

Group Term Life Certificate of Insurance

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



Effective January 1, 2024

Class 1

POLICYHOLDER: University of North Carolina System

POLICY NUMBER: 70559

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.

Secretary

President

TABLE OF CONTENTS

Definitions	2
General Information	2
Premiums.....	3
Death Benefit.....	4

Termination.....	4
Conversion Right.....	5
Additional Information	5

GROUP TERM LIFE CERTIFICATE OF INSURANCE

Certificate Specifications Page

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

**GENERAL INFORMATION**

POLICYHOLDER: University of North Carolina System

POLICY NUMBER: 70559

ASSOCIATED COMPANIES: See the locations listed below under the GROUP section.

POLICY SITUS: The policy was issued and delivered in North Carolina.

POLICY EFFECTIVE DATE: January 1, 2022. This specifications page represents the plan in effect as of January 1, 2024.

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 employees of the policyholder and its associated companies working in the United States in the classification below. As an exception, designated expatriates (as reported to Securian Life by the policyholder) shall remain eligible under the group policy. This certificate is specific to the following class:

Class 1 All eligible active employees

Employees at the following locations are effective January 1, 2022:
University of North Carolina Greensboro, University of North Carolina Health, North Carolina State University, University of North Carolina Chapel Hill, System Office and UNC Press.

Employees at the following locations are effective April 1, 2022:
University of North Carolina Wilmington, University Of North Carolina Charlotte, East Carolina University, Appalachian State University, Elizabeth City State University, Fayetteville State University, North Carolina A&T University, North Carolina Central University, University of North Carolina Asheville, University of North Carolina Pembroke, University of North Carolina School of the Arts, Western Carolina University, Winston-Salem University and North Carolina School of Science and Mathematics.

Effective January 1, 2023:
University of North Carolina employees who were previously insured under the NCFlex Plan.

Effective January 1, 2024:
All active employees of the Policyholder at any of the University of North Carolina constituent institutions, including:

1. Employees at the University of North Carolina Health Care that were:
 - hired prior to January 1, 2024, into a benefit eligible position, or hired prior to January 1, 2024, but become benefit eligible on or after January 1, 2024, and were continuously employed.

- 2. Employees working at the University of North Carolina – Chapel Hill on December 31, 2023, that are:
 - o hired by the University of North Carolina Health Care System on or after January 1, 2024, and were continuously employed by the University of North Carolina – Chapel Hill through date of hire by the University of North Carolina Health Care

DOUBLE COVERAGE:

An employee may be insured as both an employee and as a spouse/domestic partner. Any person who is eligible as an employee is not eligible as a dependent child. A dependent child may be covered by both employee parents.

ENROLLMENT PERIOD:

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

WAITING PERIOD:

There is no waiting period, however coverage elected during the 31-day enrollment period will go into effect on the first day of the month following the date of eligibility.

An insured must be living at the time enrollment is completed. Posthumous elections are not allowed for life insurance.

MINIMUM HOURS PER WEEK REQUIRED:

20 hours per week

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Supplemental Life Insurance

Eligible Class

Amount of Supplemental Life Insurance

Class 1

An amount chosen by the employee from the following options: one, two, three, four, five, six, seven, eight, nine or ten times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof and then multiplied, subject to a maximum of \$1,500,000.

Grandfathered coverage amounts for NCFlex employees effective January 1, 2023:

- There is a group of individuals that have supplemental life amounts less than one times annual earnings; and
- There is a group of individuals that now have supplemental life amounts greater than ten times annual earnings.
- All coverage amounts are guaranteed issue, including individuals that have supplemental life amounts within the plan parameters noted above but exceeding the guaranteed issue limit.

The names of the insureds and the amounts of their coverage are on file with the policyholder.

Phased Retirement Insurance

The Phased Retirement program is available to all faculty members who elect to participate. This is a three-year academic program that begins on July 1 and ends on June 30.

Coverage will reduce on January 1 following the start of the Phased Retirement appointment. Specifically, during the first 6 months of the Phased Retirement appointment, the employee's/retiree's life insurance benefit will remain the same as their pre-Phased life insurance benefit with the same salary multiple and coverage level. Beginning on Jan 1, following the Phased Appointment effective date, the salary multiple will remain as elected; however, the coverage amount will be reduced based on the employee's/retiree's reduction in earnings.

During the second year of Phased Retirement, the employee/retiree may be considered for an increase in earnings. This increase will be due to either a legislative increase in earnings or an annual pay increase. Any increase in earnings will increase the life insurance benefit. An increase in coverage, if applicable, in the second or third year of the Phased Retirement program will go into effect on January 1 following the increase in earnings.

At the end of the three-year cycle the faculty member will fully retire and will be eligible to port or convert their current (Phased Retirement) insurance.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Supplemental AD&D Insurance

<u>Eligible Class</u>	<u>Amount of Supplemental AD&D Insurance</u>
Class 1	An amount equal to the amount of supplemental life insurance for which the employee is insured under the group policy.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Supplemental insurance is contributory insurance.

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

For supplemental insurance:
The lesser of three times annual earnings or \$500,000.

NOTE: For an employee who was covered for supplemental life under the employer's plan immediately prior to the policy effective date shown above, the guaranteed issue for supplemental life is the amount of supplemental life in force under that prior plan immediately prior to the policy effective date.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE A IN EARNINGS:

Increases and decreases due to a change in earnings will become effective on January 1 following the change in earnings. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings. All increases are subject to the actively at work requirement.

NOTE: An employee whose amount of supplemental insurance is limited to the guaranteed amount of \$500,000, due to being declined any amount of insurance by us under the group policy is not insured for a multiple of earnings plan, but rather is insured for the frozen amount of \$500,000 and therefore will not receive an increase in supplemental insurance due to salary increases.

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:

An employee must be insured for supplemental life insurance in order to be insured for dependents life insurance.

Spouse/Domestic Partner Life Insurance

Eligible Class

Amount of Spouse/Domestic Partner Life Insurance

Class 1

An employee may elect spouse/domestic partner life insurance from the following options:

Option 1: \$10,000

Option 2: An amount elected by the employee, in an increment of \$25,000, subject to a maximum of \$500,000. The amount of insurance may not exceed 100% of the employees amount of in force supplemental life insurance.

