To be attached to and made a part of Group Policy number 70316, issued by Securian Life Insurance Company to Arizona State University. This amendment is effective as of January 1, 2020. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The Certificate of Insurance for Class 1 is amended.

As a result, the following changes are made to the Group Policy:

- The Certificate of Insurance Schedule on page 2 of the policy is replaced in its entirety with the attached Certificate of Insurance Schedule EdF90117-1 Rev 11-2019.

- The Group Term Life Certificate of Insurance for Class 1 bearing the date of January 1, 2020 replaces the prior attached certificate.

Agreed to by Securian Life Insurance Company this 18th day of November 2019.

By ________________________________

Vice President and Actuary

JS
# Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<table>
<thead>
<tr>
<th>Certificate Title</th>
<th>Certificate Form Number</th>
<th>Applies To</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 1: All active employees</td>
<td>January 1, 2020</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 1: All active employees</td>
<td>January 1, 2018 as revised on July 10, 2019</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018 as revised on July 10, 2019</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 1: All active employees</td>
<td>January 1, 2018 as revised on October 10, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018 as revised on October 10, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018 as revised on April 9, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 1: All active employees</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificate Endorsement Title</th>
<th>Certificate Endorsement Form Number</th>
<th>Applies To</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Term Life Insurance Certificate Endorsement</td>
<td>14-31720</td>
<td>All active and retired employees</td>
<td>January 1, 2018</td>
</tr>
</tbody>
</table>
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

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
GENERAL INFORMATION

POLICYHOLDER: Arizona State University

POLICY NUMBER: 70316

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

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

POLICY EFFECTIVE DATE: January 1, 2018. This specifications page represents the plan in effect as of January 1, 2020.

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 following class:

Class 1 All Active Employees

NO DOUBLE COVERAGE:
A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD:
Not applicable for noncontributory insurance; 30 days from date of hire for contributory insurance.

WAITING PERIOD:
None

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>One times annual base salary, rounded to the next higher $1,000 if not already a multiple thereof less $15,000, subject to a minimum of $5,000 and a maximum of $385,000.</td>
</tr>
</tbody>
</table>
Supplemental Life Insurance
An amount elected by the employee from the following options:

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Supplemental Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>One, two, three, four, or five times annual base salary, multiplied then rounded to the next higher $1,000 if not already a multiple thereof, subject to a maximum of $1,250,000.</td>
</tr>
</tbody>
</table>

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

Basic and Supplemental AD&D Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Basic and Supplemental AD&amp;D Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount equal to the amount of basic and supplemental life insurance for which the employee is insured under the group policy.</td>
</tr>
</tbody>
</table>

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:
The amount of basic life, basic AD&D, supplemental life and supplemental AD&D insurance on an employee age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<table>
<thead>
<tr>
<th>Age of Employee</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 - 74</td>
<td>40%</td>
</tr>
<tr>
<td>75 and over</td>
<td>25%</td>
</tr>
</tbody>
</table>

Age reductions will apply the first pay period following an insured employee’s 70th, and 75th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:
Basic insurance is noncontributory insurance; 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 basic insurance:
All basic insurance is guaranteed issue.

For supplemental insurance:
The lesser of three times annual base salary 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 IN ELIGIBLE CLASS OR EARNINGS:

Increases and decreases due to a change in eligible class or earnings will become effective the first pay period following the change in eligible class or 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 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 dependent who are no longer eligible for coverage under this certificate will be refunded without any payment of claim.

An employee does not need to be insured for supplemental life insurance in order to be insured for dependents life insurance.

Spouse Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Spouse Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount elected by the employee from the following options: $5,000, $15,000, $25,000 or $50,000, not to exceed 100% of employees combined basic and supplemental life insurance amount.</td>
</tr>
</tbody>
</table>

Child Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Child Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount elected by the employee from the following options: $2,500, $7,500, $12,500 or $25,000 not to exceed 100% of the employees combined basic and supplemental life insurance amount.</td>
</tr>
</tbody>
</table>

An employee’s first eligible newborn child is automatically covered for $2,500 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.

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 insurance: $25,000
For child insurance: All coverage 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: Changes to your elections can only be made at annual open enrollment or within 30 days of a Qualified Status Change, as that term is defined by your employer. Coverage that does not require evidence of insurability will be effective on 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 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 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 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 will be insured for the guaranteed issue amount.
- At Qualified Status Change or annual open enrollment, a request that exceeds the amounts indicated below as not requiring evidence of insurability.
- At Qualified Status Change or annual open 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 below in the “Certain Qualified Status Changes” section.

ONE TIME OPEN ENROLLMENT: The employer will hold a one-time open enrollment prior to the policy effective date. During this enrollment, the following elections will not require evidence of insurability:

- Employees currently enrolled in supplemental life can increase existing coverage to an amount not to exceed the lesser of three times annual base salary or $500,000.
- Employees not enrolled in supplemental life coverage may elect one times annual base salary up to a maximum of $500,000.
- Employees currently enrolled in spouse supplemental life insurance can increase existing coverage to $25,000.
- Any child life election.

Coverage will be effective on the policy effective date, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.
ANNUAL OPEN ENROLLMENTS: During the employer’s annual open enrollment, the following election changes can be made without providing evidence of insurability, provided the insured receiving the increase has not previously been declined any insurance amount by us under the group policy due to evidence of insurability being found unsatisfactory:

- An employee may elect coverage for the first time at the one times annual base salary not to exceed $500,000.
- An employee with existing supplemental life insurance may increase his or her supplemental life coverage by one times annual base salary, provided the resulting amount of insurance does not exceed the lesser of three times annual base salary or $500,000.
- An employee with existing spouse life insurance may increase his or her spouse life insurance by one increment, provided the resulting amount of insurance does not exceed $25,000.
- An employee may elect any child life amount.

Coverage will be effective on the 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 30 days of the status change and the insured receiving the increase has not previously been declined any insurance amount by us under the group policy due to evidence of insurability being found unsatisfactory:

- An employee may increase his or her supplemental life coverage by one times annual base salary, provided the resulting amount of insurance does not exceed the lesser of three times annual base salary or $500,000.
- An employee may increase his or her spouse life insurance by one increment, provided the resulting insurance amount does not exceed $25,000.
- An employee may elect any child life amount.

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

Qualified Status Change for this purpose means:
- Birth or adoption or otherwise acquiring a newly eligible child
- Marriage
- Spouse loses coverage due to loss of employment
- Divorce

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits
Accidental Death and Dismemberment
Dependents Term Life
Portability
Waiver of Premium
Definitions

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.

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

earnings
Your annual base salary not including commissions, overtime or premium pay, bonuses, shift differential, 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.

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.

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. You are not eligible until the first day following the waiting period.

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
14-31702

(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, temporary layoff, sabbaticals or business leaves subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment.

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

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 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 natural or adopted 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 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.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within 30 calendar 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) 31 days (the grace period) after the due date of any premiums which are not paid; or
(2) 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 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 the 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.
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 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. 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, 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 or dependent 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. you have not assigned and are the sole owner of the certificate; and
3. 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 $10,000. The maximum death benefit that can be accelerated is $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 $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 unless you validly assign it otherwise. 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 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 it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.
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.

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**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. In addition, an employee may elect coverage for his or her spouse and/or dependent child(ren) who are insured under the Dependents Term Life Insurance Certificate Supplement attached to the certificate. All references to an insured in this supplement shall include dependents. All provisions of this supplement applicable to an "insured" shall apply to an insured dependent.

When does insurance under this supplement become effective?

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

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

For an insured employee who has existing dependent coverage in force, any newly acquired dependent who meets the requirements will automatically become insured when he or she becomes eligible unless additional premium is required for the newly eligible dependent, in which case coverage will become effective as described above.

If a 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. This provision shall not apply to a newborn child. However, in no event will insurance on a dependent be effective before the employee’s insurance under the group policy is effective.

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 the insured’s 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 evidenced by a visible contusion or wound, except in the case of accidental drowning. 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, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
(7) 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
(8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
(9) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
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:

<table>
<thead>
<tr>
<th>TYPE OF LOSS</th>
<th>PERCENT OF AMOUNT OF INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and Index Finger of One Hand</td>
<td>25%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
</tr>
</tbody>
</table>

Loss of hands or feet means complete severance at or above the wrist or ankle joints. 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 metacarpo-phalangeal 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.

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:

1. $10,000; 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 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.

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 insured dependent children under
age 13, we will pay additional benefits to reimburse for
child care expenses incurred for your dependent children
while under age 13.

The benefit for each child per year will be the lesser of:
(1) 10% of your amount of AD&D insurance; or
(2) $10,000; 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 six
years after the date of your death or for expenses incurred
for dependent children over age 13. 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.

Coma Benefit

What is the coma benefit?
If an insured lapses into a coma as a result of and within
365 days of a covered accidental injury, and such coma
has lasted for a minimum of 31 days, we will pay a
monthly benefit equal to 5% of the insured’s amount of
AD&D insurance for eleven months. If you continue to be
comatose for twelve months, the plan will pay the balance
of principal sum of your AD&D insurance.

Coma means a state of profound unconsciousness with no
evidence of appropriate responses to stimulation. The
insured must be confined in a medical facility and
diagnosed as comatose by a licensed physician.

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) 2% of your amount of insurance; or
(3) $15,000.

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 25. 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 an insured’s body has not been found after one year from
the date the conveyance in which he or she was 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 the insured was a
passenger on the conveyance, that the insured has 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 an insured suffers 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.

