



January 14, 2025

9001 I



Robert E Smith
2207 Barnett Dr.
Cedar Park, TX 78613
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000000-ADD33-0

Dear Robert E Smith:

Welcome to Minnesota Life Insurance Company. Please find enclosed your Accidental Death and Dismemberment (AD&D) Insurance Coverage documents. You have chosen \$300,000 of individual protection under this plan. To maintain coverage, you must continue to pay the premiums outlined below during your lifetime. Plus, you have \$3,000 of single coverage provided through UFCU at no cost to you. Your insurance is effective 03/01/2025. All coverage reduces by 50% at age 70 and older, regardless of age at enrollment.

The enclosed insurance certificate outlines the benefits of your insurance coverage as well as applicable limitations and exclusions. Please review it carefully and keep it with your other valuable papers so it is readily available should you ever need to file a claim.

UFCU has made arrangements for your quarterly premiums of \$90.00 to be charged to your credit card account during the first week of: March, June, September, December. Please ensure that you have sufficient funds available on these dates and funds always remain available until the premium is charged to your credit card account.

If you would like to increase your coverage, simply complete the Coverage Increase Request form attached to the bottom of this letter and mail it in the envelope provided. Each added \$10,000 of individual AD&D insurance you select will cost \$1.00 a month. Each \$10,000 of family¹ protection costs \$1.50 a month. The cost for increased coverage will be added to your current quarterly premium. Check "YES" on your form to extend coverage to your eligible family members.

If you have any questions about your coverage or about the provisions of this plan, visit the Plan Administrator, Franklin Madison Group LLC, at <https://fmservice.com> or call toll-free at 1-877-309-6576 Monday through Friday, 7:00 a.m. to 8:00 p.m. CST.

Sincerely,

Robert J. Dudacek
Licensed Insurance Agent #972576*

*Licensed in all applicable jurisdictions.

¹**Family** coverage provides a benefit equal to 60% of your additional coverage in the event of your spouse's covered loss if there are no dependent children; 50% of your additional coverage in the event of your spouse's covered loss if there are dependent children; and 20% of your additional coverage in the event of your dependent child's covered loss.

Insurance is underwritten by Minnesota Life Insurance Company. Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates including Minnesota Life Insurance Company.

A06005-1214

▲ DETACH AND RETAIN TOP PORTION

RETURN BOTTOM PORTION ▼

**Coverage Increase Request
AD&D Insurance**

Minnesota Life Insurance Company
UFCU

I currently have \$300,000 of Additional Coverage. I understand that by signing below I am increasing my coverage for the rates shown above. Please increase my coverage to:

***FAMILY
PROTECTION?**
YES NO

Check Total
Amount
Desired



You are currently insured for the Maximum
Coverage amount.

*If no selection is made, you will receive Individual Coverage.

Please print neatly:

Name of Beneficiary _____

Relationship _____

Charge Authorization: Yes! Please sign me up for the insurance plan. I authorize the Plan Administrator to automatically charge my credit card account quarterly according to the rates for the coverage I select. My payment authorization will remain in effect until the Plan Administrator has received and has had reasonable time to act on my request to cancel by telephone at 1-877-309-6576.

Signature _____ Date _____

All coverage reduces by 50% at age 70 and older, regardless of age at enrollment.

XCUS-880 B1U23120 (R08/22)

762063203

Robert E Smith
2207 Barnett Dr.
Cedar Park, TX 78613



ADD33-1
000000-0

Certificate of Insurance

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

MINNESOTA LIFE 

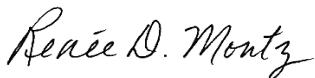
Read Your Certificate Carefully

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 plan sponsor during regular working hours.

Right to Cancel

It is important to us that you are satisfied with your coverage under this certificate and that it meets your insurance goals. If you are not satisfied, you may return the certificate to us within 30 days of its receipt and receive a full refund of any premiums paid within 10 days after we receive the notice of cancellation. Upon our cancellation of your certificate, your certificate will be void from the beginning as if it never had been issued.

Signed for Minnesota Life Insurance Company at St. Paul, Minnesota on the effective date.



Secretary



President

SCHEDULE OF COVERAGE

INSURED(S): Robert E Smith

PLAN SPONSOR: UFCU

POLICYHOLDER: UFCU

POLICY NUMBER: 585275-G-US278

EFFECTIVE DATE: 03/01/2025

PREMIUM: \$90.00 quarterly

COVERAGE ID: 762063203

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE BENEFIT:

Non-Contributory: \$3,000 paid for by UFCU

Contributory: \$300,000

Type of Coverage: Individual

NOTE: Premiums will automatically be charged to your credit card account by the Plan Administrator, Franklin Madison Group LLC, the first week of each quarter beginning with the effective date indicated above.

