

Employee Group Term Life Certificate of Insurance

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

Effective January 1, 2023

Applies to all employees

POLICYHOLDER: Montefiore Medical Center

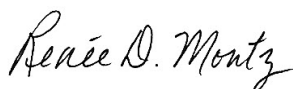
POLICY NUMBER: 70465

Read Your Certificate Carefully

If you meet the eligibility and enrollment requirements herein, you are insured under the group policy shown on the specifications page. This certificate contains the principal provisions of the group policy that affect you. In the event of a conflict between this certificate and the group policy, the terms of this certificate control. You may

examine the group policy at the principal office of the policyholder during regular working hours.

The policy permits the group policyholder to change, reduce, restrict or terminate your rights or benefits under the policy without your consent. Such change, reduction, restriction, or termination may occur at a time when your health status has changed and may affect your ability to procure individual coverage.



Secretary



President

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GROUP TERM LIFE CERTIFICATE OF INSURANCE • NONPARTICIPATING • ANNUALLY RENEWABLE • CONTRIBUTORY AND NON-CONTRIBUTORY

Certificate Specifications Page

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

GENERAL INFORMATION

POLICYHOLDER: Montefiore Medical Center

POLICY NUMBER: 70465

ASSOCIATED COMPANIES: All subsidiaries and affiliates reported to Securian Life by the policyholder for inclusion in the policy.

POLICY SITUS: The policy was issued and delivered in New York.

POLICY EFFECTIVE DATE: January 1, 2021. This specifications page represents the plan in effect as of January 1, 2023.

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

GROUP: The group is composed of all active employees and designated retirees of the policyholder and its associated companies working in the United States in the following classes:

- Class 1 All Registered Nurses who are part of the NYSNA
- Class 2 Physicians or all other active employees
- Class 3 Normal Retirees*
- Class 4 Early Retirees* under the age of 65
- Class 5 Employees who retire* due to disability while covered under the plan.
- Class 6 Research and Clinical Fellowship employees employed by Albert Einstein College of Medicine

* Are at least 60 years of age with 10 or more years of service and who elect retiree coverage and maintain continuous coverage under the plan.

All new employees of the employer will be added to such group and classes for which they become eligible.

DOUBLE COVERAGE: For classes 1-6: a person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree, nor can a person be insured as an active employee or as a retiree and as an insured with ported coverage.

For class 2: a person may be insured as both an employee and/or as a dependent under this certificate, if two employees of the policyholder have children together both may insure their eligible children.

ENROLLMENT PERIOD: Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance

WAITING PERIOD: Classes 1, 2 and 6: The period commencing with the employee's date of employment and ending with the first day of the month next following or coinciding with the date of employment.

Classes 3, 4 and 5: None

MINIMUM HOURS PER WEEK REQUIRED: 17.5 hours per week or a 50% full-time equivalent.

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>																														
Class 1	Annual Earnings: <table border="0" style="margin-left: 20px;"> <tr><td>\$40,000 or more:</td><td>\$60,000</td></tr> <tr><td>\$34,000 - \$39,999:</td><td>\$55,000</td></tr> <tr><td>\$32,000 - \$33,999:</td><td>\$49,000</td></tr> <tr><td>\$30,000 - \$31,999:</td><td>\$46,000</td></tr> <tr><td>\$28,000 - \$29,999:</td><td>\$43,000</td></tr> <tr><td>\$26,000 - \$27,999:</td><td>\$40,000</td></tr> <tr><td>\$24,000 - \$25,999:</td><td>\$37,000</td></tr> <tr><td>\$22,000 - \$23,999:</td><td>\$34,000</td></tr> <tr><td>\$20,000 - \$21,999:</td><td>\$31,000</td></tr> <tr><td>\$18,000 - \$19,999:</td><td>\$28,000</td></tr> <tr><td>\$16,000 - \$17,999:</td><td>\$25,000</td></tr> <tr><td>\$14,000 - \$15,999:</td><td>\$22,000</td></tr> <tr><td>\$12,000 - \$13,999:</td><td>\$19,000</td></tr> <tr><td>\$10,000 - \$11,999:</td><td>\$16,000</td></tr> <tr><td>Less than \$10,000:</td><td>\$10,000</td></tr> </table>	\$40,000 or more:	\$60,000	\$34,000 - \$39,999:	\$55,000	\$32,000 - \$33,999:	\$49,000	\$30,000 - \$31,999:	\$46,000	\$28,000 - \$29,999:	\$43,000	\$26,000 - \$27,999:	\$40,000	\$24,000 - \$25,999:	\$37,000	\$22,000 - \$23,999:	\$34,000	\$20,000 - \$21,999:	\$31,000	\$18,000 - \$19,999:	\$28,000	\$16,000 - \$17,999:	\$25,000	\$14,000 - \$15,999:	\$22,000	\$12,000 - \$13,999:	\$19,000	\$10,000 - \$11,999:	\$16,000	Less than \$10,000:	\$10,000
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Class 2

Option 1: One times annual earnings, first rounded to the next higher \$1,000 if not already a multiple thereof, then multiplied, subject to a minimum of \$10,000 and a maximum of \$250,000.

Option 2: \$50,000**

Upon the completion of the waiting period (first of the month following or coinciding with date of employment), the employee will be automatically enrolled in the one-times annual earnings option for basic term life. The employee will have 31 days from the end of the waiting period to change the basic life coverage to the \$50,000 amount or to opt-out of basic life coverage. should an employee in Class 2 elect to waive basic life insurance and later request to become insured for basic life, evidence of insurability will be required.

** An employee with an annual salary in excess of \$50,000 may elect a basic term life insurance benefit amount of \$50,000 in lieu of one times annual earnings. Should an employee make this election and, at a later date, request to become insured for his or her full amount of insurance allowed by the benefit schedule, and that would provide an amount of insurance over \$50,000, then evidence of insurability will be required for the excess amount over \$50,000. If the evidence of insurability is approved, coverage will be effective as of the date of approval.

