

**Election of Portability for Optional Term Life
For Members Covered under the State of Illinois Plan**

Underwritten by Minnesota Life Insurance Company

Portable coverage for members: You may elect to continue your employee-paid, Optional Term Life insurance coverage that would otherwise be terminated due to your loss of eligibility under the plan.

Who is eligible for the portable term plan? All members who are insured for Optional Life insurance and whose eligibility under the State of Illinois plan is terminating due to retirement, termination of employment or employment classification change, may elect to continue coverage.

How much insurance can be continued? You can continue your Optional Group Term life insurance in force (up to four times salary) subject to the following maximums:

- Under age 65 up to \$500,000
- Age 65 to 70, 65% of your lost optional coverage up to \$325,000
- Age 70 and older, 25% of your lost optional coverage up to \$125,000

You cannot continue Optional Term coverage greater than four times salary or any Basic Life, Accidental Death and Dismemberment (AD&D) or Dependent (spouse/child) Life Insurance.

Will I need to answer health questions? No. All coverage is continued without proof of good health.

How can I continue my coverage? In order to continue your coverage, you must complete the enclosed Portability Election form and send it to Minnesota Life within 31 days of the date the coverage would otherwise have terminated.

How much will the coverage cost? Premiums are shown on the reverse side. An administrative fee also applies, unless you use EFT or annual billing.

Will my coverage decrease as I get older? Yes, coverage will be reduced to 65% of your coverage amount at age 65, and 25% at age 70. In no event will your coverage reduce to less than \$5,000.

How long can I continue my insurance? You can continue coverage until you reach age 80 or until you re-enter the State of Illinois plan as an active member. Coverage will also terminate 31 days after a premium due date if the premium is unpaid at that time.

How to Elect Portable Term Life Coverage

1. Complete the attached Portability Election form. In order to continue your coverage, you must submit the form within 31 days of termination.
2. Sign and date your completed form and send it to Minnesota Life at the address listed below.

Questions?

If you have questions concerning the portability privileges or would like assistance with enrolling, please call Minnesota Life toll-free at 1-888-202-5525 or (217) 547-1400. Our customer service representative will be happy to help you! Completed forms should be sent to:

Minnesota Life Insurance Company
Springfield Branch Office
PO Box 2327
Springfield, IL 62702

How much will it cost?

The following are monthly premium rates for portable coverage. Note that premium rates are based on age and the coverage amount you elect.

Premiums will increase with age and are subject to change.

Term Life Insurance

Age	Monthly Rate Per \$1,000
Under 24	\$0.16
25 – 29	\$0.16
30 – 34	\$0.22
35 – 39	\$0.27
40 – 44	\$0.27
45 – 49	\$0.44
50 – 54	\$0.65
55 – 59	\$1.31
60 – 64	\$1.96
65 – 69	\$3.75
70 – 74	\$6.85
75 – 79	\$9.57

All rates are subject to change.

How do I calculate my monthly premium?

Divide the amount of insurance you are electing by 1,000. This is referred to 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 49-year-old employee and elect to port \$100,000 of insurance, the following would be the calculation for your monthly premium.

$$\begin{array}{rcl} \$100,000 \div 1,000 = & 100 & \text{Units of insurance} \\ & \times 0.44 & \text{Monthly rate per unit for 49-year-old employee} \\ & \hline & \$44.00 & \text{Monthly cost of employee's ported Term Life insurance} \end{array}$$

In this example the employee's total monthly cost for porting \$100,000 of term insurance is \$44.00.

What are my billing options?

Minnesota Life will bill you for the first premium payment after receiving your completed election form. Future premiums may be billed quarterly, semi-annually or annually. Or, you may elect monthly premium payments through Electronic Funds Transfer (EFT) and you will not be billed; monthly premiums will be deducted automatically from your checking account.

A \$2.00 fee is charged *per premium payment* for administrative fees, unless billed annually or EFT is being used.

To where do I submit the form?

Mail the completed form to Minnesota Life Insurance Company, Springfield Branch Office, PO Box 2327, Springfield, IL 62701 or fax it to 217-547-1410

Other Questions?

If you have other questions about continuing coverage, please call Minnesota Life toll-free at 1-888-202-5525.

Portability Election

Minnesota Life Insurance Company - A Securian Company
 Springfield Branch Office • PO Box 2327 • Springfield, IL 62705-2327

MINNESOTA LIFE

Employer name State of Illinois	Policy number 32491-G	Unit number 600
---	---------------------------------	---------------------------

Employee Information

Name	Last four digits of Social Security number	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (street, city, state, zip)		Telephone number	

Date leaving employer's active plan	Reason for leaving the employer's active plan (retirement, termination of employment, etc.)
-------------------------------------	---

Current optional term life amount \$	Amount of optional term life to be continued (cannot exceed the maximum limit for your age) \$
---	--

Primary beneficiary(ies) designation (include full name and address) <i>The person or persons named will receive the proceeds.</i>	Relationship	Share % (Primary beneficiaries must total 100%)
---	--------------	--

Contingent beneficiary designation (include full name and address) <i>If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s).</i>	Relationship	Share % (Contingent beneficiaries must total 100%)
--	--------------	---

Please indicate how you would like to be billed:

Quarterly Semi-Annually Annually

Do not send a premium payment in with this completed form. Minnesota Life will bill you for the first premium payment after receiving your completed election form. Future premiums may be billed quarterly, semi-annually, or annually. Or, you may elect monthly premium payments through Electronic Funds Transfer (EFT) and you will not be billed; premiums will be deducted automatically from your checking account.

A \$2.00 fee is charged *per premium payment* for administrative fees, unless billed annually or EFT is being used.

Monthly (EFT only) **ACTION NEEDED:** You will need to send a voided check along with this application.

IMPORTANT NOTE: By selecting the monthly EFT payment option, you are authorizing Minnesota Life Insurance Company to make charges equal to the monthly premium against your bank account at the financial institution noted on the attached voided check, and to withdraw that premium from your account.

To be eligible to port coverage you must apply within 31 days of the date your previous coverage terminated.

Applicant signature X	Date signed
---------------------------------	-------------

TO BE COMPLETED BY AGENCY

Annual base salary \$	Optional in force <input type="checkbox"/> none <input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x <input type="checkbox"/> 4x
--------------------------	--

Date to which group premiums were paid for this individual
--

Group policyholder State of Illinois	Signature X
--	-----------------------

Agency	Date completed
--------	----------------

Organizational processing code	Telephone number
--------------------------------	------------------

SPRINGFIELD BRANCH OFFICE USE ONLY

Effective date	Initials
----------------	----------