL FREE TELEPHONE FOR CALIFORNIA ONLY:
800-927-4357

OFFICE HOURS: 9 AM TO 5 PM

THIS NOTICE PROVIDES CONTACT INFORMATION ONLY AND IS NOT A CONDITION OF THE POLICY.

Important Notice

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

NOTICE OF PROTECTION PROVIDED BY CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverage, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's right or obligations or the rights or obligations of the Association.

COVERAGE

Persons Covered

Generally, an individual is covered by the Association if the insurer was a member of the Association **and** the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

Amounts of Coverage

The basic coverage protections provided by the Association are as follows:

- **Life Insurance, Annuities and Structured Settlement Annuities**

  For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

  - **Life Insurance**

    80% of death benefits but not to exceed $300,000
    80% of cash surrender or withdrawal values but not to exceed $100,000

  - **Annuities and Structured Settlement Annuities**

    80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed $250,000

The maximum amount of protection provided by the Association to an individual, for **all** life insurance, annuities and structured settlement annuities is $300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is $546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website www.califega.org.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract.
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society.
- If a person is provided coverage by the guaranty association of another state.
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual.
- Employer and association plans, to the extent they are self-funded or uninsured.
- A policy or contract providing any health care benefits under Medicate Part C or part D.
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract.
- Any policy of reinsurance unless an assumption certificate was issued.
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverage provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance Guarantee Association
P.O. Box 16860
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927-4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.

Important Notice

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

DISTRICT OF COLUMBIA
LIFE & HEALTH INSURANCE GUARANTY
ASSOCIATION ACT OF 1992
Summary Of General Purposes And
Current Limitations Of Coverage

Residents of the District of Columbia should know that licensed insurers or health maintenance organizations who sell health benefit plans, disability income insurance, long-term care insurance, life insurance, and annuities in the District of Columbia are members of the District of Columbia Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to provide statutorily-determined benefits associated with covered policies and contracts in the unlikely event that a member insurer is unable to meet its financial obligations and is found by a court of law to be insolvent. When a member insurer is found by a court to be insolvent, the Guaranty Association will assess the other member insurers to satisfy the benefits associated with any outstanding covered claims of persons residing in the District of Columbia. However, the protection provided through the Guaranty Association is subject to certain statutory limits explained under "Coverage Limitations" section, below. In some cases, the Guaranty Association may facilitate the reassignment of policies or contracts to other licensed insurance companies to keep the coverage in-force, with no change in contractual rights or benefits.

COVERAGE

The Guaranty Association, established pursuant to the Life and Health Guaranty Association Act of 1992 ("Act"), effective July 22, 1992 (D.C. Law 9-129; D.C. Official Code § 31-5401 *et seq.*), provides insolvency protection for certain types of insurance policies and contracts.

The insolvency protections provided by the Guaranty Association is generally conditioned on a person being 1) a resident of the District of Columbia and 2) the individual insured or owner under a health insurance, life insurance, or annuity contract issued by a member insurer, or insured under a group policy insurance contract issued by a member insurer. Beneficiaries, payees, or assignees of District insureds are also covered under the Act, even if they reside in another state.

COVERAGE LIMITATIONS

The Act also limits the amount the Guaranty Association is obligated to pay. The benefits for which the Guaranty Association may become liable shall be limited to the lesser of:

- The contractual obligations for which the insurer is liable or for which the insurer would have been liable if it were not an impaired or insolvent insurer; or

- With respect to any one life, regardless of the number of policies, contracts, or certificates:

  - $300,000 in life insurance death benefits for any one life; including net cash surrender or net cash withdrawal values;
  - $300,000 in the present value of annuity benefits, including net cash surrender or net cash withdrawal values;
  - $300,000 in the present value of structured settlement annuity benefits, including net cash surrender or net cash withdrawal values;
  - $300,000 for long-term care insurance benefits;
  - $300,000 for disability income insurance benefits;
  - $500,000 for health benefit plans;
  - $100,000 for coverage not defined as disability income insurance or health benefit plans or long term care insurance including any net cash surrender and net cash withdrawal values.

In no event (except in the event of health benefit plans in which the Guaranty Association is liable for no more than $500,000), is the Guaranty Association liable for more than $300,000 in benefits with respect to any one life.

Additionally, the Guaranty Association is not obligated to cover more than $5,000,000 for multiple non-group policies of life insurance with one owner regardless of the number of policies owned.

EXCLUSIONS EXAMPLES

Policy or contract holders are not protected by this Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association law protects insureds who live outside of that state); or
- their insurer was not authorized to do business in the District of Columbia at the time the policy or contract was issued; or
- their policy was issued by a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a risk retention group.

The Guaranty Association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk;
- any policy of reinsurance (unless an assumption certificate was issued);
- any plan or program of an employer or association that provides life, health, or annuity benefits to its employees or members and is self-funded;
- interest rate guarantees which exceed certain statutory limitations;
- dividends, experience rating credits, or fees for services in connection with a policy;
- credits given in connection with the administration of a policy by a group contract holder, or
- unallocated annuity contracts.

