

**Accidental Death and Dismemberment
Certificate of Insurance**

MINNESOTA LIFE

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

**State of Maryland
Accidental Death and Dismemberment Group Insurance Plan
Effective January 1, 2016**

Read Your Certificate Carefully

You are insured under the group policy shown on the certificate 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.

Legal Actions

No legal action may be brought to recover on this certificate within the first sixty days after written proof of loss has been given as required by this certificate. No such action may be brought after three years from the time written proof of loss is required to be given.



Secretary



President

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ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE OF INSURANCE

Accidental Death and Dismemberment Certificate Specifications Page

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GENERAL INFORMATION

POLICYHOLDER: State of Maryland **POLICY NUMBER:** 34190-G

POLICY EFFECTIVE DATE: July 1, 2013

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

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

GROUP: The group is composed of all active and retired employees of the policyholder and its associated companies as defined by COMAR 17.04.13.03 as active members.

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

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

<u>Eligible Class</u>	<u>Amount of AD&D Insurance</u>
All eligible active employees	\$100,000, \$200,000 or \$300,000 as elected by the employee.

DEPENDENTS BENEFIT SCHEDULE

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

The amount of Dependent's AD&D insurance is based on the composition of the employee's family as follows:

<u>Employee's Family Consists of</u>	<u>Amount of AD&D Insurance</u>
Spouse and Eligible Children	Spouse: 55% of employee's amount of insurance Each Child: 15% of employee's amount of insurance*
Spouse and No Eligible Children	Spouse: 65% of employee's amount of insurance
No Spouse but Eligible Children	Each Child: 25% of employee's amount of insurance*

* The maximum benefit for child coverage is \$50,000.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: All AD&D insurance is contributory insurance.

INCREASES AND DECREASES: Dependents insurance shall automatically increase or decrease as the employee's amount of insurance increases or decreases.

Definitions

application

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

attained age

The insured's age as of his or her last birthday as determined on the policy anniversary date.

eligible person

As defined by COMAR 17.04.13.03 (excluding A1-10) as amended.

employer, policyholder

The State of Maryland.

insured

An eligible person or dependent of an eligible person who is covered for insurance under this certificate.

specifications page

The outline which summarizes your coverage under the group policy.

licensed physician

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.

we, our, us

Minnesota Life Insurance Company.

you, your, certificate holder

An insured person.

General Information

What is your agreement with us?

You are insured under the group policy 34190-G issued under policy form number 13-31487 et al. Your application is deemed a part of this certificate. This certificate summarizes the principal provisions of your accidental death and dismemberment insurance provided by the group policy. The provisions summarized in this certificate are subject in every respect to the group policy.

This certificate is issued in consideration of your application and the payment of the required premium.

In making any benefits determination under this certificate and the group policy, we shall have the discretionary

authority both to determine an individual's eligibility for benefits and to construe the terms of this certificate and the group policy.

Can this certificate be amended?

Yes. Your consent is not required to amend this certificate. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

Who is eligible for insurance?

You are eligible if you:

- (1) are an eligible employee and of an eligible class as defined in the group policy; and
- (2) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

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 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 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.

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

Yes. Insurance may be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment and is subject to the following maximum time frames:

- (1) for an employee on a non-medical leave of absence or temporary layoff, insurance may be continued for up to two years from the last day the insured employee was actively at work.

- (2) for an employee on an approved FMLA leave, insurance may be continued until the insured is no longer on an approved FMLA leave.
- (3) for an employee on a military leave of absence, insurance may be continued for up to five years from the last day the insured employee was actively at work.
- (4) For an employee on a medical leave of absence insurance may be continued up to age 65 or one year, whichever is longer.

Continuation of insurance must be in accordance with practices and procedures that preclude individual selection.

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.

Enrollment

When can you elect or make changes to your insurance?

You must enroll in order to be insured under the group policy. You can enroll for coverage within 60 days of when you first become eligible. After that period, you can only enroll for coverage or make changes during your employer's annual open enrollment or within 60 days of a qualified status change event. Qualified status change is defined by the policyholder based on state and federal rules and regulations.

When does insurance become effective?

Insurance becomes effective at 12:00 a.m. local time on the day following the end of the pay period during which the first contribution has been taken for such insurance after all of the following conditions have been met:

- (1) you meet all eligibility requirements, including the actively at work requirement; and
- (2) you apply for the insurance on forms which are approved by us; and
- (3) the required premium has been paid.

