

Group Term Life Policy Amendment #7

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

To be attached to and made a part of Group Policy No. 33503-G issued by MINNESOTA LIFE INSURANCE COMPANY to STATE OF FLORIDA, DIVISION OF STATE GROUP INSURANCE, AS ADMINISTRATOR. This amendment is effective as of the dates shown below. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

Effective May 1, 2019:

The section entitled "When will the accidental death and dismemberment benefit be payable?" on the Accidental Death and Dismemberment Certificate Supplement is amended to read:


We will pay the AD&D benefit upon receipt at our home office of written proof satisfactory to us 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 the payee and us. We will pay interest on the benefit from the date of your death or dismemberment until the date of payment. Interest will be at an annual rate determined by us, but never less than 0.1% per year compounded annually or the minimum required by state law, whichever is greater.

As a result of these changes:

- The Certificates of Insurance Schedule page of the policy has been replaced in its entirety with the attached Certificates of Insurance Schedule effective May 1, 2019.
- The Active Employees Certificate of Insurance effective January 1, 2016 has been replaced in its entirety with the Active Employees Certificate of Insurance effective May 1, 2019.
- The Legislators Employee Certificate of Insurance effective January 1, 2016 has been replaced in its entirety with the Legislators Employee Certificate of Insurance effective May 1, 2019.

Agreed to by Minnesota Life Insurance Company this 17th day of April, 2019.

By 

Vice President and Actuary CAS

Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>
State of Florida Employees Group Life Certificate of Insurance Active Employees Effective: May 1, 2019	07-30980, et al	Active Employees
State of Florida Employees Group Life Certificate of Insurance Legislators Effective May 1, 2019	07-30980, et al	Legislators
State of Florida Employees Group Life Certificate of Insurance Active Employees Effective: January 1, 2019	07-30980, et al	Active Employees
State of Florida Employee Group Life Certificate of Insurance Active Employees Effective: January 1, 2016	07-30980, et al	Active Employees
State of Florida Employee Group Life Certificate of Insurance Legislators Effective: January 1, 2016	07-30980, et al	Legislators
State of Florida Retiree Group Life Certificate of Insurance Retirees Effective: January 1, 2016	07-30979, et al	Retired Employees
<u>Certificate Endorsements</u>	<u>Amends Certificate Titled</u>	<u>Applies To</u>
n/a	n/a	n/a

Group Term Life Policy Amendment #6

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

To be attached to and made a part of Group Policy No. 33503-G issued by MINNESOTA LIFE INSURANCE COMPANY to STATE OF FLORIDA, DIVISION OF STATE GROUP INSURANCE, AS ADMINISTRATOR. This amendment is effective as of the dates shown below. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

Effective January 1, 2014:

1. Clarification is added to the Class 4 group definition to show that employees must be full-time employees.
2. Clarification is added to the Class 4 minimum hours requirement to show that employees must be expected to work or work an average of 30 hours per week.

Effective January 1, 2016:

1. The waiting period for Class 4 is changed to none.


Effective January 1, 2019:

1. A one-time enrollment opportunity is added to allow employees to elect for the first time or increase existing optional life insurance up to the guaranteed issue amount.

As a result of these changes:

- The Certificates of Insurance Schedule page of the policy has been replaced in its entirety with the attached Certificates of Insurance Schedule effective January 1, 2019.
- The Active Employees Certificate effective January 1, 2016 has been replaced in its entirety with Active Employees Certificate effective January 1, 2019.

Agreed to by Minnesota Life Insurance Company this 25th day of October, 2018.

By  _____ LL
Vice President and Actuary

Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>
State of Florida Employee Group Life Certificate of Insurance Active Employees Effective: January 1, 2019	07-30980, et al	Active Employees

<u>Certificate Endorsements</u>	<u>Amends Certificate Titled</u>	<u>Applies To</u>
n/a	n/a	n/a

Group Term Life Policy Amendment #5

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

To be attached to and made a part of Group Policy No. 33503-G issued by MINNESOTA LIFE INSURANCE COMPANY to STATE OF FLORIDA, DIVISION OF STATE GROUP INSURANCE, AS ADMINISTRATOR. This amendment is effective as of January 1, 2016. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

1. Optional life insurance coverage premiums are based on age and salary of the employee. An increase in the age band and or the salary during the plan year will result in an increased premium rate.
2. Spouse and Child Dependent life coverage is added to the plan.
3. There will be a one-time guarantee issue opportunity in the Fall of 2015 for employees not currently participating in the optional life plan. Employees may elect optional life of one times basic annual earnings to the guarantee issue limit.
4. A repatriation benefit is added to the life plan.
5. Portability is added to the basic life plan.
6. A suicide exclusion is added to the optional and spouse life plans.
7. Retirees are no longer eligible for AD&D.
8. The Contract No. DMS 06/07-107 is replaced with Contract No. DMS 14/15-025. The "When does this group policy terminate?" question under the Termination Section of the policy is amended to read as follows:


When does this group policy terminate?

