

# 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, 2026

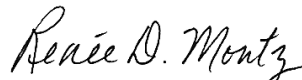
**POLICYHOLDER: AHS Management Company, Inc. dba Ardent Health Services**


**POLICY NUMBER: 70858**

## **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 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.

  
Secretary

  
President

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## **GROUP TERM LIFE CERTIFICATE OF INSURANCE**



**GENERAL INFORMATION**

**POLICYHOLDER:** AHS Management Company, Inc. dba Ardent Health Services

**POLICY NUMBER:** 70858

**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 Tennessee.

**POLICY EFFECTIVE DATE:** January 1, 2026.

**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 companies working in the United States in the following classes:

- Class 1 All active, full-time and part-time Physicians of the employer scheduled to work a minimum of 20 hours per week.
- Class 2 All active, full-time and part-time employees of the employer classified as Facility Chief Financial Officer, Chief Nursing Officer, Chief Operations Officer, or Corporate Assistant Vice-President, scheduled to work a minimum of 20 hours per week.
- Class 3 All active, full-time and part-time employees of the employer classified as Facility Chief Executive Officer or Corporate Vice-President and above, scheduled to work a minimum of 20 hours per week.
- Class 4 All active, full-time and part-time employees of the employer scheduled to work a minimum of 20 hours per week, excluding employees classified as Physicians, Facility Chief Financial Officer, Chief Nursing Officer, Chief Operations Officer, Corporate Assistant Vice-President, Facility Chief Executive Officer or Corporate Vice-President and above.
- Class 6 All registered nurses and respiratory therapists that are part of the Lovelace Women’s Hospital air ambulance and medical flight services team.

**NO DOUBLE COVERAGE:** A person cannot be covered under more than one class. Any person who is eligible as an employee under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

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

**WAITING PERIOD:** The period commencing with the employee’s date of employment and ending with the first day of the month next following the employee’s completion of 30 days of continuous employment.

**MINIMUM HOURS PER WEEK REQUIRED:** 20 hours per week

# PLAN OF INSURANCE

## EMPLOYEE BENEFIT SCHEDULE

### EMPLOYEE TERM LIFE INSURANCE:

#### Basic Life Insurance

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Classes 1, 4 and 6	One times annual earnings, multiplied and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$500,000.
Class 2	Two times annual earnings, multiplied and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$500,000.
Class 3	Three times annual earnings, multiplied and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.

#### Voluntary Life Insurance

<u>Eligible Class</u>	<u>Amount of Voluntary Life Insurance</u>
Classes 1, 2, 3, 4 and 6	An amount elected by the employee from the following options: one, two, three, four or five times annual earnings, multiplied and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to a minimum of \$25,000 and a maximum of \$1,500,000.

### EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

#### Basic AD&D Insurance

<u>Eligible Class</u>	<u>Amount of Basic AD&amp;D Insurance</u>
Classes 1, 2, 3, 4 and 6	An amount equal to the amount of basic and voluntary life insurance for which the employee is insured under the group policy.

## GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

### AGE REDUCTIONS:

The amount of basic life and voluntary life 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:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
70 - 74	65%
75 and over	50%

Age reductions will apply on the January 1, next following an insured employee's 70th and 75th birthdays. The amount of insurance following the reduction is rounded to the next higher \$1,000 if not already a multiple thereof.

### RETIREMENT REDUCTIONS:

All insurance terminates at retirement, except as provided for under the portability provision.

### CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; voluntary insurance is contributory insurance.

**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 voluntary insurance:

\$500,000.

NOTE: For an employee who was covered for voluntary life under the employer's plan immediately prior to the policy effective date shown above, the guaranteed issue for voluntary life is the amount of voluntary 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 on the January 1 following 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 voluntary insurance is limited to the guaranteed amount of \$500,000 due to being declined any amount of insurance by us under the group policy is not insured for a multiple of earnings plan, but rather is insured for the frozen amount of \$500,000 and therefore will not receive an increase in voluntary insurance due to salary increases.

**DEPENDENTS BENEFIT SCHEDULE**

**DEPENDENTS TERM 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.

An employee does not need to be insured for voluntary life insurance in order to elect dependents life insurance, however an employee must be insured for basic life insurance to elect dependents life insurance.

**Spouse/Domestic Partner/Civil Union Partner Life Insurance**

<b><u>Eligible Class</u></b>	<b><u>Amount of Spouse/Domestic Partner/Civil Union Partner Life Insurance</u></b>
Classes 1, 2, 3, 4, and 6	An amount elected by the employee, in an increment of \$5,000, subject to a maximum of \$250,000.