Class 3:	The lesser of 50% of the amount of insurance in force on the day prior to retirement or \$25,000.
Class 4:	\$2,000
Class 5:	The amount of insurance in force on the day prior to approval of waiver of premium.
Class 6:	\$50,000

Supplemental Life Insurance

<u>Eligible Class</u>	<u>Amount of Supplemental Life Insurance</u>
Class 1	<p>Option 1: An amount equal to 25% of the amount of basic life insurance for which the employee is insured under the group policy.</p> <p>Option 2: An amount equal to 50% of the amount of basic life insurance for which the employee is insured under the group policy.</p> <p>Option 3: An amount equal to 75% of the amount of basic life insurance for which the employee is insured under the group policy.</p> <p>Option 4: An amount equal to 100% of the amount of basic life insurance for which the employee is insured under the group policy.</p>
Class 2	One, two, three, four, five, six, seven or eight times annual earnings (annual earnings are capped at \$250,000), first rounded to the next higher \$1,000 if not already a multiple thereof, then multiplied, subject to a maximum of \$1,250,000.
Classes 3, 4, 5 and 6	None

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

The amount of insurance on an employee age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

Classes 1, 2 and 6:	<u>Age of Employee</u>	<u>Amount of Insurance</u>
	70	90%
	71	81%
	72	73%
	73	66%
	74	60%
	75	39%
	80 and over	27%

Age reductions will apply the first of January following an insured employee's above stated birthdays. The newly reduced amount will be rounded to the next higher \$1,000.

Class 3:	<p>Basic Life insurance is reduced by 10% on the first of January following the insured's date of retirement. Each first of January thereafter, the amount of in force insurance is reduced by the initial 10% amount; the amount of insurance will never reduce below \$5,000.</p> <p>NOTE: The newly reduced amounts for Class 3 will not be rounded up to the next higher \$1,000.</p>
Classes 4 and 5:	None

CONTRIBUTORY/NONCONTRIBUTORY: Class 1: Basic insurance is noncontributory; supplemental insurance is contributory.
 Class 2: Basic insurance is contributory the first year and noncontributory in following years; supplemental insurance is contributory.
 Class 3: Basic insurance is noncontributory.
 Class 4: Basic insurance is noncontributory.
 Class 5: Basic insurance is noncontributory.
 Class 6: Basic insurance is contributory.

GUARANTEED ISSUE AMOUNT: The guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:
 All basic insurance is guaranteed issue.

For supplemental insurance:
 Class 1: All supplemental insurance is guaranteed issue.
 Class 2: The lesser of three times annual earnings or \$750,000.

NOTE: For an employee who was covered for supplemental life under the employer's plan immediately prior to the policy effective date shown above, the guaranteed issue for supplemental life is the amount of supplemental life in force under that prior plan immediately prior to the policy effective date.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS: Increases and decreases due to a change in eligible class or earnings will become effective the January 1 following the date of the change in eligible class or earnings. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings. All increases are subject to the actively at work requirement. NOTE: An employee whose amount of supplemental insurance is limited to the guaranteed amount of \$750,000 due to failure to provide the required satisfactory evidence of insurability is not insured for a multiple of earnings plan, but rather is insured for the frozen amount of \$750,000 and, therefore, will not receive an increase in supplemental insurance due to salary increases.

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:

An employee does not need to be insured for supplemental life insurance to elect dependents life insurance.

An employee must notify us or the employer when a dependent is no longer eligible for coverage under this certificate so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this certificate will be refunded without any payment of claim.

Packaged Dependents Term Life Insurance

<u>Eligible Class</u>	<u>Amount of Packaged Dependents Life Insurance</u>
Class 2	Option 1: Spouse \$10,000 / Child \$5,000 Option 2: Spouse \$20,000 / Child \$10,000

An employee's first eligible newborn child is automatically covered for \$5,000 for 31 days from the child's live birth. To continue coverage on the first child, the employee must elect child coverage within those 31 days; otherwise, the coverage shall terminate at the end of the 31-day period.

The amount of insurance for a dependent cannot exceed the total

amount for which the insured employee is eligible (basic and supplemental combined).

NOTE: A group of qualified domestic partners are grandfathered under the certificate. The names of these insureds and the amount of their insurance is on file with the policyholder.

All other Classes

None

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

CONTRIBUTORY/NONCONTRIBUTORY: Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT: The guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse: \$20,000

For child insurance: \$10,000

NOTE: For employees with eligible dependents immediately prior to the policy effective date, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy immediately prior to the policy effective date.

ADDITIONAL INFORMATION

WAIVER OF PREMIUM APPLICATION: Applies to contributory and noncontributory employee insurance.

ELECTION CHANGES: Changes to your elections can only be made at annual open enrollment or within 31 days of a Qualified Status Change, as that term is defined by your employer. Coverage that does not require evidence of insurability will be effective on the date of the election for a Qualified Status Change, and on the following January 1 for an election change at annual enrollment. Coverage that requires evidence of insurability will be effective on the date it is approved by us for a Qualified Status Change or the later of the date it is approved by us or the following January 1 for a request made at annual enrollment.

EVIDENCE OF INSURABILITY: Evidence of insurability satisfactory to us will be required:

- In order for a newly eligible employee to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the employee will be insured for the guaranteed issue amount.
- In order for an employee to elect basic life insurance that he or she previously waived, or to increase basic life insurance from \$50,000 to the full amount allowed under the basic life insurance benefit schedule.
- At annual enrollment, in order for an employee to elect supplemental life insurance that he or she previously waived.
- At Qualified Status Change or annual open enrollment, a request that exceeds the amounts indicated below as not requiring evidence of insurability.
- At Qualified Status Change or annual open enrollment, if the insured has previously been declined any insurance amount by us due to evidence of insurability being found unsatisfactory.
- At Qualified Status Change if the change is not in the list below in the "Certain Qualified Status Changes" section.

ONE-TIME OPEN ENROLLMENT:

During the policyholder's annual open enrollment in 2021, the following election change can be made without providing evidence of insurability, provided the insured receiving the increase has not previously been declined any insurance amount under this policy due to failure to provide satisfactory evidence of insurability:

- Class 1 employees currently participating in the supplemental life plan may increase coverage to the next higher option.
- Class 2 employees currently participating in the supplemental life plan may increase his or her supplemental life coverage by one times annual earnings, provided the resulting amount of insurance does not exceed the lesser of eight times annual earnings or \$1,000,000.