In addition, elections made during an annual open enrollment period will not become effective prior to the effective date of that enrollment.

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 periodic basis. We apply premiums consecutively to keep the insurance in force. Premium rates are subject to change in accordance with the group policy.

Can a premium be paid after the date it is due?

Yes. The group 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 the group policy will remain in effect during the 31-day grace period.

Accidental Death and Dismemberment Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death or dismemberment by accidental injury means that an insured's death or dismemberment results, directly and independently of all other causes, from an accidental injury which is unintended, unexpected, and unforeseen. The accident must occur while the insured's coverage is in force. The insured's death or dismemberment must occur within 365 days after the date of the injury.

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 attached to this certificate. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
Speech and Hearing	100%
One Hand and One Foot	100%
One Foot and Sight of One Eye	100%
One Hand and Sight of One Eye	100%
Quadriplegia	100%
Brain Damage	100%
One Arm or One Leg	75%
Hemiplegia	75%
Sight of One Eye	50%
Speech or Hearing	50%
One Hand or One Foot	50%
Paraplegia	50%
Thumb and Index Finger of One Hand	25%
Coma	1% monthly beginning on
.....	the 7th day of the Coma
.....	for the duration of the
.....	coma for up to 60 months

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 and index finger means complete severance of both the thumb and the index finger at or above the metacarpophalangeal joints.

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.

Brain Damage means the permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persist for 12 consecutive months after the date of the accidental injury.

Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

A benefit is not payable for both loss of thumb and index finger of one hand and the loss of one hand for injury to the same hand as a result of any one accident. Under no circumstance will more than one payment be made for the same loss or paralysis of the same limb.

Benefits may be paid for more than one accidental injury, but the total amount of insurance payable for all of an insured's losses due to any one accident, not including any amount paid according to the terms of the Additional Benefits sections of this certificate, will never exceed the insured's full amount of insurance shown on the specifications page attached to this certificate.

What are the notice of claim and proof of loss requirements?

Written notice of injury on which a claim may be based must be given to us within 30 days after the accident. However, failure to give such notice within the time provided will not invalidate the claim if it is not reasonably possible to give notice within 30 days and if it is shown that the notice was given as soon as reasonably possible. Proof of loss must be furnished to us within 90 days after the date of loss. However, failure to give such proof within the time provided will not invalidate the claim if it is not reasonably possible to give proof within 90 days and if it is shown that proof was given as soon as reasonably possible and except in the absence of legal capacity of the claimant, not later than one year from the time proof is otherwise required.

When we receive written notice of claim, we will send the claimant our claim forms if he or she needs them. If the claimant does not receive the forms within 15 days after notice of claim is received, we will accept his or her written description of proof of the occurrence, character, and extent of the loss for which the claim is made as proof of loss.

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When will the accidental death or dismemberment benefit be payable?

We will pay the accidental death and dismemberment benefit within 30 days of written proof satisfactory to us that an insured died or suffered a covered dismemberment 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 accidental death or dismemberment benefit?

In the case of your accidental death, we will pay the accidental death benefit to your beneficiary or beneficiaries. All other benefits will be payable to you, if living, otherwise to your estate.

You should designate a beneficiary or beneficiaries when you first enroll under the plan. You can change your 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 we make available under the plan. Any beneficiary designation shall take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving the designation.

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

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

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

- (1) your lawful spouse, 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 brothers and sisters in equal shares, if living; otherwise
- (5) the personal representative of your estate.

Exclusions

What are the exclusions under this certificate?

In no event will we pay the accidental death or dismemberment benefit where the insured's death or dismemberment results from or is caused directly or indirectly by any of the following:

- (1) physical or mental illness, diagnosis of or treatment for the illness; or
- (2) an infection, unless it is caused by an external wound that can be seen and which was sustained in an accident; or
- (3) suicide or attempted suicide; or
- (4) injuring oneself on purpose; or
- (5) the use of any drug or medicine; or
- (6) a loss for which the contributing cause was the insured's commission of or attempt to commit a felony; or
- (7) a loss for which the contributing cause was the insured being intoxicated or under the influence of any narcotic; or
- (8) service in the armed forces of any country or international authority, except the United States National Guard.

Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the accidental death and dismemberment benefits. Additional benefits are paid in addition to any accidental death and dismemberment benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. All provisions of this certificate, including but not limited to the Exclusions section shall apply to these additional benefits.

Air Bag Benefit

What is the air bag benefit?

If an insured dies 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 accidental death and dismemberment benefit equal to the lesser of \$10,000 or 5% of the insured's amount of insurance but not less than \$1,000, provided:

- (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.

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.

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, 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 certificate.

Child Care Benefit

What is the child care benefit?

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

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

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

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

Child Education Benefit

What is the 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 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 for each child will be the lesser of:

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

The benefit will be payable at the beginning of each school year for a maximum of four consecutive years. The benefit will be paid to the dependent child if he or she is of legal age. If the 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.

Common Accident Benefit

What is the common accident benefit?

If both an insured employee and his or her dependent spouse die from covered accidental injuries sustained in a common accident, the spouse's accidental death benefit will be increased to an amount equal to 100% of the insured employee's amount of AD&D insurance.

Common accident means the same accident or separate accidents that occur within the same 24-hour period.

Common Carrier Benefit

What is the common carrier benefit?

If an insured dies as a result of a covered accident which occurs while the insured is a fare-paying passenger on a common carrier vehicle, we will pay an additional benefit equal to 100% of the insured's amount of AD&D insurance.

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

Exposure Benefit

What is the exposure benefit?

If an insured is unavoidably exposed to the elements by reason of a covered accident and suffers a loss that is included in the list of covered losses as a result of such exposure, such loss will be covered under the terms of this certificate.

Hospital/Extended Care Facility Benefit

What is the hospital benefit?

If an insured requires hospitalization or extended care as a result of a covered accident, an additional benefit will be paid to you during such hospitalization/extended care facility stay. After a four-day waiting period, a monthly benefit equal to 1% of the insured's amount of insurance will be paid, subject to a maximum of \$2,500 per month for up to 12 months.

Payments for periods of less than a full month will be made on a pro-rata (daily accrual) basis. If the period of hospitalization exceeds four days, the benefit will be paid retroactively to the first day of hospitalization. No benefit is payable for hospitalizations of four days or fewer.

Hospital means a facility which:

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

Extended care facility means an institution which:

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

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

Seatbelt Benefit

What is the seatbelt benefit?

If an insured dies 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 accidental death and dismemberment benefit equal to the lesser of \$25,000 or 10% of the insured's amount of insurance but not less than \$1,000, provided:

- (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.

Spouse Education Benefit

What is the spouse education benefit?

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

The benefit is payable for the amount equal to tuition charges incurred for up to 1 academic year, subject to the lesser of \$5,000 or 3% of your amount of AD&D insurance.

Proof of enrollment and tuition costs shall be required before any payment will be made.

Portability Benefit

What is the portability benefit?

The portability benefit provides for continuation of your group accidental death and dismemberment insurance if you no longer meet the eligibility requirements of this certificate, except as provided for herein.

To continue coverage under the provisions of this benefit, you must make a written request and make the first premium contribution within 31 days after insurance provided by the group policy would otherwise terminate. Coverage provided by this benefit will then be deemed effective retroactive to the beginning of the 31-day period. This date is considered to be your portability date and you are then considered to have portability status.

Who is eligible to continue insurance under this benefit?

You are eligible to continue insurance under this benefit if you, except as provided by this benefit, no longer meet the eligibility requirements of this certificate due to any of the following:

- (1) you terminate employment, including retirement; or
- (2) you are no longer in a class eligible for insurance or you are on a leave or layoff; or
- (3) a class or group of employees insured under the policy are no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this policy.

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

- (1) have attained the age of 70; or
- (2) were not actively at work due to sickness or injury on the day immediately preceding your portability date;
- (3) lose eligibility due to a class or group of employees no longer being eligible under the policy and there is a successor plan for that class or group of employees; or
- (4) lose eligibility due to termination of the group policy.

What insurance can be continued under this benefit?

All AD&D insurance may be continued under this benefit. If you elect to continue your own coverage according to the provisions of this benefit, you may also elect to continue contributory insurance for any other individual insured under your certificate. You may also continue coverage under all additional benefits to such certificate which apply to contributory insurance and by which you were insured immediately preceding your portability date, except for the waiver of premium benefit, which shall terminate upon porting.