Termination of this policy shall be in accordance with Contract No. DMS 14/15-025 by and between Minnesota Life Insurance Company and the State of Florida Acting Through the Department of Management Services, as subsequently amended or replaced.

As a result of these changes:

- A new certificate of insurance has been created for Legislators effective January 1, 2016.
- The Active Employees Certificate Rev. January 1, 2014 has been replaced in its entirety with Active Employees Certificate effective January 1, 2016.
- The Retirees Certificate Rev. January 1, 2014 has been replaced in its entirety with Retirees Certificate effective January 1, 2016.
- The Certificates of Insurance Schedule page of the policy has been replaced in its entirety with the attached Certificates of Insurance Schedule effective January 1, 2016.

Agreed to by Minnesota Life Insurance Company this 3rd day of August, 2016.

By  _____
LNO
Vice President and Actuary

Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>
State of Florida Employee Group Life Certificate of Insurance Active Employees Effective: January 1, 2016	07-30980, et al	Active Employees
State of Florida Employee Group Life Certificate of Insurance Legislators Effective: January 1, 2016	07-30980, et al	Legislators
State of Florida Retiree Group Life Certificate of Insurance Retirees Effective: January 1, 2016	07-30979, et al	Retired Employees
<u>Certificate Endorsements</u>	<u>Amends Certificate Titled</u>	<u>Applies To</u>
n/a	n/a	n/a

Group Term Life Policy Amendment #4

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

To be attached to and made a part of Group Policy No. 33503-G issued by MINNESOTA LIFE INSURANCE COMPANY to STATE OF FLORIDA, DIVISION OF STATE GROUP INSURANCE, AS ADMINISTRATOR. This amendment is effective as of January 1, 2014. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.


Policy amendment #3 agreed to by Minnesota Life on 23th day of November, 2015 is declared null and void and is replaced by this amendment for the addition of a new class of employees effective January 1, 2014.

1. Class 4 is added for employees classified as Other Personal Service/Variable Hour (OPS/Variable Hour) employees.
2. Class 4 employees will be given the opportunity to elect coverage during the upcoming open enrollment period prior to 1/1/2014 with coverage becoming effective 1/1/2014.

As a result of these changes:

- The Active Employees Certificate effective January 1, 2011 has been replaced in its entirety with Active Employees Certificate Rev January 1, 2014.
- The Retirees Certificate Rev. 10-08 has been replaced in its entirety with Retirees Certificate Rev January 1, 2014.
- The Certificates of Insurance Schedule page of the policy has been replaced in its entirety with the attached Certificates of Insurance Schedule effective January 1, 2014.

Agreed to by Minnesota Life Insurance Company this 3rd day of August, 2016.

By 

Vice President and Actuary LNO

Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>
State of Florida Employee Group Life Certificate of Insurance Active Employees Rev. January 1, 2014	07-30980, et al	Active Employees
State of Florida Retiree Group Life Certificate of Insurance Retirees Rev. January 1, 2014	07-30979, et al	Retired Employees
<u>Certificate Endorsements</u>	<u>Amends Certificate Titled</u>	<u>Applies To</u>
n/a	n/a	n/a

Group Term Life Policy Amendment #3

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

To be attached to and made a part of Group Policy No. 33503-G issued by MINNESOTA LIFE INSURANCE COMPANY to STATE OF FLORIDA, DIVISION OF STATE GROUP INSURANCE, AS ADMINISTRATOR. This amendment is effective as of January 1, 2016. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

1. Optional life insurance coverage premiums are based on age and salary of the employee. An increase in the age band and or the salary during the plan year will result in an increased premium rate.
2. Spouse and Child Dependent life coverage is added to the plan.
3. There will be a one-time guarantee issue opportunity in the Fall of 2015 for employees not currently participating in the optional life plan. Employees may elect optional life of one times basic annual earnings to the guarantee issue limit.
4. A repatriation benefit is added to the life plan.
5. Portability is added to the basic life plan.
6. A suicide exclusion is added to the optional and spouse life plans.
7. Retirees are no longer eligible for AD&D.
8. The Contract No. DMS 06/07-107 is replaced with Contract No. DMS 14/15-025. The "When does this group policy terminate?" question under the Termination Section of the policy is amended to read as follows:


When does this group policy terminate?

Termination of this policy shall be in accordance with Contract No. DMS 14/15-025 by and between Minnesota Life Insurance Company and the State of Florida Acting Through the Department of Management Services, as subsequently amended or replaced.

As a result of these changes:

- A new certificate of insurance has been created for Legislators effective January 1, 2016.
- The Active Employees Certificate effective January 1, 2011 has been replaced in its entirety with Active Employees Certificate effective January 1, 2016.
- The Retirees Certificate Rev. 10-08 has been replaced in its entirety with Retirees Certificate effective January 1, 2016.
- The Certificates of Insurance Schedule page of the policy has been replaced in its entirety with the attached Certificates of Insurance Schedule effective January 1, 2016.

Agreed to by Minnesota Life Insurance Company this 23th day of November, 2015.

