# Option to Port Group Term Life & Basic AD&D Insurance for Employees of State of Indiana & Their Dependents

Offered by **MINNESOTA LIFE** 

Employees previously insured under the State of Indiana Term Life & Basic AD&D insurance program may elect to continue all or a portion of their in force insurance, as well as any in force insurance for dependents.

Life insurance coverage not eligible for portability may be converted to an individual policy without providing evidence of insurability. See the enclosed comparison chart to determine eligibility for portability versus conversion. Conversion is also available when ported coverage ends for an individual.

### **About Portability**

Portability allows employees to continue Group Term Life and Basic AD&D insurance to age 70 - no evidence of insurability required!

### **Eligibility**

You have 31 days from the date your previous coverage terminated to apply for portability. You become eligible to enroll for portable coverage if you are under 70 years old and your group coverage ends because:

- You retire or otherwise terminate employment; or
- You are laid off or are on a non-medical leave and can no longer continue coverage through your employer; or
- You otherwise lose eligibility under your employer's plan.

You are not eligible to port your coverage if:

- You were not actively at work due to sickness or injury on the day before your group eligibility ended; or
- The employer has canceled the group policy.

#### Portable insurance amounts for you

You can port all or a portion of your Basic and Supplemental Term Life & Basic AD&D insurance coverage currently in force, to a maximum of \$500,000 (maximum of 65% of your current amount to \$325,000 if age 65 or older).

The amount of Basic AD&D coverage continued cannot exceed the continued amount of Basic Term Life coverage.

Your coverage reduces to 65% at age 65 and terminates at age 70.

#### Portable insurance amounts for your dependents

You may elect to continue coverage for your dependents only if you continue coverage for yourself.

**Spouse** – You can port all or a portion of your spouse life insurance currently in force, up to a maximum of \$20,000 (maximum of 65% of current amount to \$13,000 if age 65 or older). Coverage reduces to 65% at age 65 and terminates at the earlier of spouse's or employee's age 70.

**Children** – You may continue all or a portion of your child coverage currently in force.

#### Additional dependent coverage information

All dependent coverage ends when you reach age 70 or when the dependent is no longer an eligible dependent.

Action must be taken to terminate dependent coverage if any of the following events occur:

- Divorce or legal separation from your spouse.
- Children are no longer eligible for coverage. Children are eligible from live birth to age 26.

#### Election of portable coverage

To elect portable coverage, complete the Portability Election form and send it to Minnesota Life within 31 days after the date your group coverage ends. Please fax or mail your completed form to:

Minnesota Life Insurance Company Group Administration Department 400 Robert Street North St. Paul, MN 55101

Or fax to: 651-665-4827

#### **Premium payment options**

Minnesota Life will bill you for the first premium payment after receiving your completed election form. On the election form, you can elect one of the following billing frequencies:

- Be billed quarterly, semi-annually or annually (a \$2.00 administrative fee is charged per premium payment if you choose to be billed quarterly or semiannually).
- Have monthly premium payments automatically deducted from your checking account through Electronic Funds Transfer (EFT). No administrative fees apply.

#### Questions

If you have any questions about continuing your coverage, please contact Minnesota Life at 866-365-2374.

#### Portable coverage - monthly premiums

The following are monthly premium rates for portable coverage. Note that premium rates for you and your spouse are based on age and the coverage amounts you elect. **Premiums will increase with age and are subject to change.** 

**Term Life** 

| Employee and Spouse |                          |  |  |  |  |
|---------------------|--------------------------|--|--|--|--|
| Age                 | Monthly Rate Per \$1,000 |  |  |  |  |
| Under 40            | \$0.210                  |  |  |  |  |
| 40 – 44             | \$0.336                  |  |  |  |  |
| 45 – 49             | \$0.546                  |  |  |  |  |
| 50 – 54             | \$0.840                  |  |  |  |  |
| 55 – 59             | \$1.346                  |  |  |  |  |
| 60 – 64             | \$1.934                  |  |  |  |  |
| 65 – 69             | \$3.110                  |  |  |  |  |

#### **Basic Accidental Death & Dismemberment**

| Monthly Rate Per \$1,000 |
|--------------------------|
| \$0.036                  |

# Child Term Life Monthly Rate Per \$1,000

For all eligible children \$0.390

All rates are subject to change.

## Monthly premium calculation

Divide the amount of insurance you are electing by 1,000. This is referred to as the number of units of insurance. Multiply the units of insurance by the rate listed for your age in the table to determine your monthly premium.

For example, if you are a 44-year-old employee and elect to continue \$100,000 of insurance, the following would be the calculation for your monthly premium.

$$\$100,000 \div 1,000 = 100$$
 Units of insurance  $\times 0.336$  Rate per unit  $\$33.60$  Monthly premium

In this example the employee's total monthly cost for porting \$100,000 of term life insurance is \$33.60.