Permanent Disfigurement Benefit
What is the permanent disfigurement benefit?
If you are critically burned and disfigured to the point of requiring reconstructive or cosmetic surgery as a result of a covered accident which occurs while you are performing your customary duties at the employer’s normal place of business or at other places the employer’s business requires you to travel, we will pay a benefit equal to 50% of your amount of AD&D insurance.

Critically burned and disfigured means third degree burns over at least 25% of the body.

Repatriation Benefit
What is the repatriation benefit?
If, as a result of a covered accident, an insured dies at least 200 miles from his or her principal residence, an additional accidental death benefit shall be paid for the preparation and transportation of the body to a mortuary. The additional benefit shall be the lesser of the actual cost of such preparation and transportation or $5,000. The benefit will be paid to the person who has or who will incur such cost, as evidenced to the satisfaction of us. This may or may not be the beneficiary for the rest of the accidental death proceeds. We may at our sole discretion pay benefits directly to the facility handling the preparation and/or transportation. All determinations and payments by us will be final and fully release and discharge us from any further liability under this repatriation benefit.

Seatbelt Benefit
What is the seatbelt 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:

(1) $10,000; 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 insured spouse, provided that your spouse enrolls in a program of higher education within 12 months after your death.

The benefit payable will be the lesser of:

(1) the actual tuition charged for all such education; or
(2) 100% of your amount of AD&D insurance; or
(3) $20,000.
(4) Only expenses occurring within 4 years after the date of your death will be eligible for reimbursement.

Total and Permanent Accidental Disability Single Payment Benefit
What is the total and permanent accidental disability single payment benefit?
If you become totally and permanently disabled as a result of a covered accident for which a benefit is not already payable under the schedule of losses, subject to all exclusions and limitations, we will pay a single payment benefit equal to 100% of your amount of AD&D insurance.

A total and permanent accidental disability is an accidental disability which occurs prior to your 65th birthday, has continued for at least 12 consecutive months, and will continuously prevent you from engaging in a business or an occupation for compensation or profit on a full or part time basis, and which will presumably prevent you for life from performing any work or engaging in any business on a full or part time basis.

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 total and permanent accidental disability benefit.
Termination

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

An insured's coverage ends on the earliest of:

1. the date you are no longer covered for life insurance under the group policy; or
2. 31 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
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, as recognized under the laws of the jurisdiction of celebration; and
2. your or your spouse’s natural, legally adopted, stepchildren, children for whom you are responsible under a court order, grandchildren in your court-ordered custody or any child who lives with you in a parent-child relationship, 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 you for more than one-half of their support and maintenance.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

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.

If a 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. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

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 end of the calendar month the dependent no longer meets the eligibility requirements; or
(2) 31 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
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 will not be eligible to request coverage under this supplement if he or she:

1. has attained the age of 99; 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. is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
4. loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Both contributory and non-contributory 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.

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.

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 $500,000 for an employee or $150,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than $325,000 for an employee or $97,500 for a spouse.

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 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65 and to 50% of the amount of insurance in force on the day prior to the attainment of age 70. Insurance terminates at age 99.
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 99th 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 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 or child ceases to be eligible as defined under the terms of the certificate 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
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 65. 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, 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.

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 65th 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. 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 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 65th 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 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.

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
This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70316, issued by Securian Life Insurance Company to Arizona State University. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to Arizona residents:

1. The provision entitled “What is your agreement with us?” under the General Information section of the certificate 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. 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, and a copy is provided to you or your beneficiary.

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 made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application, and a copy is provided to you or your beneficiary.

3. The provision entitled “How do you convert your insurance?” under the Conversion Right section of the certificate is amended in its entirety and replaced with the following:

   **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.

   If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

[Signature]
Secretary

[Signature]
President
To be attached to and made a part of Group Policy number 70316, issued by Securian Life Insurance Company to Arizona State University. This amendment is effective as of January 1, 2018. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The Certificate of Insurance for Classes 1 and 2 are amended.

As a result, the following changes are made to the Group Policy:

- The Certificate of Insurance Schedule on page 2 of the policy is replaced in its entirety with the attached Certificate of Insurance Schedule EdF90117-1 Rev 7-2019.
- The Group Term Life Certificate of Insurance for Class 1 bearing the date of January 1, 2018 as revised on July 10, 2019 replaces the prior attached certificate.
- The Group Term Life Certificate of Insurance for Class 2 bearing the date of January 1, 2018 as revised on July 10, 2019 replaces the prior attached certificate.

Agreed to by Securian Life Insurance Company this 10th day of July 2019.

By ____________________________

SEM

Vice President and Actuary
Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<table>
<thead>
<tr>
<th>Certificate Title</th>
<th>Certificate Form Number</th>
<th>Applies To</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 1: All active employees</td>
<td>January 1, 2018 as revised on July 10, 2019</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018 as revised on July 10, 2019</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 1: All active employees</td>
<td>January 1, 2018 as revised on October 10, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018 as revised on October 10, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018 as revised on April 9, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 1: All active employees</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificate Endorsement Title</th>
<th>Certificate Endorsement Form Number</th>
<th>Applies To</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Term Life Insurance Certificate Endorsement</td>
<td>14-31720</td>
<td>All active and retired employees</td>
<td>January 1, 2018</td>
</tr>
</tbody>
</table>
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

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
GENERAL INFORMATION

POLICYHOLDER: Arizona State University

POLICY NUMBER: 70316

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

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

POLICY EFFECTIVE DATE: January 1, 2018. This specifications page represents the plan in effect as of January 1, 2018 as revised on July 10, 2019.

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 following class:

Class 1 All Active Employees

NO DOUBLE COVERAGE: A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: Not applicable for noncontributory insurance; 30 days from date of hire for contributory insurance.

WAITING PERIOD: None

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>One times annual base salary, rounded to the next higher $1,000 if not already a multiple thereof less $15,000, subject to a minimum of $5,000 and a maximum of $385,000.</td>
</tr>
</tbody>
</table>
Supplemental Life Insurance
An amount elected by the employee from the following options:

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Supplemental Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>One, two or three times annual base salary, multiplied then rounded to the next higher $1,000 if not already a multiple thereof, subject to a maximum of $1,000,000.</td>
</tr>
</tbody>
</table>

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

Basic and Supplemental Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Basic and Supplemental AD&amp;D Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount equal to the amount of basic and supplemental life insurance for which the employee is insured under the group policy.</td>
</tr>
</tbody>
</table>

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:
The amount of basic life, basic AD&D, supplemental life and supplemental AD&D insurance on an employee age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<table>
<thead>
<tr>
<th>Age of Employee</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 - 74</td>
<td>40%</td>
</tr>
<tr>
<td>75 and over</td>
<td>25%</td>
</tr>
</tbody>
</table>

Age reductions will apply the first pay period following an insured employee’s 70th, and 75th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:
Basic insurance is noncontributory insurance; 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 basic insurance:
All basic insurance is guaranteed issue.

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

NOTE: For an employee who was covered for supplemental life insurance 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 IN ELIGIBLE CLASS OR EARNINGS:

Increases and decreases due to a change in eligible class or earnings will become effective the first pay period following the change in eligible class or 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 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.

An employee does not need to be insured for supplemental life insurance in order to be insured for dependents life insurance.

Spouse Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Spouse Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount elected by the employee from the following options: $5,000, $15,000, $25,000 or $50,000, not to exceed 100% of employees combined basic and supplemental life insurance amount.</td>
</tr>
</tbody>
</table>

Child Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Child Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount elected by the employee from the following options: $2,500, $7,500, $12,500 or $25,000 not to exceed 100% of the employees combined basic and supplement life insurance amount.</td>
</tr>
</tbody>
</table>

An employee’s first eligible newborn child is automatically covered for $2,500 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.

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 insurance: $25,000
- For child insurance: All coverage 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: Changes to your elections can only be made at annual open enrollment or within 30 days of a Qualified Status Change, as that term is defined by your employer. Coverage that does not require evidence of insurability will be effective on 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 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 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 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 will be insured for the guaranteed issue amount.
- At Qualified Status Change or annual open enrollment, a request that exceeds the amounts indicated below as not requiring evidence of insurability.
- At Qualified Status Change or annual open 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 below in the “Certain Qualified Status Changes” section.

ONE TIME OPEN ENROLLMENT: The employer will hold a one-time open enrollment prior to the policy effective date. During this enrollment, the following elections will not require evidence of insurability:

- Employees currently enrolled in supplemental life can increase existing coverage to an amount not to exceed the lesser of three times annual base salary or $500,000.
- Employees not enrolled in supplemental life coverage may elect one times annual base salary up to a maximum of $500,000.
- Employees currently enrolled in spouse supplemental life insurance can increase existing coverage to $25,000.
- Any child life election.

Coverage will be effective on the policy effective date, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.
ANNUAL OPEN ENROLLMENTS: During the employer’s annual open enrollment, the following election changes can be made without providing evidence of insurability, provided the insured receiving the increase has not previously been declined any insurance amount by us under the group policy due to evidence of insurability being found unsatisfactory:

- An employee may elect coverage for the first time at the one times annual base salary not to exceed $500,000.
- An employee with existing supplemental life insurance may increase his or her supplemental life coverage by one times annual base salary, provided the resulting amount of insurance does not exceed the lesser of three times annual base salary or $500,000.
- An employee with existing spouse life insurance may increase his or her spouse life insurance by one increment, provided the resulting amount of insurance does not exceed $25,000.
- An employee may elect any child life amount.