Coverage will be effective on January 1, 2022 following the annual enrollment, subject to the actively at work requirement for employees.

ANNUAL OPEN ENROLLMENTS:

During the policyholder's annual open enrollment, the following election changes can be made without providing evidence of insurability, provided the insured receiving the increase has not previously been declined any insurance amount under this policy due to failure to provide satisfactory evidence of insurability:

- A Class 1 employee participating in the supplemental life plan may elect any option of supplemental life offered to this class.
- A Class 2 employee participating in the supplemental life plan may increase his or her supplemental life coverage by one times annual earnings, provided the resulting amount of insurance does not exceed the lesser of three times annual earnings or \$750,000.
- A Class 2 employee may elect for the first time or increase existing packaged spouse/child life insurance, provided the resulting amount of insurance does not exceed the guaranteed issue amount of \$20,000 for a spouse and \$10,000 for a child.

Coverage will be effective on the January 1 following the annual enrollment, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.

CERTAIN QUALIFIED STATUS CHANGES:

An employee who experiences one of the Qualified Status Changes listed below may make the following election changes without providing evidence of insurability, provided enrollment is made within 31 days of the status change and the insured receiving the increase has not previously been declined any insurance amount under this policy due to failure to provide satisfactory evidence of insurability:

- An employee in Class 1 may elect for the first time or increase supplemental life insurance by any option offered to this class.
- A Class 2 employee may elect for the first time or increase existing supplemental life insurance by one times annual earnings, provided the resulting amount of insurance does not exceed the lesser of three times annual earnings or \$750,000.
- A Class 2 employee may elect for the first time or increase existing packaged spouse/child life insurance, provided the resulting amount of insurance does not exceed the guaranteed issue amount of \$20,000 for a spouse and \$10,000 for a child.

Coverage will be effective on the date of the election, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.

Qualified Status Change for this purpose means:

- Birth or adoption or otherwise acquiring a newly eligible child
- Marriage

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits
Dependents Term Life
Portability
Waiver of Premium

Applies to all classes.
Applies to class 2 only.
Applies to all classes.
Applies to classes 1, 2 and 6 only.

Definitions

application

Your application for insurance under the group policy and, if required, your evidence of insurability application.

associated company

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

contributory insurance

Insurance for which you are required to make premium contributions.

earnings

Your basic rate of compensation not including commissions, overtime or premium pay, bonuses, or any other additional compensation.

employee

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees or corporate directors who are not otherwise employees.

employer

The policyholder or any designated associated companies.

evidence of insurability

Evidence satisfactory to us of the good health of the prospective insured and any other underwriting information we require.

insured

A person who is eligible for and becomes insured according to the terms of this certificate, including any person insured by supplement to this certificate.

non-work day

A day on which you are not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

noncontributory insurance

Insurance for which you are not required to make premium contributions.

policyholder

The owner of the group policy as shown on the specifications page.

waiting period

The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page. You are not eligible until the first day following the waiting period.

we, our, us

Securian Life Insurance Company.

you, your

An insured employee.

General Information

What is your agreement with us?

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application as defined under this certificate is a part of this certificate. This certificate contains the principal provisions of the group policy that affect your life insurance coverage. Coverage is provided under the group policy issued to the group policyholder. Only provisions contained in the policy, this certificate, any certificate supplement, amendment or endorsement signed by the policyholder and us, or in the copy of the policyholder's application shall affect the rights of you or your beneficiary.

Any statements made in your application as defined in this certificate will be considered representations and not warranties. Also, any statement you make will not be used to contest your insurance unless the statement is contained in the application, a copy of which is or has been furnished to you or to your beneficiary.

Can this certificate be amended?

Yes. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

Who is eligible for insurance?

You are eligible if you:

- (1) are a member of the eligible group and of an eligible class as shown on the specifications page; and

- (2) work for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page; and
- (3) have satisfied the waiting period as shown on the specifications page; and
- (4) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

Are employees of associated companies eligible for insurance under the group policy?

Yes. Employees of associated companies may be eligible for insurance under the group policy. The policyholder represents any associated company in all transactions pertaining to the group policy. The policyholder's acts or omissions and every notice given by us to the policyholder shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

Are retired employees eligible for insurance?

If the policyholder's plan of insurance, as reflected in the specifications page, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor have his or her insurance continued. If the policyholder's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

What is the actively at work requirement?

To be eligible to become insured or to receive an increase in the amount of insurance, you must be actively at work, fully performing your customary duties for your regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires you to travel.

If you are not working due to illness or injury, you do not meet the actively at work requirement. If you are receiving sick pay, short-term disability benefits or long-term disability benefits, you do not meet the actively at work requirement.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your amount of insurance would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be eligible for claim payment. You will receive a refund of premium for any contributory insurance for which you were not eligible.

When will we require evidence of insurability?

The specifications page describes when evidence of insurability is required.

When does insurance become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) you meet all eligibility requirements; and
- (2) for contributory insurance, you apply for the insurance in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with your evidence of insurability, if we require evidence.

Can your coverage be continued during sickness, injury, leave of absence or temporary layoff?

Yes. Insurance may, according to uniform practices established by the employer under its plan of insurance, be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment and is subject to the following maximum time frames:

- (1) if you are on non-medical leave of absence or temporary layoff, insurance cannot be continued beyond 6 months, as an exception if you are on a sabbatical leave, then coverage may not be continued beyond twelve months from the last day you were actively at work.
- (2) if you are on a medical leave of absence, insurance cannot be continued beyond the later of 12 months from the last day you were actively at work or attained age 65.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements. The above limits will be expanded if necessary in order to meet such requirements.

Premiums

When and how often are your premium contributions due?

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a regular, periodic basis. We apply premiums consecutively to keep the insurance in force.

How is the premium determined?

The premium will be the applicable premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

We may change the premium rate:

- (1) on any premium due date following the expiration of any rate guarantee period; or
- (2) anytime the policy terms are amended or the total amount of insurance in force changes by 25% or more.