**Child Life Insurance**

<b><u>Eligible Class</u></b>	<b><u>Amount of Child Life Insurance</u></b>
Classes 1, 2, 3, 4 and 6	\$5,000 or \$10,000, as elected by the employee

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.

## GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

### **SPOUSE/DOMESTIC PARTNER/CIVIL UNION PARTNER AGE REDUCTIONS:**

The amount of insurance on an insured spouse/domestic partner/civil union partner age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such spouse/domestic partner/civil union partner in accordance with the following table:

<u>Age of Spouse/DP/Civil Union Partner</u>	<u>Amount of Insurance</u>
70 – 74	65%
75 and over	50%

Age reductions will apply on the January 1, next following an insured spouse's/domestic partner's/civil union partner's 70th and 75th birthdays. The amount of insurance following the reduction is rounded to the next higher \$1,000 if not already a multiple thereof.

### **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/domestic partner/civil union partner insurance: \$100,000  
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.

### **EFFECT OF EMPLOYEE'S RETIREMENT:**

All dependents insurance terminates upon the employee's retirement except as provided under the portability provision.

## **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. An exception applies to events qualifying under HIPAA special enrollment provisions, which allow a 60-day enrollment period following a family status change. Coverage that does not require evidence of insurability will be effective on the date of the change in status 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:

- 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.

- For a newly eligible spouse/domestic partner/civil union partner 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 spouse/domestic partner/civil union partner will be insured for the guaranteed issue amount.
- At annual enrollments, except for elections and increases outlined under the “Annual Open Enrollments” section if included, below.
- At a one-time open enrollment, except for elections and increases outlined under the “One-time Open Enrollment” section if included, below.
- At Qualified Status Change, except for elections and increases outlined under the “Certain Qualified Status Changes” section, below.
- All other elections that are made outside of any provided guaranteed issue opportunities as defined in the certificate.

**ONE TIME OPEN ENROLLMENT:**

The employer will hold a one-time open enrollment prior to the policy effective date. During this enrollment, the following elections will not require evidence of insurability:

- An employee may elect voluntary life insurance for the first time or increase existing voluntary life insurance up to the guaranteed issue amount of \$500,000.
- An employee may elect spouse/domestic partner/civil union partner life insurance for the first time or increase existing spouse/domestic partner/civil union partner life insurance by one times annual earnings provided the resulting amount of insurance does not exceed the guaranteed issue amount of \$100,000.
- An employee may elect or increase child life insurance in any amount provided under the child benefit schedule.

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

**ANNUAL OPEN ENROLLMENTS:**

During the employer’s annual open enrollment, the following election changes can be made without providing evidence of insurability:

- An employee may elect voluntary life insurance for the first time or increase existing voluntary life insurance by one times annual earnings provided the resulting amount of insurance does not exceed the guaranteed issue amount of \$500,000.
- An employee may elect spouse/domestic partner/civil union partner life insurance for the first time or increase existing spouse/domestic partner/civil union partner life insurance by one times annual earnings provided the resulting amount of insurance does not exceed the guaranteed issue amount of \$100,000.
- An employee may elect or increase child life insurance in any amount provided under the child benefit schedule.

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 enrollments is made within 31 days of the status change:

- An employee may elect voluntary life insurance for the first time or increase existing voluntary life insurance by one times annual earnings provided the resulting amount of insurance does not exceed the guaranteed issue amount of \$500,000.
- An employee may elect or increase child life insurance in any amount provided under the child benefit schedule.

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
- Death of a dependent (spouse, domestic partner/civil union partner or child)
- Divorce, legal separation or annulment
- Dissolution of a domestic partnership/civil union partnership
- Marriage or creation of domestic partnership/civil union partnership
- Termination of your spouse's/domestic partner's/civil union partner's employment
- A change in the benefit plan available to your spouse/domestic partner/civil union partner
- A change in employment status for you or your spouse/domestic partner/civil union partner that affects your eligibility for benefits

**CERTIFICATE SUPPLEMENTS (found later in this document):**

Accelerated Benefits	Applies to all classes.
Accidental Death and Dismemberment	Applies to all classes.
Business Travel Accident	Applies to Class 6 only.
Dependents Term Life	Applies to all classes.
Portability	Applies to all classes.
Waiver of Premium	Applies to all classes.

## Definitions

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### 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

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### 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 summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate 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.

### Can this certificate be amended?

Yes. We retain the right to amend this certificate at any time without your consent. 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?**

No. A retired employee is not eligible for insurance under this policy.