Coverage will be effective on the 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 30 days of the status change and the insured receiving the increase has not previously been declined any insurance amount by us under the group policy due to evidence of insurability being found unsatisfactory:

- An employee may increase his or her supplemental life coverage by one times annual base salary, provided the resulting amount of insurance does not exceed the lesser of three times annual base salary or $500,000.
- An employee may increase his or her spouse life insurance by one increment, provided the resulting insurance amount does not exceed $25,000.
- An employee may elect any child life amount.

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

Qualified Status Change for this purpose means:
- Birth or adoption or otherwise acquiring a newly eligible child
- Marriage
- Spouse loses coverage due to loss of employment
- Divorce

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits
Accidental Death and Dismemberment
Dependents Term Life
Portability
Waiver of Premium
**Definitions**

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.

contributory insurance

Insurance for which you are required to make premium contributions.

earnings

Your annual base salary not including commissions, overtime or premium pay, bonuses, shift differential, 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.

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.

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. You are not eligible until the first day following the waiting period.

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

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(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, temporary layoff, sabbaticals or business leaves subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment.

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

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 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 natural or adopted 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 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.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within 30 calendar 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. 31 days (the grace period) after the due date of any premiums which are not paid; or
2. 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 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.
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 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. 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, 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 or dependent 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. you have not assigned and are the sole owner of the certificate; and
3. 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 $10,000. The maximum death benefit that can be accelerated is $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 $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 unless you validly assign it otherwise. 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 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 it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.
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.

_Signatures_

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 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. In addition, an employee may elect coverage for his or her spouse and/or dependent child(ren) who are insured under the Dependents Term Life Insurance Certificate Supplement attached to the certificate. All references to an insured in this supplement shall include dependents. All provisions of this supplement applicable to an "insured" shall apply to an insured dependent.

When does insurance under this supplement become effective?

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

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

For an insured employee who has existing dependent coverage in force, any newly acquired dependent who meets the requirements will automatically become insured when he or she becomes eligible unless additional premium is required for the newly eligible dependent, in which case coverage will become effective as described above.

If a 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. This provision shall not apply to a newborn child. However, in no event will insurance on a dependent be effective before the employee’s insurance under the group policy is effective.

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 the insured’s 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 evidenced by a visible contusion or wound, except in the case of accidental drowning. 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, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
(7) 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
(8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
(9) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
benefit of these overlapping losses only will be paid).

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.

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:

(1) $10,000; 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 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

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.

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:

<table>
<thead>
<tr>
<th>TYPE OF LOSS</th>
<th>AMOUNT OF INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and Index Finger of One Hand</td>
<td>25%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
</tr>
</tbody>
</table>

Loss of hands or feet means complete severance at or above the wrist or ankle joints. 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).
(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.

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 insured dependent children under
age 13, we will pay additional benefits to reimburse for
child care expenses incurred for your dependent children
while under age 13.

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

(1) 10% of your amount of AD&D insurance; or
(2) $10,000; 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 six
years after the date of your death or for expenses incurred
for dependent children over age 13. 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.

Coma Benefit

What is the coma benefit?

If an insured lapses into a coma as a result of and within
365 days of a covered accidental injury, and such coma
has lasted for a minimum of 31 days, we will pay a
monthly benefit equal to 5% of the insured’s amount of
AD&D insurance for eleven months. If you continue to be
comatose for twelve months, the plan will pay the balance
of principal sum of your AD&D insurance.

Coma means a state of profound unconsciousness with no
evidence of appropriate responses to stimulation. The
insured must be confined in a medical facility and
diagnosed as comatose by a licensed physician.

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) 2% of your amount of insurance; or
(3) $15,000.

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 25. 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 an insured’s body has not been found after one year from
the date the conveyance in which he or she was 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 the insured was a
passenger on the conveyance, that the insured has 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 an insured suffers 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.

**Permanent Disfigurement Benefit**

**What is the permanent disfigurement benefit?**

If you are critically burned and disfigured to the point of requiring reconstructive or cosmetic surgery as a result of a covered accident which occurs while you are performing your customary duties at the employer’s normal place of business or at other places the employer’s business requires you to travel, we will pay a benefit equal to 50% of your amount of AD&D insurance.

Critically burned and disfigured means third degree burns over at least 25% of the body.

**Repatriation Benefit**

**What is the repatriation benefit?**

If, as a result of a covered accident, an insured dies at least 200 miles from his or her principal residence, an additional accidental death benefit shall be paid for the preparation and transportation of the body to a mortuary. The additional benefit shall be the lesser of the actual cost of such preparation and transportation or $5,000. The benefit will be paid to the person who has or who will incur such cost, as evidenced to the satisfaction of us. This may or may not be the beneficiary for the rest of the accidental death proceeds. We may at our sole discretion pay benefits directly to the facility handling the preparation and/or transportation. All determinations and payments by us will be final and fully release and discharge us from any further liability under this repatriation benefit.

**Seatbelt Benefit**

**What is the seatbelt 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:

1. $10,000; 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 insured spouse, provided that your spouse enrolls in a program of higher education within 12 months after your death.

The benefit payable will be the lesser of:

1. the actual tuition charged for all such education; or
2. 100% of your amount of AD&D insurance; or
3. $20,000.
4. Only expenses occurring within 4 years after the date of your death will be eligible for reimbursement.

**Total and Permanent Accidental Disability Single Payment Benefit**

**What is the total and permanent accidental disability single payment benefit?**

If you become totally and permanently disabled as a result of a covered accident for which a benefit is not already payable under the schedule of losses, subject to all exclusions and limitations, we will pay a single payment benefit equal to 100% of your amount of AD&D insurance.

A total and permanent accidental disability is an accidental disability which occurs prior to your 65th birthday, has continued for at least 12 consecutive months, and will continuously prevent you from engaging in a business or an occupation for compensation or profit on a full or part time basis, and which will presumably prevent you for life from performing any work or engaging in any business on a full or part time basis.

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 total and permanent accidental disability benefit.
Termination

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

An insured's coverage ends on the earliest of:

1. the date you are no longer covered for life insurance under the group policy; or
2. 31 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
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, as recognized under the laws of the jurisdiction of celebration; and
2. your or your spouse’s natural, legally adopted, stepchildren, children for whom you are responsible under a court order, grandchildren in your court-ordered custody or any child who lives with you in a parent-child relationship, 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 you for more than one-half of their support and maintenance.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

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.

If a 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. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

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 end of the calendar month the dependent no longer meets the eligibility requirements; or
(2) 31 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
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 will not be eligible to request coverage under this supplement if he or she:

1. Has attained the age of 99; 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. Is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
4. Loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Both contributory and non-contributory 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.

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.

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 $500,000 for an employee or $150,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than $325,000 for an employee or $97,500 for a spouse.

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 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65 and to 50% of the amount of insurance in force on the day prior to the attainment of age 70. Insurance terminates at age 99.
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 99th 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 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 or child ceases to be eligible as defined under the terms of the certificate 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 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 65. 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, 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.

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 65th disability; 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. 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 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 65th 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 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.

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
This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70316, issued by Securian Life Insurance Company to Arizona State University. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to Arizona residents:

1. The provision entitled “What is your agreement with us?” under the General Information section of the certificate 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. 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, and a copy is provided to you or your beneficiary.

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 made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application, and a copy is provided to you or your beneficiary.

3. The provision entitled “How do you convert your insurance?” under the Conversion Right section of the certificate is amended in its entirety and replaced with the following:

   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.

   If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

Secretary

President
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

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
GENERAL INFORMATION

POLICYHOLDER: Arizona State University

POLICY NUMBER: 70316

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

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

POLICY EFFECTIVE DATE: January 1, 2018. This specifications page represents the plan of insurance in effect as of January 1, 2018 as revised on July 10, 2019.

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 eligible retirees of the policyholder and its associated companies working in the United States in the following class:

- Class 2 All Retired Employees

NO DOUBLE COVERAGE: A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: Not applicable

WAITING PERIOD: None

MINIMUM HOURS PER WEEK REQUIRED: None

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

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<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Basic Life Insurance</th>
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<tbody>
<tr>
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</table>

Supplemental Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Supplemental Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>$5,000</td>
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</table>
GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY:

- Basic insurance is noncontributory insurance for retirees with 15 or more years of service at the time of retirement; basic insurance is contributory for all other retirees.
- Supplemental insurance for retirees with 15 or more years of service at the time of retirement: supplemental insurance is noncontributory.
- Supplemental insurance for retirees with 10 years but less than 15 years of service at the time of retirement: coverage is contributory.

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:

- A retiree 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 retiree does not need to be insured for supplemental life insurance in order to be insured for dependents life insurance.

Spouse Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Spouse Life Insurance</th>
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<tbody>
<tr>
<td>Class 2</td>
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</table>

Child Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>$1,000</td>
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</table>

- An employee’s first eligible newborn child is automatically covered for $2,500 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.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY:

- Dependents insurance is contributory insurance.

CERTIFICATE SUPPLEMENTS (found later in this document):

- Accelerated Benefits
- Dependents Term Life
- Portability
Definitions

**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.

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

**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.

**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. You are not eligible until the first day following the waiting period.

**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.

Are retired employees eligible for insurance?

Yes. The specifications page identifies eligibility for retiree life insurance. The minimum hours per week and actively at work requirements will not apply to retired 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.

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.

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 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 natural or adopted 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 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.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within 30 calendar 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) 31 days (the grace period) after the due date of any premiums which are not paid; or
(2) 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 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.
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 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. 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, 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 or dependent 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. You have not assigned and are the sole owner of the certificate; and
3. 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 $10,000. The maximum death benefit that can be accelerated is $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 $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 unless you validly assign it otherwise. 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 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 it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.
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.