Premiums for contributory coverage are based on your attained age and increase with age. We will notify the policyholder 120 days in advance of a change in premium rates.

Death Benefit

What is the amount of the death benefit?

The amount of the death benefit is equal to the amount of insurance for which you are insured, based on the plan of insurance applicable to your class as described on the specifications page, and your elections.

Can you request a change in the amount of your contributory insurance?

Yes. The specifications page describes when changes can be requested, when evidence of insurability will be required for such changes, and when the changes will become effective.

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died while insured under this certificate. All payments by us are payable from our home office. The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. You name a beneficiary to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You can change the beneficiary designation at any time, provided all of the following are true:

- (1) your coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and
- (3) you have not assigned the ownership of your insurance.

A beneficiary designation must be made in writing or by any other method made available under the plan. Any

beneficiary designation shall take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving the designation.

You may also choose to name a beneficiary that you cannot change without the beneficiary's written consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in your beneficiary designation. To receive the death benefit, a beneficiary must be living at the time of your death. In the event a beneficiary is not living at the time of your death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary.

If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to:

- (1) your lawful spouse if living; otherwise
- (2) your natural or legally adopted child (children) in equal shares, if living; otherwise
- (3) your parents in equal shares, if living; otherwise
- (4) your natural or legally adopted brothers and sisters in equal shares; otherwise
- (5) your estate.

Termination

When does your coverage terminate?

Your coverage ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the date you no longer meet the eligibility requirements; or
- (3) the date the group policy is amended so you are no longer eligible; or
- (4) 60 days (the grace period) after the due date of any premium contribution which is not paid; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within three months after the date your coverage under this certificate terminated, your prior coverage may be reinstated, without evidence of insurability. If you die prior to our receipt of your reinstatement application and the required premium, no benefit will be paid.

When does the group policy terminate?

The policyholder may terminate the group policy by giving us 31 days' prior written notice. We reserve the right to terminate the group policy on the earlier of the following to occur:

- (1) 60 days (the grace period) after the due date of any premiums which are not paid; or
- (2) any policy anniversary so long as we provide the policyholder 120 days' notice of our intent to terminate the group policy.

Conversion Right

What is the conversion right?

You can convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates

You may convert up to the full amount of terminated life insurance, including any supplemental life insurance, if termination or reduction occurs because:

- (1) you move from one existing eligible class to another;
- (2) you are no longer in an eligible class;
- (3) your employment terminates;
- (4) the policy is changed to reduce or terminate the insurance for you; or
- (5) your employment is terminated by the employer because you are totally and permanently disabled.

Can you convert your life insurance if the group policy terminates?

You may convert your insurance if the group policy is terminated. If the group policy terminates, you are eligible to convert an amount up to the amount of insurance you had just prior to the termination, less any amount you may become eligible for under any policyholder sponsored group policy within 45 days of the termination.

Can you convert your life insurance if your coverage reduces due to age?

You may convert any portion of your insurance which is reduced on or after the attainment of age sixty in any increment or series of increments totaling twenty percent or more of the amount of insurance in force under the group policy prior to the first reduction at age sixty.

To what type of policy can you convert?

You may convert your insurance to any type of individual policy of life insurance then customarily issued by us or by one of our associated companies, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits, accidental death and dismemberment benefits, or accelerated benefits.

If your coverage terminates because you are totally and permanently disabled, you may convert your insurance to a policy of life insurance then customarily issued by us or by one of our associated companies, including term insurance, by paying premiums directly to us.

Preliminary Term Insurance

You may also elect to have issued to you a policy of term life insurance for a period of one year prior to converting to a policy of permanent insurance with us or by one of our associated companies. The premium rate for the preliminary term insurance may be higher than that paid under the group policy.

When must election to convert insurance be made?

You will be notified of your right to convert your group life insurance. If notification is made within 15 days before or after the event that results in termination or reduction of the group life coverage, you will have 31 days from the date the insurance terminates to elect conversion. If the notice is given more than 15 days but less than 90 days after the event, the time allowed for the exercise of the conversion privilege shall be extended to 45 days after such notice is sent. If the notice is not given within 90 days, the time allowed for the exercise of the conversion privilege expires 90 days after the terminating event. Such notice shall be mailed to you by us or an entity the policyholder designates at your last known address.

The conversion right is not available if your coverage under the group policy terminates due to your failure to make, when due, required premium contributions.

How do you convert your insurance?

You convert your insurance by applying for an individual policy and paying the first premium within the time period allowed for such election. No evidence of insurability will be required.

How is the premium for the individual policy determined?

We base the premium for the individual policy on the plan of insurance, your age, and the class of risk to which you belong under the group policy on the date of conversion.

When is the individual policy effective?

When all conversion election requirements are satisfied, the individual policy takes effect on the date the group insurance provided under the group policy terminates.

What happens if you die during the conversion election period?

If you die during the conversion election period or any extended notice period, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section. If you have completed a conversion application, we will pay the beneficiary designated on the conversion application. If you have not completed a conversion application, we will pay the beneficiary under your group insurance coverage.

We will return any premium you paid for an individual policy converted from this group insurance to you

beneficiary as described above. In no event will we be liable under both the group policy and the individual policy.

Additional Information

What if your age has been misstated?

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on your correct age. An equitable premium adjustment from any benefit payable will be made so that the actual premium required at your correct age is paid. If your correct age is such that no benefit is payable, you will receive a refund of premium for the period your eligibility would have ended.

Is there any cash value to this coverage?

No. This is term life insurance and it does not build cash value.

What is the suicide limitation?

There is no suicide limitation for life insurance under this certificate.

Can your insurance coverage be contested?

Yes. Your coverage will become incontestable after two years from your original effective date of coverage or the effective date of any increase in coverage you applied for, except for the non-payment of premiums by the policyholder. If we discover a material misrepresentation, your coverage may be contested.

Any statements you make in your application as defined under this certificate will be considered representations and not warranties. Also, any statement you make will not be used to contest the validity of your insurance unless the statement was made after such insurance has been in force for two years during the insured's lifetime and in no event unless the statement is contained in the application, a copy of which is or has been furnished to you or your beneficiary.

Who is the owner of this coverage?

