

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, 2024,
as revised January 29, 2024

POLICYHOLDER: ONEOK, Inc.

POLICY NUMBER: 70047

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

TABLE OF CONTENTS

Definitions.....	2	Termination.....	4
General Information	2	Conversion Right	4
Premiums	3	Additional Information.....	5
Death Benefit.....	4		

GROUP TERM LIFE CERTIFICATE OF INSURANCE

Certificate Specifications Page

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GENERAL INFORMATION

POLICYHOLDER: ONEOK, Inc.

POLICY NUMBER: 70047

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 Oklahoma.

POLICY EFFECTIVE DATE: January 1, 2016. This specifications page represents the plan in effect as of January 1, 2024, as revised January 29, 2024.

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 1A All active, full time non-bargaining unit, U.S. citizens and resident aliens receiving U.S. source income, employees of the employer regularly scheduled to work a minimum of 40 hours per week.
- Class 1B All former employees hired prior to 1/1/2017 who were active participants under the employer sponsored life insurance up to the date of disability termination and are receiving disability benefits under the employer sponsored disability plan and are enrolled in the former employee health plan. Terminated prior to 1/1/2020.
- Class 1C All former employees hired prior to 1/1/2017 who were active participants under the employer sponsored life insurance up to the date of disability termination and are receiving disability benefits under the employer sponsored disability plan and are enrolled in the former employee health plan. Terminated on or after 1/1/2020.
- Class 2 All former non-bargaining unit employees of the employer hired prior to 1/1/2017 who are age 50 or older with 5 or more years of service and are eligible for the Retiree Medical Plan who retire on or after 7/1/1991 and prior to 1/1/1999, or non-bargaining unit employees who are age 50 or more with 5 or more years of service as of 1/1/1999 and who retire on or after 1/1/1999 and who are enrolled in the Retiree Medical Plan. If the former employee declined medical coverage prior to 1/1/2008, they remain eligible for life insurance coverage. If the former employee retired after, or elected medical coverage after 1/1/2008 the life insurance coverage ends the last day of the enrollment in retiree medical plan.

- Class 3 All former non-bargaining unit employees hired prior to 1/1/2017, including those retired from Northern Border Northern Plain, who are age 50 or more with 5 or more years of service and are eligible in the Retiree Medical Plan who retired after 1/1/1999 or all retirees of ONEOK, Inc. who are enrolled in the employer sponsored Retiree Medical Plan and were employees of Western Resources, Inc. as of 11/30/1997 who retired on or after 1/1/2011 and were less than age 50 with 5 or more years of service as of 12/31/1998. If the former employee retired after, or elected medical coverage after 1/1/2008 the life insurance coverage ends the last day of the enrollment in retiree medical plan.
- Class 4 All retirees of ONEOK, Inc. who are eligible in the employer sponsored Retiree Medical Plan and were employees of Western Resources, Inc. as of 11/30/1997, who retired prior to 1/1/2011. (This is a closed class.)
- Class 5 All active, non-bargaining unit, U.S. citizens and resident aliens receiving U.S. source income, employees of the employer regularly scheduled to work 20 through 39 hours per week.
- Class 6 Legacy Magellan non-bargaining unit employees hired on or before September 24, 2023 and retirement eligible and Legacy Magellan bargaining unit employees hired on or before December 31, 2023 and retirement eligible.

NO DOUBLE COVERAGE:

A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. A person cannot be covered as both an active employee or dependent and insured under the portability provision. A person may be covered as both an employee and dependent. Both employee and spouse/domestic partner 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:

Classes 1A and 5: None. Coverage becomes effective on the first day of employment.

Classes 1B, 1C, 2, 3, 4 and 6: Not Applicable

Note: An employee who moves from a benefit eligible class to a non-benefit eligible class and then returns to a benefit eligible class has already satisfied the waiting period and does not need to do so again.

