

Conversion to Advantage Elite 10 Term Life Insurance

How you can keep your life insurance going...

even if your group coverage ends.

If you were insured by a group life insurance contract issued to a Minnesota company and continue your insurance under the state continuation law, you may be eligible to convert to this term insurance product.

To exercise your conversion privilege, return the completed enrollment form(s), along with the first premium payment, within 31 days after your group coverage ends.

Questions about conversion?

If you have questions concerning your conversion or would like assistance completing your form, please call Minnesota Life toll free, **1-866-293-6047**. Our service representative will be happy to help you.

How do I convert my policy?

Complete the enrollment form attached. Use your beneficiary's full name (no initials) and show the relationship of each beneficiary to you (for example, wife). **Make sure your employer completes the bottom section of the enrollment form.** Date and sign the enrollment form using your full name (no initials) and send to Minnesota Life along with your first premium payment.

If you would like to convert your spouse or dependents' insurance, complete a separate enrollment form for each individual. Sign the enrollment form as "Employee," and have your spouse or dependent (if legally old enough to sign) sign as "Person Converting."

Here's an example to help you determine your new premium. Please complete the column below.

Line		Example	You
1.	Issue age (your actual age, unless your birthday is in less than six months, then use your age at your next birthday).	50	
2.	Amount of insurance converting. You may convert up to your current coverage amount.	\$100,000	
3.	Multiply the amount of insurance you are converting by the rate corresponding with your age (located on the chart) and divide by 1,000.	\$758	
4.	Add the \$60 annual policy charge.	\$60	
5.	Total annual premium (line 3 plus line 4)	\$818	
	If you would like to pay semi-annually, multiply total annual premium by .51.	\$417.18	
	If you would like to pay quarterly, multiply total annual premium by .26.	\$212.68	

Advantage Elite 10 Term Life (Years 1-10)

Annual premium rates per \$1,000 of coverage.

Rates remain level for the first 10 years of the policy; excluding annual policy charge.*

Age	Premium	Age	Premium	Age	Premium
16-25	\$1.75	44	\$4.18	63	\$19.72
26	\$1.77	45	\$4.71	64	\$21.79
27	\$1.78	46	\$5.24	65	\$24.16
28	\$1.79	47	\$5.80	66	\$26.65
29	\$1.81	48	\$6.37	67	\$29.46
30	\$1.84	49	\$6.97	68	\$32.60
31	\$1.86	50	\$7.58	69	\$36.09
32	\$1.90	51	\$8.20	70	\$39.90
33	\$1.92	52	\$8.82	71	\$41.20
34	\$1.93	53	\$9.46	72	\$42.37
35	\$1.98	54	\$10.13	73	\$43.89
36	\$2.04	55	\$10.83	74	\$46.01
37	\$2.18	56	\$11.50	75	\$48.48
38	\$2.44	57	\$12.26	76	\$54.34
39	\$2.70	58	\$13.10	77	\$60.17
40	\$2.96	59	\$14.08	78	\$66.06
41	\$3.25	60	\$15.34	79	\$71.97
42	\$3.52	61	\$16.66	80	\$78.61
43	\$3.81	62	\$18.04		

Advantage Elite 10 Term Life (Years 11 and beyond)

Annual premium rates per \$1,000 of coverage.

Rates increase in the eleventh year and continue to increase each year thereafter, according to the schedule shown.

Age	Premium	Age	Premium	Age	Premium
21	\$3.99	44	\$12.36	67	\$92.61
22	\$4.20	45	\$13.71	68	\$99.21
23	\$4.38	46	\$14.97	69	\$105.75
24	\$4.62	47	\$16.38	70	\$113.67
25	\$4.89	48	\$17.16	71	\$122.34
26	\$5.13	49	\$18.06	72	\$134.13
27	\$5.43	50	\$19.35	73	\$145.98
28	\$5.46	51	\$20.88	74	\$157.95
29	\$5.43	52	\$22.98	75	\$171.87
30	\$5.40	53	\$25.35	76	\$186.69
31	\$5.40	54	\$28.32	77	\$203.82
32	\$5.46	55	\$31.68	78	\$223.62
33	\$5.61	56	\$35.10	79	\$246.15
34	\$5.82	57	\$38.73	80	\$270.21
35	\$6.00	58	\$41.58	81	\$297.15
36	\$6.33	59	\$44.88	82	\$324.33
37	\$6.69	60	\$48.87	83	\$352.83
38	\$7.20	61	\$53.82	84	\$383.82
39	\$7.71	62	\$59.79	85	\$420.27
40	\$8.31	63	\$66.42	86	\$460.17
41	\$9.09	64	\$73.20	87	\$503.07
42	\$9.99	65	\$79.89	88	\$548.16
43	\$11.07	66	\$86.34	89	\$594.81

Advantage Elite 10 Term Life does not provide dividends or cash value.

*The annual policy charge is \$60 for all amounts converted.

Conversion of Group Life Insurance Enrollment

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

MINNESOTA LIFE

Name of person converting (please print first name, middle initial, last name)			Relationship to employee <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child (age 16 and older)	
Social Security number	Date of birth	Telephone number	Issue age (age nearest your birthday)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street address		City	State	Zip code
Name of employee (If other than person converting)		Social Security number	Date of birth	Telephone number
Reason for termination of Group insurance <input type="checkbox"/> Termination of employment on _____ (date) <input type="checkbox"/> No longer eligible as a dependent on _____ (date) <input type="checkbox"/> Other _____ (date)		Name of Group Policyholder		
		Group policy number		
		Amount of Group insurance terminating \$		

New (Converted) Insurance

Amount of insurance being converted \$	Type of insurance policy <input checked="" type="checkbox"/> Advantage Elite 10 Term Life	Annual premium \$	Premiums payable <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly
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Home Office endorsements amending answers indicated. Acceptance of policy shall ratify changes entered here by Company.

Beneficiary: Subject to the policy beneficiary provisions. Right is reserved to revoke and change any beneficiary not designated irrevocable.

Primary beneficiary full given name, middle name, surname and address	Relationship to insured	Share % (must total 100%)
Contingent beneficiary full given name, middle name, surname and address	Relationship to insured	Share % (must total 100%)

Agreement: Information in this enrollment form is given to obtain this insurance and is true and complete to the best of my knowledge and belief. The policy issued hereupon shall not take effect unless the first premium shall be actually paid to the Company during my lifetime upon or before delivery of the policy.

Amount of premium attached \$	Signature of employee (if other than person converting) X	Date
	Signature of person converting (if over 18) X	Date

TO BE COMPLETED BY EMPLOYER:

Date on which this individual first became insured under this group policy	Date to which group premiums were paid for this individual
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I certify that the information given by this employee concerning employment and group insurance with us is correct according to our records.

Group policyholder	Signature X
Plan or division	Title
	Date

Send the completed enrollment form(s), the first premium payment(s) to:
Group Conversions, Minnesota Life, 400 Robert Street North, Saint Paul, Minnesota 55101-2098.