Unless assigned otherwise, you, the insured employee, are the owner of all coverage provided under your certificate. Only the owner has the right to exercise ownership rights under the certificate, including but not limited to naming or changing a beneficiary, changing the amount of insurance, assigning any or all ownership rights, converting coverage to an individual policy and terminating the coverage.

Can your insurance be assigned?

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a certified copy with us at our home office. The assignment shall take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving the assignment.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

Can a change in ownership for a certificate be requested?

Yes. A change in ownership is a type of assignment. All provisions for assignments apply to ownership changes.

Is the policyholder required to maintain records?

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer the group policy, and shall provide access to such records when required for us to administer the policy.

If an administrative or clerical error is made in keeping records on or administering the insurance under the group policy, it will not affect otherwise valid insurance. Any clerical error is subject to the incontestability clause. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

Will the provisions of this certificate conform with state law?

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the applicable laws of New York, we will file a revised provision for approval. Any amendment will be signed by the policyholder and us. Nothing in the group policy invalidates or impairs any rights or benefits as stated in this certificate or granted by New York law.

Accelerated Benefits Certificate Supplement

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

Benefits received under this Accelerated Benefits Certificate Supplement may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

General Information

This supplement is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for the accelerated payment of either the full or a partial amount of an insured's death benefit provided under your certificate. If an insured has a terminal condition as defined in this supplement, you may request an accelerated payment of the applicable death benefit. You must give notice of claim while living and while your life insurance coverage is in force to be eligible for consideration of an accelerated benefit.

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of 12 months or less. We must be given medical evidence in substance and in form that satisfies us that the insured has a terminal condition. That evidence must include certification by a physician. For purposes of this supplement, a physician is an individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse, children, parents, grandparents, grandchildren, brothers or sisters; or the spouse of any such individuals.

Accelerated Benefit

Who may request an accelerated payment of the death benefit?

You may request an accelerated payment of the insurance on your life or on the life of a spouse or dependent child insured under your certificate.

When can an accelerated benefit be requested?

An accelerated benefit can be requested any time, provided the following conditions are met:

- (1) the insurance is in force and all premiums due are fully paid; and
- (2) you have not assigned and are the sole owner of the certificate; and
- (3) the certificate does not have an irrevocable beneficiary.

Is there a minimum or maximum death benefit eligible for an accelerated benefit?

Yes. The minimum death benefit to be eligible for an accelerated benefit under this supplement is the lesser of 25% of the insured's amount of insurance or \$50,000. The maximum death benefit that can be accelerated is \$1,000,000 of the insured's death benefit.

Is a partial accelerated benefit available?

Yes. You may choose to accelerate only a portion of an insured's death benefit, providing the remaining amount of insurance is the lesser of 25% of the insured's amount of insurance or \$50,000. This is called a partial accelerated benefit.

You may reapply for the payment of the remaining amount of insurance at any time. However, the total amount of the death benefit for all accelerated benefit payments for an insured cannot exceed \$1,000,000 of the insured's death benefit. We may ask for further evidence satisfactory to us in substance and in form that the insured meets all requirements for the accelerated benefit.

When will we pay an accelerated benefit?

We will pay an accelerated benefit upon receipt at our home office of written proof satisfactory to us in substance and in form that the insured meets the requirements herein.

The accelerated benefit will be paid in a single sum or by any other method agreeable to you and us.

To whom will we pay accelerated benefits?

We will pay the accelerated benefit to you unless you validly assign it otherwise. If you die before we issue payment of an accelerated benefit to you, we will pay the life insurance benefits to your life insurance beneficiary(s).

What is the effect on the insured's coverage of the receipt of an accelerated benefit?

If you elect to accelerate the full amount of an insured's death benefit, the insured's coverage and all other benefits under the certificate and any certificate supplements for that insured will end. If it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under the certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

Termination

When does an insured's coverage under this supplement terminate?

An insured's accelerated benefits coverage terminates on the earliest of:

- (1) the date the insured is no longer insured for life insurance under the certificate; or
- (2) the date the accelerated benefits coverage is terminated for the policyholder's plan; or
- (3) the date the group policy is terminated.

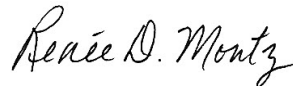
Additional Information

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this supplement is not intended to cause an involuntary reduction of the death benefit ultimately payable to the beneficiary.

Do we have the right to obtain independent medical verification?

Yes. Although you are responsible for submitting proof satisfactory to us that you meet the requirements for the accelerated benefit, we do retain the right to have an insured medically examined at our expense to verify the insured's medical condition. We may do this as often as reasonably required while an accelerated benefit is being considered or paid.



Secretary



President

Dependents Term Life Insurance Certificate Supplement

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

General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides insurance on the lives of your eligible dependents.

What members of your family are eligible for insurance under this supplement?

The following members of your family are eligible for insurance under this supplement:

- (1) your lawful spouse who is not legally separated from you; and
- (2) your or your spouse's natural children, legally adopted children or stepchildren who are less than 26 years old and dependent upon you for support and maintenance. An adopted child includes a child legally placed for adoption with you. Eligibility begins at live birth (stillborn or unborn children are not eligible). Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support prior to age 26 and are financially dependent on you for more than one-half of their support and maintenance.

Adopted child includes children that are placed with you, or for whom you have filed a petition to adopt. Children placed with you, or for whom you have filed a petition to adopt within 60 days of the adopted child's date of birth, are eligible from the moment of live birth (stillborn or unborn children are not eligible). Coverage for an adopted child placed with you, or for whom you have filed a petition to adopt more than 60 days after the child's date of birth, is effective from the moment of placement or filing of the petition. However, coverage will not continue if the placement is disrupted prior to legal adoption or if the child is removed from placement. Placed/placement means physical placement in your or your spouse's care. If physical placement is prevented due to the medical needs of the child, "placed" means the date you or your spouse sign an agreement for adoption of the child and assume financial responsibility for the child.