MINIMUM HOURS PER WEEK REQUIRED:

Class 1A: 40 hours per week
Class 5: 20 through 39 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>
Class 1A & 1C	\$100,000
Class 1B	\$50,000

Class 2	
Years 1-5 of retirement	75% of two times annual earnings as of the date of retirement, rounded to the next higher \$250 if not already a multiple thereof, subject to a basic life insurance maximum of \$150,000*.
After 5 years of retirement	One times annual earnings as of date of retirement, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a basic life insurance maximum of \$100,000*.
Class 3	\$20,000*
Class 4	\$20,000
Class 5	\$50,000
	An employee who was out on medical leave and not actively at work on January 1, 2020, will remain at \$25,000.
Class 6	\$15,000

* This includes certain grandfathered retiree amounts as on file with the policyholder.

Supplemental Life Insurance

<u>Eligible Class</u>	<u>Amount of Supplemental Life Insurance</u>
Classes 1A, 1B, and 1C	An amount elected by the employee from the following options: one, two, three, four, five, six or seven times annual earnings, multiplied and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to a supplemental life insurance minimum of \$10,000 and supplemental life insurance maximum of the lesser of seven times annual earnings or \$1,500,000.
Class 5	\$50,000 An employee who was out on medical leave and not actively at work on January 1, 2020, will remain at \$25,000.
Classes 2, 3, 4 and 6	None

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

Basic AD&D Insurance

<u>Eligible Class</u>	<u>Amount of Basic AD&D Insurance</u>
Class 1A and 1C	An amount equal to the amount of basic life insurance for which the employee is insured under the group policy.
Class 1B	One times annual earnings rounded to the next higher \$1,000, if not already a multiple thereof, subject to a basic AD&D insurance maximum of \$200,000.
Class 5	An amount equal to the amount of basic life insurance for which the employee is insured under the group policy.
Classes 2, 3, 4 and 6	None

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:
Applies to Class 3 only

The amount of Basic 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	50%

Age reductions will apply on the employee's attainment of age 70.

RETIREMENT REDUCTIONS:

Decreases due to retirement will become effective the date of retirement. Insurance reductions at retirement are eligible for portability as provided for under the portability provision.

EFFECT OF EMPLOYEE'S RETIREMENT:

An employee who belongs to a non-benefit eligible class when they retire is not eligible to receive a retiree benefit. An employee who belongs to a benefit eligible class when they retire is eligible to receive a retiree benefit.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; supplemental 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 supplemental insurance:

Class 1A: The lesser of seven times annual earnings or \$500,000.

Class 5: \$50,000

NOTE: For an employee who was covered for supplemental life under the employer's plan immediately prior to the policy effective date shown above, the guaranteed issue for supplemental life is the amount of supplemental 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 earnings will become effective the January 1st following the date of the change in earnings. Annual earnings are determined as of each October 1st. 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 supplemental 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 supplemental insurance due to salary increases.

Increases and decreases due to a change in eligible class will become effective the date of the change in eligible class. 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 supplemental 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 supplemental insurance due to salary increases.

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:

Spouse/Domestic Partner Life Insurance

<u>Eligible Class</u>	<u>Amount of Spouse/Domestic Partner Life Insurance</u>
Classes 1A, 1B, and 1C	An amount elected by the employee, in an increment of \$25,000, subject to a spouse/domestic partner life insurance maximum of \$100,000
Class 5	\$25,000
Classes 2, 3, 4 and 6	None

Child Life Insurance

<u>Eligible Class</u>	<u>Amount of Child Life Insurance</u>
Classes 1A, 1B, 1C, and 5	Option 1: \$10,000, as elected by the employee Option 2: \$25,000, as elected by the employee An employee's first eligible newborn child is automatically covered for \$10,000 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.
Classes 2, 3, 4 and 6	None

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

SPOUSE/DOMESTIC PARTNER AGE REDUCTIONS: None

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 insurance:

Classes 1A, 1B, and 1C: \$50,000

Class 5: \$25,000

For child insurance: \$25,000

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**ELECTION CHANGES:**

Changes to your elections can only be made at annual open enrollment or within 30 days (90 days for birth or adoption) of a Qualified Status Change, as that term is defined by your employer.