BENEFIT REDUCTION SCHEDULE: All benefits reduce as follows:

Age at Date of Loss:

Benefit Payable:

18 – 69
70+

100%
50%

COVERAGE ENHANCEMENTS:

Anti-Inflation Benefit • Disappearance and Exposure Benefit

ADDITIONAL BENEFITS (These benefits apply to Contributory coverage only):

Accident Hospital Indemnity Benefit • Common Carrier Benefit • Dependent Child Care Benefit • Education Benefit

This is accident only insurance and does not pay for loss from sickness or disease.

CUSTOMER ASSISTANCE: For Customer Assistance/Information call 1-877-309-6576;
7:00 a.m. to 8:00 p.m. Monday through Friday, CT.

Third Party Administrator Notice: Minnesota Life Insurance Company has contracted with an independent Third Party Administrator to provide administrative services under a policy issued to the policyholder named in this certificate:

Plan Administrator

P.O. Box 681749

Franklin, TN 37068-1749

Please submit all claim forms to the Plan Administrator

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GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE • NONPARTICIPATING



CERTIFICATE AMENDMENTS:

This amendment amends your certificate/policy and is subject to every term, condition, exclusion and provision of the certificate/policy unless otherwise expressly provided for herein.

The following provision is added to the **Additional Benefits** section of your certificate.

Seatbelt Benefit

If you suffer a covered dismemberment or an accidental death while you are driving or riding in a private passenger vehicle, we will pay an additional benefit equal to the lesser of:

- (1) \$30,000; or
- (2) 10% of the amount payable due to the accidental death or dismemberment.

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

- (1) the private passenger vehicle 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.

A "seatbelt" is a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency.

A "private passenger vehicle" means a validly registered four-wheeled private passenger 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.

The following provision is added to the **Additional Benefits** section of your certificate.

Grief Counseling Benefit

If you suffer an accidental death and you are survived by your lawful spouse and/or dependent children, we will pay an additional benefit for counseling services for your dependents within 1 year of your accidental death. Upon our receipt of proof of such counseling sessions, we will pay up to \$50 per counseling session, limited to 10 sessions for all covered dependents combined.

The following provision is added to the **Additional Benefits** section of your certificate.

Air Bag Benefit

If you suffer an accidental death which occurs while you are driving or riding in a private passenger car, we will pay an additional benefit equal to the lesser of \$150,000 or 50% of the amount of your contributory coverage payable, provided:

- (1) the seat in which you were seated was equipped with a properly installed airbag at the time of the loss; 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 loss as certified in the official accident report or by the investigating officer.

"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 (or child restraint if the insured is a child), 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.

Definitions

When we use the following words this is what we mean:

age

The insured's age at the insured's last birthday.

certificate effective date

The date your insurance becomes effective under this certificate. This is the date from which we determine certificate months and certificate years.

certificate anniversary

The same day and month in each succeeding year as the certificate effective date.

dependent child

Your natural child, step-child, or legally adopted child who is:

- (1) unmarried; and
- (2) living in your home; and
- (3) dependent on you for financial support as evidenced by your federal tax return; and
- (4) between and including the ages of birth and 19 years, or under age 25 if enrolled as a full-time student in an accredited college, university, vocational or technical school as evidenced by your federal tax return.

eligible account

Any account held or serviced by the plan sponsor.

eligible member

A natural person who has an eligible account with the plan sponsor.

insured

An eligible member who becomes insured under this certificate and who pays the required premium.

Plan Administrator

An entity charged with maintaining the records of participating insureds.

plan sponsor, policyholder

The entity shown as policyholder on the schedule of coverage attached to this certificate.

you, your

The eligible member(s) of the plan sponsor shown on the schedule of coverage attached to this certificate.

we, our, us

Minnesota Life Insurance Company

General Information

You are insured under the group policy identified on the schedule of coverage attached to this certificate. 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.

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.

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

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



What is the effective date of your coverage?

The effective date of your coverage will be the later of:

- (1) the date we approve your application; or
- (2) the date your first premium is paid.

This certificate replaces all prior certificates that may have been issued to you under the group policy.

Exclusions and Covered Losses

What is a covered loss?