Child Life Insurance

Eligible Class

Amount of Child Life Insurance

Class 1

\$10,000

An employee's first eligible newborn child is automatically covered for \$5,000 for 31 days from the child's live birth. To continue coverage on the first child, the employee must elect child coverage within those 31 days; otherwise, the coverage shall terminate at the end of the 31-day period.

NOTE: An employee only needs to elect child life insurance once in order to have all of their children covered for child life insurance. An employee must notify us or the employer when a dependent is no longer 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. A refund will not be provided if the employee has children who remain eligible for coverage.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Dependents insurance is contributory insurance.

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

For spouse/domestic partner insurance: \$50,000

For child insurance: All child insurance is guaranteed issue.

NOTE: For employees with eligible dependents immediately prior to the policy effective date, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy immediately prior to the policy effective date.

ADDITIONAL INFORMATION

WAIVER OF PREMIUM APPLICATION: Applies to contributory employee insurance.

ELECTION CHANGES: Increases and decreases in coverage may be made at any time during the year. Coverage will go into effect as follows:

- Child life insurance elections will go into effect on the first day of the month following the date of the election.
- All other coverage that does not require evidence of insurability will be effective on the first day of the month following the date of the change in status for a Qualified Status Change, and on the following January 1 for an election change at annual enrollment.
- Coverage that requires evidence of insurability will be effective on the first day of the month following the date it is approved by us for a Qualified Status Change or the later of the date it is approved by us or the following January 1 for a request made at annual enrollment.

EVIDENCE OF INSURABILITY: Evidence of insurability that is satisfactory to us will be required:

- In order for a newly eligible employee to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the employee will be insured for the guaranteed issue amount.
- In order for a newly eligible spouse/domestic partner to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the spouse/domestic partner will be insured for the guaranteed issue amount.
- At annual enrollment or Qualified Status Change, a request that exceeds the amounts indicated within the "Annual Enrollment" and "Qualified Status Changes" sections as not requiring evidence of insurability.
- At Qualified Status Change or annual enrollment, if the insured has previously been declined any insurance amount by us due to evidence of insurability being found unsatisfactory.
- At Qualified Status Change if the change is not in the list within the "Certain Qualified Status Changes" section.

SPECIAL ENROLLMENT:

The employer will hold a special enrollment in the first quarter of 2022. During this enrollment, the following elections will not require evidence of insurability:

- An employee may elect supplemental life insurance for the first time or increase existing supplemental life insurance up to the guaranteed issue limit of the lesser of three times annual earnings or \$500,000.
- An employee may elect spouse/domestic partner life insurance for the first time or increase existing spouse/domestic partner life insurance up to the guaranteed issue amount of \$50,000.
- An employee may elect child life insurance.

Coverage will be effective on April 1, 2022, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.

ANNUAL ENROLLMENTS:

During the employer's annual enrollment, the following election changes can be made without providing evidence of insurability:

- An employee may increase existing supplemental life insurance by one times annual earnings provided the resulting amount of insurance does not exceed the lesser of three times annual earnings or \$500,000. This offer is not available to employees who are not currently participating in supplemental life insurance.
- An employee may increase existing spouse/domestic partner life insurance by one increment, provided the resulting amount of insurance does not exceed \$50,000. This offer is not available to employees who are not currently participating in spouse/domestic partner life insurance.
- An employee may elect child life insurance.

Coverage will be effective on January 1 following the annual enrollment, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.

CERTAIN QUALIFIED STATUS CHANGES:

An employee who experiences one of the Qualified Status Changes listed below may make the following election changes without providing evidence of insurability, provided enrollment is made within 31 days of the status change:

- An employee may increase existing supplemental life insurance by one times annual earnings provided the resulting amount of insurance does not exceed the lesser of three times annual earnings or \$500,000. This offer is not available to employees who are not currently participating in supplemental life insurance.
- An employee may increase existing spouse/domestic partner life insurance by one increment, provided the resulting amount of insurance does not exceed \$50,000. This offer is not available to employees who are not currently participating in spouse/domestic partner life insurance.
- An employee may elect child life insurance.

Coverage will be effective on the first day of the month following the date of the election, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.

Definitions

application

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

associated company

Employees at the following locations are effective January 1, 2022:

University of North Carolina Greensboro, University of North Carolina Health, North Carolina State University, University of North Carolina Chapel Hill, System Office and UNC Press.

Employees at the following locations are effective April 1, 2022:

University of North Carolina Wilmington, University Of North Carolina Charlotte, East Carolina University, Appalachian State University, Elizabeth City State University, Fayetteville State University, North Carolina A&T University, North Carolina Central University, University of North Carolina Asheville, University of North Carolina Pembroke, University of North Carolina School of the Arts, Western Carolina University, Winston-Salem University and North Carolina School of Science and Mathematics.

Effective January 1, 2023:

University of North Carolina employees who were previously insured under the NCFlex Plan.

contributory insurance

Insurance for which you are required to make premium contributions.

earnings

Your basic rate of compensation not including commissions, overtime or premium pay, bonuses, or any other additional compensation.

employee

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees or corporate directors who are not otherwise employees.

employer

The policyholder or any designated associated companies.

evidence of insurability

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

insured

A person who is eligible for and becomes insured according to the terms of this certificate, including any person insured by supplement to this certificate.

non-work day

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

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

noncontributory insurance

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

policyholder

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

we, our, us

Securian Life Insurance Company.

you, your

An insured employee.

General Information

What is your agreement with us?

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application as defined under this certificate is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

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

Can this certificate be amended?

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

Who is eligible for insurance?

You are eligible if you:

- (1) are a member of the eligible group and of an eligible class as shown 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; and
- (3) have satisfied the waiting period as shown on the specifications page; and
- (4) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

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 the policy terminating will apply to such employees.

What is the actively at work requirement?

