

Group Accidental Death and Dismemberment Insurance Policyholder's Application

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

EXHIBIT

"A"

MINNESOTA LIFE

Application is hereby made to Minnesota Life Insurance Company for a Group Accidental Death and Dismemberment insurance plan providing benefits as indicated below.

Applicant (policyholder)

Nature of business

Plan effective date

Address (street, city, state, zip code)

Associated companies

Contact name

Title

Phone number

Fax number

Email address

Plan Design: Please indicate the Group Accidental Death and Dismemberment plan by checking the appropriate boxes below. For all boxes marked "Other", describe in the Comments section below.

	Policyholder Paid (Basic)	Employee Paid (Supplemental)	
Group Employee Accidental Death and Dismemberment	<input type="checkbox"/>	<input type="checkbox"/>	Child Eligibility (subject to state limitations): 14 days to 19 years; 23 years if full-time student. <input type="checkbox"/> Other: _____
Family Coverage			
Spouse and Child	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse only	<input type="checkbox"/>	<input type="checkbox"/>	
Child only	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Schedule of Insurance: Please complete this section or attach a Schedule of Insurance.

	Amount of Insurance	Minimum	Maximum	Terminates at the earlier of Employee Retirement or Age 70:
Employee Basic				<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Supplemental				<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child				<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: There may be limits on the amount of insurance available to the employee, a spouse, or children according to the governing jurisdiction of the group policy and the employee's state of residence.

COMMENTS

Employee Eligibility

Classes: ☐ All Employees ☐ Other: _____

Minimum hours per week an employee must work for his or her employer: _____ hours per week.

Waiting period before becoming eligible for insurance:

Current Employees: _____ days. First of the month following _____ days.

Future Employees: _____ days. First of the month following _____ days.

When do changes in coverage amounts due to salary or classification changes occur?

☐ First of the month following the change.

☐ At the policy anniversary.

☐ Other: _____

Are retirees or any other designated persons not actively at work to be included in this plan?

☐ Yes ☐ No

If yes, please attach a list of retirees and/or other designated persons for whom we have agreed to provide coverage, including ages and amounts of insurance as well as the circumstances under which we are providing coverage. These individuals are excluded from the actively at work and the minimum hours per week requirements of the group policy.

Administration

Who will administer this plan? ☐ Minnesota Life ☐ Policyholder

If the policyholder administers the plan, the policyholder will maintain records (including beneficiary designations, insurance amounts, and name and address changes) and provide Minnesota Life with monthly information (number of insureds, total amount of insurance, premium rate, and total premium) and annual participant data.

Minnesota Life Agrees To Provide:

1. Accidental Death and Dismemberment insurance to those who have satisfied the eligibility requirements.
2. Enrollment materials necessary to implement the plan of insurance.
3. All underwriting, claims, and actuarial services as necessary.

The Policyholder Agrees To Provide:

1. Employee information to Minnesota Life to facilitate preparation of enrollment materials and plan set-up if required.
2. Payroll deduction facilities to collect premiums from insured employees, accounting for such premiums, and remittance of such premiums to Minnesota Life.
3. Reasonable administrative assistance to Minnesota Life with regard to notification of insured terminations, changes in payroll deduction authorizations, and the distribution of materials to employees.

Either Minnesota Life or the Policyholder can terminate the group policy by giving the other party 31 days advance written notice. The group policy is effective (date) _____ and unless terminated by either party, will remain in effect for a one year period and shall thereafter renew for additional one year periods.

FOR THE POLICYHOLDER

Policyholder

By	Title	Date
Employer identification number	Signature X	

FOR MINNESOTA LIFE

Agent, broker or representative

Agency	Minnesota Life agency number	Date
Agent, broker or representative license	Signature X	

Group Term Life Policyholder Application

MINNESOTA LIFE

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

Application is hereby made to Minnesota Life Insurance Company for a Group Term Life insurance plan providing life insurance and other supplemental benefits as indicated below.

Applicant (policyholder)

Address (street, city, state, zip)

Contact name

Title

Telephone number

E-mail address

Fax number

Plan Design: Please indicate the Group Term Life plan by checking the appropriate boxes below.
The Accelerated Benefits Rider is always included.

Plan Design	Policyholder Paid (Basic)	Employee Paid (Supplemental)
Group Employee Term Life	<input type="checkbox"/>	<input type="checkbox"/>
Employee Accidental Death and Dismemberment	<input type="checkbox"/>	<input type="checkbox"/>
Employee Waiver of Premium	<input type="checkbox"/>	<input type="checkbox"/>
Group Spouse Term Life	<input type="checkbox"/>	<input type="checkbox"/>
Spouse Accidental Death and Dismemberment	<input type="checkbox"/>	<input type="checkbox"/>
Spouse Waiver of Premium	<input type="checkbox"/>	<input type="checkbox"/>
Dependents Term Life Rider (Spouse and Child)	<input type="checkbox"/>	<input type="checkbox"/>
Child Term Life Rider	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Financials:	Non-Participating	Standard Participating	Low Remit	Cost Plus	Uni-Nicotine Rates	Nicotine Rates
Employee Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Supplemental*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AD&D*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Child*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Packaged Dependents*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

* Standard is Non-Participating

Who will administer this plan? ☐ Minnesota Life ☐ Policyholder

If the policyholder administers the plan, the policyholder will maintain records (including beneficiary designations, insurance amounts, and name and address changes) and provide Minnesota Life with monthly information (number of insureds, total amount of insurance, premium rate and total premium) and annual participant data.

Minnesota Life Agrees To Provide:

1. Life insurance to those who have satisfied the eligibility and any underwriting requirements.
2. Enrollment materials necessary to implement the plan of insurance.
3. All underwriting, claims and actuarial services as necessary.

The Policyholder Agrees To Provide:

1. Employee information to Minnesota Life to facilitate preparation of enrollment materials and plan set-up if required.
2. Payroll deduction facilities to collect premiums from insured employees, accounting for such premiums and remittance of such premiums to Minnesota Life.
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FOR THE POLICYHOLDER

Policyholder	Employer identification number
Signature X	Title Date

FOR MINNESOTA LIFE

Agent, broker or representative	Agent, broker or representative license	Minnesota Life agency number
Agency	Signature X	Date