

Accidental Death and Dismemberment Certificate of Insurance

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

State of Tennessee

Voluntary Accidental Death and Dismemberment Insurance Plan

POLICYHOLDER: State of Tennessee

Effective August 11, 2016

POLICY NUMBER: 34295-G

Read Your Certificate Carefully

You are insured under the group policy shown on the certificate specifications page. This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

Legal Actions

No legal action may be brought to recover on this certificate within the first sixty days after written proof of loss has been given as required by this certificate. No such action may be brought after three years from the time written proof of loss is required to be given.



Secretary



President

TABLE OF CONTENTS

Definitions.....	2	Exclusions	4
General Information	2	Termination.....	5
Premiums	3	Additional Information.....	6
Accidental Death and Dismemberment Benefit	3		

ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE OF INSURANCE

AD&D INSURANCE CERTIFICATE SPECIFICATIONS PAGE

GENERAL INFORMATION

POLICYHOLDER: State of Tennessee **POLICY NO.:** 34295-G

POLICY EFFECTIVE DATE: January 1, 2014. This specifications page represents the plan in effect as of January 1, 2016.

POLICY ANNIVERSARY DATE: January 1 of each year beginning January 1, 2015

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 of the policyholder and its associated employers working in the United States.

WAITING PERIOD: **Employees regularly scheduled to work 30 hours a week or more:** The period commencing with the employee's date of hire and ending on the 1st day of the month following the date of hire.*

* For newly hired employees the effective date of coverage will be the first day of the month following one full calendar month of employment.

Seasonal employees hired prior to July 1, 2015 certified as working 1,450 hours per fiscal year: The period commencing 24 months from the employee's date of hire and ending on the 1st day of the month following the completion of the 24-month requirement.

PLAN OF INSURANCE

EMPLOYEE AND FAMILY BENEFIT SCHEDULE

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Eligible Class Amount of Insurance

Employees with Base Annual Earnings of:	Employee	Family Coverage		
		Spouse Only (No Children)	Spouse and Children	
			Spouse	Each Child
Less than \$3,000	\$6,000	\$4,000	\$2,000	\$1,000
\$3,000 but less than \$4,000	\$9,000	\$5,000	\$3,000	\$1,000
\$4,000 but less than \$5,000	\$12,000	\$7,000	\$4,000	\$2,000
\$5,000 but less than \$6,000	\$15,000	\$9,000	\$5,000	\$2,000
\$6,000 but less than \$7,000	\$18,000	\$11,000	\$7,000	\$2,000
\$7,000 but less than \$8,000	\$21,000	\$13,000	\$8,000	\$3,000
\$8,000 but less than \$9,000	\$24,000	\$15,000	\$10,000	\$3,000
\$9,000 but less than \$10,000	\$27,000	\$17,000	\$11,000	\$3,000
\$10,000 but less than \$12,500	\$32,000	\$19,000	\$13,000	\$3,000
\$12,500 but less than \$15,000	\$38,000	\$23,000	\$15,000	\$4,000
\$15,000 but less than \$17,500	\$44,000	\$26,000	\$18,000	\$4,000
\$17,500 but less than \$20,000	\$50,000	\$30,000	\$20,000	\$5,000
\$20,000 and over	\$60,000	\$36,000	\$25,000	\$5,000

GENERAL PROVISIONS FOR INSURANCE

AGE REDUCTIONS:

None

EFFECT OF EMPLOYEE'S RETIREMENT:

All employees other than Central State Government employees:

All AD&D insurance terminates at the end of the month following the month of the employee's retirement.

All Central State Government employees:

All AD&D insurance terminates at the end of the month of the employee's retirement.

CONTRIBUTORY/ NONCONTRIBUTORY:

All AD&D insurance is contributory insurance.

INCREASES AND DECREASES:

Increases and decreases due to a change in eligible earnings will be based upon the employee's salary as of September 1 of each year or an alternative date established by the State with the effective date of the recalculated coverage to be on October 1 of the same year or on an alternative date established by the State.

Increases or decreases due to a status change must be made within 60 days of a qualifying status change and shall be effective on the first day of the month following the request.

All increases are subject to the actively at work requirement. Dependents insurance shall automatically increase or decrease as the employee's amount of insurance increases or decreases.

LOSS OF ELIGIBILITY:

All employees other than Central State Government employees:

Notwithstanding anything in the policy to the contrary, an insured employee shall remain covered until the end of the month following the month in which he or she ceases to meet the eligibility requirements.

All Central State Government employees:

Notwithstanding anything in the policy to the contrary, an insured employee shall remain covered until the end of the month in which he or she ceases to meet the eligibility requirements.