Coverage that does not require evidence of insurability will be effective on the date of the event 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:

- In order 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.
- In order for a newly eligible spouse/domestic 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 will be insured for the guaranteed issue amount.
- At Qualified Status Change or annual open enrollment, a request that exceeds the amounts indicated below as not requiring evidence of insurability.
- At Qualified Status Change if the change is not in the list below in the "Certain Qualified Status Changes" section.
- Evidence of insurability is only required once, upon attainment of the \$500,000 guaranteed issue limit. If evidence of insurability is submitted and approved for an amount over \$500,000, the employee may increase existing coverage by one times annual earnings each year not to exceed the plan maximum on a guaranteed issue basis.

2015 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 with existing supplemental life insurance may increase coverage by one times annual earnings to the guaranteed issue limit of \$500,000 when combined with Basic Life. (Employees not currently enrolled do not receive a guaranteed issue opportunity but may elect coverage with evidence of insurability.)
- Spouse/domestic partner with existing coverage may increase coverage up to the guaranteed issue limit of \$50,000. (Existing spouse/domestic partners not currently enrolled do not receive a guarantee issue opportunity but may elect coverage with evidence of insurability.)
- Any child life election

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:
Applies to Classes 1A and 5 only**

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

Class 1A:**Employee:**

- An employee with existing supplemental life insurance may increase his or her supplemental life coverage by one times annual earnings, provided the resulting amount of insurance does not exceed \$500,000.
- An employee with existing supplemental life insurance who are at or above the guaranteed issue limit, and previously submitted evidence of insurability for an amount of life insurance over \$500,000, and were approved, may increase existing coverage by one times annual earnings (not to exceed the plan maximum) on a guaranteed issue basis.
- An employee with existing supplemental life insurance who is at or above the guaranteed issue limit, but who has never submitted evidence of insurability and been approved, may increase existing coverage by one times annual earnings (not to exceed the plan maximum) but will be required to submit evidence of insurability. (Employees not currently enrolled do not receive a guaranteed issue opportunity but may elect coverage with evidence of insurability.)

Spouse/Domestic Partner:

- An employee with existing spouse/domestic partner life insurance may increase his or her spouse/domestic partner life insurance by one increment, provided the resulting amount of insurance does not exceed \$50,000
- An employee with existing spouse/domestic partner life insurance coverage, who are at or above the guaranteed issue limit, and previously submitted evidence of insurability, and were approved, may increase existing coverage by one increment (not to exceed the plan maximum) on a guaranteed issue basis.
- An employee with existing spouse/domestic partner life

- insurance who is at or above the guaranteed issue limit, but who has never submitted evidence of insurability and been approved, may increase existing coverage by one increment (not to exceed the plan maximum) but will be required to submit evidence of insurability. (Spouse/Domestic Partners not currently enrolled do not receive a guaranteed issue opportunity but may elect coverage with evidence of insurability.)

Child:

- An employee may elect any child life amount

Class 5:

- An employee may elect the \$50,000 supplemental life benefit option.
- An employee may elect the \$25,000 spouse life benefit option.
- An employee may elect any child life amount.

Coverage will be effective on the later of the January 1 following the annual enrollment or the date any required evidence of insurability is approved by us, subject to the actively at work requirement for employees and the hospitalization/confinement clause for dependents.

**CERTAIN QUALIFIED STATUS CHANGES:
Applies to Classes 1A and 5 only**

An employee who experiences one of the Qualified Status Changes listed below may make the following election changes without providing evidence of insurability, provided enrollment is made within 30 days (90 days for a birth or adoption) of the status change:

Class 1A:

- An employee with existing supplemental life insurance may increase his or her supplemental life coverage by one times annual earnings, provided the resulting amount of insurance does not exceed \$500,000.
- An employee with existing supplemental life insurance who are at or above the guaranteed issue limit, and previously submitted evidence of insurability for an amount of life insurance over \$500,000, and were approved, may increase existing coverage by one times annual earnings (not to exceed the plan maximum) on a guaranteed issue basis.
- An employee with existing supplemental life insurance who is at or above the guaranteed issue limit, but who has never submitted evidence of insurability and been approved, may increase existing coverage by one times annual earnings (not to exceed the plan maximum) but will be required to submit evidence of insurability. (Employees not currently enrolled do not receive a guaranteed issue opportunity but may elect coverage with evidence of insurability.)

Class 5:

- An employee may elect the \$50,000 supplemental life benefit option.