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

If you are not working due to illness or injury you do not meet the actively at work requirement. If you are receiving sick pay, short-term disability benefits or long-term disability benefits, you do not meet the actively at work requirement.

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

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

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be eligible for claim payment. You will receive a refund of premium for any contributory insurance for which you were not eligible.

When will we require evidence of insurability?

The specifications page describes when evidence of insurability is required.

When does insurance become effective?

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

- (1) you meet all eligibility requirements; and
- (2) for contributory insurance, you apply for the insurance in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with your evidence of insurability, if we require evidence.

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

Yes. 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 and is subject to the following maximum time frames:

An employee may maintain coverage during any furlough period, not to exceed 12 months. Continuation of coverage while on a furlough is contingent upon continued premium payment.

An employee approved for a medical or non-medical leave of absence or temporary layoff, insurance cannot be continued beyond 24 months from the last day you were actively at work.

- You may cancel insurance within 31 days from the last day you were actively at work.
- If coverage is canceled, and the leave of absence extends beyond a 6-month period, you will need to provide satisfactory evidence of insurability in order to reinstate insurance upon return from leave.
- If you return from leave within 6 months from the last day worked, your coverage may be reinstated without the need to provide evidence of insurability.
- Request for reinstatement of coverage must occur within 31 days of your return from leave.

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

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 regular, periodic basis. We apply premiums consecutively to keep the insurance in force.

How is the premium determined?

The premium will be the applicable premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

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

Death Benefit

What is the amount of the death benefit?

The amount of the death benefit is equal to the amount of insurance for which you are insured, based on the plan of insurance applicable to your class as described on the specifications page, and your elections.

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

Yes. The specifications page describes when changes can be requested, when evidence of insurability will be required for such changes, and when the changes will become effective.

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died while insured under this certificate. All payments by us are payable from our home office. The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. You name a beneficiary to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You can change the beneficiary designation at any time, provided all of the following are true:

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

A beneficiary designation must be made in writing or by any other method made available under the plan. Any beneficiary designation shall take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving the designation.

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

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

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

- (1) your lawful spouse or registered domestic 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.

Termination

When does your coverage terminate?

Your coverage ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the last day of the month for which premium payments have been paid; or
- (3) the date the group policy is amended so you are no longer eligible; or
- (4) 60 days (the grace period) after the due date of any premium contribution which is not paid; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within 31 days after the date your coverage under this certificate terminated, your prior coverage may be reinstated, without evidence of insurability. If you die prior to our receipt of your reinstatement application and the required premium, no benefit will be paid.

When does the group policy terminate?

The policyholder may terminate the group policy by giving us 31 days prior written notice. We reserve the right to terminate the group policy on the earlier of the following to occur:

- (1) 60 days (the grace period) after the due date of any premiums which are not paid; or
- (2) 90 days after we provide the policyholder with notice of our intent to terminate the group policy.

Conversion Right**What is the conversion right?**

You may be able to convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates due to the reasons listed below.

What is the full conversion right?

You may convert up to the full amount of terminated insurance if termination occurs because of termination of employment or of membership in the class or classes eligible for coverage.

What is the limited conversion right?

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

- (1) the group policy is terminated; or
- (2) the group policy is changed, by amendment or otherwise, to reduce or terminate your insurance.

For a limited conversion, you may convert an amount up to the lesser of:

- (1) \$10,000; and
- (2) the amount of life insurance which terminated minus any amount of group life insurance for which you become eligible under any group policy issued or reinstated by us or any other carrier within 31 days of the date your insurance terminated under the group policy.

When is conversion not available?

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

To what type of policy may you convert?

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

disability benefits or accidental death and dismemberment benefits.

How do you convert your insurance?

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

How is the premium for the individual policy determined?

The premium for the individual policy is based upon the individual policy type, risk class, coverage amount and your age on the date of conversion.

When is the individual policy effective?

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

What happens if you die within 31 days of when your group insurance terminates?

If you die within 31 days of when your group insurance terminates, and meet the conversion eligibility requirements, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section. If you have completed a conversion application, we will pay the beneficiary designated on the conversion application. If you have not completed a conversion application, we will pay the beneficiary under your group insurance coverage.

We will return any premium you paid for an individual policy converted from this group insurance to your beneficiary as described above. In no event will we be liable under both the group policy and the individual policy.

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

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on your correct age. A premium adjustment from any benefit payable will be made so that the actual premium required at your correct age is paid. If your correct age is such that no benefit is payable, you will receive a refund of premium for the period your eligibility would have ended.

Is there any cash value to this coverage?

No. This is term life insurance and it does not build cash value.

What is the suicide limitation?

If you, whether sane or insane, commit suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

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

Can your insurance coverage be contested?

Yes. If you die, or sustain a loss under one of your certificate supplements, within two years of your original effective date of coverage or increase in coverage, we will verify the accuracy of the information provided by you during the application process. If we discover a material misrepresentation, your coverage will be rescinded and an otherwise valid claim will be denied. This two year period can be extended for fraud or as otherwise allowed by law.

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

Who is the owner of this coverage?

You, the insured employee, are the owner of all coverage provided under your certificate. Only the owner has the right to exercise ownership rights under the certificate, including but not limited to naming or changing a beneficiary, changing the amount of insurance, converting coverage to an individual policy and terminating the coverage.

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 group policy, and shall provide access to such records when required for us to administer the policy.

If an administrative or clerical error is made in keeping records on or administering the insurance under the group policy, it will not affect otherwise valid insurance. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

Will the provisions of this certificate conform with state law?

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

What is the policy interpretation right and authority?

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

Securian Life has the exclusive right and authority, in its sole discretion, to interpret the group policy and decide all matters arising thereunder. Securian Life's exercise of that authority shall be conclusive and binding on all persons unless it can be shown that the determination was arbitrary and capricious.

Accelerated Benefits Certificate Supplement

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



Benefits received under this Accelerated Benefits Certificate Supplement may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

General Information

This 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 the accelerated payment of a partial amount of an insured's death benefit provided under your certificate. If an insured has a terminal condition as defined in this supplement, you may request an accelerated payment of the applicable death benefit. An accelerated payment will not include any accidental death or dismemberment benefit payable under an Accidental Death and Dismemberment Certificate Supplement. You must give notice of claim while living and while your life insurance coverage is in force to be eligible for consideration of an accelerated benefit.