CONSUMER PROTECTION

To learn more about the above referenced protections, please visit either:

District of Columbia
Department of Insurance, Securities and Banking
(T) 202-727-8000
disb.dc.gov

District of Columbia Life and Health
Insurance Guaranty Association
(T) 410-248-0407
www.dclifega.org

Pursuant to the Act (D.C. Official Code § 31-5416), insurers are required to provide notice to policy and contract holders of the existence of the Guaranty Association and the amounts of coverage provided under the Act. Your insurer and agent are prohibited by law from using the existence of the Guaranty Association and the protection it provides to market insurance products. You should not rely on the insolvency protection provided under the Act when selecting an insurer or insurance product. If you have obtained this document from an agent in connection with the purchase of a policy or contract, you should be aware that such delivery does not guarantee that the Guaranty Association would cover your policy or contract. Any determination of whether a policy or contract will be covered will be determined solely by the coverage provisions of the Act.

This disclosure is intended to summarize the general purpose of the Act and does not address all the provisions of the Act. Moreover, the disclosure is not intended and should not be relied upon to alter any rights established in any policy or contract or under the Act.

Notice

Securian Life Insurance 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:

Securian 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

Important Notice

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

NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER THE HAWAII LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of Hawaii who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Hawaii Life and Disability Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Hawaii Life and Disability Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Hawaii. You should not rely on coverage by the Hawaii Life and Disability Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Hawaii Life and Disability Insurance Guaranty Association
1132 Bishop Street, Suite 1590
Honolulu, Hawaii 96813

Department of Commerce & Consumer Affairs
Insurance Division
PO Box 3614
Honolulu, Hawaii 96811

The state law that provides for this safety-net coverage is called the Hawaii Life and Disability Insurance Guaranty Association Act. On the back of this page is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Hawaii Life and Disability Insurance Guaranty Association if they live in this state and hold a life or disability insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by the Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state); or
- the insurer was not a member insurer of the Guaranty Association. A nonprofit hospital or medical service organization (the "Blues"), an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or an insurance exchange are examples of nonmember insurers.

The Guaranty Association also does **not** provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals).

LIMITS ON AMOUNT OF COVERAGE

The act limits the amount the Guaranty Association is obligated to pay out. The basic protections provided by the Association are:

- Life Insurance
  - $300,000 in death benefits
  - $100,000 in cash surrender or withdrawal values
- Health Insurance
  - $500,000 in hospital, medical and surgical insurance benefits
  - $300,000 in disability insurance benefits
  - $300,000 in long-term care insurance benefits
  - $100,000 in other types of health insurance benefits
- Annuities
  - $250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $300,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits and with regard to one owner or multiple non-group policies of life insurance.

Important Notice

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

NOTICE OF PROTECTION PROVIDED BY IOWA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Iowa Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Iowa law, located at Iowa Code Chapter 508C, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company or health maintenance organization becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Iowa law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- **Life Insurance**

  $300,000 in death benefits
  $100,000 in net cash surrender and withdrawal values

- **Health Insurance**

  $500,000 for health benefit plans (see definition below)
  $300,000 in disability income protection insurance benefits
  $300,000 in long-term care insurance benefits
  $100,000 in other types of health insurance benefits, including net cash surrender and withdrawal values

- **Annuities**

  $250,000 in the present value of annuity benefits, including net cash surrender and withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $350,000. Special rules may apply with regard to health benefit plans.

"Health benefit plan" is defined in the applicable Iowa law and generally includes hospital or medical expense policies, contracts or certificates, or HMO subscriber contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excluded policies that provide coverages for limited benefits (such as dental-only or vision-only insurance), Medicare Supplement insurance, disability income insurance and long-term care insurance.

NOTE: Certain policies and contracts may not be covered or fully covered. If coverage is available, it will be subject to substantial limitations and exclusions. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements under Iowa law.

Benefits provided by a long-term care rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity contract to which the long-term rider relates.

To learn more about the Association and the protections it provides, as well as those relating to group contracts or retirement plans, please visit the Association's website at www.ialifega.org, or contact:

Iowa Life and Health Insurance Guaranty Association
700 Walnut Street, Suite 1300
Des Moines, IA 50309
(515) 248-5712

Iowa Insurance Division
1963 Bell Ave, Suite 100
Des Moines, IA 50315
(515) 654-6600

Information about the financial condition of insurers is available from a variety of sources, including financial rating agencies such as AM Best Company, Fitch Ratings Inc., Moody's Investors Service, and S&P Global Ratings.

The Association is subject to supervision and regulation by the Commissioner of the Iowa Insurance Division. Persons who desire to file a complaint to allege a violation of the laws governing the Association may contact the Iowa Insurance Division. State law provides that any suit against the Association shall be brought in the Iowa District Court in Polk County, Iowa.

Insurance companies and agents are not allowed by Iowa law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance or HMO coverage. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Iowa law, then Iowa law will control.