This certificate provides limited coverage. This means we will provide benefits only when your loss 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 loss. The injury and loss must occur while your coverage is in force. Your loss must occur within 365 days after the date of the accidental injury.

What losses are not covered?

In no event will we pay a benefit where your loss or injury is caused directly or indirectly by, results from, or there is contribution from, any of the following:

- (1) self-inflicted injury or self destruction, whether sane or insane;
- (2) suicide or attempted suicide, whether sane or insane;
- (3) your participation in or your attempt to commit a crime, assault or felony;
- (4) bodily or mental infirmity, illness or disease;
- (5) the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiably prescribed manner and dosage;
- (6) 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;
- (7) infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury;
- (8) medical or surgical treatment or diagnostic procedures or any resulting complications;
- (9) 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;
- (10) war or any act of war, whether declared or undeclared;
- (11) repetitive stress syndromes including but not limited to rotator cuff syndrome, bursitis, tendonitis, carpal tunnel syndrome, ulnar nerve syndrome, stress fractures, neuropathy, epicondylitis or neuritis.

Accidental Death and Dismemberment Benefit

What is the amount of the accidental death benefit?

The amount of the accidental death benefit is shown on the coverage schedule attached to this certificate and reduces according to your age at time of your death.



When will the accidental death or dismemberment benefit be payable?

We will pay the accidental death or dismemberment benefit upon receipt of written proof satisfactory to us that you sustained an accidental injury resulting in death or dismemberment. All payments by us are payable at our home office. Proof of any claim under this certificate is the responsibility of the claimant and must be submitted in writing to our home office.

The accidental death or dismemberment benefit will be paid in a single sum. We will pay interest on the accidental death or dismemberment benefit from the date of your loss until the date of payment. Interest will be at an annual rate determined by us, but never less than the greater of 4% or the minimum percentage required by state law.

No action at law or in equity shall be brought to recover on this coverage prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements found in this certificate. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

What is the amount of the dismemberment benefit?

The amount of the dismemberment benefit is based on the following schedule:

Schedule of Loss From a Single Loss of:

Speech and Hearing.....	Principal Sum
Both Hands or Both Feet or	
Sight of Both Eyes.....	Principal Sum
One Hand and One Foot.....	Principal Sum
One Foot and Sight of One Eye.....	Principal Sum
One Hand and Sight of One Eye.....	Principal Sum
Sight of One Eye.....	50% of Principal Sum
One Hand or One Foot.....	50% of Principal Sum
Speech or Hearing.....	50% of Principal Sum
Thumb and Index Finger of	
Same Hand.....	25% of Principal Sum

Loss of hands or feet means complete severance at or above the wrists or ankle joints without subsequent reattachment. 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 and index finger means complete severance of both the thumb and the index finger at or above the metacarpophalangeal joints without subsequent reattachment.

A benefit is not payable for both loss of thumb and index finger of one hand and the loss of one hand for injury to the same hand as a result of any one accident.

A surgically reattached hand, foot, thumb or index finger will be deemed a permanent loss if, 12 months after reattachment, the limb has regained less than 50% of its normal function. The percentage of normal function must be certified by a licensed physician.

Are there any limitations on the amount of the accidental death and dismemberment benefit payable?

Yes. If you suffer more than one dismemberment loss or an accidental death, only one amount, the largest to which you are entitled, will be paid for all losses resulting from one accident.

If due to a dismemberment loss you receive a percentage of the Principal Sum (50% or 25%), and if you suffer a subsequent covered loss, benefits will be limited to a percentage of the Principal Sum. If we paid 50% of the Principal Sum on the first loss, the maximum benefit payable in the event of a second covered loss will be 50% of the Principal Sum (determined as of the date of the second loss). If we pay 25% of the Principal Sum on the first loss, the maximum benefit payable in the event of a

second covered loss will be 75% of the Principal Sum (determined as of the date of the second loss).

In no event will we pay more in total dismemberment benefits under this certificate than the Principal Sum, regardless of the number of your dismemberment losses.

Coverage Enhancements

Family Coverage

Family coverage provides accidental death and dismemberment insurance on the lives of your eligible dependents. The following members of your family are eligible for this coverage:

- (1) your lawful spouse; and
- (2) your dependent children.

What is the amount of the family coverage?

A benefit in the amount of 60% of your amount of contributory coverage will be paid in the event of your lawful spouse's covered loss if you do not have dependent children, or 50% if there are dependent children. A benefit in the amount of 20% of your amount of contributory coverage will be paid in the event of a dependent child's covered loss.