### **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 be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, subject to the employer's practices and procedures, 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 12 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.

Premium rates are subject to change according to the provisions of the group policy.

## Death Benefit

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### 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 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 siblings in equal shares, if living; otherwise
- (5) your estate.

## Termination

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### 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) 31 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 thirty one days 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) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) 31 days after we provide the policyholder with notice of our intent to terminate the group policy.

## Conversion Right

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### What is the conversion right?

You may be able to convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates due to the reasons listed below.

### **What is the full conversion right?**

You may convert up to the full amount of terminated insurance if termination occurs because of termination of employment or of membership in the class or classes eligible for coverage.

### **What is the limited conversion right?**

Limited conversion is available if, after you have been insured for at least five years, insurance is terminated because:

- (1) the group policy is terminated; or
- (2) the group policy is changed, by amendment or otherwise, to reduce or terminate your insurance.

For a limited conversion, you may convert an amount up to the lesser of:

- (1) \$10,000; and
- (2) the amount of life insurance which terminated minus any amount of group life insurance for which you become eligible under any group policy issued or reinstated by us or any other carrier within 31 days of the date your insurance terminated under the group policy.

### **When is conversion not available?**

Neither the full conversion right nor the limited conversion right is available if your coverage under the group policy terminates due to failure to make, when due, required premium contributions.

### **To what type of policy may you convert?**

Under both the full conversion right and the limited conversion right, you may convert your insurance to any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits or accidental death and dismemberment benefits.

### **How do you convert your insurance?**

You convert your insurance by applying for an individual policy and paying the first premium within 31 days after the date your group insurance terminates. No evidence of insurability will be required.

### **How is the premium for the individual policy determined?**

The premium for the individual policy is based upon the individual policy type, risk class, coverage amount and your age on the date of conversion.

### **When is the individual policy effective?**

The individual policy takes effect 31 days after the group insurance provided under the group policy terminates.

### **What happens if you die within 31 days of when your group insurance terminates?**

If you die within 31 days of when your group insurance terminates, and meet the conversion eligibility requirements, 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 your beneficiary as described above. In no event will we be liable under both the group policy and the individual policy.

## **Additional Information**

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### **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. A 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?**

If you, whether sane or insane, commit suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in your amount of contributory life insurance for which you were required to apply or for which we required evidence of insurability, and if you die by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

### **Can your insurance coverage be contested?**

Yes. If you die or sustain a loss under one of your certificate supplements, within two years of your original effective date of coverage or increase in coverage, we will verify the accuracy of the information provided by you during the application process. If we discover a material misrepresentation, your coverage will be rescinded and an otherwise valid claim will be denied. This two year period can be extended for fraud or as otherwise allowed by law.

Any statements you make in your application as defined under this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in the application.

**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, and we send you an acknowledged copy.

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. 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 laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.

**What is the policy interpretation right and authority?**

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

Securian Life has the exclusive right and authority, in its sole discretion, to interpret the group policy and decide all matters arising thereunder. Securian Life's exercise of that authority shall be conclusive and binding on all persons unless it can be shown that the determination was arbitrary and capricious.

# 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. An accelerated payment will not include any accidental death or dismemberment benefit payable under an Accidental Death and Dismemberment Certificate Supplement. 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/domestic partner/civil union partner, children, parents, grandparents, grandchildren, brothers or sisters; or the spouse/domestic partner/civil union partner 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/domestic partner/civil union partner 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 \$1,000. The maximum death benefit that can be accelerated is \$1,000,000 – the maximum amount available under the plan.

### 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 at least \$25,000. 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 – the maximum amount available under the plan. 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

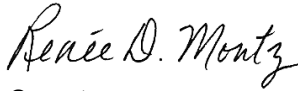
### Is the request for an accelerated benefit voluntary?


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. Therefore, an accelerated benefit is not available if you:

- (1) are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
- (2) are required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

### 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

# Accidental Death and Dismemberment 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. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

### What does this supplement provide?

This supplement provides accidental death and dismemberment coverage subject to all terms, conditions, and exclusions herein.

### Who is eligible for insurance under this supplement?

An employee who is insured under the provisions applicable to life insurance coverage under the group policy is eligible for insurance under this supplement.

### When does insurance under this supplement become effective?

Insurance becomes effective on the date that you become insured for life insurance under the certificate.