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**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.

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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 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, as recognized under the laws of the jurisdiction of celebration; and
2. your or your spouse’s natural, legally adopted, stepchildren, children for whom you are responsible under a court order, grandchildren in your court-ordered custody or any child who lives with you in a parent-child relationship, 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 you for more than one-half of their support and maintenance.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

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 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.

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.

Term

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 dependent meets all eligibility requirements; and
2. the dependent’s death;
3. 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).
4. the policy expiration date.
5. the policy lapse date.
6. the policy surrender date.
7. the policy termination date.
8. the insured’s death.
9. the insured’s complete withdrawal of that insured dependent’s insurance.
10. when the insured or any other person receives the death benefit due to the death of the insured dependent.
11. when the dependent is no longer eligible for coverage under this supplement.
12. when the dependent is no longer living.

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).
(1) the end of the calendar month the dependent no longer meets the eligibility requirements; or
(2) 31 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
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 will not be eligible to request coverage under this supplement if he or she:

1. has attained the age of 99; 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. is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
4. loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Both contributory and non-contributory 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.

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.

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 $500,000 for an employee or $150,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than $325,000 for an employee or $97,500 for a spouse.

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 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65 and to 50% of the amount of insurance in force on the day prior to the attainment of age 70. Insurance terminates at age 99.
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 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 99th 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 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 or child ceases to be eligible as defined under the terms of the certificate 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 coverage being continued under this supplement.

Secretary

President
This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70316, issued by Securian Life Insurance Company to Arizona State University. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to Arizona residents:

1. The provision entitled “What is your agreement with us?” under the General Information section of the certificate 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. 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, and a copy is provided to you or your beneficiary.

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 made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application, and a copy is provided to you or your beneficiary.

3. The provision entitled “How do you convert your insurance?” under the Conversion Right section of the certificate is amended in its entirety and replaced with the following:

   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.

   If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

Secretary

President
To be attached to and made a part of Group Policy number 70316, issued by Securian Life Insurance Company to Arizona State University. This amendment is effective as of January 1, 2018. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The Certificate of Insurance for Classes 1 and 2 are amended.

As a result, the following changes are made to the Group Policy:

- The Certificate of Insurance Schedule on page 2 of the policy is replaced in its entirety with the attached Certificate of Insurance Schedule EdF90117-1 Rev 10-2018.
- The Group Term Life Certificate of Insurance for Class 1 bearing the date of January 1, 2018 as revised on October 10, 2018 replaces the prior attached certificate.
- The Group Term Life Certificate of Insurance for Class 2 bearing the date of January 1, 2018 as revised on October 10, 2018 replaces the prior attached certificate.

Agreed to by Securian Life Insurance Company this 10th day of October, 2018.

By _______________ SEM
Vice President and Actuary
### Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<table>
<thead>
<tr>
<th>Certificate Title</th>
<th>Certificate Form Number</th>
<th>Applies To</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 1: All active employees</td>
<td>January 1, 2018 as revised on October 10, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018 as revised on October 10, 2018</td>
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<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
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<td>Class 2: Retired employees</td>
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<th>Certificate Endorsement Title</th>
<th>Certificate Endorsement Form Number</th>
<th>Applies To</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Term Life Insurance Certificate Endorsement</td>
<td>14-31720</td>
<td>All active and retired employees</td>
<td>January 1, 2018</td>
</tr>
</tbody>
</table>
Employee Group Term Life Certificate of Insurance

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

Class 1: All active employees
Effective January 1, 2018 as revised on October 10, 2018

POLICYHOLDER: Arizona State University
POLICY NUMBER: 70316

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

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
GENERAL INFORMATION

POLICYHOLDER: Arizona State University

POLICY NUMBER: 70316

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

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

POLICY EFFECTIVE DATE: January 1, 2018. This specifications page represents the plan in effect as of January 1, 2018 as revised on October 10, 2018.

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 following class:

Class 1 All Active Employees

NO DOUBLE COVERAGE:

A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD:

Not applicable for noncontributory insurance; 30 days from date of hire for contributory insurance.

WAITING PERIOD:

None

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>One times annual base salary, rounded to the next higher $1,000 if not already a multiple thereof less $15,000, subject to a minimum of $5,000 and a maximum of $385,000.</td>
</tr>
</tbody>
</table>
Supplemental Life Insurance
An amount elected by the employee from the following options:

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Supplemental Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>One, two or three times annual base salary, multiplied then rounded to the next higher $1,000 if not already a multiple thereof, subject to a maximum of $1,000,000.</td>
</tr>
</tbody>
</table>

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

Basic and Supplemental Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Basic and Supplemental AD&amp;D Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount equal to the amount of basic and supplemental life insurance for which the employee is insured under the group policy.</td>
</tr>
</tbody>
</table>

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:
The amount of basic life, basic AD&D, supplemental life and supplemental AD&D insurance on an employee age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<table>
<thead>
<tr>
<th>Age of Employee</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 - 74</td>
<td>40%</td>
</tr>
<tr>
<td>75 and over</td>
<td>25%</td>
</tr>
</tbody>
</table>

Age reductions will apply the first pay period following an insured employee’s 70th, and 75th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:
Basic insurance is noncontributory insurance; 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 basic insurance:
All basic insurance is guaranteed issue.

For supplemental insurance:
The lesser of three times annual base salary 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 IN ELIGIBLE CLASS OR EARNINGS:

Increases and decreases due to a change in eligible class or earnings will become effective the first pay period following the change in eligible class or 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 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.

An employee does not need to be insured for supplemental life insurance in order to be insured for dependents life insurance.

Spouse Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Spouse Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount elected by the employee from the following options: $5,000, $15,000, $25,000 or $50,000, not to exceed 100% of employees combined basic and supplemental life insurance amount.</td>
</tr>
</tbody>
</table>

Child Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Child Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount elected by the employee from the following options: $2,500, $7,500, $12,500 or $25,000 not to exceed 100% of the employees combined basic and supplement life insurance amount.</td>
</tr>
</tbody>
</table>

An employee’s first eligible newborn child is automatically covered for $2,500 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.

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 insurance: $25,000
For child insurance: All coverage 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: Changes to your elections can only be made at annual open enrollment or within 30 days of a Qualified Status Change, as that term is defined by your employer. Coverage that does not require evidence of insurability will be effective on 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 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 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 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 will be insured for the guaranteed issue amount.
- At Qualified Status Change or annual open enrollment, a request that exceeds the amounts indicated below as not requiring evidence of insurability.
- At Qualified Status Change or annual open 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 below in the “Certain Qualified Status Changes” section.

ONE TIME OPEN ENROLLMENT: The employer will hold a one-time open enrollment prior to the policy effective date. During this enrollment, the following elections will not require evidence of insurability:

- Employees currently enrolled in supplemental life can increase existing coverage to an amount not to exceed the lesser of three times annual base salary or $500,000.
- Employees not enrolled in supplemental life coverage may elect one times annual base salary up to a maximum of $500,000.
- Employees currently enrolled in spouse supplemental life insurance can increase existing coverage to $25,000.
- Any child life election.

Coverage will be effective on the policy effective date, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.
ANNUAL OPEN ENROLLMENTS: During the employer’s annual open enrollment, the following election changes can be made without providing evidence of insurability, provided the insured receiving the increase has not previously been declined any insurance amount by us under the group policy due to evidence of insurability being found unsatisfactory:

- An employee may elect coverage for the first time at the one times annual base salary not to exceed $500,000.
- An employee with existing supplemental life insurance may increase his or her supplemental life coverage by one times annual base salary, provided the resulting amount of insurance does not exceed the lesser of three times annual base salary or $500,000.
- An employee with existing spouse life insurance may increase his or her spouse life insurance by one increment, provided the resulting amount of insurance does not exceed $25,000.
- An employee may elect any child life amount.

Coverage will be effective on the 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 30 days of the status change and the insured receiving the increase has not previously been declined any insurance amount by us under the group policy due to evidence of insurability being found unsatisfactory:

- An employee may increase his or her supplemental life coverage by one times annual base salary, provided the resulting amount of insurance does not exceed the lesser of three times annual base salary or $500,000.
- An employee may increase his or her spouse life insurance by one increment, provided the resulting insurance amount does not exceed $25,000.
- An employee may elect any child life amount.

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

Qualified Status Change for this purpose means:
- Birth or adoption or otherwise acquiring a newly eligible child
- Marriage
- Spouse loses coverage due to loss of employment
- Divorce

CERTIFICATE SUPPLEMENTS (found later in this document):

- Accelerated Benefits
- Accidental Death and Dismemberment
- Dependents Term Life
- Portability
- Waiver of Premium
Definitions

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.

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

earnings
Your annual base salary 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.

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.

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. You are not eligible until the first day following the waiting period.

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, temporary layoff, sabbaticals or
business leaves subject to the employer’s practices and
procedures, including the employer’s limits on the length
of continuation allowed for the type of absence.

Continuation is contingent upon continued premium
payment.

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

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 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 natural or adopted siblings in equal shares, if living; otherwise
(5) your estate.

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.
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 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. 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, 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 or dependent 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. you have not assigned and are the sole owner of the certificate; and
3. 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 $10,000. The maximum death benefit that can be accelerated is $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 $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 unless you validly assign it otherwise. 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 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 it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.
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
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. In addition, an employee may elect coverage for his or her spouse and/or dependent child(ren) who are insured under the Dependents Term Life Insurance Certificate Supplement attached to the certificate. All references to an insured in this supplement shall include dependents. All provisions of this supplement applicable to an “insured” shall apply to an insured dependent.