Anti-Inflation Benefit

The amount of your contributory coverage will increase by 5% after such insurance has been continuously in force for two consecutive years. The original amount of contributory coverage will continue to increase by an additional 5% for every two consecutive and continuous years thereafter while such insurance is in force and until your amount of insurance reaches 125% of your original amount of contributory coverage. Any increase in your amount of contributory coverage will begin a new consecutive and continuous period under this benefit for the amount of the increase.

Disappearance and Exposure 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 this certificate, that you have died as a result of an accidental injury which was unintended, unexpected and unforeseen. Such death shall be considered a covered loss under this certificate.

If you are unavoidably exposed to the elements and suffer a loss that is included in the list of covered losses as a result of such exposure, such loss will be covered under the terms of this certificate.

Additional Benefits

The following benefits will be paid in addition to any accidental death and dismemberment benefits that may be payable, subject to all limitations and provisions described in the Exclusions and Covered Losses section of this certificate.

Accident Hospital Indemnity Benefit

When will the accident hospital indemnity benefit be payable?

We will pay the accident hospital indemnity benefit upon receipt of written proof satisfactory to us that you were confined to a hospital as an inpatient as a result of a covered loss. The injury and hospital confinement must occur while your coverage is in force. The period of hospital confinement must commence within 30 days after the date of the injury. You must satisfy the waiting period specified of 7 days to be eligible to receive benefits.

Benefits begin on the day of confinement, which follows the end of the waiting period and will be paid retroactively to the first day of confinement. You will receive monthly benefits for each period of confinement. One thirtieth (1/30) of the monthly benefit will be paid for each day of a partial month of confinement.

What is the amount of the accident hospital indemnity benefit?

The monthly accidental hospital indemnity benefit for each insured will be equal to 1% of the accidental death benefit, up to a maximum monthly amount of \$2,500.00. In no event will the number of monthly benefits paid exceed the maximum benefit period of 12 months.

Successive periods of confinement will be considered as separate periods of confinement unless:

- (1) the new period of confinement is due to the same cause or causes as the prior one; and
- (2) the new period of confinement starts less than 90 days after the prior one stopped.

A "hospital" is an institution that is accredited and licensed. A hospital shall not include rest, convalescent, extended care, rehabilitation, hospice, or other nursing facilities.

Common Carrier Benefit

If you die as a direct result of an accidental injury involving a collision, crash or sinking of a common carrier while riding as a fare-paying passenger, we will pay a benefit equal to 2 times the amount of your contributory coverage.

A "common carrier" includes any public air, land or water conveyance operated under a license for commercial passenger service.

Dependent Child Care Benefit

If you die as a result of an accidental death and you are survived by your lawful spouse and one or more dependent children, we will pay additional benefits for child care expenses for your dependent children.

The benefit for each child will be the lesser of:

- (1) 2% of the amount of your contributory coverage; or
- (2) \$2,000; or
- (3) incurred child care expenses.

"Child care expenses" are those expenses which are for a service or supply furnished by a licensed day care provider or facility for a dependent child's care. No payment will be made for expenses incurred more than 2 years after the date of your accidental death. Proof of incurred child care expenses shall be required before any benefit payment is made. The maximum child care benefit payment under this benefit shall be \$50,000 regardless of the number of children who qualify.

This benefit will be paid in equal monthly installments for up to two years as long as your dependent child continues to be enrolled in a child care facility, until the dependent child attains age 13 or maximum benefits are paid, whichever comes first. One thirtieth (1/30) of the monthly benefit will be paid for each day of a partial month of child care benefits.

A "day care center" is a facility which is:

- (1) legally licensed or recognized by a legal authority to provide care and supervision for child in a group setting on a regular, daily and non-resident basis; and
- (2) an individual legally licensed or authorized by a legal authority who provides child care and supervision for such dependent children in your home.

As used in this certificate, "day care center" does not include a hospital or other medical facility.

Education Benefit

If you suffer an accidental death, we will pay an additional benefit for each of your dependent children, subject to the following:

- (1) an accidental death benefit must be payable under the terms of this certificate;
- (2) the dependent child must be attending or enrolled to attend an accredited institution of higher learning beyond the 12th grade level, as a full-time student, on the date of the loss causing the injury or was at the 12th grade level and subsequently enrolls as a full-time day student at an accredited institution of higher learning within 365 days following the date of the loss.

What is the amount of the education benefit?