## Accidental Death and Dismemberment (AD&D) Benefit

### What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when your loss, death, or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected, and unforeseen. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of your death or dismemberment. The injury and accidental loss, death or dismemberment must occur while your coverage is in force. Your loss, death or dismemberment must occur within 365 days after the date of the accidental injury. In no event will we pay the accidental death or dismemberment benefit where your accident, injury, loss, death, or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane; or
- (2) suicide or attempted suicide, whether sane or insane; or

- (3) your participation in, or attempt to commit, a crime, assault, felony, or any illegal activity, regardless of any legal proceedings thereto; or
- (4) bodily or mental infirmity, illness, or disease; or
- (5) the use of alcohol; or
- (6) the use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes, or other substances taken, absorbed, inhaled, ingested, or injected; or
- (7) motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings thereto; or
- (8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
- (9) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
- (10) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft; or
- (11) war or any act of war, whether declared or undeclared.

### 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. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life .....	100%
Both Hands or Both Feet .....	100%
Sight of Both Eyes .....	100%
Speech and Hearing in Both Ears .....	100%
One Hand and One Foot .....	100%
One Foot and Sight of One Eye .....	100%
One Hand and Sight of One Eye .....	100%
Quadriplegia .....	100%
Paraplegia .....	75%
Sight of One Eye .....	50%
Speech or Hearing in Both Ears .....	50%
One Hand or One Foot .....	50%
Hemiplegia .....	50%
Thumb and Index Finger of One Hand .....	25%
Uniplegia .....	25%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing 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).

Quadriplegia means total and permanent paralysis of both upper limbs (from the shoulder down including total paralysis of both hands) and both lower limbs (from the waist down including total paralysis of both feet). Paraplegia means total and permanent paralysis of both lower limbs (from the waist down including total paralysis of both feet). Hemiplegia means total and permanent paralysis of both the upper limb (from the shoulder down including total paralysis of the hand) and lower limb (from the waist down including total paralysis of the foot) on one side of the body. Uniplegia means total and permanent paralysis of one limb (from the shoulder down including total paralysis of the hand if claiming an upper limb and from the waist down including total paralysis of the foot if claiming a lower limb).

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 (the largest benefit of these overlapping losses only will be paid). Under no circumstance will more than one payment be made for the loss or paralysis of the same limb, eye, finger, thumb, hand, foot, sight, speech, or hearing 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 any one accident, not including any amount paid according to the terms of the Additional Benefits section of this supplement, will never exceed the full amount of your AD&D insurance.

### **When will the accidental death and dismemberment benefit be payable?**

We will pay the AD&D benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office. The benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

### **To whom do we pay the benefit?**

In the case of your accidental death, we will pay the accidental death benefit to the person or persons entitled to receive your death benefit under the terms of the group policy. The benefit for other losses sustained by you will be paid to you, if living, otherwise to your estate.

## **Additional Benefits**

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any

AD&D benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. All provisions of this supplement, including but not limited to the exclusions and requirements listed under the "What does accidental death or dismemberment by accidental injury mean?" section, shall apply to these additional benefits.

### **Air Bag Benefit**

#### **What is the air bag benefit?**

If you die or suffer a covered dismemberment as a result of a covered accident which occurs while you are driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

- (1) \$10,000; or
- (2) 5% of your amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the seat in which you were seated was equipped with a properly installed airbag at the time of the accident; and
- (2) the private passenger car is equipped with seatbelts; and
- (3) a seatbelt was in proper use by you at the time of the accident as certified in the official accident report or by the investigating officer; and
- (4) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag means a passive restraint device in a vehicle which inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt, lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

### **Coma Benefit**

#### **What is the coma benefit?**

If you lapse into a coma as a result of and within 365 days of a covered accidental injury, and such coma has lasted for a minimum of 31 days, we will pay a monthly benefit equal to the lesser of:

- (1) 1% of your amount of AD&D insurance; or
- (2) 1% of the difference between your amount of AD&D insurance and the amount of any benefits paid under the loss schedule for the same accident. (if the full amount of AD&D insurance has

been paid, no benefit is payable under this section).

This benefit will be paid monthly until the earliest of the following:

- (1) the date you recover such that you are no longer in a coma as defined herein; or
- (2) the date of your death. If an accidental death payment is due under this supplement, the amount of such payment will be reduced by the amount of AD&D insurance paid under this coma provision; or
- (3) 11 monthly benefits have been paid.

If you remain in a coma after 11 payments have been made, we will pay a lump sum benefit equal to your full amount of insurance, reduced by the amounts paid under this Coma Benefit as well as any accidental dismemberment, loss of sight, speech, hearing or paralysis benefits paid for loss caused by the same accident. If such a lump sum benefit is paid, no additional benefits will be paid for subsequent death or dismemberment under the certificate.