What is the minimum amount of insurance that can be continued under this benefit?

The minimum amount of insurance that can be continued under this benefit is \$10,000. The minimum does not apply to any other insureds covered under this benefit.

What is the maximum amount of insurance that can be continued under this benefit?

The maximum amount of insurance that can be continued under this benefit is the amount of insurance that was in force on your portability date. But not more than \$500,000.

Will the amount of insurance continued under this benefit change?

Yes. When you attain age 65, the amount of insurance continued under this benefit will reduce to 65% of the amount of insurance in force on the day prior to your attainment of age 65. Insurance terminates at age 70.

Can you request a change in your amount of insurance continued under this benefit?

Yes. You may elect to reduce the amount of insurance provided under your certificate. The remaining amount of insurance must be at least \$10,000. The amount of insurance continued under this benefit will never increase.

How will premium contributions be paid?

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

Can the premium rate change?

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future but will not change more often than once per year.

What happens if you again become eligible under this certificate?

If you are continuing coverage under the provisions of this benefit and again meet the eligibility requirements of this certificate, not including the terms of this benefit, you shall no longer be considered to have portability status. Your insurance may be provided only under the terms of this certificate, not including this benefit, unless and until you no longer meet the eligibility requirements of this certificate and again return to portability status as provided for herein. An insured cannot be covered under this certificate with both portability status and non-portability status.

What happens to insurance provided under this benefit when the group policy terminates?

Notwithstanding anything in this certificate to the contrary, termination of the group policy will not terminate insurance then in force for any person with portability status. 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 benefit will remain in force until terminated by the provision entitled "When will insurance continued under this benefit terminate?".

No individual may elect coverage under this benefit on or after the date of termination of the group policy.

When will insurance continued under this benefit terminate?

Insurance continued under this benefit will terminate at 12: a.m. local time on the earliest of the following:

- (1) the insured's 70th birthday; or
- (2) the date the insured again meets the eligibility requirements of this certificate, not including the terms of this benefit; or

- (3) in the case of a dependent child or a spouse who is insured under your coverage, the date your coverage is no longer being continued under this benefit or the date your spouse or child ceases to be eligible as defined under the terms of this certificate; or
- (4) 31 days after the due date of any premium contribution which is not made.

Termination

When does your insurance end?

Your insurance ends on the earliest at 12:00 a.m. local time of the following:

- (1) the date the group policy ends; or
- (2) if your eligibility ends on the 1st through the 15th of the month, your coverage will terminate on the 16th of that month. If eligibility ends on the 16th through the last day of the month, coverage will terminate on the last day of that month; 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 unpaid premium if the premium remains unpaid at that time; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

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

Family Coverage

If you have dependents, you may elect accidental death and dismemberment coverage for your eligible dependents as described below.

What members of your family are eligible for this benefit?

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

- (1) your lawful spouse who is not legally separated from you and who is not eligible for insurance as an employee under the group policy; and
- (2) your or your spouse's natural, legally adopted children, and stepchildren who are less than 26 years old. 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.
- (3) your or your spouse's grandchildren, legal ward and step-grandchildren or other dependent child

relatives who are less than 25 years old, reside in your home, are unmarried, are not eligible for coverage under their own employer and you provide sole support.

If both parents of a child qualify as eligible employees under the group policy, the child shall be considered a dependent of only one parent for purposes of this benefit. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child.

When does insurance on a dependent become effective?

Insurance on a dependent becomes effective at 12:00 a.m. local time on the date when all of the following conditions have been met:

- (1) the dependent meets all eligibility requirements; and
- (2) you apply for dependents coverage on forms which are approved by us; and
- (3) the required premium has been paid.

Any dependent who, subsequent to the effective date of your certificate supplement for dependents accidental death and dismemberment insurance, meets the requirements of this provision will become insured on the date he or she so qualifies unless additional premium is required. If additional premium is required, the insurance of such later-acquired dependent shall be effective under the same conditions which apply if you were then first becoming eligible for dependents insurance under this certificate.

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 under this certificate is effective.

What is the amount of the accidental death and dismemberment benefit for each insured dependent?

The amount of insurance for a dependent is shown on the specifications page. The "Accidental Death and Dismemberment" section found earlier in this certificate describes the amount of benefits, which are based on the amount of insurance.