When does insurance under this supplement become effective?

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

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

For an insured employee who has existing dependent coverage in force, any newly acquired dependent who meets the requirements will automatically become insured when he or she becomes eligible unless additional premium is required for the newly eligible dependent, in which case coverage will become effective as described above.

If a 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. This provision shall not apply to a newborn child. However, in no event will insurance on a dependent be effective before the employee’s insurance under the group policy is effective.

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 the insureds 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 evidenced by a visible contusion or wound, except in the case of accidental drowning. 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, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
7. 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
8. infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
9. medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
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:

<table>
<thead>
<tr>
<th>TYPE OF LOSS</th>
<th>PERCENT OF AMOUNT OF INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and Index Finger of One Hand</td>
<td>25%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
</tr>
</tbody>
</table>

Loss of hands or feet means complete severance at or above the wrist or ankle joints. 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.

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:

1. $10,000; 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 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.

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 insured dependent children under
age 13, we will pay additional benefits to reimburse for
child care expenses incurred for your dependent children
while under age 13.

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

(1) 10% of your amount of AD&D insurance; or
(2) $10,000; 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 six
years after the date of your death or for expenses incurred
for dependent children over age 13. 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.

Coma Benefit
What is the coma benefit?
If an insured lapses into a coma as a result of and within
365 days of a covered accidental injury, and such coma
has lasted for a minimum of 31 days, we will pay a
monthly benefit equal to 5% of the insured’s amount of
AD&D insurance for eleven months. If you continue to be
comatose for twelve months, the plan will pay the balance
of principal sum of your AD&D insurance.

Coma means a state of profound unconsciousness with no
evidence of appropriate responses to stimulation. The
insured must be confined in a medical facility and
diagnosed as comatose by a licensed physician.

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) 2% of your amount of insurance; or
(3) $15,000.

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 25. 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 an insured’s body has not been found after one year from
the date the conveyance in which he or she was 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 the insured was a
passenger on the conveyance, that the insured has 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 an insured suffers 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.

**Permanent Disfigurement Benefit**

**What is the permanent disfigurement benefit?**

If you are critically burned and disfigured to the point of
requiring reconstructive or cosmetic surgery as a result of
a covered accident which occurs while you are performing
your customary duties at the employer’s normal place of
business or at other places the employer’s business
requires you to travel, we will pay a benefit equal to 50%
of your amount of AD&D insurance.

Critically burned and disfigured means third degree burns
over at least 25% of the body.

**Repatriation Benefit**

**What is the repatriation benefit?**

If, as a result of a covered accident, an insured dies at
least 200 miles from his or her principal residence, an
additional accidental death benefit shall be paid for the
preparation and transportation of the body to a mortuary.
The additional benefit shall be the lesser of the actual cost
of such preparation and transportation or $5,000. The
benefit will be paid to the person who has or who will incur
such cost, as evidenced to the satisfaction of us. This
may or may not be the beneficiary for the rest of the
accidental death proceeds. We may at our sole discretion
pay benefits directly to the facility handling the preparation
and/or transportation. All determinations and payments by
us will be final and fully release and discharge us from any
further liability under this repatriation benefit.

**Seatbelt Benefit**

**What is the seatbelt 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:

1. $10,000; 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 insured spouse, provided that your spouse enrolls
in a program of higher education within 12 months after
your death.

The benefit payable will be the lesser of:

1. the actual tuition charged for all such education; or
2. 100% of your amount of AD&D insurance; or
3. $20,000.
4. Only expenses occurring within 4 years after the
date of your death will be eligible for
   reimbursement.

**Total and Permanent Accidental Disability Single
Payment Benefit**

**What is the total and permanent accidental disability
single payment benefit?**

If you become totally and permanently disabled as a result
of a covered accident for which a benefit is not already
payable under the schedule of losses, subject to all
exclusions and limitations, we will pay a single payment
benefit equal to 100% of your amount of AD&D insurance.

A total and permanent accidental disability is an accidental
disability which occurs prior to your 65th birthday, has
continued for at least 12 consecutive months, and will
continuously prevent you from engaging in a business or
an occupation for compensation or profit on a full or part
time basis, and which will presumably prevent you for life
from performing any work or engaging in any business on a
full or part time basis.

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 total and
permanent accidental disability benefit.
Termination

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

An insured's coverage ends on the earliest of:

1. the date you are no longer covered for life insurance under the group policy; or
2. 31 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
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, as recognized under the laws of the jurisdiction of celebration; and
2. your or your spouse’s natural, legally adopted, stepchildren, children for whom you are responsible under a court order, grandchildren in your court-ordered custody or any child who lives with you in a parent-child relationship, 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 you for more than one-half of their support and maintenance.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

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 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.

If a 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. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

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 end of the calendar month the dependent no longer meets the eligibility requirements; or 
(2) 31 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
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.

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

1. has attained the age of 99; 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. is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
4. loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Both contributory and non-contributory 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.

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.

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 $500,000 for an employee or $150,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than $325,000 for an employee or $97,500 for a spouse.

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 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65 and to 50% of the amount of insurance in force on the day prior to the attainment of age 70. Insurance terminates at age 99.
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 99th 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 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 or child ceases to be eligible as defined under the terms of the certificate 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 coverage being continued under this supplement.

Secretary

President
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 65. 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, 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.

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 65th 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. 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 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 65th 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 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.

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
This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70316, issued by Securian Life Insurance Company to Arizona State University. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to Arizona residents:

1. The provision entitled “What is your agreement with us?” under the General Information section of the certificate 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. 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, and a copy is provided to you or your beneficiary.

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 made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application, and a copy is provided to you or your beneficiary.

3. The provision entitled “How do you convert your insurance?” under the Conversion Right section of the certificate is amended in its entirety and replaced with the following:

   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.

   If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

Secretary  President
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

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
GENERAL INFORMATION

POLICYHOLDER: Arizona State University

POLICY NUMBER: 70316

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

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

POLICY EFFECTIVE DATE: January 1, 2018. This specifications page represents the plan of insurance in effect as of January 1, 2018 as revised on October 10, 2018.

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 eligible retirees of the policyholder and its associated companies working in the United States in the following class:

Class 2 All Retired Employees

NO DOUBLE COVERAGE:
A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: Not applicable

WAITING PERIOD: None

MINIMUM HOURS PER WEEK REQUIRED: None

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 2</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Supplemental Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Supplemental Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Basic insurance is noncontributory insurance for retirees with 15 or more years of service at the time of retirement; basic insurance is contributory for all other retirees. Supplemental insurance for retirees with 15 or more years of service at the time of retirement: supplemental insurance is noncontributory. Supplemental insurance for retirees with 10 years but less than 15 years of service at the time of retirement: coverage is contributory.

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:

A retiree 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 retiree does not need to be insured for supplemental life insurance in order to be insured for dependents life insurance.

Spouse Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Spouse Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Child Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Child Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

An employee’s first eligible newborn child is automatically covered for $2,500 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.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Dependents insurance is contributory insurance.

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits
Dependents Term Life
Portability
Definitions

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.

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

earnings
Your annual base salary 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.

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.

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. You are not eligible until the first day following the waiting period.

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
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.

**Are retired employees eligible for insurance?**

Yes. The specifications page identifies eligibility for retiree life insurance. The minimum hours per week and actively at work requirements will not apply to retired 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.

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.

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 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 natural or adopted 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 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.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within 30 calendar 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. 31 days (the grace period) after the due date of any premiums which are not paid; or
2. 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 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.
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 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. 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, 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 or dependent 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. you have not assigned and are the sole owner of the certificate; and
3. 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 $10,000. The maximum death benefit that can be accelerated is $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 $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 unless you validly assign it otherwise. 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 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 it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.
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.

_Signed_  
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 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, as recognized under the laws of the jurisdiction of celebration; and
(2) your or your spouse’s natural, legally adopted, stepchildren, children for whom you are responsible under a court order, grandchildren in your court-ordered custody or any child who lives with you in a parent-child relationship, 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 you for more than one-half of their support and maintenance.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

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 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.

If a 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. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

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 end of the calendar month the dependent no longer meets the eligibility requirements; or
(2) 31 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

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

(1) has attained the age of 99; 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) is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
(4) loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Both contributory and non-contributory 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.

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.

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 $500,000 for an employee or $150,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than $325,000 for an employee or $97,500 for a spouse.

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 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65 and to 50% of the amount of insurance in force on the day prior to the attainment of age 70. Insurance terminates at age 99.
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 99th 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 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 or child ceases to be eligible as defined under the terms of the certificate 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 coverage being continued under this supplement.

Secretary

President
This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70316, issued by Securian Life Insurance Company to Arizona State University. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to Arizona residents:

1. The provision entitled “What is your agreement with us?” under the General Information section of the certificate 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. 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, and a copy is provided to you or your beneficiary.

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 made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application, and a copy is provided to you or your beneficiary.

3. The provision entitled “How do you convert your insurance? under the Conversion Right section of the certificate is amended in its entirety and replaced with the following:

   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.

   If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

Secretary

President
To be attached to and made a part of Group Policy number 70316, issued by Securian Life Insurance Company to Arizona State University. This amendment is effective as of January 1, 2018. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The Certificate of Insurance for Class 2 is amended.

As a result, the following changes are made to the Group Policy:

- The Certificate of Insurance Schedule on page 2 of the policy is replaced in its entirety with the attached Certificate of Insurance Schedule EdF90117-1 Rev 4-2018
- The Group Term Life Certificate of Insurance EdF90118 bearing the date of Rev 4-2018 replaces the prior attached certificate

Agreed to by Securian Life Insurance Company this 9th day of April, 2018.

