

Group Life Insurance Employee and Dependent Enrollment

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • B2-4930 • St. Paul, Minnesota 55101-2098

OCHS INC.

A Securian Company

MINNESOTA LIFE

EMPLOYER NAME: City of Hibbing

POLICY NUMBER: 29626

UNIT NUMBER:

Return Completed Application To:
OCHS, Inc. 400 Robert Street North, Suite 1880
St. Paul, MN 55101

A. EMPLOYEE INFORMATION

First name	Middle initial	Last name	Email address	
Street address		City	State	Zip code
Date of birth	Social Security number	Salary	Date of employment	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Basic Employee Life Insurance		Insurance Class: _____	Amount: _____	Eff. Date: _____
Employee Additional Life Insurance		Present Amount \$ _____	Increase/Decrease \$ _____	Grand Total \$ _____
Spouse Life Insurance		\$ _____	\$ _____	\$ _____
Dependent Life Insurance		\$ _____	\$ _____	\$ _____

B. SPOUSE INFORMATION

Is your spouse also an employee covered under this policy? Yes No

First name	Middle initial	Last name	Email address	
Date of birth	Marriage date	Social Security number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

C. CHILDREN INFORMATION - (list names and dates of birth for your eligible children)

D. HEALTH QUESTIONS - Complete if applying for more than guaranteed amount.

In answering the following questions, you need not disclose an HIV (AIDS Virus) test which was administered: (1) to a criminal offender or crime victim as a result of a crime that was reported to the police; (2) to a patient who received the services of emergency medical services personnel at a hospital or medical care facility; (3) to emergency medical personnel who were tested as a result of performing emergency medical services. Refer to the definition on page 2 of "emergency medical personnel". The term "emergency medical personnel" includes individuals employed to provide pre-hospital emergency services; licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel, or other individuals who serve as volunteers of an ambulance service who provide emergency medical services; crime lab personnel, correctional guards, including security guards at the Minnesota security hospital, who experience a significant exposure to an inmate who is transported to a facility for emergency medical care; and other persons who render emergency care or assistance at the scene of an emergency, or while an injured person is being transported to receive medical care and who would qualify for immunity under the good samaritan law.

Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Children <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Height Weight	Spouse Height Weight	Occupation
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider(s), or been hospitalized?		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	2. Have you ever had, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction?		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	3. Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?		

If you answer yes to any question, give details including dates, names and addresses of doctors or hospitals, the reason for the visit or consultation, the diagnosis, and the treatment in the Additional Health Information Section on the second page or on a separate sheet of paper.

E. AUTHORIZATION

The answers provided on this application are representations of the person signing below. The answers given are true and complete. It is understood that Minnesota Life Insurance Company, (the Company), St. Paul, Minnesota 55101-2098 shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid while my health and other conditions affecting my insurability are as described in this application. I understand that false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

To determine my insurability or for claim purposes, I authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau (MIB) to give any medical or nonmedical information about me including alcohol or drug abuse, to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. If I do not revoke this authorization, it will be valid for 24 months from the date I sign it.

This authorization excludes the release of information about HIV (AIDS Virus) tests which were administered: (1) to a criminal offender or crime victim as a result of a crime that was reported to the police; (2) to a patient who received the services of emergency medical services personnel at a hospital or medical care facility; (3) to emergency medical personnel who were tested as a result of performing emergency medical services. A photocopy shall be as valid as the original. I have read this Authorization and the Consumer Privacy Notice below and I understand that I can have copies.

Employee signature	Daytime telephone number	Evening telephone number	Date signed
X Spouse signature	Daytime telephone number	Evening telephone number	Date signed

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies; or may make a brief report of health information to the MIB. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights, you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098
Telephone: (800) 872-2214

For information about the MIB, you may contact:

MIB
50 Braintree Hill, Suite 400
Braintree, MA 02184-8734
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642
Website: www.mib.com

F. ADDITIONAL HEALTH INFORMATION

NAME	DATE	NAME AND ADDRESS OF DOCTOR, CLINIC, HOSPITAL	REASON FOR CONSULTATION	DIAGNOSIS AND TREATMENT

FOR OFFICE USE ONLY:

POLICY NUMBER: 29626

Employee	Spouse	Children
Current in force \$	U/W applied for \$	Current in force \$
<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Incomplete	<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Incomplete	<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Incomplete
By	Date	By

Group Life Insurance Program

Your employer provides benefit eligible employees Term Life and Accidental Death & Dismemberment (AD&D) Insurance through Securian Financial - administered by Ochs.

