# Option to Port Term Life insurance and PAI for employees of University of Cincinnati and their dependents

Offered by MINNESOTA LIFE

Employees previously insured under University of Cincinnati Group Term Life insurance program may elect to continue all or a portion of their in-force insurance, as well as any in-force insurance for dependents.

Life insurance coverage not eligible for portability may be converted to an individual policy without providing evidence of insurability. Ported life coverage that terminates is also eligible for conversion. See the enclosed comparison chart to determine eligibility for portability versus conversion.

## About Portability

**Portability allows an employee to continue term life and Personal Accident insurance, without providing evidence of insurability (you do not need proof of good health).**

## Eligibility

*You have 31 days from the date your previous coverage terminated to be eligible for portability.* You become eligible to enroll for portable coverage if your group coverage ends because:

- You retire or otherwise terminate employment; or
- You are laid off or are on a non-medical leave and can no longer continue coverage through your employer; or
- You otherwise lose eligibility under your employer's plan.

You are not eligible to port your coverage if:

- You were not actively at work due to sickness or injury on the day before your group eligibility ended; or
- The employer has canceled the group policy.

## Portable insurance amounts for yourself

- All or a portion of the Employee Life and PAI coverage currently in force, to a maximum of $750,000.
- Amount of PAI coverage continued cannot exceed the amount of Term Life coverage continued.
- Your coverage reduces by 35% at age 65.

## Portable insurance amounts for your dependents

*You may elect coverage for your dependents only if you continue coverage for yourself.*

**Spouse/Domestic partner—**All or a portion of the coverage currently in force. Coverage reduces by 35% at age 65.

**Children—**All or a portion of the coverage currently in force.

## Additional dependent coverage information

Action must be taken to terminate dependent coverage if any of the following events occur:

- divorce or legal separation from your spouse;
- dissolution of domestic partnership;
- children are no longer eligible for coverage. Children are eligible to age 19 years, or age 23 (age 25 if child of a faculty member) if a full-time student at an accredited postsecondary school. Coverage may be extended for any child who became disabled prior to age 19.

## Election of portable coverage

To elect portable coverage, complete the Portability Election form and send it to Minnesota Life within 31 days after the date your group coverage ends. Please mail the completed form to:

**Minnesota Life Insurance Company**
**Attn: B2-4930**
**400 Robert Street North**
**St. Paul, MN 55101**

**Or fax it to 651-665-4827**

## Premium payment options

Minnesota Life will bill you for the first premium payment after receiving your completed election form. On the election form, you can elect one of the following billing frequencies.

- Be billed quarterly, semi-annually or annually (a $2.00 administrative fee is charged *per premium payment* if you choose to be billed quarterly or semi-annually).
- Have monthly premium payments automatically deducted from your checking account through Electronic Funds Transfer (EFT). No administrative fees apply.

## Monthly premium calculation

Divide the amount of insurance you are electing by 1,000. This is referred to as the number of units of insurance. Multiply the units of insurance by the rate listed for your age in the table to determine your monthly premium.

For example, if you are a 44 year old employee and elect to continue $100,000 of insurance, the following would be the calculation for your monthly premium.

| | | |
|---|---|---|
| $100,000 ÷ 1,000 | 100 | Units of insurance |
| | x0.246 | Monthly rate per unit |
| | $24.60 | Monthly premium |

In this example the employee's total monthly cost for porting $100,000 of Term Life insurance is $24.60.

## Portable coverage – monthly premiums

Following are monthly premiums for portable coverage. Note that premium amounts for you and your spouse/domestic partner are based on age and the coverage amounts you elect. Premiums will increase with age.

### Employee and Spouse/DP Term Life

| Monthly Rate Per $1,000 | |
|---|---|
| **Age** | **Employee** |
| Under 35 | $0.093 |
| 35-39 | 0.171 |
| 40-44 | 0.246 |
| 45-49 | 0.411 |
| 50-54 | 0.624 |
| 55-59 | 1.014 |
| 60-64 | 1.596 |
| 65-69 | 2.523 |
| 70-74 | 3.642 |
| 75-79 | 5.257 |
| 80-84 | 7.588 |
| 85-89 | 10.953 |
| 90-94 | 15.81 |
| Over 95 | 22.821 |

All rates are subject to change.

