POLICYHOLDER: Detroit Public Schools

POLICY NUMBER: 12345-G

Read Your Certificate Carefully

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

Right to Cancel

It is important to us that you are satisfied with this certificate after it is issued. If you are not satisfied with

this certificate, you may cancel it by delivering or mailing a written notice or sending a telegram to Minnesota Life Insurance Company (Minnesota Life), 400 Robert Street North, St. Paul, Minnesota 55101-2098 and returning the certificate before midnight of the 30th day after you received this certificate.

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

Secretary

President

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
GENERAL INFORMATION

POLICYHOLDER: Detroit Public Schools

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

POLICY EFFECTIVE DATE: January 1, 2013

CERTIFICATE EFFECTIVE DATE: The date that the certificate holder becomes insured under the group policy.

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 as follows:

A Detroit Federation of Detroit of Teachers (DFT)
A1 DFT Related
B American Federation of State, County and Municipal Employees of Local 345 (AFSCME)
B1 AFSCME Related
C Organization of School Administrators and Supervisors (OSAS)
C1 OSAS Related
F Detroit Association of Educational Office Employees (DAEOE)
F1 DAEOE Related
G Police Officers Association of Michigan (POAM)
G1 POAM Related
J Police Officers Labor Council
J1 Teamsters Local 214SM Related
L Non Represented Employees
M Detroit Federation of Paraprofessionals - SSAs (Local 2350)
M1 Paraprofessionals (Local 2350) Related
N Non Instructional Supervisory Personnel - Local 547 (NISP)
N1 NISP Related
R Teamsters 214 – Related Non Represented Employees
S Detroit Federation of Paraprofessionals – Noon HR & E.S. Satellite Aides (Local 2350)
V Assistant Principals
X Executive Staff
Y OSAS Related
XX Cabinet Members

CLASS DEFINITION:

Class 1 B, B1, L, M, M1, S members and F members who are classified as emergency substitutes.

Class 2 A, A1, C, C1, F1, G, G1, J, J1, N, N1, R, V, X, Y members and F members who are not classified as emergency substitutes.

Class 3 All XX members
ENROLLMENT PERIOD: Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance.

WAITING PERIOD: Union Employees: The date stipulated on the bargaining agreement.

Non Represented Employees: None

If the employee terminates employment and is rehired again within 90 days of termination, the waiting period shall be waived.

MINIMUM HOURS PER WEEK REQUIRED: 20 hours per week.

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Basic Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>$10,000</td>
</tr>
<tr>
<td>Class 2</td>
<td>$25,000</td>
</tr>
<tr>
<td>Class 3</td>
<td>Two times annual earnings multiplied and then rounded up to the next higher $1,000 if not already a multiple thereof, subject to a maximum of $600,000.</td>
</tr>
</tbody>
</table>

Additional Life Insurance

An amount elected by the employee from the following options:

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Additional Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All classes</td>
<td>One, two, three, four or five times annual earnings multiplied and then rounded up to the next higher $1,000 if not already a multiple thereof, subject to a maximum of $750,000.</td>
</tr>
</tbody>
</table>

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS: The amount of insurance on an employee age 70 or older shall be 50% of the amount otherwise provided by the plan of insurance applicable to such employee. The reduction will occur on the first day of the month following the employee’s 70th birthday.

For basic life insurance, age reductions only apply to class 3.

For additional life insurance, age reductions apply to all classes.

RETIREMENT REDUCTIONS: All insurance terminates at retirement.

CONTRIBUTORY/NONCONTRIBUTORY: Basic insurance is noncontributory insurance; additional insurance is contributory insurance.
GUARANTEED ISSUE AMOUNT: Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:
For basic insurance:
   All basic insurance is guaranteed issue.
For additional insurance:
   For employees in an eligible class immediately prior to the effective date of the group policy:
      An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier’s group policy on the day immediately preceding the effective date of the group policy.
   For employees who first become eligible after the effective date of the group policy:
      the lesser of two times annual earnings or $300,000.

EVIDENCE OF INSURABILITY: Evidence of insurability is required as stated in the certificate and for an amount of insurance greater than the guaranteed issue amount.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS: Increases and decreases due to a change in eligible class or earnings will become effective the date of the change. 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.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION FOR LIFE INSURANCE: Applies only to employee additional life insurance under this certificate.

TERMINATION OF BENEFITS: Benefits will terminate the end of the month in which the employee is no longer eligible.

WAIVER OF PREMIUM APPLICATION: Applies to contributory employee insurance.

SUPPLEMENT(S) TO THE CERTIFICATE
Accelerated Benefits
Portability Benefit
Waiver of Premium
Definitions

age
Attained age as of most recent birthday.

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

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

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

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

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

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

employer
The policyholder or any designated associated companies.

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

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

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

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

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

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

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

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

we, our, us
Minnesota Life Insurance Company.

you, your, certificate holder
An insured employee.

