

# Conversion to Classic Life

## How you can keep your life insurance going...

### *even if your group coverage ends.*

If any portion of your Minnesota Life group coverage terminates (because your employment or membership in a class eligible for insurance terminates or the master group contract terminates), you may be able to continue your life insurance protection. Your right to do this is called a conversion privilege, and its features are described here for you.

In order to exercise your conversion privilege, you must — within 31 days after your group insurance ends — submit the conversion enrollment form attached and the first premium payment. Your conversion rights are subject to the master contract under which you are insured.

### **How can I continue my life insurance protection when my group coverage terminates?**

You can continue your protection by taking out an individual life insurance policy. This is called a conversion and your right to do so is called a conversion privilege. You do not have to prove that you are insurable, but you must submit your enrollment form and first premium payment within 31 days after your group coverage ends.

### **What about temporary layoffs?**

It's not usually necessary to enroll for conversion if you are laid off temporarily. You can usually make arrangements with your employer to keep your group insurance in force.

### **What if the master group contract terminates or is amended?**

Depending upon applicable state law and the terms of the master group contract, you may be eligible to convert all or a portion of your group life insurance. For more information, call our toll-free number, 1-866-293-6047.

### **How much insurance can I get?**

If your coverage terminates for any reason other than cancellation of the master contract, you can convert all or any portion of your group insurance. If your master group contract terminates and you are eligible to convert, the amount you are eligible to convert will depend on applicable state law and the terms of the master group contract. Call our toll-free number for details.

### **What if I die before I have a chance to convert my insurance?**

If you die during the 31-day conversion period, your beneficiary will receive the full amount of your group insurance — whether or not you enrolled to continue your coverage. Any premium paid for a new policy will be refunded.

### **What kind of policy will be issued?**

You will be issued a whole life insurance policy known as Classic Life.

### **How much will it cost?**

Your premiums will be at Minnesota Life's regular rates in use at the time your new policy is issued, depending on your age at the time you convert. Use the rates shown in this brochure to determine your initial premium. Rates are subject to change.

## How do I determine my new premium?

First, determine your issue age. The effective date of your new policy will usually be 31 days from the date your coverage terminates. Your issue age is your current age if, on the effective date of your new policy, more than six months remain until your next birthday. Otherwise, it is the age you will be on your next birthday.

Second, find the annual premium rate per \$1,000 for your issue age in the rate table.

Third, multiply the rate by the amount of insurance you are requesting. Example: \$20,000 = insurance amount. 20 x premium rate.

Fourth, add the annual policy charge noted in line 10 below. Use the example provided to help determine your premium.

## Can I pay more often than once a year?

You may make premium payments quarterly or semiannually if each payment is at least \$10. To determine a semiannual premium, divide your annual premium by two and add \$1. To determine a quarterly premium, divide the annual premium by four and add \$1. See the example provided.

## How do I convert?

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

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

Line		Example	You
1.	Birth date	September 6, 1962	
2.	Last day of coverage	April 30, 2007	
3.	Effective date of new policy (first of the month following 31 days after date on line 2)	June 1, 2007	
4.	Actual age on effective date of new policy	44	
5.	Are there more than six months from the effective date (line 3) of your new policy until your next birthday? (Yes or No)	No	
6.	Issue age on effective date of new policy. If 'Yes' on line 5, your issue age equals your actual age on line 4; if 'No,' your issue age is the age you will be on your next birthday.	45	
7.	Amount of new insurance	\$20,000	
8.	Premium rate per \$1,000 for age on line 6	\$25.54	
9.	Amount times rate divided by 1,000 = (line 7 times line 8 divided by 1,000)	\$510.80	
10.	Annual policy charge = <b>\$3 per \$1,000 of new insurance not to exceed \$100 maximum</b>	\$60.00	
11.	Annual premium = (line 9 plus line 10)	\$570.80	

## How to determine premium payment amount for semiannual or quarterly payments:

Semiannual premium = Annual premium (line 11) divided by 2 plus \$1	\$286.40	
Quarterly premium = Annual premium (line 11) divided by 4 plus \$1	\$143.70	

**Classic Life features:**

- Premiums are payable until death.
- Premium amount remains the same (based on your age at time of conversion).
- Face amount of insurance payable at death.
- Dividends earned based on company experience.
- Living benefit builds cash value.