Coma means a state of profound unconsciousness with no evidence of appropriate responses to stimulation. The insured must be confined in a medical facility and diagnosed as comatose by a licensed physician.

### **Disappearance Benefit**

#### **What is the disappearance benefit?**

If your body has not been found after one year from the date the conveyance in which you were traveling disappeared, exploded, sank, became stranded, made a forced landing or was wrecked, it shall be presumed, subject to all other terms of the policy and proof satisfactory to us that the accident occurred and you were a passenger on the conveyance, that you had died as a result of an accidental injury which was unintended, unexpected and unforeseen. Such death shall be considered a covered loss under this supplement.

### **Exposure Benefit**

#### **What is the exposure benefit?**

If you suffer a loss under the Type of Loss schedule due to exposure to the elements, it will be covered as if it were due to injury, provided such loss results from unavoidable exposure to the elements by reason of a covered accident.

### **Seatbelt Benefit**

#### **What is the seatbelt benefit?**

If you die or suffer a covered dismemberment as a result of a covered accident which occurs while you are driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

- (1) \$25,000; or
- (2) 10% of your amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the private passenger car was equipped with seatbelts; and
- (2) a seatbelt was in proper use by you at the time of the accident as certified in the official accident report or by the investigating officer; and
- (3) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Seatbelt means a properly installed seatbelt, lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

### **Termination**

#### **When does your coverage under this supplement terminate?**

Your coverage ends on the earliest of:

- (1) the date you are no longer covered for life insurance under the group policy; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the date this supplement terminates.

#### **When does this supplement terminate?**

This supplement will terminate on the earlier of:

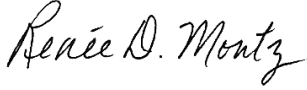
- (1) the date requested by the policyholder to cancel the Accidental Death and Dismemberment coverage for its plan; or
- (2) the date the group policy is terminated.

## **Additional Information**

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**Can insurance under this supplement be converted to a policy of individual insurance upon termination?**

No. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.



Secretary



President

# Business Travel Accident Certificate Supplement

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

## General Information

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

### What does this supplement provide?

This supplement provides a benefit for certain business travelers' accidental death and dismemberment which occurs as a result of an accidental injury that is sustained during certain business related travel.

### Who is eligible for insurance under this supplement?

The following classes of travelers are eligible to be insured under this supplement:

- Class 6: All registered nurses and respiratory therapists that are part of the Lovelace Women's Hospital air ambulance and medical flight services team.

### When does insurance under this supplement become effective?

A person will become insured on the date he or she becomes eligible for the insurance.

## Definitions

### Airworthiness Certificate

"Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the government authority having jurisdiction over civil aviation in the country of registry.

### Passenger

A person not performing as a pilot, operator or crew member of a conveyance.

### Employer Aircraft

Any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the employer.

This includes the temporary use of a substitute aircraft, with no greater seating capacity, if the employer owned or leased aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction.

## Specialized Aviation Activity

An aircraft while it is being used for one or more of the following activities:

- (1) acrobatic or stunt flying;
- (2) racing;
- (3) any endurance tests;
- (4) any flight on a rocket-propelled or rocket-launched aircraft;
- (5) crop dusting;
- (6) crop seeding;
- (7) crop spraying;
- (8) fire fighting;
- (9) exploration;
- (10) pipe line inspection;
- (11) power line inspection;
- (12) any form of hunting;
- (13) bird or fowl herding;
- (14) aerial photography;
- (15) banner towing;
- (16) any test or experimental purpose;
- (17) any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.

## Territorial Limits

Travel can be anywhere in the world except to the locations on the current Travel Alerts and Warnings published by the U.S. Department of State.

## While on the business of the employer

While on assignment by or at the direction of the employer for the purpose of furthering the business of the employer. This does not include any period of time:

- (1) during local travel during the course of a normal day's work, such as running errands, picking up supplies or similar activities or traveling from one worksite to another; or
- (2) during the course of everyday travel to and from work; or
- (3) during an authorized leave of absence or vacation.

# Accidental Death and Dismemberment Benefit

## What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when your loss, death, or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of your death or dismemberment. The injury and accidental loss, death or dismemberment must occur while your coverage is in force. Your loss, death or dismemberment must occur within 365 days after the date of the accidental injury. The injury must be sustained under the circumstances of the Description(s) of Hazards and any Additional Covered Hazards that apply to you.