General Information

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

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

This certificate is issued in consideration of your application and the payment of the required premium.
Can this certificate be amended?

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

Who is eligible for insurance?

You are eligible if you:

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

Are retired employees eligible for insurance?

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

What is the actively at work requirement?

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

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

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

When will we require evidence of insurability?

Evidence of insurability will be required if:

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

When does insurance become effective?

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

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

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

Yes. The employer may continue your noncontributory insurance or allow you to continue your contributory insurance when you are absent from work due to sickness, injury, leave of absence, or temporary layoff.

Continuation of your insurance is subject to certain time limits and conditions as stated in the group policy. If you stop active work for any reason, you should discuss with the employer what arrangements may be made to continue your insurance.

Premises

When and how often are your premium contributions due?

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a monthly basis. We apply premiums consecutively to keep the insurance in force.

How is the premium determined?

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

We may change the premium rate:

1. on any premium due date following the expiration of any rate guarantee period, or following the date that the amount of insurance in force for any one
coverage changes by more than 15% from that which was used to determine the current rates (active employee coverage and retiree coverage are considered separate coverages, as are basic life, supplemental life, spouse life, child life and AD&D) or
(2) anytime, if the policy terms are amended or the total amount of insurance in force changes by 15% from the volume that was used to determine the current rates or more.

Death Benefit

What is the amount of the death benefit?

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

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

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

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

When will changes in your coverage amount be effective?

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

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

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

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

When will the death benefit be payable?

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

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

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

To whom will we pay the death benefit?

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

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

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

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

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

Can you add or change beneficiaries?

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

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

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

**When does your coverage terminate?**

Your coverage ends on the earliest of the following:

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

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

**Can your insurance be reinstated after termination?**

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

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

**When does the group policy terminate?**

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

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

**Conversion Right**

**What is the conversion right?**

You may convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates.

You may convert up to the full amount of terminated insurance if termination occurs because:

1. you move from one existing eligible class to another; or
2. you are no longer in an eligible class; or
3. the group policy is terminated; or
4. the group policy is changed to reduce or terminate your insurance.

The conversion right is not available if your coverage under the group policy terminates due to failure to make, when due, required premium contributions.

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 supplement benefits, including, but not limited to, any disability benefits, accidental death and dismemberment benefits, or accelerated benefits.

**How do you convert your insurance?**

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

**How is the premium for the individual policy determined?**

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

**When is the individual policy effective?**

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

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

If you die during the 31-day period allowed for conversion, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section.
We will return any premium you paid for an individual policy to your beneficiary named under the group policy. In no event will we be liable under both the group policy and the individual policy.

Additional Information

What if your age has been misstated?

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

Is there a suicide exclusion?

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

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

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

When does your insurance become incontestable?

Except for the non-payment of premiums or violation of the conditions of your certificate relating to military or naval service in time of war, after your insurance has been in force during your lifetime for two years from the effective date of your coverage, we cannot contest your coverage. However, if there has been an increase in the amount of insurance for which you were required to apply or for which we required evidence of insurability, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

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

Can your insurance be assigned?

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

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

Is the policyholder required to maintain records?

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

If a clerical error is made in keeping records on the insurance under the group policy, it will not affect otherwise valid insurance. A clerical error does not continue insurance which is otherwise stopped. If an error causes a change in premium payment, we will make a fair adjustment.

Will the provisions of this certificate conform with state law?

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.
Benefits received under this Accelerated Benefits 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 certificate supplement is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

**What does this supplement provide?**

This supplement provides for the accelerated payment of either the full or 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.

**Definitions**

**accelerated benefit**

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

**death benefit**

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

**immediate family**

Your spouse, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

**insured**

For purposes of this supplement, an insured employee, an insured spouse, or an insured dependent child.

**physician**

An individual who is licensed to practice medicine or treat illness in the state in which treatment is received. This does not include you or a member of your immediate family.

**Terminal Condition**

**What is a terminal condition?**

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

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

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

**Do we have the right to obtain independent medical verification?**

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

**Payment of Accelerated Benefit**

**How do we calculate the accelerated benefit?**

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

**How do we calculate the accelerated benefit factor?**

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

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

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

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

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

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

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

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 named beneficiary. Therefore, payment of the death benefit cannot be accelerated under this supplement if the insured:

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

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

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

Do you have to take the entire accelerated benefit?

No. You may choose to receive a partial accelerated benefit. If you do so, the insured’s remaining coverage will stay in force.

If you elect to receive only a partial accelerated benefit amount available under this supplement, the insured’s remaining death benefit under the certificate must be at least $25,000.

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

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

If you elect to accelerate the full amount of an insured’s death benefit, the insured’s coverage and all other benefits under the certificate and any certificate supplements for that insured will end. If such termination causes a certificate holder’s covered spouse or dependent children to lose coverage, each of them will be allowed to convert any such insurance to a policy of individual life insurance according to the conversion right section of the certificate to which this supplement is attached.

