

Conversion to Adjustable Life Legend

Wisconsin Public Employers Group Life Insurance

Conversion information

For insured employees who:

- *Are terminating employment*
- or
- *Have Spouse and dependent coverage and:*
 - *Are turning age 70*
 - *Have a child who is losing dependent status*
 - *Are divorcing*

What is conversion of group life insurance?

When a person's group term life insurance is terminating, Wisconsin law requires that the insured be offered an opportunity to replace some or all of the coverage with an individual policy issued by the insurance company. The policy can be of any kind that is currently offered by the insurance company except a term life insurance policy. Evidence of insurability is not required in order to convert your coverage.

If my employment terminates, when does my life insurance coverage end?

Your group life insurance will terminate on the earlier of the dates indicated:

1. The last day of the month following the month in which you separate from the service of your employer.
2. Thirty days after the expiration of an approved leave of absence if you are continuing to pay premiums during the leave. (For this purpose, leaves of absence generally cannot exceed 36 months.)

Earlier dates may apply if you are age 65 or older.

Exception: You may be able to keep your group life insurance coverage if you have 20 years of service, are at retirement age or are terminating due to disability. Contact your employer, the Department of Employee Trust Funds or Minnesota Life for more information.

What about temporary layoffs or leaves of absence?

You may not convert unless your employment formally terminates. Otherwise, you are eligible to keep your group insurance in force during layoffs or approved leaves of absence by continuing to pay your group premiums. This option is less expensive than conversion.

What if I am totally disabled?

If you are insured under the Wisconsin Public Employers Group Life Insurance Program, are under age 70 and became totally disabled while actively at work or on an approved leave of absence, contact your employer to see if you are eligible to continue your coverage at no cost. See your insurance brochure (ET-2101) for details.

May I convert if I was insured only a short time?

If you were insured under this plan for the entire six-month period prior to the date your coverage ended, you may convert your insurance. If your employer began offering this plan less than six months before your coverage ends, you may still convert your insurance, as well as your spouse and dependent insurance, if you were employed by your employer for at least six months prior to termination of employment and you became insured as soon as you were eligible.

When does insurance coverage for my spouse and dependent children end?

If your employment terminates, coverage for your spouse and dependents terminates at the end of the next month.

Spouse and dependent coverage also terminates when the active employee reaches age 70, or 90 days after the active employee's death. Coverage for dependent children terminates at the end of the month in which the child marries or the end of the calendar year in which the child turns 19 (age 25 if a full-time student). If you divorce, coverage for your spouse ends on the date the divorce decree is entered. In all of these cases, coverage can be converted using this application if the group insurance was in effect for at least six months before it terminated.

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?

1. Determine your **issue age**. The effective date of your new policy will usually be 31 days from the date your group 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.
2. Find the annual premium rate per \$1,000 for your **issue age** in the rate table.

- Multiply the rate by the number of 1000 units of insurance you are requesting. Example: If \$20,000 is the amount you wish to convert, then the number of \$1,000 units is 20. Therefore multiply 20 by the rate you found in step 2.
- Add the annual policy charge of \$75.00.

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.

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

| Line | Example | You |
|--|--------------------------|-------|
| 1. Birth date | <u>September 6, 1963</u> | _____ |
| 2. Last day of coverage | <u>April 30, 2008</u> | _____ |
| 3. Effective date of new policy (the first of the month following 31 days after line 2) | <u>June 1, 2008</u> | _____ |
| 4. Actual age on effective date of new policy | <u>44</u> | _____ |
| 5. Are there more than six months from the effective date (line 3) of your new policy until your next birthday? (Yes or No) | <u>No</u> | _____ |
| 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. | <u>45</u> | _____ |
| 7. Amount of new insurance | <u>\$20,000</u> | _____ |
| 8. Premium rate per \$1,000 for age on line 6 | <u>\$22.07</u> | _____ |
| 9. Amount times rate divided by 1,000 = (line 7 times line 8 divided by 1,000) | <u>\$441.40</u> | _____ |
| 10. Annual policy charge = \$75.00 | <u>\$75.00</u> | _____ |
| 11. Annual premium = (line 9 plus line 10) | <u>\$516.40</u> | _____ |

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

| | | |
|--|-----------------|-------|
| Semiannual premium = Annual premium (line 11) divided by 2 plus \$1 | <u>\$259.20</u> | _____ |
| Quarterly premium = Annual premium (line 11) divided by 4 plus \$1 | <u>\$130.10</u> | _____ |

Adjustable Life Legend features:

- Premiums are payable until death.
- Face amount of insurance payable at death.
- Dividends are based on company experience and are not guaranteed.
- Living benefit builds cash value.
- Policy has adjustable features which you may review upon issue of policy.