To whom will we pay a dependent's accidental death or dismemberment benefit?

A dependent's accidental death or dismemberment benefit will be paid to you, if living, otherwise to your estate.

Dependent Benefit Termination

When does an insured dependent's coverage terminate?

An insured dependent's coverage terminates at 12:00 a.m. local time on the earliest of the following:

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any unpaid premium if the premium remains unpaid at that time; or
- (3) the last day for which premium contributions have been made following an insured employee's written request that insurance on his or her dependents be terminated; or
- (4) the date the employee is no longer covered under the group policy.

You must notify us or the employer when you no longer have any dependents eligible for coverage under this benefit so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this benefit will be refunded without any payment of claim.

Additional Information

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have an insured medically examined at our expense whenever a claim is pending and, where not forbidden by law, we reserve the right to have an autopsy performed at our expense in the case of death.

What if an insured's age has been misstated?

If an insured's age has been misstated, the accidental death or dismemberment benefit payable will be that amount to which the insured is entitled based on his or her correct age.

A premium adjustment will be made to the premium you pay for the insured's noncontributory insurance and to the premium an insured pays for contributory insurance, if any, so that the actual premium required at the insured's correct age is paid.

When does an insured's insurance become incontestable?

A statement made by any person covered under the policy relating to insurability may not be used in contesting the validity of the insurance with respect to which the statement was made after the insurance has been in force before the contest for a period of two years during the person's lifetime. Any statements made in your or an

insured's application will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void the insurance, or reduce benefits under the policy unless the statement is contained in a written instrument signed by you or an insured and a copy of the statement is given to you, an insured or a beneficiary of the insured.

Can your insurance be assigned?

Yes. However, we will not be bound by an assignment of a certificate or of any interest in such certificate unless the assignment is made in writing or through any other method made available under the plan and we send the owner an acknowledgement of the assignment.

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

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 certificate or the group policy, the provision will be amended to conform to such laws and filed and approved in the state prior to use.

Notice

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

MINNESOTA LIFE

NOTICE OF PROTECTION PROVIDED BY MARYLAND LIFE AND HEALTH INSURANCE GUARANTY CORPORATION

This Notice provides a brief summary of the Maryland Life and Health Guaranty Corporation (the Corporation) and the protection it provides for policyholders. This safety net was created under Maryland law, which determines who and what is covered and the amount of coverage.

The Corporation is not a department or unit of the State of Maryland and the liabilities or debts of the Life and Health Insurance Guaranty Corporation are not liabilities or debts of the State or Maryland.

The Corporation was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, the Corporation will typically arrange to continue coverage and pay claims, in accordance with Maryland law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Corporations are:

Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values

Health Insurance

- \$300,000 in health insurance benefits, including net cash surrenders and net cash withdrawal values
- \$500,000 for basic hospital, medical, and surgical insurance or major medical insurance provided by health benefit plans
- \$300,000 for disability insurance
- \$300,000 for long-term care insurance
- \$100,000 for a type of health insurance not listed above, including any net cash surrender and net cash withdrawal values under the types of health insurance listed above

Annuities

- \$250,000 in the present value of annuity benefits, including net cash withdrawal values and net cash surrender values
- With respect to each payee under a structured settlement annuity, or beneficiary of the payee, \$250,000 in present value annuity benefits, in the aggregate, including any net cash surrender and net cash withdrawal values.

The maximum amount of protection for each individual, regardless of the number of policies or contracts is:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of basic hospital, medical, and surgical insurance or major medical insurance
- \$500,000 in aggregate for basic hospital, medical, and surgical insurance or major medical insurance

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Maryland law.

To learn more about the above protections, please visit the Corporation's website at www.mdlifeqa.org, or contact:

Maryland Life and Health Insurance Guaranty Corporation

8817 Belair Road, Suite 208
Perry Hall, Maryland 21236
410-248-0407

Maryland Insurance Administration

200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202
1-800-492-6116, ext. 2170

Insurance companies and agents are not allowed by Maryland law to use the existence of the Corporation or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Corporation coverage. If there is any inconsistency between this notice and Maryland law, then Maryland law will control.

THERESE M. GOLDSMITH
Insurance Commissioner

MINNESOTA LIFE

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

ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE OF INSURANCE