Notice

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

This notice is to advise you that should any complaints arise regarding this Insurance, you may contact the following:

Securian Life Insurance Company

400 Robert Street North

St. Paul, Minnesota 55101-2098

TEL: 651-665-3500

OR

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that, if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 122 S. Michigan Ave., 19th Floor, Chicago, Illinois 60603 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

You may also contact the Illinois Department of Insurance at http://insurance.illinois.gov/ 312-814-2420 or 217-782-4515.

Important Notice

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

NOTICE OF PROTECTION PROVIDED BY ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This Notice provides a **brief summary** description of the Illinois Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Illinois law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity, health maintenance organization, or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage, pay claims, or otherwise provide protection in accordance with Illinois law, with funding from assessments paid by other insurance companies and health maintenance organizations.

The basic protections provided by the Association per insolvency are:

Life Insurance

- $300,000 for death benefits
- $100,000 for cash surrender or withdrawal values

Health Insurance

- $500,000 for health benefit plan benefits*
- $300,000 for disability insurance benefits
- $300,000 for long-term care insurance benefits
- $100,000 for other types of health insurance benefits

Annuities

- $250,000 for withdrawal and cash values

*The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $300,000, except special rules apply with regard to health benefit plan benefits for which the maximum amount of protection is $500,000.

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also residency requirements and other limitations under Illinois law.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.ilhiga.org, or contact:

Illinois Life and Health Insurance Guaranty Association
901 Warrenville Road, Suite 400
Lisle, Illinois 60532-4324

Illinois Department of Insurance
4th Floor
320 West Washington Street
Springfield, Illinois 62767

Insurance companies, health maintenance organizations and agents are not allowed by Illinois law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company or health maintenance organization, you should not rely on Association coverage. If there is any inconsistency between this notice and Illinois law, then Illinois law will control.

The Association is not an insurance company or health maintenance organization. If you wish to contact your insurance company or health maintenance organization, please use the phone number found in your policy or contact the Illinois Department of Insurance at DOI.InfoDesk@Illinois.gov.

Notice

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

This notice is required by the Illinois Religious Freedom Protection and Civil Union Act ("the Act"). Effective June 1, 2011 Securian Life Insurance Company is required to comply with the Act. We have implemented policies and procedures to comply with the Act.

You should be aware that the Act:

- Creates a legal relationship between two persons of the same or opposite sex who form a civil union. According to the Act, parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by laws of Illinois to spouses.

- Provides that a party to a civil union shall be included in any definition or use of the terms "spouse," "family," "immediate family," "dependent," "next of kin," and other terms descriptive of spousal relationships as those terms are used throughout Illinois law. This includes the terms "marriage" or "married" or variations thereon.

- Requires recognition of civil unions or same sex civil unions or marriages legally entered into in other jurisdictions.

- Does not alter any current federal law.

For more information about existing Illinois law and the Act, please refer to the Consumer Fact Sheet available at the Illinois Department of Insurance website at www.insurance.illinois.gov.

Notice

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

NOTICE OF PROTECTION PROVIDED BY MARYLAND LIFE AND HEALTH INSURANCE GUARANTY CORPORATION

This Notice provides a brief summary of the Maryland Life and Health Guaranty Corporation (the Corporation) and the protection it provides for policyholders and contract holders. This safety net was created under Maryland law, which determines who and what is covered and the amount of coverage.

The Corporation is not a department or unit of the State of Maryland and the liabilities or debts of the Life and Health Insurance Guaranty Corporation are not liabilities or debts of the State or Maryland.

The Corporation was established to provide protection in the unlikely event that your health maintenance organization or your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, the Corporation will typically arrange to continue coverage and pay claims, in accordance with Maryland law, with funding from assessments paid by other insurance companies and health maintenance organizations.

The basic protections provided by the Corporations are:

Life Insurance

- $300,000 in death benefits
- $100,000 in cash surrender or withdrawal values

Health Insurance

- $500,000 for coverage provided by health benefit plans
- $300,000 for disability insurance
- $300,000 for long-term care insurance
- $100,000 for a type of health insurance not listed above, including any net cash surrender and net cash withdrawal values under the types of health insurance listed above

Annuities

- $250,000 in the present value of annuity benefits, including net cash withdrawal values and net cash surrender values
- With respect to each payee under a structured settlement annuity, or beneficiary of the payee, $250,000 in present value annuity benefits, in the aggregate, including any net cash surrender and net cash withdrawal values.

The maximum amount of protection for each individual, regardless of the number of policies or contracts is:

- $300,000 in aggregate for all types of coverage listed above, with the exception of coverage provided by health benefit plans
- $500,000 in aggregate for coverage provided by health benefit plans

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Maryland law.

To learn more about the above protections, please visit the Corporation's website at www.mdlifega.org, or contact:

Maryland Life and Health Insurance Guaranty Corporation
6210 Guardian Gateway, Suite 195 APG
Aberdeen, Maryland 21055
410-248-0407

Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202
1-800-492-6116, ext. 2170

Insurance companies, health maintenance organizations, and insurance producers are not allowed by Maryland law to use the existence of the Corporation or its coverage to encourage you to purchase any form of insurance or a health benefit plan. When selecting an insurance company or health maintenance organization, you should not rely on Corporation coverage. If there is any inconsistency between this notice and Maryland law, then Maryland law will control.