The amount of the education benefit will be 2% of the accidental death benefit payable for each insured. It will be paid in equal monthly installments, up to the maximum amount of \$5,000 per year, up to 4 years.

If there are no dependent children, we will pay a benefit in the amount of \$5,000.

Payment of Benefits

To whom will we pay accidental death and other accidental death related benefits?

We will pay accidental death and accidental death related benefits to your named beneficiary. You may name one or more beneficiaries. If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in writing. In the event a beneficiary is not living at time of your accidental death, that beneficiary's portion of the accidental death and accidental death related benefits shall be equally distributed to the remaining surviving beneficiaries. In the event of simultaneous deaths of you and a beneficiary, the accidental death benefit will be paid as if you survived the beneficiary.

If there is no beneficiary, or if you do not name one, we will pay the accidental death and accidental death related benefits to your lawful spouse; otherwise to the duly appointed representative of your estate.

To whom will we pay dismemberment and other non-accidental death related benefits?

We will pay dismemberment and other non-accidental death related benefits to you, if living at time of our payment; otherwise to your named beneficiary, subject to the provisions in the above accidental death beneficiary section.

Can you change the beneficiary?

Yes. You can file a written request with us to change the beneficiary. Your written request will not be effective until it is recorded in our home office records. After it has been so recorded, it will take effect as of the date you sign the request. If you die before the request has been so recorded, the request will not be effective as to those benefits we have paid before your request was so recorded.

You may also choose to name a beneficiary that you cannot change without the beneficiary's consent. This is known as an irrevocable beneficiary.

When must a notice of claim be given?

You must give us notice within 60 days after the occurrence or commencement of any covered loss under this certificate. The notice of claim must be in writing and contain enough information for us to identify you. The notice of claim must be given to our authorized agent, Plan Administrator, P.O. Box 681749, Franklin, TN 37068-1749, or sent to our home office in St. Paul, Minnesota.



Our investigation of a claim, our furnishing of claim forms, or our acceptance of the notice of claim and proof of loss will not operate as a waiver of any of our rights to defend any claim arising under this certificate. No action at law or in equity will be brought to recover on this certificate prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this certificate. No such action will be brought after the expiration of three years after the time written proof of loss is required to be furnished.

What claim forms are required?

When we receive the notice of claim we will furnish you the forms needed to file the proof of loss. If we do not furnish these forms within 15 days of the date we receive the notice of claim, you may submit your own proof of loss. The proof of loss must be in writing and cover the occurrence, character, and extent of the loss. We will also advise you if additional information beyond the claim forms is necessary to satisfy the proof of loss requirements under this certificate.

When must proof of loss be given?

You must give written proof of loss within one year after the occurrence of any loss covered by this certificate. Failure to furnish proof of loss within the term required will not invalidate or reduce the claim if it was not reasonably possible for you to give proof within that time. However, you must furnish proof of loss as soon as reasonably possible.

Premiums

When and how often are premiums due?

Premiums are due under this certificate on an annual, semi-annual, quarterly or monthly basis based on the payment method selected by you and accepted by the plan sponsor. Each premium payment will pay for the insurance then in effect under this certificate.

How are you to pay premiums?

The plan sponsor will make the initial determination whether the plan sponsor will collect the premium and remit it to the Plan Administrator or whether you will make premium payments directly to the Plan Administrator. Such premium contributions are to be paid in United States dollars.

Is there a grace period?

This certificate has a 31-day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31-day period following the due date. The premium payment, however, must be received in our home office within the 31-day grace period. Your certificate will continue in force during the 31-day grace period. This grace period does not apply to the first premium payment.

Can the premium rates be changed?

Yes. We have the right to change the premium rates on any premium due date but not more than once in each

certificate year. Premiums may be paid up to 11 months in advance.

Will any unearned premium be refunded?

Yes. If your coverage terminates at a time when there is unearned premium, we will refund any unearned premium.

Termination

When does your coverage terminate?

Your accidental death and dismemberment insurance will terminate on the earliest of:

- (1) the date your eligible account is closed by the plan sponsor;
- (2) the last day for which premiums have been paid following notice of the termination of the group policy;
- (3) 31 days after the due date of any premium which is not paid;
- (4) the date we receive your written request to terminate this insurance.

Insurance terminated for nonpayment of premiums may be reinstated, while you are living, and within 31 days following the date of termination. No evidence of insurability will be required during this 31-day period. Subject to the limitations of this certificate, termination of your coverage will have no effect on any claim which arises as a result of a loss occurring prior to the date of termination.