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of 12 months or less. We must be given medical evidence in substance and in form that satisfies us that the insured has a terminal condition. That evidence must include certification by a physician. For purposes of this supplement, a physician is an individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse/domestic partner, children, parents, grandparents, grandchildren, brothers or sisters; or the spouse of any such individuals.

Accelerated Benefit

Who may request an accelerated payment of the death benefit?

You may request an accelerated payment of the insurance on your life or on the life of a spouse/domestic partner or child insured under your certificate.

When can an accelerated benefit be requested?

An accelerated benefit can be requested any time, provided the following conditions are met:

- (1) the insurance is in force and all premiums due are fully paid; and

- (2) the certificate does not have an irrevocable beneficiary.

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

Yes. The minimum death benefit to be eligible for an accelerated benefit under this supplement is \$5,000. The maximum death benefit that can be accelerated is 80% of the insured's amount of in force insurance up to a maximum of \$1,000,000.

Is a partial accelerated benefit available?

Yes. You may choose to accelerate only a portion of an insured's death benefit, providing the remaining amount of insurance is at least \$25,000. This is called a partial accelerated benefit.

You may reapply for the payment of the remaining amount of insurance at any time. However, the total amount of the death benefit for all accelerated benefit payments for an insured cannot exceed the lesser of 80% of an insured's amount of in force insurance up to a maximum of \$1,000,000. We may ask for further evidence satisfactory to us in substance and in form that the insured meets all requirements for the accelerated benefit.

When will we pay an accelerated benefit?

We will pay an accelerated benefit upon receipt at our home office of written proof satisfactory to us in substance and in form that the insured meets the requirements herein.

The accelerated benefit will be paid in a single sum or by any other method agreeable to you and us.

To whom will we pay accelerated benefits?

We will pay the accelerated benefit to you. If you die before we issue payment of an accelerated benefit to you, we will pay the life insurance benefits to your life insurance beneficiary(s).

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

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

Termination

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

An insured's accelerated benefits coverage terminates on the earliest of:

- (1) the date the insured is no longer insured for life insurance under the certificate; or
- (2) the date the accelerated benefits coverage is terminated for the policyholder's plan; or
- (3) the date the group policy is terminated.

Additional Information


Is the request for an accelerated benefit voluntary?

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

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

Do we have the right to obtain independent medical verification?

Yes. Although you are responsible for submitting proof satisfactory to us that you meet the requirements for the accelerated benefit, we do retain the right to have an insured medically examined at our expense to verify the insured's medical condition. We may do this as often as reasonably required while an accelerated benefit is being considered or paid.



Secretary



President

Accidental Death and Dismemberment Certificate Supplement

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



General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

What does this supplement provide?

This supplement provides accidental death and dismemberment coverage subject to all terms, conditions, and exclusions herein.

Who is eligible for insurance under this supplement?

An employee who is insured under the provisions applicable to life insurance coverage under the group policy is eligible for insurance under this supplement.

When does insurance under this supplement become effective?

Insurance becomes effective on the date that you become insured for life insurance.

Accidental Death and Dismemberment (AD&D) Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when your loss, death or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen. The bodily injury must be the sole cause of your death or dismemberment. The injury and accidental loss, death or dismemberment must occur while your coverage is in force. Your loss, death or dismemberment must occur within 365 days after the date of the accidental injury. In no event will we pay the accidental death or dismemberment benefit where your accident, injury, loss, death or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane; or
- (2) suicide or attempted suicide, whether sane or insane; or
- (3) your participation in, or attempt to commit, a crime, assault, felony, or any illegal activity, regardless of any legal proceedings thereto; or
- (4) bodily or mental infirmity, illness or disease; or

- (5) the use of alcohol; or
- (6) the use of prescription drugs, medications and non-prescription drugs, unless taken or used as prescribed by a Physician, or an over-the-counter drug taken as directed.
- (7) the use of illegal drugs, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
- (8) motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings thereto; or
- (9) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
- (10) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
- (11) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; or
- (12) war or any act of war, whether declared or undeclared.

What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes.....	100%
Speech and Hearing in Both Ears	100%
One Hand and One Foot.....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye	100%
Quadriplegia	100%
Paraplegia.....	50%
One Arm	75%
One Leg	75%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
One Hand or One Foot.....	50%
Hemiplegia.....	50%
Thumb and Index Finger of One Hand.....	25%
Uniplegia	25%

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

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

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

Benefits may be paid for more than one accidental loss but the total amount of AD&D insurance payable under this supplement for any one accident, not including any amount paid according to the terms of the Additional Benefits section of this supplement, will never exceed the full amount of an insured's AD&D insurance.

When will the accidental death and dismemberment benefit be payable?

We will pay the AD&D benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office. The benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

To whom do we pay the benefit?

In the case of your accidental death, we will pay the accidental death benefit to the person or persons entitled to receive your death benefit under the terms of the group policy.

The benefit for other losses sustained by you will be paid to you, if living, otherwise to your estate.

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Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any AD&D benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. All provisions of this supplement, including but not limited to the exclusions and requirements listed under the "What does accidental death or dismemberment by accidental injury mean?" section, shall apply to these additional benefits.

Air Bag Benefit

What is the air bag benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of \$10,000 or 5% of the insured's amount of AD&D insurance.

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

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

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

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

Brain Damage Benefit

What is the brain damage benefit?

If an insured sustains and is diagnosed by a licensed physician as having Traumatic Brain Injury (TBI) as a result of and within 30 days of a covered accidental injury, and such TBI damage has lasted for a minimum of 12 consecutive months, we will pay a monthly benefit equal to the lesser of:

- (1) 10% of the insured's amount of AD&D insurance; or
- (2) 10% of the difference between the insured's amount of AD&D insurance and the amount of any benefits paid under the loss schedule for the same accident (if the full amount of AD&D insurance has been paid, no benefit is payable under this section).