By _____________________________________
Vice President and Actuary  cas
Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<table>
<thead>
<tr>
<th>Certificate Title</th>
<th>Certificate Form Number</th>
<th>Applies To</th>
<th>Revision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>April 9, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificate Title</th>
<th>Certificate Form Number</th>
<th>Applies to</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 1: All active employees</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018</td>
</tr>
</tbody>
</table>
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.

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
GENERAL INFORMATION

POLICYHOLDER: Arizona State University

POLICY NUMBER: 70316

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

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

POLICY EFFECTIVE DATE: January 1, 2018. This specifications page represents the plan of insurance in effect as of January 1, 2018 as revised on 4/9/2018.

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 eligible retirees of the policyholder and its associated companies working in the United States in the following class:

Class 2 All Retired Employees

NO DOUBLE COVERAGE: A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: Not applicable

WAITING PERIOD: None

MINIMUM HOURS PER WEEK REQUIRED: None

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 2</td>
<td>$5,000</td>
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</table>

Supplemental Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Supplemental Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Basic insurance is noncontributory insurance for retires with 15 or more years of service at the time of retirement; basic insurance is contributory for all other retirees.

Supplemental insurance for retirees with 15 or more years of years of service at the time of retirement: supplemental insurance is non-contributory.

Supplemental insurance for retires with 10 years but less than 15 years of years of service at the time of retirement: coverage is contributory.

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:

A retiree 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 retiree must be insured for supplemental life insurance in order to be insured for dependents life insurance.

Spouse Life Insurance

<table>
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<th>Eligible Class</th>
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<tbody>
<tr>
<td>Class 2</td>
<td>$2,000</td>
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</table>

Child Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Child Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

An employee’s first eligible newborn child is automatically covered for $2,500 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.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Dependents insurance is contributory insurance.

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits
Dependents Term Life
Portability
Definitions

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.

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

earnings
Your annual base salary 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.

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.

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. You are not eligible until the first day following the waiting period.

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
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.

Are retired employees eligible for insurance?

Yes. The specifications page identifies eligibility for retiree life insurance. The minimum hours per week and actively at work requirements will not apply to retired 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.

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.

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 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 natural or adopted 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 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.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within 30 calendar 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) 31 days (the grace period) after the due date of any premiums which are not paid; or
(2) 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 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.
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 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. 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, 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 or dependent 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. you have not assigned and are the sole owner of the certificate; and
3. 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 $10,000. The maximum death benefit that can be accelerated is $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 $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 unless you validly assign it otherwise. 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 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 it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.
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
**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, as recognized under the laws of the jurisdiction of celebration; and
2. your or your spouse’s natural, legally adopted, stepchildren, children for whom you are responsible under a court order, grandchildren in your court-ordered custody or any child who lives with you in a parent-child relationship, 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 you for more than one-half of their support and maintenance.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

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 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.

If a 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. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

**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 end of the calendar month the dependent no longer meets the eligibility requirements; or
(2) 31 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 will not be eligible to request coverage under this supplement if he or she:

1. has attained the age of 99; 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. is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
4. loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Both contributory and non-contributory 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.

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.

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 $500,000 for an employee or $150,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than $325,000 for an employee or $97,500 for a spouse.

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 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65 and to 50% of the amount of insurance inforce on the day prior to the attainment of age 70. Insurance terminates at age 99.
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 99th 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 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 or child ceases to be eligible as defined under the terms of the certificate 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 coverage being continued under this supplement.

Secretary

President
This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70316, issued by Securian Life Insurance Company to Arizona State University. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to Arizona residents:

1. The provision entitled “What is your agreement with us?” under the General Information section of the certificate 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. 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, and a copy is provided to you or your beneficiary.

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 made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application, and a copy is provided to you or your beneficiary.

3. The provision entitled “How do you convert your insurance?” under the Conversion Right section of the certificate is amended in its entirety and replaced with the following:

   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.

   If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

Secretary

President
Read Your Policy Carefully

This policy was issued to the policyholder on the effective date shown above. We promise to pay the benefits provided by this policy, subject to its conditions, limitations, and exceptions. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums.

Signed for Securian Life Insurance Company at St. Paul, Minnesota on the effective date.

Secretary

President

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GROUP TERM LIFE INSURANCE POLICY • NONPARTICIPATING
Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<table>
<thead>
<tr>
<th>Certificate Title</th>
<th>Certificate Form Number</th>
<th>Applies To</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 1: All active employees</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td>Employee Group Term Life Certificate of Insurance</td>
<td>14-31702</td>
<td>Class 2: Retired employees</td>
<td>January 1, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificate Endorsement Title</th>
<th>Certificate Endorsement Form Number</th>
<th>Applies To</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Term Life Insurance Certificate Endorsement</td>
<td>14-31720</td>
<td>All active and retired employees</td>
<td>January 1, 2018</td>
</tr>
</tbody>
</table>
Definitions

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 this policy.

contributory insurance
Insurance for which an employee is required to make premium contributions.

noncontributory insurance
Insurance for which an employee is not required to make premium contributions.

policyholder
The owner of the group policy as shown on the first page of this policy.

we, our, us
Securian Life Insurance Company.

you, your
The policyholder.

General Information

What is your agreement with us?
This policy and your application contain the entire insurance contract between you and us. Any statements you make will, in the absence of fraud, be considered representations and not warranties. Also, any statement that you make will not be used to void this policy, nor will it be used in our defense if we refuse to pay a claim, unless the statement is contained in your application.

No change or waiver of any provisions of this policy, or any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice-president, our secretary, or an assistant secretary. No agent or other person has the authority to change or waive any provisions of this policy, or of any certificate issued under it.

Are employees of associated companies eligible for insurance under this policy?
Yes. Employees of associated companies may be eligible for insurance under this policy. You represent any associated company in all transactions pertaining to this policy. Your acts or omissions and every notice given by us to you 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.

Can this policy be amended?
Yes. The insured's consent is not required to amend this policy or any certificates issued under it. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

Premiums

When and how often are premiums due?
Unless we have agreed to some other premium payment procedure, premiums for this policy are remitted to us monthly. Premiums are due on the premium due date as shown on the first page of this policy. We apply premiums consecutively to keep the insurance in force.

Premium contributions for contributory insurance are to be paid to you. The premium contributions by insureds for contributory insurance should be remitted to us as due along with the premiums payable for noncontributory insurance.

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 you and we agree.

We may change the premium rate:

(1) on any premium due date following the expiration of any rate guarantee period; or

(2) on any premium due date following the date that the amount of insurance in force for any one coverage or across coverages changes by more than 25% 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) with prior notification of 30 days; or

(3) anytime the policy terms are amended.

What factors do we consider when premium is changed?
If premium is changed, the change will be based upon future estimated or emerging experience, which factors include: interest rates, mortality, taxes, our expenses and profit considerations.

Can a premium be paid after the date it is due?
Yes. This policy has a 31-day grace period. If a premium is not paid on or before the date it is due, that premium may be paid during the 31-day period following the due date. The insurance under this policy will remain in effect during the 31-day grace period.
Can the premium be adjusted?

Yes. An adjustment will be made to the premium on each due date for insurance which was effective or terminated before the most recent due date, but not reflected in prior premium payments, so that the correct premium is paid.

Termination

When does this group policy terminate?

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

1. 31 days (the grace period) after the due date of any premiums which are not paid; or
2. 31 days after we provide you with notice of our intent to terminate this policy.

Additional Information

Are you required to maintain records?

Yes. You are required to maintain adequate records of any information necessary for us to administer this policy. We will have reasonable access to such records in order to administer the policy.

If an administration or clerical error is made in keeping records on or administering the insurance under this 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 this 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 a certificate of insurance be provided for each insured?

Yes. We will provide you with a certificate of insurance for delivery to each insured. The certificate will include information regarding the principal provisions of his or her coverage.

Are you our agent?

No. For all purposes of this policy, neither you, an associated company, nor any administrator you appoint is our agent. We will not be liable for any of your acts or omissions or those of an associated company or administrator.

Will the provisions of this policy conform with state law?

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

Does ownership of this policy entitle you to membership in Securian Life Insurance Company’s parent company?

No. The ultimate parent company of Securian Life Insurance Company is a mutual insurance holding company. This policy does not entitle you to any holding company membership rights.
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

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
GENERAL INFORMATION

POLICYHOLDER: Arizona State University

POLICY NUMBER: 70316

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

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

POLICY EFFECTIVE DATE: January 1, 2018.

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 following class:

Class 1 All Active Employees

NO DOUBLE COVERAGE:

A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD:

Not applicable for noncontributory insurance; 30 days from date of hire for contributory insurance.

WAITING PERIOD:

None

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>One times annual base salary, rounded to the next higher $1,000 if not already a multiple thereof less $15,000, subject to a minimum of $5,000 and a maximum of $385,000.</td>
</tr>
</tbody>
</table>
Supplemental Life Insurance
An amount elected by the employee from the following options:

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Supplemental Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>One, two or three times annual base salary, multiplied then rounded to the next higher $1,000 if not already a multiple thereof, subject to a maximum of $1,000,000.</td>
</tr>
</tbody>
</table>

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

Basic and Supplemental Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Basic and Supplemental AD&amp;D Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount equal to the amount of basic and supplemental life insurance for which the employee is insured under the group policy.</td>
</tr>
</tbody>
</table>

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:
The amount of basic life, basic AD&D, supplemental life and supplemental AD&D insurance on an employee age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<table>
<thead>
<tr>
<th>Age of Employee</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 - 74</td>
<td>40%</td>
</tr>
<tr>
<td>75 and over</td>
<td>25%</td>
</tr>
</tbody>
</table>

Age reductions will apply the first pay period following an insured employee’s 70th, and 75th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:
Basic insurance is noncontributory insurance; 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 basic insurance:
All basic insurance is guaranteed issue.