THERESE M. GOLDSMITH
Insurance Commissioner

Important Notice

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

NOTICE - NEW JERSEY LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of New Jersey who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the New Jersey Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The New Jersey Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in New Jersey. You should not rely on coverage by the New Jersey Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The New Jersey Life and Health Insurance Guaranty Association
521 Newman Springs Road, Suite 22
Lincroft, NJ 07738

State of New Jersey Department of Banking and Insurance
20 West State Street
P.O. Box 325
Trenton, NJ 08625

The state law that provides for this safety-net coverage is called the New Jersey Life and Health Insurance Guaranty Association Act, N.J.S.A. 17B:32A-1, et seq (the "Act").

COVERAGE

The following is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the guaranty association.

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in New Jersey and hold a life, health or long-term care insurance contract, annuity contract, or if they are insured under a group insurance contract, issued by a member insurer.

Generally, the beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- the policy is issued by an organization which is not a member of the New Jersey Life and Health Insurance Guaranty Association.

The Association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate as more fully described in Section 3 of the Act;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Association is obligated to pay out. The Association cannot pay more than what the insurance company would owe under a policy or contract.

With respect to any one insured individual, regardless of the number of policies or contracts, and subject to other limitations imposed by the Act, for life insurance policies, the Association will not pay more than $100,000 in cash surrender values or $500,000 in life insurance death benefits; for annuity contracts, the Association will not pay more than $250,000 in cash surrender value or, for annuity contracts with no cash surrender value, benefit payments of up to $500,000 in present value. These limits apply no matter how many policies and contracts were with the same company, and no matter how many different types of coverages.

The Association will not pay more than $2,000,000 in benefits to any one contractholder under any one unallocated annuity contract.

There are no limits on the benefits the Association will pay with respect to any one group, blanket or individual accident and health insurance policy.

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

NOTICE CONCERNING YOUR RIGHTS TO APPEAL DISPUTED CLAIMS

In the event of a claim where you are not satisfied with the claim decision, you may request a review of that decision by writing to our Internal Appeals Panel at the address listed below.

Internal Appeals Panel
Attn: Station 21-3055
Securian Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098
Benefit Services Telephone: 1-800-328-9442
Telefax: 651-665-7979

Your appeal will be reviewed by our Securian Life Internal Appeals Panel.

Please include the following in your written notice to us:

1. **Contract number**
2. **Claim number**
3. **Insured's name**
4. **Your name, address, telephone number and relationship to the insured**
5. **The insured's name, address and telephone number, if different from yours**
6. **Your reason(s) to dispute the decision by our Benefit Services Department**
7. **Documentation to support your request**

We will make a decision on your appeal within 10 business days of receiving your written request. Once we have made a decision, we will notify you within three working days.

If you are not satisfied with the final disposition of your claim and the response from Securian Life's Internal Appeals Panel, you have the right to contact the Office of the Insurance Claims Ombudsman at the address and phone listed below.

Office of Insurance Claims Ombudsman
Department of Banking and Insurance
PO Box 472
Trenton, NJ 08625-0472
Telephone: 1-800-446-7467
Telefax: 609-292-2431
E-mail: ombudsman@dobi.state.nj.us

Notice

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

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

Securian Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098
Telephone: 651-665-3500

If we at Securian Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Consumer Inquiry and Case Preparation Unit
20 West State Street
PO Box 471
9th Floor
Trenton, New Jersey 08625

Telephone: 609-292-7272 or 1-800-446-7467
Fax: 609-777-0508
Webpage: http://www.state.nj.us/dobi/consumer.htm

Important Notice

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

NOTICE OF PROTECTION PROVIDED BY NEW MEXICO LIFE INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary of the New Mexico Life Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under New Mexico law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with New Mexico law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
  - $300,000 in death benefits
  - $100,000 in cash surrender or withdrawal values
- Health Insurance
  - $500,000 in hospital, medical and surgical insurance benefits
  - $300,000 in disability income insurance benefits
  - $300,000 in long-term care insurance benefits
  - $100,000 in other types of health insurance benefits
- Annuities
  - $250,000 in present value of annuity benefits

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $300,000 ($500,000 for hospital, medical and surgical insurance policies).

Note to benefit plan trustees or other holders of unallocated annuities covered under the act: For unallocated annuities that fund certain governmental retirement plans, the limit is $250,000 in present value of annuity benefits per plan participant. For covered unallocated annuities that fund other plans, a special limit of $5,000,000 applies to each contract holder, regardless of the number of contracts held or number of persons covered.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under New Mexico law.

To learn more about the above protections, please visit the Association's website at www.nmlifeg.org or contact:

New Mexico Life Insurance Guaranty Association
PO Box 2880
Santa Fe, NM 87504-2880
505-820-7355

Insurance Division
Public Relations Commission
PO Box 1269
Santa Fe, NM 87504-1269
888-427-5772

Insurance companies and agents are not allowed by New Mexico law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and New Mexico law, then New Mexico law will control.

