



**securian**  
FINANCIAL



## Sunnyvale School District Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Insurance products issued by Securian Life Insurance Company and administered by Ochs.

### Life Insurance Provided

Your employer provides benefit-eligible employees Term Life and Accidental Death & Dismemberment (AD&D) Insurance.

**Basic Life Coverage - 100% employer paid & automatically enrolled**

**ACTIVE EMPLOYEES**  
Basic term life

Class 1 and Class 5: \$50,000  
Class 2 and Class 3: \$100,000  
Class 4: \$135,000

✓ Includes a matching AD&D benefit

**RETIREES**  
Basic term life

\$6,500  
(coverage terminates at age 65)

✓ Includes a matching AD&D benefit

### Why Life Insurance?

Group Life Insurance protects you and your family from the unexpected loss of life and income during working years. AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere.

Life and AD&D Insurance benefits are disbursed to help pay for things like:

- ✓ Your mortgage or rent
- ✓ Childcare or education costs
- ✓ Medical bills or other expenses
- ✓ Funeral and burial costs

### Naming a Beneficiary

Naming a beneficiary is an important right of Life Insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your beneficiaries periodically. Events such as marriage, birth/adoption of children, divorce or death may change how you want your Life Insurance benefit paid.

### Continuation:

If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage after employment. No health questions are needed and rates are generally higher than active rates. If you would like to continue your coverage, be sure to enroll within 31 days of your current coverage ending.

**Group Life Insurance Enrollment Worksheet****EMPLOYER NAME:** Sunnyvale School District**LIFE POLICY NUMBER:** 70790

- Return completed and signed form to your Benefits Office.

**A. EMPLOYEE INFORMATION**

First Name

Middle Initial

Last Name

Street Address

City

State

Zip Code

Date of Birth (Month, Day, Year)

Social Security Number

Date of Employment

Salary

Gender

☐ Male ☐ Female**B. BASIC LIFE**

For Benefits Dept. only

Amount \$ \_\_\_\_\_

Insurance Class: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**F. AUTHORIZATION**

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage.

Employee Signature

Daytime Telephone Number

Evening Telephone Number

Date Signed

## Beneficiary Designation



### Securian Life Insurance Company Minnesota Life Insurance Company

Administered by Ochs, Inc.

Group Customer Service • 400 Robert Street North, Suite 1880, St. Paul, MN 55101-2025

#### INSTRUCTIONS

1. Clearly print or type the information.
2. Sign and date the completed form.
3. Return to:  
Your Employer

YOUR EMPLOYER STORES THE BENEFICIARY DESIGNATIONS

#### GENERAL BENEFICIARY INFORMATION

- Completing this Beneficiary Designation form will revoke all current beneficiary designations.
- The same person(s) cannot be named as both a primary and contingent beneficiary.
- If you need more space, attach an additional sheet of paper with all of the information required. Be sure to sign and date this additional information page.
- To receive a death benefit, a beneficiary must survive the insured. If the named beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category.
- **Primary Beneficiary:** This is the individual(s), trust, charity, or estate that you want to receive the insurance benefit. You can divide the insurance proceeds between primary beneficiaries. The total shares must equal 100%.
- **Contingent Beneficiary:** If all the primary beneficiary(ies) are no longer living, eligible, or able to receive the benefits, it will be paid to the contingent beneficiary(ies) designated. You can divide the insurance proceeds between your named contingent beneficiaries. The total shares must equal 100%.
- **Naming Minor Children:** You may name your children (by name) directly, or to a trust. Minors cannot directly receive life insurance proceeds; however, they may be paid to a court-appointed guardian or held until the minor child is legal age.
- **Trust:** Provide the trust name, effective date and tax ID or Social Security number (if applicable) - i.e., "John Smith Trust dated 01/01/20xx."
- **Charity:** Provide the full name, address, tax ID number.

CONTINUE ON TO NEXT PAGE

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

# Beneficiary Designation

Client stores the beneficiary designations

Securian Life Insurance Company • Minnesota Life Insurance Company

|                                                   |                                         |                               |
|---------------------------------------------------|-----------------------------------------|-------------------------------|
| Employer name<br><b>Sunnyvale School District</b> |                                         | Policy number<br><b>70790</b> |
| Insured's name (first, middle initial, last)      |                                         | ID (or last four of SSN)      |
| Address (street, city, state, zip)                |                                         | Email address                 |
| Insured's date of birth                           | Policyowner (if different than insured) | Policyowner's phone number    |

**This designation applies to all coverages.**

**PRIMARY BENEFICIARY(IES)** - The person or persons named will receive the benefit.

|                                                     |                          |                         |         |
|-----------------------------------------------------|--------------------------|-------------------------|---------|
| Beneficiary full name/trust name                    | Date of birth/trust date | Tax ID (SSN or EIN)     | Share % |
| Address (street, city, state, zip) and phone number |                          | Relationship to insured |         |
| Beneficiary full name                               | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) and phone number |                          | Relationship to insured |         |
| Beneficiary full name                               | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) and phone number |                          | Relationship to insured |         |
| Beneficiary full name                               | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) and phone number |                          | Relationship to insured |         |

**Total Primary Shares Must Equal 100%**

**CONTINGENT BENEFICIARY(IES)** - Receives a benefit ONLY if all primary beneficiaries are no longer living.

|                                                     |                          |                         |         |
|-----------------------------------------------------|--------------------------|-------------------------|---------|
| Beneficiary full name/trust name                    | Date of birth/trust date | Tax ID (SSN or EIN)     | Share % |
| Address (street, city, state, zip) and phone number |                          | Relationship to insured |         |
| Beneficiary full name                               | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) and phone number |                          | Relationship to insured |         |
| Beneficiary full name                               | Date of birth            | Tax ID (SSN)            | Share % |
| Address (street, city, state, zip) and phone number |                          | Relationship to insured |         |

**Total Contingent Shares Must Equal 100%**

**SIGNATURE REQUIRED** - This beneficiary form revokes all prior designations.

|                                                       |      |
|-------------------------------------------------------|------|
| Insured or policyowner's penned signature<br><b>X</b> | Date |
|-------------------------------------------------------|------|

**Community Property State Consent for current and former residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.** If you are married and live in, or previously lived in, a community property state and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit. You should consult with a qualified tax advisor and/or seek legal advice if you have any questions in connection with the Beneficiary Designation.

As the Insured's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any right that I may have to the proceeds of such insurance under applicable community property laws. My spouse may withdraw this designation at any time but may not designate a different primary beneficiary without my consent.

|                                 |                                  |             |
|---------------------------------|----------------------------------|-------------|
| Signature of spouse<br><b>X</b> | Please print spouse name clearly | Date signed |
|---------------------------------|----------------------------------|-------------|