Definitions

age

Your attained age as of September 1 each plan year.

associated employer

Any employer which is designated by the policyholder and agreed to by us to participate under the group policy. The policyholder represents any associated employer 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 employer.

contributory insurance

Insurance for which you are required to make premium contributions.

earnings

An employee's basic rate of compensation not including commissions, overtime or premium pay, bonuses, or any other additional compensation.

employee

An individual employed by the State who:

- (1) is regularly scheduled to work not less than thirty (30) hours per week; or
- (2) has received a seasonal appointment and who meets the requirements set forth in TCA 8-27-204(a)(3); or
- (3) is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

employer

The policyholder or any designated associated employer.

insured

A person who is eligible for and becomes insured under the terms of this certificate.

licensed physician

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.

non-work day

A day on which the employee is 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 attached to this certificate.

specifications page

The outline which summarizes your coverage under the policyholder's plan of insurance.

waiting period

The period, if any, of continuous employment with the employer that the employee must satisfy prior to becoming eligible for coverage under this certificate. Any such waiting period is shown on the specifications page attached to this certificate.

we, our, us

Minnesota Life Insurance Company.

you, your, certificate holder

An insured employee.

General Information

What is your agreement with us?

This certificate summarizes the principal provisions of your accidental death and dismemberment insurance provided by the group policy. The provisions summarized in this certificate are subject in every respect to the group policy. Your application is deemed a part of this certificate.

Any statements made in your application will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application, and a copy containing the statement is furnished to you, the beneficiary, or your or the beneficiary's personal representative.

This certificate is issued in consideration of your application and the payment of the required premium.

Can this certificate be amended?

Yes. Your consent is not required to amend this certificate. Any amendment will be without prejudice to

any claim for benefits incurred prior to the effective 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 identified in the specification page; and
- (2) have satisfied the waiting period, if any; and
- (3) meet the actively at work requirement described in the "What is the actively at work requirement?" provision of this section.

Are retired employees eligible for insurance?

No.

What is the actively at work requirement?

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

Employees not working due to illness or injury do not meet the actively at work requirement nor do employees receiving sick pay, short-term disability benefits or long-term disability benefits.

If the employee is not actively at work on the date coverage would otherwise begin, or on the date an increase in his or her amount of insurance would otherwise be effective, he or she will not be eligible for the coverage or increase until he or she returns to active work. However, if the absence is on a non-work day, coverage will not be delayed provided the employee was actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, an employee is eligible to continue to be insured only while he or she remains actively at work.

When does your insurance become effective?

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

- (1) you meet all eligibility requirements; and
- (2) if required, you apply for the insurance through processes or on forms which are approved by us.

In addition, elections made during an annual enrollment period will not become effective prior to the effective date of that enrollment (generally the following January 1).

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

Yes. The employer may continue your noncontributory insurance or allow you to continue your contributory insurance when you are absent from work due to sickness, injury, leave of absence, or temporary layoff.

Continuation of your insurance is subject to certain time limits and conditions as stated in the group policy. If you stop active work for any reason, you should discuss with the employer what arrangements may be made to continue your insurance.

Premiums

When and how often are premiums 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 monthly basis. We apply premiums consecutively to keep the insurance in force.

Can a premium be paid after the date it is due?

Yes. The group policy has a 31-day grace period. If a premium is not paid on or before the date it is due, that premium may be paid during the 31-day period following the due date. The insurance under the group policy will remain in effect during the 31-day grace period.

Accidental Death and Dismemberment Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death or dismemberment by accidental injury means that an insured's death or dismemberment results, directly and independently of all other causes, from an accidental injury which is unintended, unexpected, and unforeseen. The bodily injury must be the sole cause of death or dismemberment.

The injury must occur while the insured's coverage is in force. The insured's death or dismemberment must occur within 90 days after the date of the injury.

What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page attached to the group policy. The percentage is determined by the type of loss as shown in the following table:

FOR LOSS OF	AMOUNT OF BENEFIT
Life	Full Amount of AD&D Insurance
Both Hands or Both Feet ..	Full Amount of AD&D Insurance
Sight of Both Eyes	Full Amount of AD&D Insurance
One Hand and One Foot ..	Full Amount of AD&D Insurance

One Foot and Sight
of One Eye Full Amount of AD&D Insurance
One Hand and Sight
of One Eye Full Amount of AD&D Insurance
Sight of One Eye 50% of Amount of AD&D Insurance
One Hand or
One Foot 50% of Amount of AD&D Insurance
Thumb and Index
Finger of One Hand.....25% of Amount of AD&D Insurance
Loss of hands or feet means complete severance at or
above the wrist or ankle joints. Loss of sight means the
entire and irrecoverable loss of sight which cannot be
corrected by medical or surgical treatment or by artificial
means. Loss of thumb or finger means complete
severance at or above the metacarpophalangeal joints
(the joints closest to the palm of the hand).