In no event will we pay the accidental death or dismemberment benefit where your accident, injury, loss, death, or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane; or
- (2) suicide or attempted suicide, whether sane or insane; or
- (3) your participation in, or attempt to commit, a crime, assault, felony, or any illegal activity, regardless of any legal proceedings thereto; or
- (4) bodily or mental infirmity, illness, or disease; or
- (5) the use of alcohol; or
- (6) the use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes, or other substances taken, absorbed, inhaled, ingested, or injected; or
- (7) motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings thereto; or
- (8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
- (9) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
- (10) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; or
- (11) war or any act of war, whether declared or undeclared.

## What is the amount of insurance?

The amount of insurance for you is as follows:

<u>CLASS</u>	<u>AMOUNT OF INSURANCE</u>
Class 6	Two times annual earnings, multiplied and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$500,000

**AGGREGATE LIMIT:** Our total liability for all losses for any one accident will not exceed \$1,000,000. If the total benefits otherwise payable would exceed this amount, the amount payable for each insured will be in the same proportion as the \$1,000,000 bears to the total amount of insurance that would have otherwise been payable except for this provision.

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

The amount of the benefit shall be a percentage of the amount of your insurance. The percentage is determined by the type of loss as shown in the following table:

<u>TYPE OF LOSS</u>	<u>PERCENT OF AMOUNT OF INSURANCE</u>
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand and One Foot.....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye.....	100%
Quadriplegia.....	100%
Paraplegia.....	75%
Sight of One Eye.....	50%
Speech or Hearing in Both Ears.....	50%
One Hand or One Foot.....	50%
Hemiplegia.....	50%
Thumb and Index Finger of One Hand.....	25%
Uniplegia.....	25%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing 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).

Quadriplegia means total and permanent paralysis of both upper limbs (from the shoulder down including total paralysis of both hands) and both lower limbs (from the waist down including total paralysis of both feet). Paraplegia means total and permanent paralysis of both lower limbs (from the waist down including total paralysis of both feet). Hemiplegia means total and permanent paralysis of both the upper limb (from the shoulder down including total paralysis of the hand) and lower limb (from the waist down including total paralysis of the foot) on one side of the body. Uniplegia means total and permanent

paralysis of one limb (from the shoulder down including total paralysis of the hand if claiming an upper limb, and from the waist down including total paralysis of the foot if claiming a lower limb).

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 (the largest benefit of these overlapping losses only will be paid). Under no circumstance will more than one payment be made for the loss or paralysis of the same limb, eye, finger, thumb, hand, foot, sight, speech, or hearing 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 insurance payable for your losses due to any one accident, not including any amount paid according to the terms of the Additional Benefits section of this supplement, will never exceed the full amount of insurance shown in the section of this supplement entitled, "What is the amount of insurance?".

Benefits are also subject to the Aggregate Limit, which applies to all payments for any one accident, including any Additional Benefits.

#### **When will the business travel accident benefit be payable?**

We will pay the business travel accident benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you die or suffer dismemberment as a result of a covered accidental injury meeting the requirements of the applicable Description(s) of Hazards and any Additional Covered Hazards. All payments by us are payable from our home office. The benefit will be paid in a single sum or in any other method agreeable to us and the beneficiary.

#### **To whom do we pay the benefit?**

In the case of your accidental death, the benefit will be paid to the beneficiary or beneficiaries in accordance with the Death Benefit section of the group policy. The benefit for other losses sustained by you will be paid to you, if living, otherwise to his or her estate.

## **Description(s) of Hazards**

### **What are the Description(s) of Hazards?**

The Description(s) of Hazards explains the circumstances under which a loss due to an accidental injury will be eligible for a payment under this supplement.

#### **Description of Hazards – Employer Aircraft – Passenger Only (Business Only) Applicable to Class 6 only**

This Description of Hazards covers injuries that happen to an insured anywhere in the world except as limited by the Territorial Limits definition, while on the business of the employer and while riding in (includes getting on or off) an employer aircraft. Such aircraft must be piloted by a properly licensed pilot with the employer's consent and must not be being used for specialized aviation activities.

Exclusion (10) on page 2 of this supplement is waived with respect to an insured to whom this hazard applies, with respect to injury sustained by such person under the circumstances described in this hazard.

## **Termination**

### **When does your coverage under this supplement terminate?**

Your coverage ends on the earliest of:

- (1) the date this supplement terminates; or
- (2) the date you cease to be in an eligible class; or
- (3) 31 days (the grace period) after the due date of any premium contribution which is not paid.

### **When does this supplement terminate?**

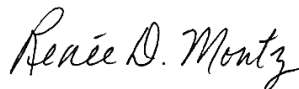
This supplement will terminate on the earlier of:

- (1) the date requested from the policyholder to terminate the Business Travel Accident coverage for its plan; or
- (2) the date the group policy is terminated.

