

**Waiver of Premium Claim
Employer's Statement/Employment Verification**

Minnesota Life Insurance Company - A Securian Company
Claims • P.O. Box 64114 • St. Paul, MN 55164-0114

For claim information call:
Toll free 1-888-658-0193
Fax 651-665-7106

MINNESOTA LIFE

Return to State of Tennessee at: Dept. of Finance and Administration
Benefits Administration
Suite 1900 WRS TN Tower
312 Rosa L. Parks Avenue
Nashville, TN 37243

Policyholder's name State of Tennessee		Policy number 34294	Branch location/unit number
Insured employee's name (last, first, middle name)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street address			
Date of birth (mo/day/yr)	Date employed (mo/day/yr)	Employee ID	
Job title	Date last worked	Salary \$	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Status on employment date <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, average hours per week. _____			

Amount of Employee's Insurance		Effective Date of Coverage
Basic	\$ _____	_____
Spouse	\$ _____	_____
Child	\$ _____	_____
Other	\$ _____	_____

EMPLOYER CERTIFICATION: The undersigned certifies that above statements as to the employee are correct as reported on its records.

Name of employer State of Tennessee		Employer's telephone number 615-741-3590
Employer's address (street, city, state, zip) 19th Floor William R Snodgrass Blvd. Tennessee Tower, 312 Rosa L. Parks Avenue, Nashville, TN 37243		
Name of authorized representative	Email address	Telephone number
Authorized signature X	Date	

For your protection, state laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.