The insured must be hospitalized due to TBI for at least seven days within the first 60 days following the accident. This benefit will be paid monthly until the earlier of the following:

- (1) the date of the insured's death. If an accidental death payment is due under this supplement, the amount of such payment will be reduced by the amount of AD&D insurance paid under this brain damage benefit; or
- (2) 10 monthly benefits have been paid.

Child Care Benefit

What is the child care benefit?

If you die as a result of a covered accident and you are survived by one or more dependent children under age 12, we will pay additional benefits to reimburse for child care expenses incurred for your dependent children while under age 12.

The benefit for each child per year will be the lesser of:

- (1) 12% of your amount of AD&D insurance; or
- (2) \$5,000 per year; or
- (3) actual incurred child care expenses.

Child care expenses are those expenses which are for a service or supply furnished by a licensed child care provider or facility for a dependent child's care. No payment will be made for expenses incurred more than four years after the date of your death or for expenses incurred for dependent children over age 12. Proof of incurred child care expenses shall be required before any benefit payment is made. The child care benefit will be paid to the surviving parent, to the child's guardian, the custodian under the Uniform Transfers to Minors Act or to an adult caretaker when permitted under state law.

Dependent Child Education Benefit

What is the dependent child education benefit?

We will pay an education benefit on behalf of your dependent children if you die as a result of a covered accident and are survived by one or more insured dependent children, provided that:

- (1) at the time of your death, the dependent child is enrolled as a full-time student at an accredited post-secondary educational institution (however, no benefit will be payable for the current school year); or

- (2) the dependent child enrolls on a full-time basis in an accredited post-secondary educational institution within one year of your death.

The benefit payable will be the lesser of:

- (1) the actual tuition charged, exclusive of room and board; or
- (2) An overall benefit of 20% of your amount of insurance; or
- (3) \$10,000 per academic year.

The benefit will be payable at the beginning of each school year for a maximum of four consecutive years, but not beyond the date the child attains age 26. The benefit will be paid to the insured dependent child if he or she is of legal age. If the insured dependent child is not of legal age the benefit will be paid to the person who provides proof they have paid or will pay the tuition bill for that school year. Proof of enrollment and tuition costs are required for each school year.

Disappearance Benefit

What is the disappearance benefit?

If your body has not been found after one year from the date the conveyance in which you were traveling disappeared, exploded, sank, became stranded, made a forced landing or was wrecked, it shall be presumed, subject to all other terms of the policy and proof satisfactory to us that the accident occurred and you were a passenger on the conveyance, that you have died as a result of an accidental injury which was unintended, unexpected and unforeseen. Such death shall be considered a covered loss under this supplement.

Exposure Benefit

What is the exposure benefit?

If you suffer a loss under the Type of Loss schedule due to exposure to the elements, it will be covered as if it were due to injury, provided such loss results from unavoidable exposure to the elements by reason of a covered accident.

Hospital/Extended Care Facility Benefit

What is the hospital/extended care facility benefit?

If you require hospitalization or extended care as a result of a covered accident, an additional benefit will be paid to you during such hospitalization/extended care facility stay. After a five-day waiting period, a monthly benefit will be paid for up to 12 months equal to a maximum monthly benefit of the lesser of:

- (1) 1% of the insured's amount of AD&D insurance; or
- (2) \$2,500; or
- (3) actual charges made by the hospital/extended care facility due to injuries incurred from the accident.

Payments for periods of less than a full month will be made on a pro-rata (daily accrual) basis. If the period of

hospitalization/extended care facility stay exceeds seven days, the benefit will be paid retroactively to the first day of hospitalization/extended care stay. No benefit is payable for hospitalizations/extended care stays of seven days or fewer.

Hospital means a facility which:

- (1) is licensed as an acute hospital; and
- (2) provides diagnostic and therapeutic facilities for the surgical or medical diagnosis, treatment, and care of injured and sick persons as inpatients; and
- (3) has a staff of licensed physicians available at all times; and
- (4) is credited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or is recognized by the American Hospital Association (AHA) and is qualified to receive payments under the Medicare program; and
- (5) always provides 24 hour nursing services by registered graduate nurses; and
- (6) is not a place primarily for custodial or maintenance care.

Extended care facility means an institution which:

- (1) is duly licensed as an extended care facility, skilled nursing facility, or convalescent hospital and operates in accordance with governing laws and regulations; and
- (2) regularly provides inpatient skilled nursing care for payment during the active or convalescent state of an injury; and
- (3) is staffed with a physician or registered nurse on duty 24 hours a day; and
- (4) operates in accordance with medical policies supervised and established by a physician; and
- (5) regularly maintains a daily medical record for each patient.

The term extended care facility shall not include a place that provides health care services primarily for custodial or domiciliary care or for the care of drug addiction, alcoholism or mental disorders.

Public Transportation Benefit

What is the public transportation benefit?

If you die or suffer a covered dismemberment as a result of a covered accident which occurs while you were a fare-paying passenger on a public transportation vehicle, we will pay an additional benefit equal to 100% of your amount of AD&D insurance.

Public transportation vehicle means any air, land or water vehicle operated under a license for the transportation of fare paying passengers.

Seatbelt Benefit

What is the seatbelt benefit?

If you die or suffer a covered dismemberment as a result of a covered accident which occurs while you are driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

- (1) \$25,000; or
- (2) 10% of the insured's amount of AD&D insurance.

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

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

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

Spouse Education Benefit

What is the spouse education benefit?

We will pay an education benefit on behalf of your spouse if you die as a result of a covered accident and are survived by your spouse, provided that your spouse enrolls in a program of higher education within 12 months after your death.

The benefit payable will be the least of:

- (1) the actual tuition charged for all such education; or
- (2) An overall maximum of 3% of your amount of AD&D insurance; or
- (3) \$5,000 per academic year.

Only expenses occurring within 30 months after the date of your death will be eligible for reimbursement.

Termination

When does your coverage under this supplement terminate?