## **Additional Information**

### **Can insurance under this supplement be converted to a policy of individual insurance upon termination?**

No. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.



Secretary



President

# Dependents Term Life Insurance Certificate Supplement

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

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## General Information

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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, your civil union partner, or your domestic partner, as recognized under the laws of the jurisdiction of celebration; and
- (2) your or your spouse's/domestic partner's natural, legally adopted or stepchildren who are less than 26 years old. 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 who are age 26 or older are 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.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent 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.

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.

## Death Benefit

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### 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 to your estate.

## Termination

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### 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 date the dependent no longer meets the eligibility requirements; or
- (2) 31 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**

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**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.

Conversion may be requested by you, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. 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?**

If an insured dependent, whether sane or insane, commits suicide within six months – two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in an insured dependent's amount of contributory life insurance for which you were required to apply or for which we required evidence of

insurability, and if the dependent dies by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

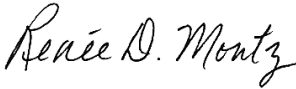
The suicide exclusion does not apply to an insured child.


**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

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## 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 after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this supplement will be effective the date we receive the completed application. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

### 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.

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

- (1) has attained the age of 70; 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) is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
- (4) 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?

Both contributory and noncontributory insurance 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. The minimum for dependents life is \$1,000.

### 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 the previous amount in force to a maximum of \$2,000,000 for an employee or previous amount in force to a maximum of \$250,000 for a spouse/domestic partner.

### 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 70.

### 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.

### **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 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.

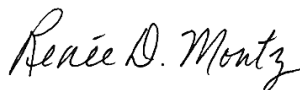
Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this supplement terminate?".


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 70th 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/domestic partner 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/domestic partner 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 her 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

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## General Information

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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 60. 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. You must be under the care of a licensed physician. The licensed physician cannot be you or a member of your immediate family. For purposes of this supplement, your immediate family consists of your spouse/domestic partner/civil union partner, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses/domestic partners/civil union partners.

For employees not covered under the employer's LTD insurance plan, total disability shall mean a disability which occurs while your insurance is in force and prior to your 60th birthday, which results from an accidental injury or illness that continuously prevents you from engaging in any occupation for which you are reasonably suited by education, training or experience. The disability must have existed continuously for at least six months. You must be under the care of a licensed physician. The licensed physician cannot be you or a member of your immediate family. For purposes of this supplement, your immediate family consists of your spouse/domestic partner/civil union partner, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses/domestic partners/civil union partners.

### What is permanent disability?

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

### Are there any limitations?

Yes. Insurance will not be continued if your disability results from intentionally self-inflicted injury, participation in or any attempt to commit a crime, or war or any act of war, whether declared or undeclared.

### 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 60th 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 60th 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 recover so that you are no longer totally and permanently disabled; or
- (3) the date you are no longer receiving LTD benefits, or if you are not covered for LTD, on your 65th birthday; 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.

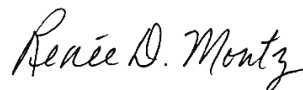
## **Termination**

### **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.



Secretary



President

# Group Term Life Insurance Certificate Endorsement

Securian Life Insurance Company

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

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This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70858, issued by Securian Life Insurance Company to AHS Management Company, Inc. dba Ardent Health Services. This endorsement is subject to every term, condition, exclusion, and provision of the certificate unless otherwise expressly provided for herein.

The following applies to all employees:

1. The provision entitled **What is your agreement with us?** under the **General Information** section of the certificate is amended in its entirety and replaced with the following:

### **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 summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will 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.

2. The provision entitled **“Can your insurance coverage be contested?”** under the **Additional Information** section of the certificate is amended in its entirety and replaced with the following:

### **Can your insurance coverage be contested?**

Yes. If you die or sustain a loss under one of your certificate supplements, within two years of your original effective date of coverage or increase in coverage, we will verify the accuracy of the information provided by you during the application process. If we discover a material misrepresentation, your coverage will be rescinded and an otherwise valid claim will be denied.

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 void your insurance, nor defend against a claim, unless the statement is contained in the application.

3. The provision entitled **“How do you convert your insurance?”** under the **Conversion Right** section of the certificate is amended to include the following:

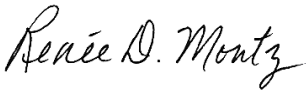
You convert your insurance by applying for an individual policy and paying the first premium within 31 days after the date your group insurance terminates. No evidence of insurability will be required.