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

Consumer Complaint Notice

If you are a resident of New Mexico, your coverage will be administered in accordance with the minimum applicable standards of New Mexico law. If you have concerns regarding a claim, premium, or other matters relating to this coverage, you may file a complaint with the New Mexico Office of Superintendent of Insurance (OSI) using the complaint form available on the OSI website and found at:

https://www.osi.state.nm.us/ConsumerAssistance/index.aspx

Important Notice

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

NOTICE OF PROTECTION PROVIDED BY NEVADA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION Effective On or Before July 1, 2022

This notice provides a **brief summary** regarding the protections provided to policyholders by the Nevada Life and Health Insurance Guaranty Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies and health maintenance organizations licensed in Nevada to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is limited and is *not* a substitute for consumers' care in selecting insurers. **Your policy or contract may not be covered, and if covered, there are substantial coverage limitations and exclusions. Further, coverage is dependent on continued residence in Nevada.** Below is a brief summary of the coverages, exclusions, and limits provided by the Association. This summary does not cover all provisions of the law, and the law may change.

COVERAGE

Persons Covered

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in Nevada at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees, or assignees, whether or not they live in Nevada.

Amounts of Coverage

For any one life, per company, the coverage protections provided by the Association shall not exceed:

- **Life Insurance**
  - Death benefits: $300,000
  - Cash surrender or withdrawal values: $100,000
- **Annuities and Structured Settlement Annuities**
  - Present value of annuity benefits and structured settlement annuities, including cash surrenders or withdrawal values: $250,000
  - Participants in a government retirement plan covered by an unallocated annuity as described by NRS 686.C.035: $250,000
- **Health Insurance**
  - Disability Income and long-term care insurance, including net cash surrender values: $300,000
  - Health Benefit Plan: $500,000
  - Health insurance, other than disability income, long-term insurance, or Health Benefit Plan: $100,000

Please note that the maximum protection provided by the Association to an individual for all life insurance, annuities, and structured settlement annuities, and benefits for health benefit plans with one insurer, $500,000, regardless of the number of policies or contracts covering the individual.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The following policies and persons are examples of those excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in Nevada when it issued the policy or contract
- A policy or contract issued by a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or an organization that is only licensed to issue charitable gift annuities
- Persons provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual except for annuities owned by a governmental retirement plan established under section 401, 403(b), or 457 of the Internal Revenue Code
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields exceed an average rate

NOTICES

Member insurers or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. The member insurer and its agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance coverage offered by a health maintenance organization. You may file a complaint with the Nevada Insurance Commissioner if you believe any provision of the Nevada Life and Health Insurance Guaranty Association law has been violated. To learn more about coverage provided by the Association, please visit the Association's website at www.nvlifega.org, or contact either of the following:

Nevada Life and Health Insurance
Guaranty Association
2377 Gold Meadow Way, Suite 100
Gold River, CA 95670

Nevada Division of Insurance
Department of Business and Industry
1818 E. College Parkway, Suite 103
Carson City, NV 89706

When selecting an insurer, you should not rely on Association coverage. If there is any inconsistency between this notice and Nevada law, Nevada law will control.

Notice

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

To make or file a complaint or file a grievance, you may write or call Securian Life Insurance Company at:

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

Toll Free: 1-866-293-6047

Important Notice

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

NOTICE OF PROTECTION PROVIDED BY PENNSYLVANIA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a **brief summary** regarding the protections provided to policyholders by the Pennsylvania Life and Health Insurance Guaranty Association ("the Association"). This protection was created under Pennsylvania law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity, or health insurance company, RANLI PPO, hospital plan corporation, professional health services plan corporation or health maintenance organization (member insurer) becomes financially unable to meet its obligations. If this should happen, the Association will typically arrange to provide coverage, pay claims, or otherwise provide protection in accordance with Pennsylvania law. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

COVERAGE

Persons Covered

Generally, individuals will be protected by the Association if the member insurer was a member of the Association and the individual lives in Pennsylvania at the time the member insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees of such individuals.

Amounts of Coverage

The basic coverage protections provided by the Association per insured in each insolvency are limited in the aggregate to $300,000 (or $500,000 in the case of health benefit plans), including specific limits for the following types of coverage but not in excess of the contractual obligations of the member insurer;

Life Insurance

- Up to $300,000 in death benefits including up to $100,000 in net cash surrender or withdrawal value.

Accident, accident and health, or health insurance (including HMOs):

- Up to $500,000 for health benefit plans, with some exceptions.
- Up to $300,000 for disability income benefits.
- Up to $300,000 for long-term care insurance benefits.
- Up to $100,000 for all other types of health insurance

Individual Annuities

- Up to $250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.

LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association also does not provide coverage for:

- any policy or contract or portion of a policy or contract which is not guaranteed by the member insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- claims based on marketing materials or other documents which are not approved policy or contract forms, claims based on misrepresentations of policy or contract benefits, and other extra-contractual claims;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields or increases based on an index that exceed an average rate specified by statute;
- dividends, experience rating credits, or credits given in connection with the administration of a policy or contract by a group contractholder;
- employers' plans that are self-funded (that is, not insured by member insurer, even if member insurer administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals) other than in limited circumstances and amounts;
- certain contracts which establish benefits by reference to a portfolio of assets not owned by the member insurer; or
- policies providing health care benefits for Medicare Parts C or D coverage, for Medicaid or under the Pennsylvania program for Comprehensive Health Care for Uninsured Children.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in Pennsylvania when it issued the policy or contract
- If the person is provided coverage by the guaranty association of another state
- A policy issued by a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

NOTICES

Member insurers or their agents are required by law to give or send you this notice and are prohibited by law from using the existence of the Association to induce you to purchase any kind of insurance or other coverage. Policyholders with additional questions should first contact their member insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.palifega.org. You can obtain additional information from the Association by contacting it at the address below. You may also contact the Pennsylvania Insurance Department to file a complaint with the Pennsylvania Insurance Commissioner to allege a violation of any provisions of Pennsylvania laws and regulations relating to insurance including the law establishing the Association:

Pennsylvania Life and Health Insurance
Guaranty Association
290 King of Prussia Road
Radnor Station Building 2, Suite 218
Radnor, PA 19087
(610) 975-0572

Pennsylvania Insurance Department
1209 Strawberry Square
Harrisburg, PA 17120
1-877-881-6388
www.insurance.pa.gov

The summary information provided by this notice and on the Association's web site do not limit or alter the more comprehensive and detailed provisions of the law and are subject to change without notice. The statements made herein are for information purposes only. The Association has not reviewed any specific policy, or verified the information provided regarding residency or other relevant factors. Moreover, whether coverage will be provided to any specific policyholder can only be determined by reference to the statute in effect, at the earliest, at the time that the member insurer is declared insolvent. No final determination of coverage can be made until a member insurer is declared insolvent and the specific factual and legal circumstances can be reviewed. Nothing contained herein is intended to guarantee coverage for any insured, or to bind the Association in any way. Finally, this summary and the Association's web site are for general information purposes and should not be relied upon as legal advice.

Important Notice

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

SUMMARY
COVERAGE, LIMITATIONS AND EXCLUSIONS UNDER
RHODE ISLAND LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT
("Act")

A resident of Rhode Island who purchases life insurance, annuities, or accident and health insurance should know that an insurance company licensed in Rhode Island to write these types of insurance is a member of the Rhode Island Life and Health Insurance Guaranty Association ("Association"). The purpose of the Association is to assure that a policyholder will be protected within the statutory limits, if a member insurer becomes financially unable to meet its obligations. If this should happen, the Association will, within the statutory limits, pay the claims of insured persons who live in this state, and, in some cases, keep coverage in force. However, the protection provided through the Association is not unlimited. This protection is not a substitute for your care in selecting a company that is well managed and financially stable.

IMPORTANT DISCLAIMER

Rhode Island Life and Health Insurance Guaranty Association
235 Promenade Street #426, Providence, RI 02908
Telephone (401) 273-2921

The Rhode Island Life and Health Insurance Guaranty Association provides coverage of claims under some types of policies if the insurer becomes impaired or insolvent. COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY. Even if coverage is provided, there are significant limits and exclusions. Coverage is always conditioned on residence in this state. Other conditions may also preclude coverage.

The Life and Health Insurance Guaranty Association will respond to any questions you may have which are not answered by this document. Your insurer and agent are prohibited by law from using the existence of the association or its coverage to sell you an insurance policy.

You should not rely on availabiltiy of coverage under the Life and Health Insurance Guaranty Association when selecting an insurer.

Rhode Island Division of Insurance
222 Richmond Street, Providence, RI 02903
Telephone (426) 222-2223

The full text of the state law that provides for this safety net coverage, Rhode Island Life and Health Insurance Guaranty Association Act ("the Act"), can be found beginning at R.I. Gen. Laws §27-34.3-1. A brief summary of the Act is provided below. This summary does not cover all provisions of the law, nor does it in any way change your rights or obligations or those of the Association under the Act.

COVERAGE

Generally, individuals will be protected by the Association if the individual lives in Rhode Island and: Holds a life or health insurance contract, long-term care contract, or annuity contract; or is insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live elsewhere.

EXCLUSIONS FROM COVERAGE

The Association does **NOT** protect a person holding a policy if:

- the individual is eligible for protection under a similar law of another state;
- the insurer was not authorized to do business in that state;
- the policy is issued by an organization that is not a member of the Association;
- the policy was issued by a nonprofit hospital or medical service organization (such as, the "Blues"), and HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments or by an insurance exchange.