Your coverage ends on the earliest of:

- (1) the date you are no longer covered for life insurance under the group policy; or
- (2) 60 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the date this supplement terminates.

When does this supplement terminate?

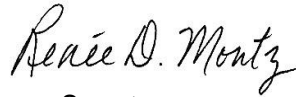
This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Accidental Death and Dismemberment coverage for its plan; or
- (2) the date the group policy is terminated.

Additional Information

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

No. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.



Secretary



President

Dependents Term Life Insurance Certificate Supplement

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



General Information

This certificate supplement is issued in consideration of the required premium and 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 insurance on the lives of your eligible dependents.

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

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

- (1) your lawful spouse who is not legally separated from you; or
- (2) your registered domestic partner; and
- (3) your or your spouse's/domestic partner's natural, legally adopted or stepchildren who are less than 26 years old. An adopted child includes a child legally placed for adoption with you. Eligibility begins at live birth (stillborn or unborn children are not eligible). 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 certificate holder for more than one-half of their support and maintenance.

Domestic Partner means each of two people, one of whom is an employee of the policyholder, who:

- (1) have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with government agency where such registration is available; or
- (2) are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other.

Each person must be:

- (1) 18 years of age or older;
- (2) unmarried;
- (3) the sole domestic partner of the other;
- (4) sharing a primary residence with the other; and
- (5) not related to the other in a manner that would bar their marriage in the jurisdiction in which the reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and signed by the employee.

Any dependent who, subsequent to the effective date of your dependents term life insurance, meets the eligibility requirements of this supplement will become insured on the date he or she so qualifies, provided no additional premium is required and the dependent is not hospitalized or confined because of illness or disease (except in the case of a newborn). If additional premium is required, the insurance for that dependent will be effective under the same conditions which would apply if you were newly becoming eligible for dependents term life insurance under this supplement. If the dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement (except in the case of a newborn).

When will we require evidence of insurability?

The specification page describes when evidence of insurability will be required.

When does insurance on a dependent become effective?

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

- (1) the dependent meets all eligibility requirements; and
- (2) for contributory coverage, you apply for dependents coverage in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with the dependent's evidence of insurability, if we require evidence.

Death Benefit

What is the amount of life insurance on each insured dependent?

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

To whom will we pay the death benefit?

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

Termination

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

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

- (1) the last day of the month in which the dependent premiums have been paid; 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 made 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; or
- (5) 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 Dependents Term Life coverage for its plan; or
- (2) the date the group policy is terminated.

Additional Information

What is the conversion right under this supplement?

If an insured dependent's coverage under this supplement terminates because he or she is no longer eligible, or because of your death, or because of termination or amendment of this supplement, the insurance may be converted to a policy of individual insurance with us.

Conversion may be requested by you, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

What is the suicide limitation?

If an insured dependent, whether sane or insane, commits suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

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

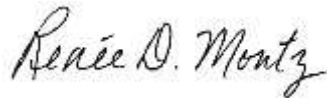
The suicide exclusion does not apply to an insured child.

Does the Waiver of Premium supplement to your certificate apply to insured dependents?

The Waiver of Premium supplement to your certificate will not apply to disabilities for dependents covered under this supplement.

However, if, due to your disability, your insurance is continued in force without further payment of premiums due to the Waiver of Premium supplement, any dependents insurance provided by this supplement shall also continue in force without further payment of premiums until the dependent's eligibility terminates or until your insurance is no longer continued in force due to the Waiver of Premium supplement.

This provision is not applicable if the dependent's insurance has been converted under the conversion right section of this supplement, unless the converted policy is surrendered without claim except for refund of premiums.



Secretary



President

Portability Certificate Supplement

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



General Information

This certificate supplement is issued in consideration of the required premium and 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, 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. Evidence of insurability will not be required. Coverage provided by this supplement will be effective the date we receive the completed application. 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 life 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 is no longer in a class eligible for insurance or is on a leave or layoff; or
- (3) a class or group of employees insured under the policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this policy.

An insured spouse/domestic partner is eligible to continue insurance under this supplement if he or she no longer meets the eligibility requirements of the certificate due to legal separation, divorce/dissolution of domestic partnership or the employee's death.

An insured will not be eligible to request coverage under this supplement if he or she:

- (1) has attained the age of 100; or
- (2) has converted his or her insurance to an individual life policy under the terms of the certificate's conversion right section; or
- (3) loses eligibility due to termination of the group policy.

What insurance can be continued under this supplement?

Employee supplemental life 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 contributory insurance for any dependent insured under his or her certificate.

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

An insured may also continue coverage under all certificate supplements by which he or she was insured immediately preceding his or her portability date, except the Waiver of Premium Certificate Supplement which shall terminate upon porting.

Death benefits will be paid in accordance with the provisions of the certificate and applicable supplements with the following exception: Death benefits for a former spouse/domestic partner porting his or her own coverage (not being continued as a rider to the employee's coverage) shall be payable according to the Death Benefit section of the certificate and not the Death Benefit section of the Dependents Term Life Insurance Certificate Supplement. Therefore, a former spouse/domestic partner may choose to name a beneficiary or beneficiaries to receive his or her death benefit proceeds, subject to all provisions of the Death Benefit section of the certificate, including the provisions related to payment when there are no eligible named beneficiaries.

Is there a minimum amount of insurance that can be continued under this supplement?

Yes. The minimum amount of insurance that can be continued on an employee's life under this supplement is \$10,000. The minimum for dependents life is \$1,000

Is there a maximum amount of insurance that can be continued under this supplement?

Yes. The maximum amount of insurance that can be continued under this supplement is the amount of insurance that was in force on the insured's portability date, but not more than \$1,500,000 for an employee or \$500,000 for a spouse/domestic partner. However, for an insured age 70 or older on his or her portability date, the amount will be reduced based on the insured's age as shown below.

Will the amount of insurance continued under this supplement change?

Yes. On the first day of the month following the date an insured attains age 70, the amount of insurance on his or her life continued under this supplement will reduce to 50% of the amount of insurance in force on the day prior to attainment of age 70. Insurance will further reduce to 35% at age 75 and 20% at age 80. Insurance terminates at age 100.