## Differences between porting and converting your Group Coverage

|  |  | Portability   | Conversion  |  |  |  |
|--|--|---|---|--|--|--|
| Eligible coverage                      | can be personal before the second can be personal be personal before the second can be personal before the s | d Supplemental Term Life coverage   | <ul> <li>Basic and Supplemental Term Life coverage can be converted.</li> <li>AD&amp;D coverage cannot be converted</li> <li>Dependent Term Life coverage can be converted even if employee coverage is not converted.</li> </ul> |  |  |  |
| Type of insurance following election   | Group Term   | Life and AD&D   | Individual Life policy  |  |  |  |
| Eligibility timing                     | Must be ele  | cted within 31 days of event below  | Must be elected within 31 days of event below   |  |  |  |
| Events allowing portability/conversion | <ul><li>Retireme</li><li>Terminat</li><li>Layoff or</li></ul>  | s lost due to:<br>ent<br>ion of employment<br>non-medical leave<br>ss of eligibility                                      | Coverage is lost due to:  Retirement Termination of employment Layoff or leave Loss of eligibility Termination of group policy  |  |  |  |
| Not allowed for                        | <ul><li>Terminat</li><li>Employe or injury</li></ul>   | e lost due to: ion of group policy e not actively at work due to sickness ment of premium                                 | Coverage is lost due to:  Nonpayment of premium   |  |  |  |
| Guaranteed issue                       | All guarante   | ed issue  | All guaranteed issue  |  |  |  |
| Maximum age to elect                   | Employee:<br>Spouse:<br>Child:   | Age 69 Employee's or spouse's age 69 Qualifying age or employee's age 69  | No maximum age  |  |  |  |
| Minimum amount allowed                 | Employee:<br>Spouse:<br>Child:   | \$10,000<br>\$1,000<br>\$1,000  | No minimum  |  |  |  |
| Maximum amount allowed                 | Employee:  | Previous amount in force to maximum of \$500,000 (65% of previous amount to maximum of \$325,000 if 65 or older)          | Previous amount in force unless conversion is due to policy or class termination. If conversion is due to policy or class termination, there may be a limitation, depending on applicable state law.                              |  |  |  |
|  | Spouse:  | Previous amount in force up to a maximum of \$20,000 (65% of previous amount to a maximum of \$13,000 if age 65 or older) |   |  |  |  |
|  | Child:   | Previous amount in force  |   |  |  |  |
| Age reductions                         | Employee a at age 65.  | nd spouse coverage reduces to 65%   | No age reductions   |  |  |  |
| Termination age                        | Employee:<br>Spouse:<br>Child:   | Age 70 Employee's or spouse's age 70 Qualifying age limit or employee's age 70  | No termination age  |  |  |  |

## **Portability Election**

**MINNESOTA LIFE** 

Minnesota Life Insurance Company - A Securian Company
Group Administration Department ◆ 400 Robert Street North ◆ St. Paul, Minnesota 55101-2098

|  |   |  |   | T                        |              |                             |  |
|--|---|--|---|--------------------------|--------------|-----------------------------|--|
| Employer name  |   | Policy number  |   |                          |              |                             |  |
| State of Indiana   |   |  |   | 34297                    |              |                             |  |
| Employee Information   |   |  |   | Ta i                     |              |                             |  |
| Name   |   | Date of birth  |   | Gender  Male             |              | ☐ Female                    |  |
| Address (street, city, state, zip)   |   |  |   | Telephone                | nun          | nber                        |  |
| Date leaving employer's active plan  | Reason for leaving the em   | ployer's active <sub>l</sub>   | olan (retirement, t                     | ermination               | of em        | nployment, etc.)            |  |
| Were you actively at work on the day before you  | rretirement or termination?   | -  | ed no, was your ab                      | sence due 1              | osic         | kness or injury?            |  |
| ☐ Yes ☐ No   | ☐ Yes ☐ No  |  |   |                          |              |                             |  |
| Current basic term life amount \$  |   | Basic term life amount to be continued \$  |   |                          |              |                             |  |
| Current basic AD&D amount  |   | Basic AD&D amount to be continued (not to exceed basic term                              |   |                          |              |                             |  |
| \$   |   | life amount) \$  |   |                          |              |                             |  |
| Current supplemental term life amount  \$  |   | Supplemental   | term life amount t                      | o be continu             | ıed          |                             |  |
| Primary beneficiary designation (include full nar The person or persons named will receive the k   |   | Relationship Share % (Primary beneficiaries <i>must</i> tota                             |   |                          |              |                             |  |
| Contingent beneficiary designation (include full if the primary beneficiary(ies) is no longer living   |   | s person(s).   | Relationship                            | Share % ((<br>beneficiar |              | ingent<br>nust total 100%)  |  |
| Dependent Information  |   | T .  |   |                          |              |                             |  |
| Current spouse term life amount  |   | Amount to be   | continued                               |                          |              |                             |  |
| <u>\$</u>  |   | \$   |   | 10 1                     |              |                             |  |
| Name of spouse   |   | Date of birth  |   | Gender  ☐ Male ☐ Female  |              |                             |  |
| Current child term life amount \$  |   | Amount to be continued \$ Please fill out the information below for each eligible child. |   |                          |              |                             |  |
| Name of child  | Date of birth   | Name of child Date of birth  |   |                          | e of birth   |                             |  |
| Name of child  | Date of birth   | Name of child  | Name of child Date o                    |                          |              | e of birth                  |  |
| Do not send a premium payment in w<br>payment after receiving your completed<br>annually. Or, you may elect monthly pre<br>billed; premiums will be deducted auton | ☐ Annually  If this completed for I election form. Future p mium payments throug natically from your chec | remiums ma<br>h Electronic f<br>cking accoun   | y be billed qua<br>Funds Transfer<br>t. | rterly, ser<br>(EFT) and | ni-a<br>d yo | nnually or<br>u will not be |  |
| A \$2.00 fee is charged per premium pay  |   | ·  |   | •                        |              | •                           |  |
| ☐ Monthly (EFT only) <b>ACTION NEEDS</b>   | : <b>ט</b> : You will need to sen   | d a voided cl  | neck along with                         | n this app               | ıca          | tion.                       |  |
| IMPORTANT NOTE: By selecting the mo<br>Company to make charges equal to the n<br>on the attached voided check, and to wi   | nonthly premium again:  | st your bank a   | account at the f                        |                          |              |                             |  |
| To be eligible to port coverage you mus  | st apply within 31 days   | of the date y  | our previous o                          | coverage                 |              |                             |  |
| Applicantsignature   |   |  |   |                          | Dat          | esigned                     |  |