Annual premium rates per \$1,000*

| Age | Premium | Age | Premium |
|-----|---------|-----|---------|
| 0 | 3.38 | 51 | 29.49 |
| 1 | 3.51 | 52 | 31.00 |
| 2 | 3.64 | 53 | 32.59 |
| 3 | 3.79 | 54 | 34.27 |
| 4 | 3.95 | 55 | 36.02 |
| 5 | 4.11 | 56 | 37.86 |
| 6 | 4.28 | 57 | 39.80 |
| 7 | 4.46 | 58 | 41.86 |
| 8 | 4.65 | 59 | 44.06 |
| 9 | 4.84 | 60 | 46.39 |
| 10 | 5.05 | 61 | 48.85 |
| 11 | 5.26 | 62 | 51.44 |
| 12 | 5.49 | 63 | 54.14 |
| 13 | 5.72 | 64 | 56.99 |
| 14 | 5.96 | 65 | 59.99 |
| 15 | 6.20 | 66 | 63.18 |
| 16 | 6.46 | 67 | 66.59 |
| 17 | 6.71 | 68 | 70.25 |
| 18 | 6.98 | 69 | 74.22 |
| 19 | 7.25 | 70 | 78.48 |
| 20 | 7.54 | 71 | 83.09 |
| 21 | 7.83 | 72 | 87.98 |
| 22 | 8.14 | 73 | 93.21 |
| 23 | 8.47 | 74 | 98.85 |
| 24 | 8.81 | 75 | 104.91 |
| 25 | 9.16 | 76 | 111.45 |
| 26 | 9.53 | 77 | 118.48 |
| 27 | 9.92 | 78 | 125.99 |
| 28 | 10.33 | 79 | 133.99 |
| 29 | 10.76 | 80 | 142.50 |
| 30 | 11.22 | 81 | 151.43 |
| 31 | 11.70 | 82 | 160.85 |
| 32 | 12.21 | 83 | 170.85 |
| 33 | 12.75 | 84 | 181.42 |
| 34 | 13.32 | 85 | 192.42 |
| 35 | 13.93 | 86 | 203.87 |
| 36 | 14.56 | 87 | 215.41 |
| 37 | 15.23 | 88 | 226.88 |
| 38 | 15.94 | 89 | 238.12 |
| 39 | 16.69 | 90 | 249.2 |
| 40 | 17.47 | 91 | 249.2 |
| 41 | 18.30 | 92 | 261.39 |
| 42 | 19.18 | 93 | 274.63 |
| 43 | 20.09 | 94 | 288.83 |
| 44 | 21.06 | 95 | 303.84 |
| 45 | 22.07 | 96 | 318.00 |
| 46 | 23.13 | 97 | 331.49 |
| 47 | 24.25 | 98 | 343.27 |
| 48 | 25.45 | 99 | 357.64 |
| 49 | 26.72 | 100 | 373.88 |
| 50 | 28.06 | | |

* Rates are based upon whole life plan of insurance. You may choose to change the plan of insurance after the policy is issued. Annual policy charge is \$75.00.

What is the deadline for conversion?

The application provided, together with the first premium payment, must be received by Minnesota Life Insurance Company before the end of your "conversion period."

The conversion period is the 31-day period following the date your group coverage terminates. If you die during the conversion period, your beneficiary will receive the full amount of your group insurance even if you did not apply to convert your coverage. Any premium you paid for conversion will be refunded.

What kind of policy will be issued?

You will be issued an Adjustable Life Legend individual policy with a whole life plan of insurance.

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. If you want to convert your dependents' insurance, complete a separate enrollment form for each individual. Sign the enrollment form as "Employee," and have your dependent (if legally old enough to sign) sign as "Person Converting."

Note: Be sure to discuss your insurance benefit options with your employer, the Department of Employee Trust Funds or Minnesota Life upon termination of employment to make sure conversion is the most appropriate option for you.

Conversion of Group Life Insurance Enrollment

Minnesota Life Insurance Company - A Securian Company
 P.O. Box 259708 • Madison, Wisconsin 53725-9708

MINNESOTA LIFE

| | | | | |
|---|---------------|------------------------|--|---|
| Name of person converting (please print, first name, middle initial, last name) | | | Relationship to employee <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child | |
| Social Security number | Date of birth | Telephone number | Issue age (age nearest your 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"/> No longer eligible as a dependent on _____ (date) <input type="checkbox"/> Other _____ | | | Name of previous employer WISCONSIN GROUP INSURANCE BOARD Group policy number 2832 Amount of group insurance terminating | |

New (Converted) Insurance

| | | |
|---|---|--|
| Amount of insurance being converted \$ | Type of insurance policy <input checked="" type="checkbox"/> Adjustable Life Legend | 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. Do you want the Automatic Premium Loan to be operative? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annual premium \$ | Premiums payable <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly | |

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.

| | | |
|--|-------------------------|---------------------------|
| Primary beneficiary full given name, middle name, surname and address | Relationship to insured | Share % (must total 100%) |
| Contingent beneficiary full given name, middle name, surname and address | Relationship to insured | Share % (must total 100%) |

AGREEMENT: I certify that I have reviewed and understand my insurance options under the Wisconsin Public Employers Group Life Insurance program. 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 by the Company during the lifetime upon or before the delivery of the policy.

| | | |
|--------------------------------------|---|------|
| Amount of premium attached \$ | Signature of employee (if other than person converting) X | Date |
| | Signature of person converting (if over 18) X | Date |

Send the completed enrollment form(s) and the first premium payment(s) to:
 Group Conversions, Minnesota Life, P.O. Box 259708, Madison, WI 53725-9708

| |
|--|
| <p>For Home Office Use Only: This box lists adjustments Minnesota Life has made to answers provided on this form. By accepting the policy, the applicant approves the adjustments herein.</p> |
|--|