Can an insured request a change in the amount of insurance continued under this supplement?

Yes. An insured may elect to reduce the amount of insurance on his or her life, subject to the minimum amount. The amount of insurance continued under this supplement will never increase.

How will premium contributions be paid?

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

Can the premium rate change?

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future.

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

Yes. At any time after insurance has been continued under the provisions of this supplement, but not beyond 31 days after coverage terminates under the provisions of this supplement, it may be converted to a policy of individual insurance with us. All other conditions and provisions of the conversion right section of the certificate to which this supplement is attached will apply. Coverage cannot be continued under both this supplement and the conversion privilege.

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, ported coverage will terminate and only one death benefit will be paid under the coverage. 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 return 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 will not terminate life insurance then in force for any person under the terms of this supplement. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.

Any insurance continued under the terms of this 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?

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

- (1) the insured's 100th birthday; or
- (2) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this supplement; or
- (3) in the case of a dependent child or a spouse/domestic partner who is insured by a supplement to the employee's certificate, the date the employee's coverage is no longer being continued under this supplement or the date the spouse/domestic partner or child ceases to be eligible as defined under the terms of the certificate, unless the spouse/domestic partner ports coverage on their own as provided for under the terms of this supplement; or
- (4) 31 days after the due date of any premium contribution which is not made; or
- (5) the date an insured requests to terminate his or her coverage being continued under this supplement.



Secretary



President

Waiver of Premium 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. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate.

The specifications page indicates to what insurance this supplement applies. This supplement does not apply to you if you have portability status.

What does this supplement provide?

This supplement provides for waiver of premium if you become totally and permanently disabled, as defined herein, while under age 60. Upon approval of proof of such disability, your insurance, including all supplements to your certificate which were in force on the date of the onset of your disability, will be continued in force without payment of premiums during the uninterrupted continuance of the total and permanent disability.

What is total disability?

Total disability is a disability which occurs while your insurance is in force and which results from an accidental injury or an illness that continuously prevents you from engaging in any occupation for which you are reasonably suited by education, training, or experience on a full or part time basis. You must be under the care of a licensed physician. The licensed physician cannot be you or a member of your immediate family. For purposes of this supplement, your immediate family consists of your spouse/domestic partner, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

What is permanent disability?

Permanent disability is a total disability which has existed continuously for at least nine months.

What if you convert your group life insurance to a policy of individual insurance prior to the approval of your disability claim?

If your coverage has been converted in accordance with the conversion right section of your certificate, benefits under this supplement will apply only if the converted policy is surrendered without claim, except for refund of premiums. You cannot have coverage under both policies and only one death benefit will be available.

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

You must furnish evidence satisfactory to us as to both substance and form that your disability:

- (1) commenced while your insurance under your certificate was in force; and
- (2) meets the definition of total disability; and
- (3) commenced before your 60th birthday; and
- (4) was continuous for nine months or more.

We will, from time to time, also require additional proof satisfactory to us that you continue to be totally and permanently disabled. After you have provided at your expense the requested claim forms and records, we may also require that you submit to one or more medical examinations at our expense.

If you die within one year of the date of onset of your total disability, your beneficiary may claim benefits under this supplement even if your premium payments were discontinued and you had not submitted due proof satisfactory to us of your total disability or you were continuously disabled for less than nine months. Your beneficiary must submit due proof satisfactory to us that your total disability, which began before premium payments on your behalf were discontinued and before your 60th birthday, continued without interruption until your death.

When must we be notified of your disability or death?

We must receive written notice at our home office of your total disability within one year of the date of onset of such disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

We must receive written notice at our home office within one year of death that you died during a period of continuance provided by this supplement. Proof must be furnished that you continued to be totally disabled during the entire period of continuance until death. If such notice and proof are not provided within the required time frame, there shall be no liability for any payment under this supplement. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

What is the amount of insurance to be continued without payment of premium under this supplement?

The amount of insurance continued without payment of premium shall be the amount of insurance that was in force on the date of onset of total disability.

If the group policy provides for reductions in amounts of insurance based on age or retirement, such reductions shall apply to your insurance while disabled.

How long will insurance be continued without payment of premium?

If you become totally and permanently disabled, insurance will be continued, without payment of premium, until the earliest of:

- (1) your 65th birthday; or
- (2) the date you retire; or
- (3) the date you recover so that you are no longer totally and permanently disabled; or
- (4) the date you fail to furnish proof of continued disability when requested or you refuse to submit to a required medical examination.

What happens to your insurance when the waiver of premium benefit ends?

When the benefits under this supplement end according to the provisions of the section entitled "How long will insurance be continued without payment of premium?," the following will apply:

- (1) If you are then eligible for coverage under your certificate, your insurance may be continued under your certificate provided that premiums are paid. The first such premium payment must be made within 31 days of the date the waiver of premium benefit ends.
- (2) If you are no longer eligible for coverage under your certificate, you may convert coverage to an individual policy, as provided for under the conversion right section of your certificate.

Your insurance will end unless, within 31 days of the date benefits under this supplement end, premium payments on your behalf are resumed or you apply to convert your coverage.

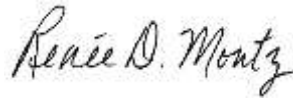
Termination

When does your coverage under this supplement terminate?

Your waiver of premium coverage terminates on the earliest of:

- (1) the date you are no longer insured for life insurance covered by this supplement; or
- (2) the date requested by the policyholder to cancel the Waiver of Premium coverage for its plan; or
- (3) the date the group policy is terminated.

Insurance being continued without further payment of premiums in accordance with the provisions of this supplement will not end due solely to the termination of the Waiver of Premium coverage or of the group policy.



Secretary



President

Group Term Life Insurance Certificate Endorsement

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



This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70559, issued by Securian Life Insurance Company to University of North Carolina. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to all employees:

1. The provision entitled **What is your agreement with us?** under the **General Information** section of the certificates is amended in its entirety and replaced with the following:

What is your agreement with us?