**Annual premium rates per \$1,000\***

Age	Premium	Age	Premium	Age	Premium	Age	Premium	Age	Premium	Age	Premium
0	\$4.30	15	\$7.47	30	\$13.12	45	\$25.54	60	\$49.93	75	\$98.76
1	\$4.44	16	\$7.73	31	\$13.70	46	\$26.76	61	\$52.37	76	\$103.38
2	\$4.60	17	\$8.01	32	\$14.31	47	\$28.03	62	\$54.91	77	\$108.20
3	\$4.76	18	\$8.30	33	\$14.96	48	\$29.38	63	\$57.59	78	\$113.29
4	\$4.92	19	\$8.59	34	\$15.63	49	\$30.79	64	\$60.69	79	\$118.68
5	\$5.10	20	\$8.83	35	\$16.34	50	\$31.97	65	\$62.06	80	\$124.40
6	\$5.29	21	\$9.16	36	\$17.10	51	\$33.51	66	\$64.99	81	\$130.48
7	\$5.50	22	\$9.50	37	\$17.89	52	\$35.12	67	\$68.07	82	\$136.92
8	\$5.71	23	\$9.87	38	\$18.72	53	\$36.83	68	\$71.31	83	\$143.73
9	\$5.93	24	\$10.26	39	\$19.60	54	\$38.61	69	\$74.73	84	\$150.92
10	\$6.17	25	\$10.67	40	\$20.44	55	\$39.98	70	\$78.12	85	\$158.60
11	\$6.42	26	\$11.10	41	\$21.40	56	\$41.90	71	\$81.91	86	\$166.89
12	\$6.68	27	\$11.57	42	\$22.41	57	\$43.92	72	\$85.88	87	\$176.03
13	\$6.93	28	\$12.06	43	\$23.47	58	\$46.04	73	\$90.01	88	\$186.20
14	\$7.21	29	\$12.57	44	\$24.58	59	\$48.29	74	\$94.31	89	\$197.88
										90	\$211.32

\* Rates are subject to change and exclude annual policy charge.

# State of Florida Conversion of Group Life Insurance Enrollment

Minnesota Life Insurance Company, a Securian Financial Group affiliate  
P.O. Box 14289 • Tallahassee, FL 32317-4289 • Telephone: 888-826-2756 • Fax: 850-878-0048

**MINNESOTA LIFE**

Name of person converting (please print first name, middle initial, last name)

Social Security number	Date of birth	Telephone number	Issue age (age your nearest birthday)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street address		City	State	Zip code
Name of employee (if other than person converting)		Social Security number	Date of birth	Telephone number
Reason for termination of group insurance <input type="checkbox"/> Termination of employment on _____ (date) <input type="checkbox"/> Other _____		Name of previous employer <b>State of Florida</b>		Group policy number <b>33503</b>
		Amount of group insurance terminating \$		

## NEW (CONVERTED) INSURANCE

Amount of insurance being converted \$	Type of insurance policy <input checked="" type="checkbox"/> <b>Classic Life</b>	Annual premium \$	Automatic premium loan: Should you fail to make a premium payment before the end of the grace period, we will: 1) Use any dividend accumulations you left with us to pay the premium and 2) If necessary, we will make a policy loan to pay the balance of the premium.
Dividend options <input type="checkbox"/> Paid in cash <input type="checkbox"/> Reduce premium Dividends paid in cash unless otherwise requested.	Premiums payable <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly	Do you want the Automatic Premium Loan to be operative? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Home office endorsements amending answers indicated. Acceptance of policy shall ratify changes entered here by Company.**

**Beneficiary:** Subject to the policy beneficiary provisions. Right is reserved to revoke and change any beneficiary not designated irrevocable. List beneficiaries by class 1, 2, 3 etc., in order of their eligibility to receive payment. For example, class 2 beneficiaries collect only if all class 1 beneficiaries are deceased. Surviving beneficiaries in any given class share equally unless otherwise specified.

Primary beneficiary full given name, middle name, surname and address	Relationship to insured	Share % - Combined primary beneficiary shares must total 100%
Contingent beneficiary full given name, middle name, surname and address	Relationship to insured	Share % - Combined secondary beneficiary shares must total 100%

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

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

Amount of premium attached \$	Signature of employee (if other than person converting) <b>X</b>	Date
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### TO BE COMPLETED BY EMPLOYER

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

Group policyholder <b>State of Florida</b>	Signature <b>X</b>
Plan or division	Title
	Date

### FOR HOME OFFICE USE ONLY

Agent/broker/registered representative license	Agent's Florida license identification number
Agent's signature <b>X</b>	AGENT: To the best of my knowledge and belief, will the insurance applied for replace or change an existing policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date

Send the completed enrollment form(s) and the first premium payment(s) to:  
Minnesota Life, P.O. Box 14289, Tallahassee, FL 32317-4289.