The Association does not provide coverage for:

- a policy or portion of a policy not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus; a policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed a rate specified by statute;
- dividends;
- credits given in connection with the administration of a policy by a group contract holder;
- an employer's plan to the extent that it is self-funded (that is, not insured by an insurance company, even if an insurance company administers the plan);
- an unallocated annuity contract issued to an employee benefit plan protected under the United States Pension Benefit Guaranty Corporation;
- that part of an unallocated annuity contract not issued to a specific employee, union, association of natural persons benefit plan, or a government lottery;
- certain contracts which establish benefits by reference to a portfolio of assets not owned by the insurer;
- any portion of a policy or contract to the extent that the required assessments are preempted by federal or state law;
- an obligation that does not arise under the express written terms of the policy or contract issued by the insurer.
- a policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to Part C or Part D of Subchapter XVIII, Chapter 7 of Title 42 of the United States Code (commonly known as Medicare Part C & D) or any regulations issued pursuant thereto.

LIMITATIONS ON COVERAGE

The Act limits the amount the Association is obligated to pay. The Association cannot pay more than what the insurer would have owed under a policy or contract. Also, for any one insured life, no matter how many policies or contracts were in force with the same insurer, the Association will pay no more than:

- $300,000 in net life insurance death benefits and no more than $100,000 in net cash surrender and net cash withdrawal values for life insurance;
- $100,000 for health insurance benefits, coverages not defined as disability, basic hospital, medical, and surgical, or major medical insurance or long-term care insurance, including any net cash surrender and net cash withdrawal values;
- $300,000 or disability insurance;
- $300,000 for long-term care insurance;
- $500,000 for basic hospital, medical, and surgical insurance;
- $250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal value;
- $250,000 in present value per payee with respect to a structured settlement annuity benefits, in the aggregate, including net cash surrender and net cash withdrawal values;
- $250,000, in the aggregate, of the present value of annuity benefits, including net cash surrender and net cash withdrawal values, with respect to an individual participating in a governmental retirement plan established under 26 U.S.C. §§ 401, 403(b), or 457 covered by an unallocated annuity contract, or to a beneficiary of the individual if the individual is deceased;
- $5,000,000 in unallocated annuity contract benefits, irrespective of the number of contracts with respect to the contract owner or plan sponsor whose plan owns, directly or in trust, one or more unallocated annuity contracts.

Note to benefit plan trustees or other holders of unallocated annuities (GICs, DACs, etc.) covered by the Act: for unallocated annuities that fund government retirement plans under sections 401, 403(b), or 457 of the Internal Revenue Code, the limit is $250,000 in present value of annuity benefits including net cash surrender and net cash withdrawal per participating individual. In no event shall the Association be liable to spend more than $300,000 in the aggregate per individual except hospital insurance up to $500,000 per individual. For covered unallocated annuities that fund other plans, a special limit of $5,000,000 applies to each contract holder, regardless of the number of contracts held with the same company or number of persons covered. In all cases, the contract limits also apply.

These general statements as to Limitations on Coverage are only summaries of the law. The actual limitations are set forth in R.I. Gen. Laws §27-34.3-3.

Any alleged violations of the provisions of the Rhode Island Life and Health Insurance Guaranty Association Act may be reported to the Rhode Island Division of Insurance at the address and telephone number above.

This information is provided by: The Association and by the Division of Insurance, whose respective addresses are provided in the Important Disclaimer above.

Notice

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

NOTICE CONCERNING COVERAGE UNDER THE TENNESSEE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Insurance companies and health maintenance organizations (HMOs) licensed in this state to write life insurance, annuities or health insurance are members of the Tennessee Life and Health Insurance Guaranty Association. The purpose of this Association is to provide a safety-net of coverage, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The state law that provides for this safety-net coverage is called the Tennessee Life and Health Insurance Guaranty Association Act. The following is a brief summary of this law's coverage's, exclusions and limits. **This summary does not cover all provisions of the law or describe all of the conditions and limitations relating to coverage. This summary does not in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.**

COVERAGE

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, HMO contract, or an annuity, or if they are insured under a group insurance contract, issued by an insurer authorized to conduct business in Tennessee. Health insurance includes disability and long term care policies. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **not** protected by this Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **not** provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Guaranty Association is obligated to pay out. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. For any one insured life, the Guaranty Association guarantees payments up to a stated maximum no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. These aggregate limits per life are as follows:

- $300,000 for policies and contracts of all types, except as described in the next point;
- $500,000 for basic hospital, medical and surgical insurance, and major medical insurance issued by companies that become insolvent after January 1,2010.

With these overall limits, the Guaranty Association cannot guarantee payment of benefits greater than the following:

- life insurance death benefits - $300,000
- life insurance cash surrender value - $100,000
- present value of annuity benefits for companies insolvent before July 1, 2009 - $100,000
- present value of annuity benefits for companies insolvent after June 30, 2009 - $250,000
- health insurance benefits for companies declared insolvent before January 1, 2010 - $100,000
- health insurance benefits for companies declared insolvent on or after January 1, 2010:
  - $100,000 for limited benefits and supplemental health coverages
  - $300,000 for disability and long term care insurance
  - $500,000 for basic hospital, medical and surgical insurance, or major medical insurance

The Tennessee Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Tennessee. You should not rely on coverage by the Tennessee Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

Tennessee Life and Health Insurance Guaranty Association
PO Box 190434
Nashville, TN 37219
Website: www.tnlifega.org

Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243

Tennessee Notice

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

In the event you need to contact someone regarding this policy, you may contact the insurance company issuing this policy at the following address and telephone number.