A benefit is not payable for both loss of one hand and the
loss of thumb and index finger of one hand for injury to the
same hand as a result of any one accident. Under no
circumstance will more than one payment be made for the
loss of the same limb, eye, finger, thumb, hand, foot, or
sight if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss
but the total amount of AD&D insurance payable under
this supplement for all of an insured's losses due to any
one accident will never exceed the full amount of AD&D
insurance shown on the specifications page attached to
the group policy.

What are the notice of claim and proof of loss requirements?

Written notice of injury on which a claim may be based
must be given to us within 30 days after the accident.
Proof of loss must be furnished to us within 90 days after
the date of loss. However, failure to give such notice and
proof within the time provided will not invalidate the claim
if it is shown that notice and proof were given as soon as
reasonably possible.

When we receive written notice of claim, we will send the
claimant our claim forms if he or she needs them. If the
claimant does not receive the forms within 15 days, we will
accept his or her written description as proof of loss.

When will the accidental death or dismemberment benefit be payable?

We will pay the accidental death or dismemberment
benefit upon receipt at our home office of written proof
satisfactory to us that you died or suffered a covered
dismemberment as a result of a covered accidental injury.
All payments by us are payable from our home office.

To whom will we pay the accidental death or dismemberment benefit?

In the case of your accidental death, we will pay the
accidental death benefit to the beneficiary or beneficiaries.
All other benefits will be payable to you, if living, otherwise
to your estate.

You should designate a beneficiary or beneficiaries when
you first enroll under the plan. You can change your
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.

A beneficiary designation must be made in writing or by
any other method we make 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 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) the personal representative of your estate.

A request to add or change a beneficiary must be made in
writing. A change will take effect as of the date it is
signed, but will not affect any payment we make or action
we take before receiving your request.

Exclusions

What are the exclusions under this certificate?

In no event will we pay the accidental death or
dismemberment benefit where the insured's death or
dismemberment results from or is caused directly or
indirectly by any of the following:

- (1) any disease or infirmity of mind or body, and any
medical or surgical treatment thereof; or
- (2) suicide or attempted suicide, while sane or
insane; or
- (3) any intentionally self-inflicted injury; or
- (4) war, declared or undeclared war, whether or not
you are a member of any armed force; or
- (5) commission of, participation in, or any attempt to
commit an assault or felony; or

- (6) being under the influence of any narcotic, hallucinogen, barbiturate, gas or fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the insured's licensed physician. Conviction is not necessary for a determination of being under the influence; or
- (7) intoxication as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated; or
- (8) active participation in a riot. "Riot" means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether with or without a common intent and whether or not damage to person or property or unlawful act is the intent or the consequence of such disorder.

Family Coverage

If you have dependents, you may elect AD&D coverage for your eligible dependents as described below. All provisions of the policy applicable to an "insured," including but not limited to references in the Exclusions section shall apply to a dependent insured hereunder.

What members of your family are eligible for this benefit?

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

- (1) your legally married spouse who is not legally separated from you and who is not eligible for insurance as an employee under this certificate; and
- (2) your natural (biological) children, stepchildren, adopted (including a child placed for adoption in anticipation of adoption) children, children for whom you are the legal guardian and children for whom the plan has received a qualified medical child support order requiring the child to be enrolled in a health insurance plan pursuant to the State and Federal statutes. Children are eligible from live birth (stillborn or unborn children are not eligible) to the attainment of age 26. A child age 26 or older who is mentally and/or physically disabled and incapable of earning a living may have coverage continued as long as the incapacity existed before his or her 26th birthday and the child was already insured under this plan on his or her 26th birthday.

If both parents of a child qualify as eligible employees under the group policy, the child shall be considered a dependent of only one parent for purposes of this supplement. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child.

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) if required, you apply for dependents coverage through processes or on forms which are approved by us.

In addition, elections made during an annual enrollment period will not become effective prior to the effective date of that enrollment (generally the following January 1).

Any dependent who, subsequent to the effective date of the insured employee's dependents accidental death and dismemberment insurance, meets the requirements of this provision will become insured on the date he or she so qualifies unless additional premium is required. If additional premium is required, the insurance of such later-acquired dependent shall be effective under the same conditions which apply if the employee was then first becoming eligible for dependents insurance under this policy.

If a 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. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

What is the amount of the accidental death and dismemberment benefit for each insured dependent?

The amount of insurance for a dependent is shown on the specifications page. The Accidental Death and Dismemberment section found earlier in this policy describes the amount of benefits, which are based on the insured's amount of insurance.