Coverage will be effective on the date of the status change event, 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 spouse/domestic partner or child
- Divorce, legal separation or annulment
- Dissolution of a domestic partnership
- Marriage or creation of domestic partnership

- Termination of a spouse/domestic partners or child's employment.
- A change in the life insurance benefit plan available to the employee's spouse/domestic partner or child
- A change in the employee's or his/her spouse/domestic partner's or child's employment status that affects either person's eligibility for benefits.

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits	Applies to all classes
Accidental Death and Dismemberment	Applies to classes 1A, 1B, 1C, and 5 only
Business Travel Accident	See BTA Supplement for eligibility
Dependents Term Life	Applies to classes 1A, 1B, 1C, and 5 only
Portability	Applies to classes 1A, 1B, 1C, and 5 only

Definitions

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

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?

If the policyholder's plan of insurance, as reflected in the specifications page, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor have his or her insurance continued. If the policyholder's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

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 frame:

- (1) if you are on a medical leave of absence, insurance cannot be continued beyond the later of 9 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

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; or
- (5) your estate.

Termination

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.

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

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

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?

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, converting coverage to an individual policy and terminating the coverage.

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, children, parents, grandparents, grandchildren, brothers or sisters; or the spouse 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 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 \$10,000. The maximum death benefit that can be accelerated is \$1,000,000.

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. 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

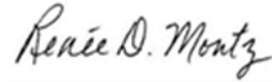
Is the request for an accelerated benefit voluntary?

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 all of the following conditions have been met:

- (1) the insured meets all eligibility requirements; and
- (2) 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 a riot or insurrection, 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 unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; or
- (7) operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescription drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred; 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 or any craft designed to fly above the earth's surface, except as:
 - (a) as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft; or
 - (b) as a licensed pilot*, crewmember or passenger who is performing his or her normal job duties for the employer in any aircraft with a current and valid Airworthiness Certificate owned, leased or operated by the policyholder (an Airworthiness Certificate means a "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); or*a licensed pilot is being defined as a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.
- (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%
Severance & Reattachment of One Hand or One Foot.....	50%
Hemiplegia.....	50%
All four fingers of One Hand.....	25%
All Toes of One Foot.....	20%
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). Loss of toes means complete severance at or above the metatarsophalangeal joints. Severance means the complete and permanent separation and dismemberment of the part from the body.

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 or one foot and the loss of thumb and index finger of one hand or the loss of four fingers of one hand or the toes from one foot for injury to the same hand or foot 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, toe, 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 an insured's 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.

Bereavement and Trauma Counseling

What is the bereavement and trauma counseling benefit?

If an insured dies or suffers a covered dismemberment as the result of a covered accident we will pay an additional benefit up to 1% of the insured's amount of AD&D insurance to a maximum of \$2,500 for bereavement and trauma counseling sessions for the insured or the insured's immediately family. Immediate family members include: your spouse/domestic partner, children, parents, grandparents, in-laws, grandchildren, brothers and sisters and their spouses.

The benefit will be paid to the person(s) who provides proof they paid for the counseling. If the counseling is reimbursed or covered by other insurance, the benefit will

be paid to the person who received the counseling, or in the case of a minor dependent, to the parent or guardian of the minor dependent. This benefit does not include any expense for which the insured is entitled to benefits under any Worker's Compensation Act or similar law. Such counseling must meet all of the following conditions:

- (1) the covered bereavement and trauma counseling expenses must be incurred within one year from the date of the covered accident causing the covered loss; and
- (2) the expense is charged for a bereavement or trauma counseling session for the insured or one or more of the insured's immediate family members; and
- (3) the counseling is provided under the care, supervision, or order of a licensed physician; and
- (4) proof of the expense is provided.

Coma Benefit

What is the coma benefit?

If an insured lapses 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 the insured's amount of AD&D insurance; or
- (2) 1% of the difference between the insured's 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 the insured recovers such that he or she is no longer in a coma as defined herein; or
- (2) the date of the insured's 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) 100 monthly benefits have been paid.

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.

In no event will the total amount of monthly benefits payable under this section exceed \$50,000.

Disappearance Benefit

What is the disappearance benefit?