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

Telephone: 651-665-3500

Notice

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

NOTICE OF PROTECTION PROVIDED BY VIRGINIA LIFE, ACCIDENT AND SICKNESS INSURANCE GUARANTY ASSOCIATION

This Notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage. The Association was established to provide protection in the unlikely event that a life, annuity, or accident and sickness insurance company licensed in the Commonwealth of Virginia (including a health maintenance organization) becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

Life Insurance

- $300,000 in death benefits
- $100,000 in cash surrender and withdrawal values

Health Insurance

- $500,000 for health benefit plans
- $300,000 in disability income insurance benefits
- $300,000 in long-term care insurance benefits
- $100,000 in other types of accident and sickness insurance benefits

Annuities

- $250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $350,000, except for health benefit plans, for which the limit is increased to $500,000.

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association's website at https://www.valifega.org, or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS INSURANCE GUARANTY ASSOCIATION
c/o DSH Consulting LLC
P.O. Box 606
534 Main Street
Hampden, MA 01036-9998
571-438-9408

STATE CORPORATION COMMISSION
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218-1157
804-371-9741
Toll Free Virginia only: 1-877-310-6560
https://www.scc.virginia.gov/pages/Home

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.

Important Notice

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

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the insurance company issuing this insurance at the following address and telephone number:

Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55101-2098
Telephone: 651-665-3500

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Life and Health Division
Bureau of Insurance
PO Box 1157
Richmond, VA 23218
Telephone: 1-877-310-6560
Fax: 1-804-371-9944

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, the company, or the Bureau of Insurance, have your policy number available.

Important Notice

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

NOTICE OF PROTECTION PROVIDED BY WYOMING LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a **brief summary** of the Wyoming Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Wyoming law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company or health maintenance organization becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Wyoming law, with funding from assessments paid by other insurance companies and health maintenance organizations.

The basic protections provided by the Association are:

- Life Insurance
  - $300,000 in death benefits
  - $100,000 in cash surrender or withdrawal values
- Health Insurance
  - $300,000 in health benefit plans
  - $300,000 in disability insurance benefits
  - $300,000 in disability income insurance
  - $300,000 in long-term care insurance benefits
  - $100,000 in other types of health insurance benefits
- Annuities
  - $250,000 in present value of benefits including net withdrawal and net cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer or health maintenance organization does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Wyoming law.

EXCLUSIONS FROM COVERAGE

Policy owners, contract owners, policyholders, certificateholders and enrollees are **not** protected by this Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer or health maintenance organization was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer or health maintenance organization was not authorized to do business in this state;
- their policy was issued by a fraternal benefit society, a mandatory state pooling plan, a stipulated premium insurance company, a local mutual burial association, a mutual assessment company, or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange or by any entity similar to those listed here.

The Association also does not provide coverage for:

- any policy or portion of a policy, which is not guaranteed by the insurer or health maintenance organization or for which the individual has assumed the risk, such as a variable contract sold by prospectus, claims based on side letters or other documents, or misrepresentations of or regarding policy benefits;
- any policy of reinsurance (unless an assumption certificate was issued pursuant to the reinsurance policy or contract);
- interest rate yields that exceed an average rate or interest earned on an equity indexed policy;
- dividends;
- experience rating credits given in connection with the administration of a policy by a group contract holder;
- annuity contracts issued by a nonprofit insurance company exclusively for the benefit of nonprofit educational institutions and their employees;
- unallocated annuity contracts (which give rights to group contract holders, not individuals);
- any plan or program of an employer or association that provides life, health or annuity benefits to its employees or members to the extent the plan is self-funded or uninsured;
- an obligation that does not arise under the express written terms of the policy or contract;
- any policy providing benefits under Medicare Part C, Medicare Part D or Medicaid;
- rights to receive payments acquired through a structured settlement factoring transaction.

To learn more about the above protections, protections relating to group contracts or retirement plans, and all exclusions from coverage, please visit the Association's website at www.wylifega.org or contact:

Wyoming Life and Health Insurance Guaranty Association
6700 N. Linder Road, Suite 156
Box 139 Meridian, ID 83646
Toll Free: (800) 362-0944
Fax: (208) 968-0206
Website: www.wylifega.org
Email: administrator@wylifega.org

Wyoming Department of Insurance
106 East 6th Avenue
Cheyenne, WY 82002
Phone: (307) 777-7401
Toll Free: (800) 438-5768
Fax: (307) 777-2446
Website doi.wyo.gov
Email: wyinsdep@wyo.gov

Insurance companies and agents are not allowed by Wyoming law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Wyoming law, then Wyoming law will control.

Securian Life Insurance Company • A Stock Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

GROUP ACCIDENT CERTIFICATE OF INSURANCE