Any dependent who, subsequent to the effective date of your dependents term life insurance, meets the eligibility requirements of this supplement will become insured on the date he or she so qualifies, provided no additional premium is required and the dependent is not hospitalized or confined because of illness or disease (except in the case of a newborn). If additional premium is required, the

insurance for that dependent will be effective under the same conditions which would apply if you were newly becoming eligible for dependents term life insurance under this supplement. If the dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement (except in the case of a newborn).

When will we require evidence of insurability?

The specification page describes when evidence of insurability will be required.

When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

- (1) the dependent meets all eligibility requirements; and
- (2) for contributory coverage, you apply for dependents coverage in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with the dependent's evidence of insurability, if we require evidence.

Death Benefit

What is the amount of life insurance on each insured dependent?

The amount of life insurance on each insured dependent is shown on the specifications page.

To whom will we pay the death benefit?

The death benefit payable under this supplement will be paid to you if living, otherwise it will be paid according to the terms of the provision entitled "To whom will we pay the death benefit?" in the certificate.

Termination

When does an insured dependent's coverage under this supplement terminate?

An insured dependent's coverage ends on the earliest of the following:

- (1) the last day of the calendar year in which a child attains age 26; otherwise coverage ends when the dependent no longer meets the eligibility requirements; or

- (2) 60 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or
- (4) the date you are no longer covered under the group policy; or
- (5) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Dependents Term Life coverage for its plan; or
- (2) the date the group policy is terminated.

Additional Information

What is the conversion right under this supplement?

If an insured dependent's coverage under this supplement terminates because he or she is no longer eligible, or because of your death, or because of termination or amendment of this supplement, the insurance may be converted to a policy of individual insurance with us.

You may request to convert dependent coverage under this supplement. If a dependent's coverage terminates because of your death then each covered dependent may elect to convert their coverage. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

What is the suicide limitation?

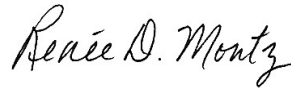
The suicide limitation does not apply to dependent life insurance.

Does the Waiver of Premium supplement to your certificate apply to insured dependents?

The Waiver of Premium supplement to your certificate will not apply to disabilities for dependents covered under this supplement.

However, if, due to your disability, your insurance is continued in force without further payment of premiums due to the Waiver of Premium supplement, any dependents insurance provided by this supplement shall also continue in force without further payment of premiums until the dependent's eligibility terminates or until your insurance is no longer continued in force due to the Waiver of Premium supplement.

This provision is not applicable if the dependent's insurance has been converted under the conversion right section of this supplement, unless the converted policy is surrendered without claim except for refund of premiums.



Secretary



President

Portability Certificate Supplement

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

General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for continuation of insurance if an insured no longer meets the eligibility requirements of the certificate, except as provided for herein.

To continue insurance, the insured must make a written request and make the first premium payment within 31 days, or any extended notice period, after insurance provided by the group policy would otherwise terminate. Upon completion of all portability election requirements, coverage provided by this supplement will be effective the date the insured's coverage terminated under the group policy. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

When must election to continue insurance be made?

You will be notified of your right to continue your group life insurance. If notification is made within 15 days before or after the event that results in termination or reduction of the group life coverage, you will have 31 days from the date the insurance terminates to elect continuation under this supplement. If the notice is given more than 15 days but less than 90 days after the event, the time allowed for of the exercise of the continuation privilege shall be extended to 45 days after such notice is sent. If the notice is not given within 90 days, the time allowed for the exercise of the continuation privilege expires 90 days after the terminating event. Such notice shall be mailed to you by us or an entity the policyholder designates at your last known address.

If you elect to continue your coverage, you may later elect to convert your continued group life coverage to an individual policy at any time. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

The continuation right is not available if your coverage under the group policy terminates due to your failure to make, when due, required premium contributions.

Who is eligible to continue insurance under this supplement?

An insured employee is eligible to continue group life insurance under the terms of this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

- (1) the employee terminates employment, including retirement; or
- (2) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
- (3) a class or group of employees insured under the policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this policy; or
- (4) an amendment to the group policy, provided that less than 25% of the total number of insureds under the group policy lose eligibility.

An insured will not be eligible to request coverage under this supplement if he or she:

- (1) has attained the age of 75; or
- (2) has converted his or her insurance to an individual life policy under the terms of the certificate's conversion right section; or
- (3) loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Contributory and noncontributory may be continued under this supplement. If an employee elects to continue his or her own coverage according to the provisions of this supplement, he or she may also elect to continue contributory insurance for any dependent insured under his or her certificate.

An insured may also continue coverage under all certificate supplements by which he or she was insured immediately preceding his or her portability date, except the Waiver of Premium Certificate Supplement, which shall terminate upon porting.

Is there a minimum amount of insurance that can be continued under this supplement?

Yes. The minimum amount of insurance that can be continued on an employee's life under this supplement is \$10,000. This minimum does not apply to any other insureds covered under this supplement.

Is there a maximum amount of insurance that can be continued under this supplement?

Yes. The maximum amount of insurance that can be continued under this supplement is the amount of insurance that was in force on the insured's portability date, but not more than \$1,250,000 for an employee or \$20,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than \$812,500 for an employee or \$13,000 for a spouse.

Amounts in excess of portability maximums stated above may be converted according to the Conversion Right section of your certificate.

Will the amount of insurance continued under this supplement change?

Yes. On the first day of the month following the date an insured attains age 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65. Insurance terminates at age 75.

Can an insured request a change in the amount of insurance continued under this supplement?

Yes. An insured may elect to reduce the amount of insurance on his or her life, subject to the minimum amount. The amount of insurance continued under this supplement will never increase.

How will premium contributions be paid?

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

Can the premium rate change?

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future but will not change more often than once per year.

Can insurance continued under this supplement be converted to a policy of individual insurance?

Yes. At any time after insurance has been continued under the provisions of this supplement, but not beyond 31 days, or any extended notice period, after coverage terminates under the provisions of this supplement, it may be converted to a policy of individual insurance with us. All other conditions and provisions of the conversion right section of the certificate to which this supplement is

attached will apply. Coverage cannot be continued under both this supplement and the conversion privilege.

What happens if an insured again becomes eligible under the certificate?