If an insured's body has not been found after one year from the date the conveyance in which he or she was

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 the insured was a passenger on the conveyance, that the insured has 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 an insured suffers 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.

Rehabilitative Physical Therapy Benefit

What is the rehabilitative physical therapy benefit?

If an insured suffers an injury which results in a covered dismemberment, we will pay an additional benefit for rehabilitative physical therapy which is prescribed by the attending physician or surgeon. The benefit will be equal to the lesser of:

- (1) 1% of the insured's amount of AD&D insurance; or
- (2) \$2,000; or
- (3) actual costs incurred for such rehabilitative physical therapy.

Seatbelt Benefit

What is the seatbelt benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

- (1) \$20,000; or
- (2) 10% of the insured's 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 the insured 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 (or child restraint), 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.

*If such certification or police report is not available or it is unclear whether the insured was wearing a seatbelt, we will pay a default benefit of \$1,000.

Termination

When does an insured's coverage under this supplement terminate?

An insured's 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?

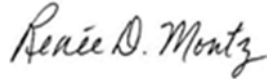
This supplement will terminate on the earlier of:

- (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

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 I: All active non-employee members of the Board of Directors, including the Chairman of the Board Emeritus.
- Class II: All active employee members of the Board of Directors.
- Class III: All active full-time employees classified as Officer or non-bargaining employees.
- Class IV: All active employees classified as Pilot.
- Class V: All active employees regularly scheduled to work 20 through 39 hours weekly.
- Class VI: All full-time employees classified as USW scheduled to work 20 or more hours per week.

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.

Sojourn or Personal Deviation

Non-business travel or activities while on the business of the employer but unrelated to furthering the business of the employer. Sojourn or personal deviation cannot exceed seven consecutive days immediately before, during or after the authorized trip.

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.

Trip

A trip taken by an insured which begins when the insured leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last), and is deemed to end when the insured returns from the

trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the insured is on an authorized leave of absence or vacation or travel to and from the insured's place of regular employment.

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) while the insured person is working at his or her regular place of employment, even if that regular place of employment includes travel in a vehicle. For example, driving or riding in a truck or other work vehicle as part of normal job duties is not considered business travel; or
- (2) 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
- (3) during the course of everyday travel to and from work; or
- (4) during an authorized leave of absence or vacation.

While on the premises of the employer

While and in consequence of performing any assigned occupational duties for which compensation is received at the insured employee's regular place of employment or elsewhere directly in or on the premises of the employer, but does not include during the course of everyday travel to and from work.

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 the insured's 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 the insured's death or dismemberment. The injury and accidental loss, death or dismemberment must occur while the insured's coverage is in force. The insured's 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 the insured.

In no event will we pay the accidental death or dismemberment benefit where the insured's 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) the insured's participation in a riot or insurrection, 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 unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; or
- (7) operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescription drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred; 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 air craft or any craft designed to fly above the earth's surface, except as:
 - (a) as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft; or
 - (b) as a licensed pilot*, crewmember or passenger who is performing his or her normal job duties for the employer in any aircraft with a current and valid Airworthiness Certificate owned, leased or operated by the policyholder (an Airworthiness Certificate means a "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); or

*a licensed pilot is being defined as a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.
- (11) war or any act of war, whether declared or undeclared.

What is the amount of insurance?

The amount of insurance for each insured is based on his or her class, as follows:

<u>CLASS</u>	<u>AMOUNT OF INSURANCE</u>
Class I	\$100,000
Class II	\$100,000
Class III	\$100,000
Class IV	\$100,000
Class V	\$50,000
Class VI	\$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 the insured’s 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	100%
Hemiplegia	100%
Sight of One Eye	50%
Speech or Hearing in Both Ears.....	50%
One Hand or One Foot.....	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 an insured’s 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 the insured died or suffered 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 an insured’s 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 an insured will be paid to the insured, 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.

I. Description of Hazards – 24 Hour Accident Protection While on a Trip (Business Only) Applicable to Classes I, II, III, V and VI

This Description of Hazards covers the insured for covered loss due to an injury sustained while on the business of the employer during the course of any trip anywhere in the

world except as limited in the Territorial Limits definition, including Sojourn or Personal Deviation taken during the course of any such trip, made by the insured.

