

**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 - UNDER AGE 65 RETIREE**

(Complete name and address)

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### 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. If this is an under age 65 retiree, certify that the individual is eligible for an immediate retirement annuity and therefore eligible for the employee/spouse post-retirement life insurance benefit. Have the individual complete and sign Section II.

Date	Agency HR Representative signature <b>X</b>
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II. RETIREE: Your group life insurance coverage is terminated as of the date shown above. You are eligible for an immediate retirement annuity from the State and can, therefore, continue your present additional employee life insurance at the group rates until age 65. If you continue your insurance by paying the required premium to age 65, and if you will then have been covered under the additional employee life insurance plan continuously for 5 consecutive years, you will qualify for a reduced amount of insurance with no further premium payments. The amount of insurance will be 15% of the smallest amount of additional insurance preceding your 65th birthday. If you have any questions concerning this benefit you can call Minnesota Life, (866) 293-6047.

I elect to continue my additional employer group life insurance coverage.

I understand that:

- Premiums increase based on age.      ■ The insurance premium will be billed on a semiannual basis.
- If I fail to pay premiums within the 31-day grace period my coverage will lapse and cannot be reinstated.
- Any increase of this coverage since my 60th birth date will not be eligible for the 15% post-retirement benefit since it will not be in force for the required 5 year period.

I elect to waive this offer to continue my additional life insurance.

Date	Retiree signature <b>X</b>
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III. Complete and verify the following information for the coverages elected to be continued in Section II.

■ The current amount of additional employee life insurance coverage on date of retirement is \$ \_\_\_\_\_

**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 file. Please retain this document along with a certificate which you can access online from the MMB home page at: [www.mmb.state.mn.us](http://www.mmb.state.mn.us). If you have any questions concerning this benefit you can call Minnesota Life, 866-293-6047.

Date	Employee Insurance Division signature <b>X</b>
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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**