For supplemental insurance:
The lesser of three times annual base salary 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 IN ELIGIBLE CLASS OR EARNINGS:

Increases and decreases due to a change in eligible class or earnings will become effective the first pay period following the change in eligible class or 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 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.

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

Spouse Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Spouse Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount elected by the employee from the following options: $5,000, $15,000, $25,000 or $50,000, not to exceed 100% of employees combined basic and supplemental life insurance amount.</td>
</tr>
</tbody>
</table>

Child Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Child Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>An amount elected by the employee from the following options: $2,500, $7,500, $12,500 or $25,000 not to exceed 100% of the employees combined basic and supplement life insurance amount.</td>
</tr>
</tbody>
</table>

An employee’s first eligible newborn child is automatically covered for $2,500 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.

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 insurance: $25,000
For child insurance: All coverage 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: Changes to your elections can only be made at annual open enrollment or within 30 days of a Qualified Status Change, as that term is defined by your employer. Coverage that does not require evidence of insurability will be effective on 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 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 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 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 will be insured for the guaranteed issue amount.
- At Qualified Status Change or annual open enrollment, a request that exceeds the amounts indicated below as not requiring evidence of insurability.
- At Qualified Status Change or annual open 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 below in the “Certain Qualified Status Changes” section.

ONE TIME OPEN ENROLLMENT: The employer will hold a one-time open enrollment prior to the policy effective date. During this enrollment, the following elections will not require evidence of insurability:

- Employees currently enrolled in supplemental life can increase existing coverage to an amount not to exceed the lesser of three times annual base salary or $500,000.
- Employees not enrolled in supplemental life coverage may elect one times annual base salary up to a maximum of $500,000.
- Employees currently enrolled in spouse supplemental life insurance can increase existing coverage to $25,000.
- Any child life election.

Coverage will be effective on the policy effective date, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.
ANNUAL OPEN ENROLLMENTS: During the employer’s annual open enrollment, the following election changes can be made without providing evidence of insurability, provided the insured receiving the increase has not previously been declined any insurance amount by us under the group policy due to evidence of insurability being found unsatisfactory:

- An employee may elect coverage for the first time at the one times annual base salary not to exceed $500,000.
- An employee with existing supplemental life insurance may increase his or her supplemental life coverage by one times annual base salary, provided the resulting amount of insurance does not exceed the lesser of three times annual base salary or $500,000.
- An employee with existing spouse life insurance may increase his or her spouse life insurance by one increment, provided the resulting amount of insurance does not exceed $25,000.
- An employee may elect any child life amount.

Coverage will be effective on the 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 30 days of the status change and the insured receiving the increase has not previously been declined any insurance amount by us under the group policy due to evidence of insurability being found unsatisfactory:

- An employee may increase his or her supplemental life coverage by one times annual base salary, provided the resulting amount of insurance does not exceed the lesser of three times annual base salary or $500,000.
- An employee may increase his or her spouse life insurance by one increment, provided the resulting insurance amount does not exceed $25,000.
- An employee may elect any child life amount.

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

Qualified Status Change for this purpose means:
- Birth or adoption or otherwise acquiring a newly eligible child.
- Marriage.
- Spouse loses coverage due to loss of employment.

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits
Accidental Death and Dismemberment
Dependents Term Life
Portability
Waiver of Premium
Definitions

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.

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

earnings
Your annual base salary 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.

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.

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. You are not eligible until the first day following the waiting period.

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
(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, temporary layoff, sabbaticals or business leaves subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment.

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

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 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 natural or adopted 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 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.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within 30 calendar 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. 31 days (the grace period) after the due date of any premiums which are not paid; or
2. 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 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.
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 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. 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, 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 or dependent 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. you have not assigned and are the sole owner of the certificate; and
3. 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 $10,000. The maximum death benefit that can be accelerated is $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 $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 unless you validly assign it otherwise. 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 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 it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.
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.

_Signed_  
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. In addition, an employee may elect coverage for his or her spouse and/or dependent child(ren) who are insured under the Dependents Term Life Insurance Certificate Supplement attached to the certificate. All references to an insured in this supplement shall include dependents. All provisions of this supplement applicable to an “insured” shall apply to an insured dependent.

When does insurance under this supplement become effective?
Insurance becomes effective on the date that all of the following conditions have been met:

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

For an insured employee who has existing dependent coverage in force, any newly acquired dependent who meets the requirements will automatically become insured when he or she becomes eligible unless additional premium is required for the newly eligible dependent, in which case coverage will become effective as described above.

If a 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. This provision shall not apply to a newborn child. However, in no event will insurance on a dependent be effective before the employee’s insurance under the group policy is effective.

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 the insured’s 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 evidenced by a visible contusion or wound, except in the case of accidental drowning. 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, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
(7) 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
(8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
(9) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
(10) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft; or
(11) 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:

<table>
<thead>
<tr>
<th>TYPE OF LOSS</th>
<th>PERCENT OF AMOUNT OF INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and Index Finger of One Hand</td>
<td>25%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
</tr>
</tbody>
</table>

Loss of hands or feet means complete severance at or above the wrist or ankle joints. 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.

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:

(1) $10,000; 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 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.

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 insured dependent children under
age 13, we will pay additional benefits to reimburse for
child care expenses incurred for your dependent children
while under age 13.

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

1. 10% of your amount of AD&D insurance; or
2. $10,000; 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 six
years after the date of your death or for expenses incurred
for dependent children over age 13. 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.

Coma Benefit

What is the coma benefit?

If an insured lapses into a coma as a result of and within
365 days of a covered accidental injury, and such coma
has lasted for a minimum of 31 days, we will pay a
monthly benefit equal to 5% of the insured’s amount of
AD&D insurance for eleven months. If you continue to be
comatose for twelve months, the plan will pay the balance
of principal sum of your AD&D insurance.

Coma means a state of profound unconsciousness with no
evidence of appropriate responses to stimulation. The
insured must be confined in a medical facility and
diagnosed as comatose by a licensed physician.

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. 2% of your amount of insurance; or
3. $15,000.

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 25. 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 an insured’s body has not been found after one year from
the date the conveyance in which he or she was 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 the insured was a
passenger on the conveyance, that the insured has 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 an insured suffers 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.

**Permanent Disfigurement Benefit**

**What is the permanent disfigurement benefit?**

If you are critically burned and disfigured to the point of requiring reconstructive or cosmetic surgery as a result of a covered accident which occurs while you are performing your customary duties at the employer’s normal place of business or at other places the employer’s business requires you to travel, we will pay a benefit equal to 50% of your amount of AD&D insurance.

Critically burned and disfigured means third degree burns over at least 25% of the body.

**Repatriation Benefit**

**What is the repatriation benefit?**

If, as a result of a covered accident, an insured dies at least 200 miles from his or her principal residence, an additional accidental death benefit shall be paid for the preparation and transportation of the body to a mortuary. The additional benefit shall be the lesser of the actual cost of such preparation and transportation or $5,000. The benefit will be paid to the person who has or who will incur such cost, as evidenced to the satisfaction of us. This may or may not be the beneficiary for the rest of the accidental death proceeds. We may at our sole discretion pay benefits directly to the facility handling the preparation and/or transportation. All determinations and payments by us will be final and fully release and discharge us from any further liability under this repatriation benefit.

**Seatbelt Benefit**

**What is the seatbelt 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:

1. $10,000; 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 insured spouse, provided that your spouse enrolls in a program of higher education within 12 months after your death.

The benefit payable will be the lesser of:

1. the actual tuition charged for all such education; or
2. 100% of your amount of AD&D insurance; or
3. $20,000.
4. Only expenses occurring within 4 years after the date of your death will be eligible for reimbursement.

**Total and Permanent Accidental Disability Single Payment Benefit**

**What is the total and permanent accidental disability single payment benefit?**

If you become totally and permanently disabled as a result of a covered accident for which a benefit is not already payable under the schedule of losses, subject to all exclusions and limitations, we will pay a single payment benefit equal to 100% of your amount of AD&D insurance.

A total and permanent accidental disability is an accidental disability which occurs prior to your 65th birthday, has continued for at least 12 consecutive months, and will continuously prevent you from engaging in a business or an occupation for compensation or profit on a full or part time basis, and which will presumably prevent you for life from performing any work or engaging in any business on a full or part time basis.

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 total and permanent accidental disability benefit.
Termination

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

An insured’s coverage ends on the earliest of:

1. the date you are no longer covered for life insurance under the group policy; or
2. 31 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
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, as recognized under the laws of the jurisdiction of celebration; and
2. your or your spouse’s natural, legally adopted, stepchildren, children for whom you are responsible under a court order, grandchildren in your court-ordered custody or any child who lives with you in a parent-child relationship, 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 you for more than one-half of their support and maintenance.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

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 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.

If a 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. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

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 end of the calendar month the dependent no longer meets the eligibility requirements; or
(2) 31 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
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 will not be eligible to request coverage under this supplement if he or she:

1. has attained the age of 99; 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. is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
4. loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Both contributory and non-contributory 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.

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.