II. Description of Hazards – Employer Aircraft-Passenger Only (Business Only) Applicable to Classes I, II, III, V, and VI

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.

III. Description of Hazards – Pilot (Business Only) Applicable to Class IV only

This Description of Hazards applies to employees while on the business of the employer and flying as a pilot or crew member on a employer aircraft with the employer's consent. Such aircraft must be piloted by a person holding a currently effective pilot certificate with appropriate ratings for the aircraft and flight involved. The aircraft must not be being used for specialized aviation activities.

Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the business travel accident benefits. Additional benefits are paid in addition to any business travel accident 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 an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional accidental death and dismemberment benefit equal to the lesser of \$10,000 or 10% of the insured's amount of business travel accident insurance.

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

- (1) the seat in which the insured was 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 the insured 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 (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 employer-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.

Disappearance Benefit

What is the disappearance benefit?

If an insured's body has not been found after one year from the date the conveyance in which he or she was 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 the insured was a passenger on the conveyance, that the insured has 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 an insured suffers 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.

Rehabilitative Physical Therapy Benefit

What is the rehabilitative physical therapy benefit?

If an insured suffers an injury which results in a covered loss, we will pay an additional benefit for rehabilitative physical therapy which is prescribed by the attending physician or surgeon. The benefit will be equal to the lesser of:

- (1) 10% of the insured's amount of business travel accident insurance; or
- (2) \$10,000; or
- (3) actual costs incurred for such rehabilitative physical therapy.

Seatbelt Benefit

What is the seatbelt benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional accidental death and dismemberment benefit equal to the lesser of:

- (1) \$10,000; or
- (2) 10% of the insured's amount of business travel accident 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 the insured 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 (or child restraint), 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 employer-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 an insured's coverage under this supplement terminate?

An insured's coverage ends on the earliest of:

- (1) the date this supplement terminates; or
- (2) the date the insured ceases 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



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 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, or your registered domestic partner, as recognized under the laws of the jurisdiction of celebration; or
- (2) your domestic partner of the same or opposite sex and who meets the requirements of the policyholder's affidavit of domestic partnership and have properly executed and filed such affidavit with the policyholder; and
- (3) your or your spouse/domestic partner's natural, legally adopted (an adopted child includes a child legally placed for adoption with you) or stepchildren, foster children placed with you by an authorized agency or by judgement, decree or order of any court of competent jurisdiction, a child covered by QMCSO order who are less than 26 years old. Eligibility begins at live birth (stillborn or unborn children are not eligible). Children age 26 or older are also 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; or
- (4) your or your spouse/domestic partner's other eligible dependents who are not your or your spouse/domestic partner's child but to whom you are related; for whom you have been appointed legal guardian and is your dependent for federal income tax purposes who are under age 19 or under age 24 if a full time student. These other eligible dependents are also eligible if they are physically or mentally incapable of self-support, were enrolled in the health plan prior to attaining age 24 and are financially dependent on you for more than one half of their support.

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

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

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

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.

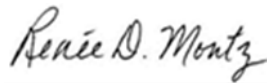
Conversion may be requested by you, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

What is the suicide limitation?

If an insured dependent, whether sane or insane, commits suicide within 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.



Secretary



President

Portability 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.

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 spouse/domestic partner is eligible to continue insurance under this supplement if he or she no longer meets the eligibility requirements of the certificate due to legal separation, divorce or the employee's death.

An insured child age 19 or older is eligible to continue insurance under this supplement if he or she no longer meets the eligibility requirements of the certificate due to attaining an age limit or otherwise ceases to be an eligible dependent.

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) 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?

Only contributory 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.

If a former spouse/domestic partner continues his or her own coverage according to the provisions of this supplement, he or she may also elect to continue contributory insurance on any insured children, provided the employee is not otherwise insuring the children.

An insured may also continue coverage under all certificate supplements which apply to his or her contributory insurance and by which he or she was insured immediately preceding his or her portability date, except the Waiver of Premium Certificate Supplement, Business Travel Accident Certificate Supplement and Accidental Death and Dismemberment Certificate Supplement, which shall terminate upon porting.

