

# Options to keep your group insurance

## Portability – Children’s Mercy Kansas City

<b>Coverage available</b> <i>Available without proof of good health.</i>	Group Accident	
<b>Eligibility timing</b>	<b>Must be elected within 31 days after receipt of notification of portability.</b> If coverage is ported, insured will be billed.	
<b>Eligible events</b>	<b>Employee</b> <ul style="list-style-type: none"> <li>▪ Termination of employment</li> <li>▪ Retirement</li> <li>▪ Layoff or leave</li> <li>▪ No longer in an eligible class</li> <li>▪ Reduced work hours</li> <li>▪ Termination of group policy without a successor plan</li> </ul>	
<b>Spouse and children eligible events</b>	<b>Employee</b> <ul style="list-style-type: none"> <li>▪ Terminates employment</li> <li>▪ Retirement</li> <li>▪ Layoff or leave</li> <li>▪ No longer in an eligible class</li> <li>▪ Reduced work hours</li> <li>▪ Death</li> </ul> <b>Spouse and children</b> <ul style="list-style-type: none"> <li>▪ No longer an eligible dependent</li> <li>▪ Legal separation or divorce</li> </ul>	
<b>Not allowed for these events</b>	<ul style="list-style-type: none"> <li>▪ Termination of group policy with a successor plan</li> <li>▪ Not actively at work due to sickness or injury</li> <li>▪ Nonpayment of premium</li> <li>▪ Do not reside in the United States or its Territory</li> </ul>	
<b>Amounts allowed to elect</b> <i>All or a portion of coverage previously in force.</i>	Employee	Previous benefit plan election or lower
	Spouse	Previous benefit plan election or lower
	Child	Previous benefit plan election or lower
<b>Coverage reductions</b>	Employee	No reductions
	Spouse	No reductions
	Child	No reductions
<b>Termination of coverage</b> <i>The earlier of these events</i>	<ul style="list-style-type: none"> <li>▪ Employee or Spouse attains age 120</li> <li>▪ Termination of group policy</li> <li>▪ Nonpayment of premium</li> <li>▪ Date the employee again meets the eligibility requirements of the certificate</li> </ul> <b>Spouse and children</b> <ul style="list-style-type: none"> <li>▪ Date the employee coverage is no longer being continued or</li> <li>▪ Date they cease to be eligible as defined in your certificate, unless they continue coverage on their own.</li> </ul>	

*Product name, product features and availability may vary by state. This is a summary of plan provisions related to the insurance policy issued by the company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.*

## Premium rates to keep group insurance

### Children's Mercy Kansas City

Policy Number 76381

#### Group Accident Portability

Existing Coverage	Monthly Premium
Employee Only	\$9.98
Employee & Spouse	\$16.61
Employee & Child(ren)	\$23.32
Employee & Family	\$33.42
Spouse Only	\$6.63
Child(ren) Only	\$13.34

*All rates are subject to change.*

## Details on how to keep group insurance

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### How to choose coverage for yourself and your dependents

- Complete the Election form and sign it. Please note we are unable to accept electronic signatures.
- Make a copy to keep for your records.
- Submit the form to us within **31 days** after loss of eligibility through one of the following options:

#### Form return options

Attach and submit on: [lifebenefits.com/filetransfer](https://lifebenefits.com/filetransfer)

Or fax to: 651-665-4827

Or mail to: Securian Financial Group, Inc.

PO Box 64086

St Paul, MN 55164-0086

If you have additional questions, call 855-750-1906.

## Election - Accident Portability



### Securian Life Insurance Company Minnesota Life Insurance Company

Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098

Employer name <b>Children's Mercy Kansas City</b>	Policy number <b>76381</b>
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#### EMPLOYEE INFORMATION

Name	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Address (street, city, state, zip)

Email address	Cell or daytime phone number
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Date leaving employer's active plan	Employment location
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Reason for leaving the employer's active plan (retirement, termination, etc.)

Were you actively at work on the day before your retirement or termination? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered no, was your absence due to sickness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**I choose to keep the following insurance coverage(s) active. Note: If you elect a coverage amount greater than the amount verified by your employer, we will use the verified amount.**

Group accident coverage I want to keep (select one)

☐ Employee only ☐ Employee & spouse ☐ Employee & child ☐ Employee & family ☐ Spouse only ☐ Child only

#### DEPENDENT INFORMATION

Name of spouse	Spouse date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Name of child	Date of birth	Name of child	Date of birth
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Name of child	Date of birth	Name of child	Date of birth
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Name of child	Date of birth	Name of child	Date of birth
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#### BILLING INFORMATION

Please indicate how you would like to be billed: ☐ Quarterly ☐ Semi-Annually ☐ Annually

**Do not send a premium payment in with this completed form.** We will bill you for the premium payment after receiving your completed election form. You will have the option of a monthly EFT draft after your initial payment is received and processed.

A \$2 fee is charged *per premium payment* for administrative fees, unless billed annually.

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

Employee/Applicant signature <b>X</b>	Date signed
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Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.