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application as defined under this certificate is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will be considered representations and not warranties. No written statement made by any insured shall be used in any contest unless a copy of the statement has been furnished to the insured, and in the event of the insured's death or incapacity, to his or her beneficiary or personal representative.

2. The provision entitled **Can your insurance coverage be contested?** under the **Additional Information** section of the certificate is amended in its entirety and replaced with the following:

Can your insurance coverage be contested?

Yes. If you die or sustain a loss under one of your certificate supplements, within two years of your original effective date of coverage or increase in coverage, we will verify the accuracy of the information provided by you during the application process. If we discover a material misrepresentation, your coverage will be rescinded and an otherwise valid claim will be denied.

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

3. The provision entitled **When will the death benefit be payable?** under the **Death Benefit** section of the certificate is amended in its entirety and replaced with the following:

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died while insured under this certificate. All payments by us are payable from our home office. The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary. All premiums payments received are considered earned upon payment of the death benefit.

4. The provision entitled **What does accidental death or dismemberment by accidental injury mean?** Under the **Accidental Death and Dismemberment (AD&D) Benefit** section of the Accidental Death and Dismemberment Certificate Supplement is amended in its entirety and replaced with the following:

What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when your loss, death or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen. The bodily injury must be the sole cause of your death or dismemberment. The injury and accidental loss, death or dismemberment must occur while your coverage is in force. Your loss, death or dismemberment must occur within 365 days after the date of the accidental injury. In no event will we pay the accidental death or dismemberment benefit where your accident, injury, loss, death or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) intentionally self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane; or
- (2) suicide or attempted suicide, whether sane or insane; or
- (3) your participation in, or attempt to commit, a felony, or your being engaged in an illegal occupation, regardless of any legal proceedings thereto; or
- (4) bodily or mental infirmity, illness or disease, except for accidental ptomaine poisoning; or
- (5) the use of alcohol; or
- (6) the use of prescription drugs, medications and non-prescription drugs, unless taken or used as prescribed by a Physician, or an over-the-counter drug taken as directed.
- (7) the use of illegal drugs, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
- (8) motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings thereto; or
- (9) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
- (10) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
- (11) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; or
- (12) war or any act of war, whether declared or undeclared. This exclusion does not apply when the insured is a known service member at the time of sale; or
- (13) exposure to nuclear explosion, nuclear energy or nuclear elements, hazardous waste and other toxins, except as the result of involuntary exposure to such.

5. The provision entitled **What does this supplement provide?** under the **General Information** section of the Waiver of Premium Certificate Supplement amended in its entirety and replaced with the following:

What does this supplement provide?

This supplement provides for waiver of premium if you become totally and permanently disabled, as defined herein, while under age 60. Upon approval of proof of such disability, your insurance, including all supplements to your certificate which were in force on the date of the onset of your disability, will be continued in force without payment of premiums during the uninterrupted continuance of the total and permanent disability. Once a claim had been approved, we will refund any premium payments made since the onset of the disability.

6. The provision entitled **When must we be notified of your disability or death?** under the **General Information** section of the Waiver of Premium Certificate Supplement is amended in its entirety and replaced with the following:

When must we be notified of your disability or death?

We must receive written notice at our home office of your total disability within one year of the date of onset of such disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

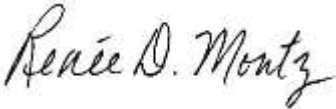
We must receive written notice at our home office within one year of death that you died during a period of continuance provided by this supplement. Proof must be furnished that you continued to be totally disabled during the entire period of continuance until death. If such notice and proof are not provided within the required time frame, there shall be no liability for any payment under this supplement. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

If the onset of your disability occurs after the due date of a premium in default but not later than the last day of the grace period provided the date was within the one year immediately preceding notice of claim, disability benefits will be provided subject to the payment of the premium in default plus interest, if any.

7. The provision entitled **What is permanent disability?** under the **General Information** section of the Waiver of Premium Certificate Supplement is amended in its entirety and replaced with the following:

What is permanent disability?

Permanent disability is a total disability which has existed continuously for at least nine months. The regular care of a licensed physician will no longer be required.



Secretary



President

Important Notice

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

**NOTICE CONCERNING COVERAGE
LIMITATIONS AND EXCLUSIONS UNDER THE NORTH CAROLINA
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health insurance should know that the insurance companies and Health Maintenance Organizations (HMOs) licensed in this state to write these types of insurance are members of the North Carolina 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 or HMO 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 the 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.

The North Carolina Life and Health Insurance Guaranty Association may or 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 North Carolina. You should not rely on coverage by the North Carolina 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 North Carolina Life and Health Insurance Guaranty Association
4441 Six Forks RD STE 106-153
Raleigh, North Carolina 27609-5729
<https://www.nclifega.org/>**

**North Carolina Department of Insurance, Consumer Division
1201 Mail Service Center
Raleigh, North Carolina 27699-1201**

The state law that provides for this safety-net coverage is called the North Carolina Life and Health 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 Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer or HMO. 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;
- 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 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 the average rate specified in the law;
- dividends;
- experience or other 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) unless they fund a government lottery or a benefit plan of an employer, association or union, except that unallocated annuities issued to employee benefit plans protected by the Federal Pension Benefit Guaranty Corporation are not covered;
- a policy or contract commonly known as Medicare Part C, Medicare Part D, Medicaid, or any regulations issued pursuant thereto.

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Association is obligated to pay out as follows:

- (1) The guaranty association cannot pay out more than the insurance company would owe under the policy or contract.
- (2) Except as provided in (3), (4) and (5) below, the guaranty association will pay a maximum of \$300,000 per individual, per insolvency, no matter the number of policies or types of policies issued by the insolvent company.
- (3) The guaranty association will pay a maximum of \$500,000 with respect to a health benefit plan.
- (4) The guaranty association will pay a maximum of \$1,000,000 with respect to the payee of a structured settlement annuity.
- (5) The guaranty association will pay a maximum of \$5,000,000 to any one unallocated annuity contract holder.

Securian Life Insurance Company • A Stock Company

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

GROUP TERM LIFE CERTIFICATE OF INSURANCE