Death benefits will be paid in accordance with the provisions of the certificate and applicable supplements with the following exception: Death benefits for a former spouse/domestic partner or child porting his or her own coverage (not being continued as a rider to the employee's coverage) shall be payable according to the Death Benefit section of the certificate and not the Death Benefit section of the Dependents Term Life Insurance Certificate Supplement. Therefore a former spouse/domestic partner or child may choose to name a beneficiary or beneficiaries to receive his or her death benefit proceeds, subject to all provisions of the Death Benefit section of the certificate, including the provisions related to payment when there are no eligible named beneficiaries.

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 \$1,000,000 for an employee or \$100,000 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 50% of the amount of insurance in force on the day prior to attainment of age 65. Insurance terminates at age 70 for children and age 99 for employee and spouse/domestic partner.

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?".

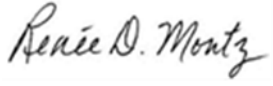
No individual may elect coverage under this supplement on or after the date of termination of the group policy.

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 99th birthday except for a child porting on his or her own, coverage shall terminate on his or her 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, unless the spouse/domestic partner or child ports coverage on their own as provided for under the terms of this supplement; or
- (4) in the case of a dependent child who is insured by a rider to the former spouse/domestic partner's coverage, the date the child ceases to be an eligible dependent as defined under the terms of the certificate, unless the child ports coverage on his or her own as provided for under the terms of this supplement; or

- (5) 31 days after the due date of any premium contribution which is not made; or
- (6) the date an insured requests to terminate his or coverage being continued under this supplement.



Secretary



President

Group Term Life Insurance Certificate Endorsement

Securian Life Insurance Company

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



This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70047 issued by Securian Life Insurance Company to ONEOK, Inc. 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 following statement is added to page one of the certificate:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

2. 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.

3. 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.

4. The provision entitled **How do you convert your insurance?** under the **Conversion Right** section of the certificate is amended in its entirety and replaced with the following:

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.

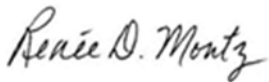
If you do not receive written notice of the conversion right under this certificate at least 15 days prior to the end of the 31-day conversion period, you will have an additional period within which to exercise such right. This additional period will expire 15 days after you are given such notice, but 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.

5. Item (11) under the provision entitled “**What does accidental death or dismemberment by accidental injury mean?**” under the **Accidental Death and Dismemberment Benefit** section of the Accidental Death and Dismemberment Certificate Supplement is amended in its entirety and replaced with the following:

(11)war or any act of war, whether declared or undeclared while serving in the military or in an auxiliary unit attached to the military or while working in an area of war whether voluntary or as required by an employer.

6. Item (11) under the provision entitled “**What does accidental death or dismemberment by accidental injury mean?**” under the **Accidental Death and Dismemberment Benefit** section of Business Travel Accident Certificate Supplement is amended in its entirety and replaced with the following:

(11)the war or any act of war, whether declared or undeclared while serving in the military or in an auxiliary unit attached to the military or while working in an area of war whether voluntary or as required by an employer.



Secretary



President

Notice

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

NOTICE OF PROTECTION PROVIDED BY OKLAHOMA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This Notice provides a brief summary of the Oklahoma Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Oklahoma law, which determines who and what is covered and the amounts of coverage. The Association was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Oklahoma law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values

Health Insurance

- \$500,000 in hospital, medical and surgical insurance benefits
- \$300,000 in disability income insurance benefits
- \$300,000 in long-term care insurance benefits
- \$100,000 in other types of health insurance benefits

Annuities

- \$300,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except that with regard to hospital, medical and surgical insurance benefits, the maximum amount that will be paid is \$500,000.

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Oklahoma law.

To learn more about the above protections, please visit the Association's website at www.oklifega.org, or contact:

Oklahoma Life & Health Insurance Guaranty Association
201 Robert S. Kerr, Suite 600
Oklahoma City, OK 73102
Phone: (405) 272-9221

Oklahoma Department of Insurance
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112
1-800-522-0071 or (405) 521-2828

Insurance companies and agents are not allowed by Oklahoma law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Oklahoma law, then Oklahoma law will control.

Securian Life Insurance Company • A Stock Company

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

GROUP TERM LIFE CERTIFICATE OF INSURANCE