If an insured is continuing coverage under the terms of this supplement, and again meets the eligibility requirements of the certificate, the insured shall no longer be considered to have portability status, ported coverage will terminate and only one death benefit will be paid under the coverage. Insurance may be continued only under the terms of the certificate, not including this supplement unless and until the insured no longer meets the eligibility requirements of the certificate and again return to portability status as provided for herein.

What happens to insurance provided under this supplement when the group policy terminates?

Anything in the group policy notwithstanding, termination of the group policy will not terminate life insurance then in force for any person under the terms of this supplement. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.


Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this supplement terminate?".

No individual may elect coverage under this supplement on or after the date of termination of the group policy.

When will insurance continued under this supplement terminate?

Insurance being continued under this supplement will terminate on the earliest of the following:

- (1) the insured's 75th birthday; or
- (2) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this supplement; or
- (3) in the case of a dependent child or a spouse who is insured by a supplement to the employee's certificate, the date the employee's coverage is no longer being continued under this supplement or the date the spouse or child ceases to be eligible as defined under the terms of the certificate; or
- (4) 31 days after the due date of any premium contribution which is not made; or
- (5) the date an insured requests to terminate his or coverage being continued under this supplement.


Secretary


President

Waiver of Premium Certificate Supplement

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

General Information

This certificate supplement is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate.

The specifications page indicates to what insurance this supplement applies. This supplement does not apply to you if you have portability status.

What does this supplement provide?

This supplement provides for waiver of premium if you become totally and permanently disabled, as defined herein, while under age 70. Upon approval of proof of such disability, your insurance, including all supplements to your certificate which were in force on the date of the onset of your disability, will be continued in force without payment of premiums during the uninterrupted continuance of the total and permanent disability.

What is total disability?

Total disability is a disability which occurs while your insurance is in force and which results from an accidental injury or an illness that continuously prevents you from engaging in any occupation for which you are reasonably suited by education, training, or experience on a full or part time basis.

What is permanent disability?

Permanent disability is a total disability which has existed continuously for at least six months.

What if you convert your group life insurance to a policy of individual insurance prior to the approval of your disability claim?

If your coverage has been converted in accordance with the conversion right section of your certificate, benefits under this supplement will apply only if the converted policy is surrendered without claim, except for refund of premiums. You cannot have coverage under both policies and only one death benefit will be available.

What will be considered due proof of total and permanent disability?

You must furnish evidence satisfactory to us as to both substance and form that your disability:

- (1) commenced while your insurance under your certificate was in force; and
- (2) meets the definition of total disability; and
- (3) commenced before your 70th birthday; and

- (4) was continuous for six months or more.

We will, from time to time, also require additional proof satisfactory to us that you continue to be totally and permanently disabled. After you have provided at your expense the requested claim forms and records, we may also require that you submit to one or more medical examinations at our expense.

If you die within one year of the date of onset of your total disability, your beneficiary may claim benefits under this supplement even if your premium payments were discontinued and you had not submitted due proof satisfactory to us of your total disability or you were continuously disabled for less than six months. Your beneficiary must submit due proof satisfactory to us that your total disability, which began before premium payments on your behalf were discontinued and before your 70th birthday, continued without interruption until your death.

When must we be notified of your disability or death?

We must receive written notice at our home office of your total disability within one year of the date of onset of such disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

We must receive written notice at our home office within one year of death that you died during a period of continuance provided by this supplement. Proof must be furnished that you continued to be totally disabled during the entire period of continuance until death. If such notice and proof are not provided within the required time frame, there shall be no liability for any payment under this supplement. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

What is the amount of insurance to be continued without payment of premium under this supplement?

The amount of insurance continued without payment of premium shall be the amount of insurance that was in force on the date of onset of total disability.

If the group policy provides for reductions in amounts of insurance based on age or retirement, such reductions shall apply to your insurance while disabled.

How long will insurance be continued without payment of premium?

If you become totally and permanently disabled, insurance will be continued, without payment of premium, until the earliest of:

- (1) your 70th birthday; or

- (2) the date you retire; or
- (3) the date you recover so that you are no longer totally and permanently disabled; or
- (4) the date you fail to furnish proof of continued disability when requested or you refuse to submit to a required medical examination.

What happens to your insurance when the waiver of premium benefit ends?

When the benefits under this supplement end according to the provisions of the section entitled "How long will insurance be continued without payment of premium?," the following will apply:

- (1) If you are then eligible for coverage under your certificate, your insurance may be continued under your certificate provided that premiums are paid. The first such premium payment must be made within 31 days of the date the waiver of premium benefit ends.
- (2) If you are no longer eligible for coverage under your certificate, you may convert coverage to an individual policy, as provided for under the conversion right section of your certificate.

Your insurance will end unless, within 31 days of the date benefits under this supplement end, premium payments on your behalf are resumed or you apply to convert your coverage.

Termination

When does your coverage under this supplement terminate?

Your waiver of premium coverage terminates on the earliest of:

- (1) the date you are no longer insured for life insurance covered by this supplement; or
- (2) the date requested by the policyholder to cancel the Waiver of Premium coverage for its plan; or
- (3) the date the group policy is terminated.

Insurance being continued without further payment of premiums in accordance with the provisions of this supplement will not end due solely to the termination of the Waiver of Premium coverage or of the group policy.

Renee D. Montz

Secretary

Clayton M. J. Hill

President

Your Rights Under ERISA

The following section contains information provided to you by the Plan Administrator of your Plan to meet the requirements of the Employee Retirement Income Security Act of 1974 (ERISA). It does not constitute a part of the insurance policy issued in connection with the Plan. All inquiries relating to the following material should be referred directly to your Plan Administrator. This information should be attached to your certificate of insurance. Together they comprise your Summary Plan Description (SPD).