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 $500,000 for an employee or $150,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than $325,000 for an employee or $97,500 for a spouse.

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 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65 and to 50% of the amount of insurance in force on the day prior to the attainment of age 70. Insurance terminates at age 99.
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 99th 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 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 or child ceases to be eligible as defined under the terms of the certificate 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 coverage being continued under this supplement.

Secretary

President
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 65. 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, 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.

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 65th 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. 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 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 65th 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 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.

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
This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70316, issued by Securian Life Insurance Company to Arizona State University. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to Arizona residents:

1. The provision entitled “What is your agreement with us?” under the General Information section of the certificate 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. 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, and a copy is provided to you or your beneficiary.

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 made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application, and a copy is provided to you or your beneficiary.

3. The provision entitled “How do you convert your insurance?” under the Conversion Right section of the certificate is amended in its entirety and replaced with the following:

   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.

   If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

Secretary

President
Employee Group Term Life Certificate of Insurance

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

Class 2: Retirees

POLICYHOLDER: Arizona State University

POLICY NUMBER: 70316

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

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GROUP TERM LIFE CERTIFICATE OF INSURANCE
GENERAL INFORMATION

POLICYHOLDER: Arizona State University

POLICY NUMBER: 70316

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

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

POLICY EFFECTIVE DATE: January 1, 2018.

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 eligible retirees of the policyholder and its associated companies working in the United States in the following class:

Class 2 All Retired Employees

NO DOUBLE COVERAGE: A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: Not applicable

WAITING PERIOD: None

MINIMUM HOURS PER WEEK REQUIRED: None

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 2</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Supplemental Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Supplemental Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Basic and Supplemental Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Basic and Supplemental AD&amp;D Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>An amount equal to the amount of basic and supplemental life insurance for which the retiree is insured under the group policy.</td>
</tr>
</tbody>
</table>

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS: The amount of basic life, basic AD&D, supplemental life and supplemental AD&D insurance on a retiree age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<table>
<thead>
<tr>
<th>Age of Retiree</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 - 74</td>
<td>40%</td>
</tr>
<tr>
<td>75 and over</td>
<td>25%</td>
</tr>
</tbody>
</table>

Age reductions will apply the first of the month following an insured retiree’s 70th, and 75th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY: Basic insurance is noncontributory insurance for retires with 15 or more years of service at the time of retirement; basic insurance is contributory for all other retirees. Supplemental insurance is contributory insurance.

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:

A retiree 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 retiree must be insured for supplemental life insurance in order to be insured for dependents life insurance.

Spouse Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Spouse Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Child Life Insurance

<table>
<thead>
<tr>
<th>Eligible Class</th>
<th>Amount of Child Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 2</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Dependents insurance is contributory insurance.

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits
Accidental Death and Dismemberment
Dependents Term Life
Portability
Definitions

**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.

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

**earnings**
Your annual base salary 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.

**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.

**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. You are not eligible until the first day following the waiting period.

**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.

Are retired employees eligible for insurance?

Yes. The specifications page identifies eligibility for retiree
life insurance. The minimum hours per week and actively
at work requirements will not apply to retired 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.

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.

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 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 natural or adopted 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 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.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within 30 calendar 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) 31 days (the grace period) after the due date of any premiums which are not paid; or
(2) 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 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.
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 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. 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, 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 or dependent 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. you have not assigned and are the sole owner of the certificate; and
3. 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 $10,000. The maximum death benefit that can be accelerated is $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 $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 unless you validly assign it otherwise. 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 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 it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.
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.

\[Signature:\text{Secretary}\quad \text{Signature:\text{President}}\]
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 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. In addition, an employee may elect coverage for his or her spouse and/or dependent child(ren) who are insured under the Dependents Term Life Insurance Certificate Supplement attached to the certificate. All references to an insured in this supplement shall include dependents. All provisions of this supplement applicable to an "insured" shall apply to an insured dependent.

When does insurance under this supplement become effective?

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

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

For an insured employee who has existing dependent coverage inforce, any newly acquired dependent who meets the requirements will automatically become insured when he or she becomes eligible unless additional premium is required for the newly eligible dependent, in which case coverage will become effective as described above.

If a 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. This provision shall not apply to a newborn child. However, in no event will insurance on a dependent become effective before the employee’s insurance under the group policy is effective.

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 the insured’s 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 evidenced by a visible contusion or wound, except in the case of accidental drowning. 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, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
(7) 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
(8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
(9) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
(10) travel in or descent from any aircraft, except
as a fare-paying passenger on a regularly
scheduled commercial flight on a licensed
passenger aircraft; or
(11) 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:

<table>
<thead>
<tr>
<th>TYPE OF LOSS</th>
<th>PERCENT OF AMOUNT OF INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and Index Finger of One Hand</td>
<td>25%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
</tr>
</tbody>
</table>

Loss of hands or feet means complete severance at or
above the wrist or ankle joints. 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.

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:

1. $10,000; 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 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.

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 insured dependent children under age 13, we will pay additional benefits to reimburse for child care expenses incurred for your dependent children while under age 13.

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

1. 10% of your amount of AD&D insurance; or
2. $10,000; 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 six years after the date of your death or for expenses incurred for dependent children over age 13. 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.

Coma Benefit

What is the coma benefit?

If an insured lapses into a coma as a result of and within 365 days of a covered accidental injury, and such coma has lasted for a minimum of 31 days, we will pay a monthly benefit equal to 5% of the insured’s amount of AD&D insurance for eleven months. If you continue to be comatose for twelve months, the plan will pay the balance of principal sum of your AD&D insurance.

Coma means a state of profound unconsciousness with no evidence of appropriate responses to stimulation. The insured must be confined in a medical facility and diagnosed as comatose by a licensed physician.

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. 2% of your amount of insurance; or
3. $15,000.

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 25. 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 an insured’s body has not been found after one year from the date the conveyance in which he or she was 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 the insured was a passenger on the conveyance, that the insured has 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 an insured suffers 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.

**Permanent Disfigurement Benefit**

**What is the permanent disfigurement benefit?**

If you are critically burned and disfigured to the point of requiring reconstructive or cosmetic surgery as a result of a covered accident which occurs while you are performing your customary duties at the employer’s normal place of business or at other places the employer’s business requires you to travel, we will pay a benefit equal to 50% of your amount of AD&D insurance.

Critically burned and disfigured means third degree burns over at least 25% of the body.

**Repatriation Benefit**

**What is the repatriation benefit?**

If, as a result of a covered accident, an insured dies at least 200 miles from his or her principal residence, an additional accidental death benefit shall be paid for the preparation and transportation of the body to a mortuary. The additional benefit shall be the lesser of the actual cost of such preparation and transportation or $5,000. The benefit will be paid to the person who has or who will incur such cost, as evidenced to the satisfaction of us. This may or may not be the beneficiary for the rest of the accidental death proceeds. We may at our sole discretion pay benefits directly to the facility handling the preparation and/or transportation. All determinations and payments by us will be final and fully release and discharge us from any further liability under this repatriation benefit.

**Seatbelt Benefit**

**What is the seatbelt 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:

1. $10,000; 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.

**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 insured spouse, provided that your spouse enrolls in a program of higher education within 12 months after your death.

The benefit payable will be the lesser of:

1. the actual tuition charged for all such education; or
2. 100% of your amount of AD&D insurance; or
3. $20,000.
4. Only expenses occurring within 4 years after the date of your death will be eligible for reimbursement.

**Total and Permanent Accidental Disability Single Payment Benefit**

**What is the total and permanent accidental disability single payment benefit?**

If you become totally and permanently disabled as a result of a covered accident for which a benefit is not already payable under the schedule of losses, subject to all exclusions and limitations, we will pay a single payment benefit equal to 100% of your amount of AD&D insurance.

A total and permanent accidental disability is an accidental disability which occurs prior to your 65th birthday, has continued for at least 12 consecutive months, and will continuously prevent you from engaging in a business or an occupation for compensation or profit on a full or part time basis, and which will presumably prevent you for life from performing any work or engaging in any business on a full or part time basis.

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 total and permanent accidental disability benefit.
**Termination**

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

An insured's coverage ends on the earliest of:

1. the date you are no longer covered for life insurance under the group policy; or
2. 31 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.

[Signatures]

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 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, as recognized under the laws of the jurisdiction of celebration; and
(2) your or your spouse’s natural, legally adopted, stepchildren, children for whom you are responsible under a court order, grandchildren in your court-ordered custody or any child who lives with you in a parent-child relationship, 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 you for more than one-half of their support and maintenance.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

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 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.

If a 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. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

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

(1) has attained the age of 99; 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) is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
(4) loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Both contributory and non-contributory 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.

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.

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 $500,000 for an employee or $150,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than $325,000 for an employee or $97,500 for a spouse.

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 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65 and to 50% of the amount of insurance in force on the day prior to the attainment of age 70. Insurance terminates at age 99.
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 99th 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 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 or child ceases to be eligible as defined under the terms of the certificate 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 coverage being continued under this supplement.

Secretary

President
This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70316, issued by Securian Life Insurance Company to Arizona State University. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to Arizona residents:

1. The provision entitled “What is your agreement with us?” under the General Information section of the certificate 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. 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, and a copy is provided to you or your beneficiary.

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 made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application, and a copy is provided to you or your beneficiary.

3. The provision entitled “How do you convert your insurance? under the Conversion Right section of the certificate is amended in its entirety and replaced with the following:

   **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.

   If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

\[Signature\]

Secretary

\[Signature\]

President
GROUP TERM LIFE CERTIFICATE OF INSURANCE