LIFE and AD&D INSURANCE

Protect yourself and your family from the unexpected loss of life and income during working years. Life Insurance provides a financial benefit to beneficiaries upon death; AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere.

HOW MUCH LIFE INSURANCE DO YOU NEED?

Check out the life insurance calculator at LifeBenefits.com/Insuranceneeds.



Insurance helps cover

- Funeral/burial costs
- Medical bills
- Taxes & living expenses (i.e. mortgage, childcare)

Automatically Enrolled Coverage - employer paid

Employee
Basic Term Life and AD&D



\$50,000 - City Administrator
\$10,000 - All other employees

- Includes a matching AD&D benefit
- Retirees if under 71 or if over age 71 = \$2,000

Elect Supplemental Coverage - employee paid

Employee
Term Life and AD&D



up to **\$300,000** maximum

- Elect in **\$5,000 increments**
- Includes a matching AD&D benefit

Spouse
Term Life and AD&D



up to **\$150,000** maximum

- Elect in **\$5,000 increments**
- Includes a matching AD&D benefit

Child
Term Life



\$10,000 each child

- One premium insures all eligible children from live birth to age 26

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible for coverage.

MONTHLY COST
Employee or Spouse
Supplemental Term Life and AD&D
 See rate grid for easy cost calculation.

Age	Rate per \$1,000
<25	\$0.07
25-29	\$0.07
30-34	\$0.07
35-39	\$0.11
40-44	\$0.13
45-49	\$0.18
50-54	\$0.26
55-59	\$0.46
60-64	\$0.69
65-69	\$1.30
70-74	\$2.09
75*	\$2.09

*Rates beyond age 75 are available upon request.
 Rates increase with age and all rates are subject to change.

MONTHLY COST
Child Term Life

\$10,000

\$1.30

One premium insures all eligible children.

ENROLL NOW

Turn in your completed forms to your employer by the enrollment deadline. Premiums will be automatically deducted from your paycheck.

BENEFICIARY DESIGNATIONS

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your elections periodically.

ADDITIONAL FEATURES

- **Waiver of Premium** - If you become totally and permanently disabled, according to the terms of your certificate, life insurance premiums may be waived.
- **Accelerated Benefit** - If an insured person is diagnosed with a terminal illness, as defined in your certificate, he/she may be eligible to request early payment of the life insurance in force.
- **Continuation** - If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage, if elected during the limited enrollment period. Premiums may be higher than those paid by active employees. Contact your employer or Ochs for information.

NEWLY HIRED EMPLOYEES

A special guaranteed issue opportunity is available for newly hired employees during their initial 31 day enrollment period. No evidence of insurability is required for the following **guaranteed amounts**:

- **Employee** - up to **\$100,000**
- **Spouse** - up to **\$25,000**
- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts.

ANNUAL ENROLLMENT

During your employer's designated annual enrollment period, no evidence of insurability is required for the following **guaranteed amounts**:

- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts.

OTHER ENROLLMENT

If your policy or employer allows enrollment outside of their designated enrollment periods, **elections will require evidence of insurability**. If you experience a family status change, check with your employer within 31 days to confirm guaranteed issue eligibility.



Contact Ochs

ochs@ochsinc.com

651-665-3789 or 1-800-392-7295

This is a summary of plan provisions related to the insurance policy underwritten by Minnesota Life Insurance Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates. Minnesota Life is an affiliate of Securian Financial Group, Inc.

Products are offered under policy form series MHC-96-13180.22.

Ochs, Inc.
 A Securian Financial Company
 400 Robert Street N, Ste. 1880, St. Paul, MN 55101



Email: ochs@ochsinc.com
Phone: 651-665-3789 • 1-800-392-7295
Web: ochsinc.com