Additional Information

What if your age is misstated?

If your age has been misstated, the amount of the benefit payable under this certificate will be that amount which the premiums paid would have purchased based on your correct age. If we determine that you were not eligible for coverage under this certificate, due to your age, our liability under this certificate is limited to an amount equal to the premiums you paid.

When does your coverage become incontestable?

After your coverage has been in force during your lifetime for two years from the issue date of your coverage, we cannot contest your coverage for any loss that is incurred more than two years after the issue date, except for the nonpayment of premiums.

Do we have the right to examine you?

Yes. We retain the right to have you medically examined at our own expense. We have the right and opportunity to examine you as often as it may reasonably be required while a claim is being considered or paid.

MINNESOTA LIFE

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

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE • NONPARTICIPATING



Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

Minnesota Life Insurance Company

To get information or file a complaint with your insurance company:

Call: Plan Administrator, toll free at: 1-800-252-2148
Email: help@myonlineservicing.com
Mail: P.O. Box 681749, Franklin, TN 37068-1749

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439
File a complaint: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov
Mail: MC 111-1A, P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros. Si no lo hace, podría perder su derecho para apelar.

Minnesota Life Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros:

Llame a: Administrador del plan, Teléfono gratuito al 1-800-252-2148
Correo electrónico: help@myonlineservicing.com
Dirección postal: P.O. Box 681749, Franklin, TN 37068-1749

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439
Presente una queja en: www.tdi.texas.gov
Correo electrónico: ConsumerProtection@tdi.texas.gov
Dirección postal: MC 111-1A, P.O. Box 12030, Austin, TX 78711-2030



IMPORTANT NOTICE

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

How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). **This notice summarizes your protections.**

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

- **Accident, accident and health, or health insurance (including HMOs):**

- Up to \$500,000 for health benefit plans, with some exceptions.
- Up to \$300,000 for disability income benefits.
- Up to \$300,000 for long-term care insurance benefits.
- Up to \$200,000 for all other types of health insurance.

- **Life insurance**

- Up to \$100,000 in net cash surrender or withdrawal value.
- Up to \$300,000 in death benefits.

- **Individual annuities:** Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.

- **Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.

- **Individual aggregate limit:** Up to \$300,000 per person, regardless of the number of policies or contracts. A limit of \$500,000 may apply for people with health benefit plans.

- **Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:

**Texas Life and Health Insurance
Guaranty Association**
1717 West 6th Street, Suite 230
Austin, Texas 78703-4776
1-800-982-6362 or www.txlifega.org

For questions about insurance, contact:

Texas Department of Insurance
PO Box 12030
Austin, Texas 78711
1-800-252-3439 or www.tdi.texas.gov

Note: You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). These protections apply to insolvencies that occur on or after September 1, 2019. **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.



**Please review details of your additional coverage.
Confirmation of coverage increase for ROBERT SMITH**

Thank you, ROBERT.

Your coverage increase has been successfully processed. See below for details of your updated ACCIDENTAL DEATH AND DISMEMBERMENT insurance.

No-cost coverage: \$3,000.00 Coverage¹

Additional coverage level: \$300,000.00 Single Coverage¹

Coverage ID number: 762063203

Enrollment date: 01/14/2025

Next bill amount: \$90.00 03/01/2025

Pay type: CCRD

Financial institution: UFCU

Beneficiaries: Amanda Arguijo

Charge Authorization: Yes! Please sign me up for the insurance plan. I have read, understand and agree to the terms and conditions of insurance coverage located on the Summary of Benefits. If I choose additional coverage, I authorize the Plan Administrator to automatically charge my CCRD account for the premium amount above based on my billing selection. I may cancel my authorization at any time by contacting the Plan Administrator by calling 1-877-309-6576 or writing P.O. Box 689070, Franklin, TN 37068-9070. I understand and agree that my payment authorization will remain in effect until I notify the Plan Administrator and they have reasonable opportunity to act on it. It is my responsibility to ensure my CCRD account information is current and accurate. Any additional coverage I select will complement my \$3,000.00 of coverage paid by my Credit Union and I will not be charged for the Credit Union-paid coverage.

¹All coverage reduces by 50% at age 70 or older regardless of age at enrollment. The family plan protects spouse and children at a percentage of your coverage amount.

For California residents: Insurance offered by Franklin Madison Group Insurance Services LLC. Underwritten by Minnesota Life Insurance Company.