When will the accidental death or dismemberment benefit be payable?

We will pay the accidental death or dismemberment benefit upon receipt at our home office of written proof satisfactory to us that an insured dependent died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office.

To whom will we pay a dependents accidental death or dismemberment benefit?

A dependents accidental death or dismemberment benefit will be paid to you, if living, otherwise to your estate.

Termination

When does your insurance end?

Your insurance 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) 31 days (the grace period) after the due date of any unpaid premium if the premium remains unpaid at that time; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

When does your dependent's coverage terminate?

Your dependent's coverage terminates on the earliest of the following:

- (1) the last day of the month in which dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any unpaid premium if the premium remains unpaid at that time; or
- (3) the last day for which premium contributions have been made following your written request that insurance your dependents be terminated; or
- (4) the date you are no longer covered under the group policy.

Can your coverage be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you subsequently become eligible, the employer may reinstate such coverage under this certificate, according to its own rules and time frames, without the need to satisfy any waiting period.

Additional Information

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have an insured medically examined at our expense whenever a claim is pending and, where not forbidden by law, we reserve the right to have an autopsy performed in the case of death.

What if an insured's age has been misstated?

If an insured's age has been misstated, the accidental death or dismemberment benefit payable will be that amount to which the insured is entitled based on his or her correct age.

A premium adjustment will be made to the premium you pay for the insured's noncontributory insurance and to the premium an insured pays for contributory insurance, if

any, so that the actual premium required at the insured's correct age is paid.

When does an insured's insurance become incontestable?

Except for fraud or the non-payment of premiums, after the insured's insurance has been in force during his or her lifetime for two years from the effective date of his or her coverage, we cannot contest the insured's coverage. However, if there has been an increase in the amount of insurance for which the insured was required to apply, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

Any statements the insured makes in his or her application will, in the absence of fraud, be considered representations and not warranties. Also, any statement an insured makes will not be used to void his or her insurance, or defend against a claim, unless the statement is contained in the application.

Who is the owner of this coverage?

You, the employee, are the owner of the 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 or terminating the coverage.

Can a change of ownership for a certificate be requested?

No.

Is the policyholder required to maintain records?

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

If a clerical error is made in keeping records on the insurance under the group policy, it will not affect otherwise valid insurance. A clerical error 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. 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 group policy is in conflict with the laws of the state governing the group policy or the certificates, the provision will be deemed to be amended to conform to such laws.

Notice

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

NOTICE CONCERNING COVERAGE UNDER THE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of Tennessee who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Tennessee Life and Health Insurance Guaranty Association. The purpose of this Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The state law that provides for this safety-net coverage is called the Tennessee Life and Health Insurance Guaranty Association Act. The following is a brief summary of this law's coverages, exclusions and limits. **This summary does not cover all provisions of the law or describe all of the conditions and limitations relating to coverage. This summary does not in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.**

COVERAGE

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, an annuity, or if they are insured under a group insurance contract issued by an insurer authorized to conduct business in Tennessee. Health insurance includes disability and long term care policies. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **not** protected by this Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **not** provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals).

(Please Turn to Back of Page)

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Guaranty Association is obligated to pay out. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. For any one insured life, the Guaranty Association guarantees payments up to a stated maximum no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. These aggregate limits per life are as follows:

- \$300,000 for policies and contracts of all types, except as described in the next point
- \$500,000 for basic hospital, medical and surgical insurance, and major medical insurance issued by companies that become insolvent after January 1, 2010.

With these overall limits, the Guaranty Association cannot guarantee payment of benefits greater than the following:

- life insurance death benefits - \$300,000
- life insurance cash surrender value - \$100,000
- present value of annuity benefits for companies insolvent before July 1, 2009 - \$100,000
- present value of annuity benefits for companies insolvent after June 30, 2009 - \$250,000
- health insurance benefits for companies declared insolvent before January 1, 2010 - \$100,000
- health insurance benefits for companies declared insolvent on or after January 1, 2010:
 - \$100,000 for limited benefits and supplemental health coverages
 - \$300,000 for disability and long term care insurance
 - \$500,000 for basic hospital, medical and surgical insurance, or major medical insurance

The Tennessee Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Tennessee. You should not rely on coverage by the Tennessee Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

Tennessee Life and Health Insurance Guaranty Association

1200 One Nashville Place
150 4th Avenue North
Nashville, TN 37219-2433

Tennessee Department of Commerce and Insurance

500 James Robertson Parkway
Nashville, TN 37243

Tennessee Notice

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

In the event you need to contact someone regarding this policy, you may contact the insurance company issuing this policy at the following address and telephone number.

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

Telephone: (651) 665-3500

SAMPLE

SAMPLE

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

ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE OF INSURANCE