### Personal Accident Insurance

| Monthly Rate Per $1,000 | |
|---|---|
| **Employee Plan** | **Family Plan** |
| $0.034 | $0.05 |

### Spouse/Domestic Partner Term Life

| Monthly Rate | |
|---|---|
| **Amount** | **Per Unit** |
| $5,000 | $2.70 |
| $10,000 | $5.40 |
| $25,000 | $13.50 |

### Child Term Life

| Monthly Rate | |
|---|---|
| **Amount** | **Per Unit** |
| $2,000 | $0.40 |
| $5,000 | $1.00 |
| $10,000 | $2.00 |

## Differences between porting and converting your Group Term Life Coverage

| | Portability | Conversion |
|---|---|---|
| **Eligible coverage** | • Employee Life and PAI coverage can be ported.<br>• PAI amount cannot exceed Term Life amount.<br>• Dependent coverage can only be ported if employee coverage is ported. | • Employee Life coverage can be converted.<br>• PAI cannot be converted.<br>• Dependent coverage can be converted even if employee coverage is not converted. |
| **Type of insurance following election** | Group Term Life | Individual life policy |
| **Eligibility timing** | Must be elected within 31 days of event below | Must be elected within 31 days of event below |
| **Events allowing portability/conversion** | Coverage is lost due to:<br>• Retirement<br>• Termination of employment<br>• Layoff or non-medical leave<br>• Other loss of eligibility | Coverage is lost due to:<br>• Retirement<br>• Termination of employment<br>• Layoff or leave<br>• Loss of eligibility<br>• Termination of group policy<br>• Medical leave |
| **Not allowed for** | • Termination of group policy<br>• Employee not actively at work due to sickness or injury<br>• Nonpayment of premium | Nonpayment of premium |
| **Guaranteed issue** | All guaranteed issue | All guaranteed issue |
| **Maximum age to elect** | No maximum age | No maximum age |
| **Minimum amount allowed** | Employee: $5,000<br>Spouse/DP/Child: $1,000 | No minimum |
| **Maximum amount allowed** | Employee: Previous amount in force to maximum of $750,000<br>Spouse/DP: Previous amount in force<br>Child: Previous amount in force | Previous amount in force unless conversion is due to policy or class termination. If conversion is due to policy/class termination, there may be a limitation, depending on applicable state law. |
| **Increases/decreases available** | No increases<br>Decreases available | Increases available (with Evidence of Insurability)<br>Decreases available |
| **Age reductions** | Employee and spouse coverage reduces to 65% at age 65 | No age reductions |
| **Termination age** | No termination age | No termination age |

# Portability Election

**Minnesota Life Insurance Company** - A Securian Company
400 Robert Street North • B2-4930 • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

| Employer name | Policy number |
|---|---|
| **University of Cincinnati** | **33914/33915** |

## Employee Information

| Name | Date of birth | Gender ☐ Male ☐ Female |
|---|---|---|
| Address (street, city, state, zip) | | Telephone number ( ) |

| Date leaving employer's active plan | Reason for leaving the employer's active plan (retirement, termination of employment, etc.) |
|---|---|

| Were you actively at work on the day before your retirement or termination? ☐ Yes ☐ No | If you answered no, was your absence due to sickness or injury? ☐ Yes ☐ No |
|---|---|
| Current employee life amount **$** | Amount to be continued **$** |
| Current PAI (check appropriate box and include amount) ☐ Employee $ ☐ Family $ | Amount to be continued (not to exceed term life amount) **$** |

| Primary beneficiary designation (include full name and address) | Relationship | Percentage (must total 100%) |
|---|---|---|
| Contingent beneficiary designation (include full name and address)<br>*Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.* | Relationship | Percentage (must total 100%) |

## Dependent Information

| Current spouse/domestic partner term life amount ☐ $5,000 ☐ $10,000 ☐ $25,000 | Spouse amount to be continued ☐ $5,000 ☐ $10,000 ☐ $25,000 | |
|---|---|---|
| Name of spouse/domestic partner | Date of birth | Gender ☐ Male ☐ Female |
| Current child term life amount ☐ $2,000 ☐ $5,000 ☐ $10,000 | Amount to be continued ☐ $2,000 ☐ $5,000 ☐ $10,000<br>Please fill out the information below for each eligible child. | |

| Name of child | Date of birth | Name of child | Date of birth |
|---|---|---|---|
| Name of child | Date of birth | Name of child | Date of birth |
| Name of child | Date of birth | Name of child | Date of birth |

Please indicate how you would like to be billed:

☐ Quarterly ☐ Semi-Annually ☐ Annually

***Do not send a premium payment in with this completed form.*** Minnesota Life will bill you for the first premium payment after receiving your completed election form. Future premiums may be billed quarterly, semi-annually or annually. Or, you may elect monthly premium payments through Electronic Funds Transfer (EFT) and you will not be billed; premiums will be deducted automatically from your checking account.

A $2.00 fee is charged *per premium payment* for administrative fees, unless billed annually or EFT is being used.

☐ Monthly (EFT only) **ACTION NEEDED**: You will need to send a voided check along with this application.

IMPORTANT NOTE: By selecting the monthly EFT payment option, you are authorizing Minnesota Life Insurance Company to make charges equal to the monthly premium against your bank account at the financial institution noted on the attached voided check, and to withdraw that premium from your account.

**To be eligible to port coverage you must apply within 31 days of the date your previous coverage terminated.**

| Applicant signature | Date signed |
|---|---|
| **X** | |