If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but in no event will such additional period be extended beyond 60 days after the end of the conversion period. Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate.

4. The provision entitled **“When will the death benefit be payable?”** under the **Death Benefit** section of the certificate is deleted in its entirety and replaced with the following:

We will pay the death benefit within two months after 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.

5. Items (1) and (6) under the provision entitled “**What does accidental death or dismemberment by accidental injury mean?**” under the **Accidental Death and Dismemberment (AD&D) Benefit** section of the Accidental Death and Dismemberment Certificate Supplement are amended in their entirety and replaced with the following:
- (1) intentionally self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane; or
  - (6) the use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected. This does not include involuntary inhalation of gases and fumes, or the involuntary taking of poison; or



Secretary



President

## Notice

### Securian Life Insurance Company

400 Robert Street North, St. Paul, MN 55101-2098

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

Insurance companies and health maintenance organizations (HMOs) licensed in this state to write life insurance, annuities or health insurance are members of the Tennessee Life and Health Insurance Guaranty Association. The purpose of this Association is to provide a safety-net of coverage, 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 coverage's, 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, HMO contract, or 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 outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by 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).

## 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**  
PO Box 190434  
Nashville, TN 37219  
Website: [www.tnlifeqa.org](http://www.tnlifeqa.org)

**Tennessee Department of Commerce and Insurance**  
500 James Robertson Parkway  
Nashville, TN 37243

## Notice

### Securian Life Insurance Company

400 Robert Street North, St. Paul, MN 55101-2098

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### **NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER THE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Insurance companies and health maintenance organizations (HMOs) licensed in this state to write life insurance, annuities or health insurance are members of the Tennessee Life and Health Insurance Guaranty Association. The purpose of this Association is to provide a safety-net of coverage, 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 is not available at all for some policies.

**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**

PO Box 190434

Nashville, TN 37219

Website: [www.tnlifega.org](http://www.tnlifega.org)

#### **Tennessee Department of Commerce and Insurance**

500 James Robertson Parkway

Nashville, TN 37243

## Tennessee Notice

### Securian Life Insurance Company

400 Robert Street North, St. Paul, MN 55101-2098

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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.

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

Telephone: 651-665-3500

# ***Your Rights Under ERISA***

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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***

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### ***General Information***

<b>Name of Plan</b>	AHS Management Company, Inc. dba Ardent Health Services
<b>Plan Sponsor</b>	Name: AHS MANAGEMENT COMPANY, INC. dba Ardent Health Services Address: 340 SEVEN SPRINGS WAY STE 100 BRENTWOOD TN 37027
<b>Employer ID</b>	Employer Identification Number (EIN): 62-1743438
<b>Plan Number</b>	Plan Number: 501
<b>Type of Plan</b>	Welfare Plan providing life insurance and associated benefits for employees.
<b>Administration of Plan</b>	The Plan is administered by the Plan Administrator through an insurance policy(ies) purchased from Securian Life Insurance Company, herein known as the "Insurer", 400 Robert Street North, St. Paul, MN 55101. Generally, the Plan Administrator oversees the operation and records of a plan.
<b>Plan Administrator</b>	Name: AHS MANAGEMENT COMPANY, INC. dba Ardent Health Services Address: 340 SEVEN SPRINGS WAY STE 100 BRENTWOOD TN 37027
<b>Agent for Service of Legal Process</b>	Name: AHS MANAGEMENT COMPANY, INC. Address: ATTN: GENERAL COUNSEL 340 SEVEN SPRINGS WAY STE 100 BRENTWOOD TN 37027
<b>Plan Year</b>	January 1 through December 31
<b>Plan Funding</b>	The Plan has an insurance policy(ies) with the Insurer. The premiums for the policy(ies) are paid by contributions from the employer and employees.
<b>Trustee Information</b>	The Group Insurance Trust for Employers in the Services Industry
<b>Interpretation, Amendment and Termination</b>	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 the Insurer.

Contact the plan administrator if you have any questions or to initiate a claim. You may also contact the Insurer directly to initiate a claim. Upon the receipt of notification of a claim the Insurer 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 the Insurer, 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, the Insurer 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 the Insurer within 45 days of the date on the notice, the Insurer 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 the Insurer 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 the Insurer. 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 the Insurer can deny a claim on appeal, the Insurer 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 the Insurer 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 the Insurer 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 the Insurer 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 the Insurer within the 180 days of the date on the notice, the Insurer may close the appeal and no further consideration will take place.

During all steps of the claims appeal procedure, you can write or call the Insurer 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 after two years 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.

## *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**