Summary Plan Description

General Information

Name of Plan	Montefiore Medical Center Employee Health & Welfare Benefit Plan
Plan Sponsor	Name: Montefiore Medical Center Address: 111 East 210 th Street, Bronx, NY 10467
Employer ID	Employer Identification Number (EIN): 13-1740114
Plan Number	Plan Number: 501
Type of Plan	Welfare Plan providing life insurance and associated benefits for employees.
Administration of Plan	The Plan is administered by the Plan Administrator through an insurance policy(ies) purchased from Securian Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101. Generally, the Plan Administrator oversees the operation and records of a plan.
Plan Administrator	Name: The Human Resources Department of Montefiore Medical Center under the supervision of its Senior Vice President & Chief Human Resources Officer Address: 111 East 210 th Street, Bronx, NY 10467
Agent for Service of Legal Process	Name: Montefiore Medical Center Address: 111 East 210 th Street, Bronx, NY 10467 Telephone Number: (914) 378-6550 Process also may be served on the Plan Administrator.
Plan Year	January 1 – December 31
Plan Funding	The Plan has an insurance policy(ies) with Securian Life Insurance Company. The premiums for the policy(ies) are paid by employer and employee contributions.
Interpretation, Amendment and Termination	The plan sponsor reserves the right to interpret, change or terminate the Plan's operation in the future. In the event of termination, benefits would be discontinued as described in the certificate.

Claim Procedures

Under Department of Labor (DOL) regulations, claimants are entitled to full and fair review of any claims made under the Plan. The procedures described in this section are intended to comply with DOL regulations by providing reasonable procedures governing the filing of benefit claims, notification of benefit decisions, and appeal of adverse benefit decisions.

A. Presenting Claims for Benefits

Claim forms may be obtained by contacting Securian Life.

Contact the plan administrator if you have any questions or to initiate a claim. You may also contact Securian Life directly to initiate a claim. Upon the receipt of notification of a claim Securian Life will provide claim forms. Read the instructions on those forms carefully, and be sure all the questions are answered and that you include any required attachments. Completed forms must be sent to Claims, PO Box 64114, St. Paul, MN 55164-0114. After your claim has been processed by Securian Life, you will be notified in writing if any benefits are denied in whole or in part, or if any additional information is required.

B. Claims Denial Procedure

If all or part of your claim for benefits is denied, Securian Life will notify you in writing within 90 days (45 days for any disability claims) of receiving your claim. If special circumstances require more time, the review period may be extended up to an additional 90 days (30 days for disability claims). You will be notified in writing of this extension within the original review period. The notice of extension will explain the circumstances requiring the extension and indicate the date by which the plan expects to render the benefit determination. For disability claims, the review period may be extended up to an additional 30 days provided the written notice described above is sent to the claimant before the expiration of the first 30-day extension period.

For disability claims, the notice of extension will also include a description of the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, the information needed to resolve those issues, and the claimant will be given at least 45 days to provide the information. Where the timeframe to process a disability claim is extended because the claim was incomplete, the time for the claim determination is put on hold from the date the extension notice is sent to the claimant until the date the person responds to the request for additional information. If the person does not provide needed information to Securian Life within 45 days of the date on the notice, Securian Life may deny the claim.

Notification of Claim Denial

Any denial of a claim for benefits will be provided by the Insurer and will include the content required by law.

C. Appealing the Denial of a Claim

You may appeal any denial of a claim for benefits by filing a written request for a full and fair review to Securian Life at Claims, PO Box 64114, St. Paul, MN, 55164-0114. In connection with such a request, documents relevant to the appeal may be reviewed, and comments and issues outlining the basis of the appeal may be submitted in writing. You may have representation throughout the review procedure, if you submit written proof of the representation to Securian Life. An appeal must be filed by 60 days (180 days for disability claims) after receipt of the written notice of denial of a claim. Before Securian Life can deny a claim on appeal, Securian Life shall provide the claimant with any new evidence considered, relied upon, or generated during the appeal, as well as any new rationale for the decision. Any new evidence or rationale will be provided to the claimant free of charge, as soon as possible before the date by which the appeal is to be decided, so that the claimant may respond to the evidence or rationale before that date. The full and fair review will be held and notification of a decision rendered by Securian Life will be provided no later than 60 days (45 days for disability claims) after receipt of the request for review.

If special circumstances beyond the control of Securian Life require more time, the review period may be extended up to an additional 60 days (45 days for disability claims). You will be notified in writing of this extension within the original appeal period. The notice of extension will explain the circumstances requiring the extension and indicate the date by which Securian Life expects to render the benefit determination.

The notice of extension will include a description of any missing information and shall specify a timeframe, no less than 180 days in which the necessary information must be provided. Where the timeframe to process an appeal is extended because additional information to render an appeal decision is needed, the time for the benefit determination is put on hold from the date the extension notice is sent to the claimant until the date the person responds to the request for additional information. If the person does not provide needed information to Securian Life within the 180 days of the date on the notice, Securian Life may close the appeal and no further consideration will take place.

During all steps of the claims appeal procedure, you can write or call Securian Life and ask to see all documents relevant to your claim. In addition, you may have an attorney or other representative write letters or otherwise act on your behalf, but you may need to provide written proof of designation of the representative.

Notification of Appeal Decision

Written notification of the Insurer's decision on an appeal shall be provided to the claimant and will include the information required by law.

D. Legal Action Following Appeals

After completing the claims and appeal procedures, you have the right to dispute the determination by bringing a civil action under the Employee Retirement Income Security Act (ERISA). Please refer to the Statement of ERISA Rights section for more details. No such action may be filed one year from the date the Plan gives you a final determination on your appeal. Also, no legal action may be brought if you do not exhaust these claims procedures, unless exhaustion is not required.

E. Venue

All litigation in any way related to the Plan (including but not limited to any and all claims brought under ERISA, such as claims for benefits and claims for breach of fiduciary duty) must be filed in the federal district court whose jurisdiction includes Bronx County, New York.

Statement of ERISA Rights

The Statement of ERISA rights is required by federal law and regulation.

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA).

ERISA provides that all Plan participants shall be entitled to:

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all Plan documents, including the insurance contract, collective bargaining agreements and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.

Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your Employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials for the Plan and do not receive them within 30 days, you may file a suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay the cost and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, EBSA, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the EBSA.

Securian Life Insurance Company • A Stock Company

400 Robert Street North • St Paul, Minnesota 55101-2098

**GROUP TERM LIFE CERTIFICATE OF INSURANCE • NONPARTICIPATING •
ANNUALLY RENEWABLE • CONTRIBUTORY AND NON-CONTRIBUTORY**