

MINNESOTA LIFE

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

**RELIASTAR**

ReliaStar Life Insurance Company
 20 Washington Avenue South
 Minneapolis, MN 55401

State of Minnesota - OVER AGE 65 RETIREE

(Complete name and address)

Additional Life Insurance**POST-RETIREMENT BENEFIT APPLICATION**

Social Security number	Date of birth	Department number
Retirement date	Last premium payment was for the pay period or month ending:	

I. Complete and verify above information and certify that the individual is eligible for an immediate retirement annuity and therefore eligible for the employee post-retirement life insurance benefit.

Date	Agency HR Representative signature X
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II. Complete and verify the following information. The smallest amount of additional employee life insurance coverage in force during the five-year period immediately prior to retirement was \$_____.

Your post-retirement benefit will be 15% of the amount shown.

(Attach any existing beneficiary designation information)

Date	Employee Insurance Division signature X
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IMPORTANT NOTICE TO RETIREE: This form certifies your eligibility for this post-retirement benefit and identifies the amount of life insurance that will continue on your life. Please retain this document along with a certificate which you can access online from the MMB home page at: www.mmb.state.mn.us. If you have any questions concerning this benefit you can call Minnesota Life, 866-293-6047.

Send to: Minnesota Management & Budget - SEGIP, 400 Centennial Office Bldg., 658 Cedar St, St. Paul, MN 55155

Retain a copy for department file - Provide a copy to retiree