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

How will we pay the accelerated benefit?

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

To whom will we pay accelerated benefits?

All accelerated benefits will be paid to you unless you validly assign them otherwise. If you die before all payments have been made, we will pay the remainder to the beneficiary named under this certificate. Payment will be made in one lump sum which will be the present value of the payments that remain, using the interest rate we use to determine the payments.

Termination

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

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

When does this supplement terminate?

This supplement will terminate on the earlier of:

1. the date we receive a written request from the policyholder to cancel the Accelerated Benefits Policy Rider; or
2. the date the group policy is terminated.

Secretary

President
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 for continuation of your group life insurance if you no longer meet the eligibility requirements of your certificate, except as provided for herein.

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

Who is eligible to continue insurance under this supplement?
You are eligible to continue your group life insurance under the terms of this supplement if you, except as provided by this supplement, no longer meet the eligibility requirements of your certificate due to any of the following:

1. you terminate employment, including retirement; or
2. you are no longer in a class eligible for insurance or you are on a leave or layoff; or
3. a class or group of employees insured under the policy is no longer considered eligible and there is no successor plan for that class or group.

Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this policy.

You will not be eligible to request coverage under this supplement if you:

1. have attained the age of 70; or
2. have converted your insurance to an individual life policy under the terms of your certificate’s conversion right section; or
3. were not actively at work due to sickness or injury on the date immediately preceding your portability date; or
4. lose eligibility due to termination of the group policy.

What insurance can be continued under this supplement?
Employee basic and additional life insurance may be continued under this supplement. You may also continue the Accelerated Death Benefit Supplement; however the Waiver of Premium Certificate Supplement shall terminate upon porting.

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

What is the minimum amount of insurance that can be continued under this supplement?
The minimum amount of insurance that can be continued on your life under this supplement is $10,000. This minimum does not apply to any other insureds covered under this supplement.

What is the maximum amount of insurance that can be continued under this supplement?
The maximum amount of insurance that can be continued under this supplement is the amount of insurance that was in force on your portability date, but not more than $500,000. However, if you are age 65 or older on your portability date, the amount will not be more than 65% of the amount in force on your portability date to a maximum of $325,000.

Will the amount of insurance continued under this supplement change?
Yes. When you attain age 65, the amount of insurance on your life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to your attainment of age 65. Your insurance terminates at age 70.

Can you request a change in your amount of insurance continued under this supplement?
Yes. You may elect to reduce the amount of insurance on your life. Your remaining amount of insurance must be at least $10,000.

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 but will not change more often than once per year.

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, it may be converted to a policy of individual insurance with Minnesota Life. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

What happens if you again become eligible under your certificate?

If you are continuing coverage under the terms of this supplement, and again meet the eligibility requirements of your certificate, not including the terms of this supplement, you shall no longer be considered to have portability status. Insurance may be continued only under the terms of your certificate, not including this supplement unless and until you no longer meet the eligibility requirements of your 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 by the policyholder or us 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) your 70th birthday; or
(2) the date you again meet the eligibility requirements of your certificate, not including the terms of this supplement; or
(3) 31 days after the due date of any premium contribution which is not made.

Secretary

President

Demir E. Fadulcep

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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. The specifications page attached to your certificate indicates whether this supplement applies to contributory insurance or noncontributory insurance. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate.

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. 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, 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 six months.

Are there any limitations?

Yes. Insurance will not be continued if your disability results from intentionally self-inflicted injury, participation in or any attempt to commit a felony, or war or any act of war, whether declared or undeclared.

Do premiums have to be paid after you become disabled?

Yes. Premiums have to be paid after you become disabled, but only until we approve your total and permanent disability claim. Continued payment prevents the possible loss of your coverage and eligibility if your claim is not approved.

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.

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

You must furnish evidence satisfactory to us 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 six 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. 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 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 six 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 the 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.

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 your certificate provides for reductions in amounts of insurance based on age or retirement, such reductions shall apply to your insurance being continued under this supplement.

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 recover so that you are no longer totally and permanently disabled; or
3. the date you fail to furnish proof of continued disability when requested or you refuse to submit to a required medical examination.

However, if you are an employee and your certificate provides for termination of insurance at retirement, insurance provided under this supplement will terminate when you retire, including normal or early retirement. Your retirement date shall be the earlier of:

1. the date you actually retire; or
2. your presumed normal retirement date as established by the employer’s applicable retirement plan. If no such date has been established, your presumed retirement date shall be age 65.

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.

When does this supplement terminate?

This supplement will terminate on the earlier of:

1. the date we receive a written request from the policyholder to terminate the Term Life Waiver of Premium Policy Rider; or
2. 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 Term Life Waiver of Premium Policy Rider or of the group policy.

Secretary

President