By 

Second Vice President LNO

Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>
State of Florida Employee Group Life Certificate of Insurance Active Employees Effective: January 1, 2016	07-30980, et al	Active Employees
State of Florida Employee Group Life Certificate of Insurance Legislators Effective: January 1, 2016	07-30980, et al	Legislators
State of Florida Retiree Group Life Certificate of Insurance Retirees Effective: January 1, 2016	07-30979, et al	Retired Employees
<u>Certificate Endorsements</u>	<u>Amends Certificate Titled</u>	<u>Applies To</u>
n/a	n/a	n/a

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

To be attached to and made a part of Group Policy No. 33503-G issued by MINNESOTA LIFE INSURANCE COMPANY to STATE OF FLORIDA, DIVISION OF STATE GROUP INSURANCE, AS ADMINISTRATOR. This amendment is effective as of January 1, 2011. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

1. An open enrollment will occur prior to January 1, 2011, in which an employee may elect or increase his or her optional coverage by one times annual earnings without having to provide satisfactory evidence of insurability, provided the resulting amount does not exceed the lesser of five times annual earnings or \$500,000. Such an increase will become effective January 1, 2011, subject to the actively at work requirement of the policy.
2. Multiple changes have been made to the plan design. Because of these changes, a new certificate of insurance has been created for Active Employees. As a result, the Certificates of Insurance Schedule page of the policy has been replaced with the attached Certificates of Insurance Schedule with an effective date of January 1, 2011; and the attached Active Employees certificate bearing the revision date January 1, 2011 replaces the prior attached Active Employees certificate.

Agreed to by Minnesota Life Insurance Company this 20th day of August, 2010.

By _____
Assistant Secretary

Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>
State of Florida Group Life Insurance Plan Active Employees Rev. 1-1-2011	07-30980, et al	Active Employees
State of Florida Group Life Insurance Plan Retirees Rev. 10-08	07-30979, et al	Retired Employees
<u>Certificate Endorsements</u>	<u>Amends Certificate Titled</u>	<u>Applies To</u>
n/a	n/a	n/a

To be attached to and made a part of Group Policy No. 33503-G issued by MINNESOTA LIFE INSURANCE COMPANY to STATE OF FLORIDA, DIVISION OF STATE GROUP INSURANCE, AS ADMINISTRATOR. This amendment is effective as of the effective dates shown below. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

1. Effective January 1, 2008

As a correction, changes in insurance amounts due to a change in annual earnings will not be subject to the actively at work requirement. As a result, The last paragraph on Page A of the Certificate Specifications Page for Active Employees is replaced with the following:

Changes in class or earnings: Changes in insurance amounts due to a change in class or annual earnings shall be effective on the date of the change in class or earnings. Increases in insurance due to a change in class are subject to the actively at work requirement; increases due to changes in annual earnings are not subject to the actively at work requirement.

2. Effective October 1, 2008

The first full month's premium being paid is no longer a requirement in order for coverage elections or changes to become effective. As a result:

- (a) In the Active Employees certificate, item (4) under the section entitled "When does insurance become effective?" is deleted in its entirety.
- (b) In the Retirees certificate, item (3) under the section entitled "When does insurance become effective?" is deleted in its entirety.

Because of these changes, new certificates of insurance have been created. As a result, the Certificates of Insurance Schedule page of the policy has been replaced with the attached Certificates of Insurance Schedule with an effective date of October 1, 2008; and the attached certificates bearing the revision date October 1, 2008 replace the prior attached certificates.

Agreed to by Minnesota Life Insurance Company this 18th day of December, 2008.

By _____
Assistant Secretary

Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>
State of Florida Group Life Insurance Plan Active Employees Rev. 10-08	07-30980, et al	Active Employees
State of Florida Group Life Insurance Plan Retirees Rev. 10-08	07-30979, et al	Retired Employees
<u>Certificate Endorsements</u>	<u>Amends Certificate Titled</u>	<u>Applies To</u>
n/a	n/a	n/a

Group Term Life Insurance Policy

Minnesota Life Insurance Company, a Securian Financial Group affiliate
Tallahassee Branch Office • P.O. Box 14289 • Tallahassee, Florida 32317-4289

POLICYHOLDER: State of Florida, Division of State Group Insurance, as Administrator
POLICY NUMBER: 33503-G
POLICY EFFECTIVE DATE: January 1, 2008
POLICY ANNIVERSARY DATE: January 1 of each year beginning January 1, 2009
PREMIUM DUE DATE(S): The first day of each month

Read Your Policy Carefully

This policy was issued to the policyholder on the effective date shown above. We promise to pay the benefits provided by this policy, subject to its conditions, limitations, and exceptions. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums.

Minnesota Life Insurance Company is a subsidiary of Minnesota Mutual Companies, Inc., a mutual insurance holding company. The policyholder is a member of Minnesota Mutual Companies, Inc., which holds its annual meetings on the first Tuesday in March of each year at 3 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098.



Secretary



President

Notice to Policyholders

If you have any questions regarding this group policy, or if you need assistance in resolving a complaint, you can contact us at: Minnesota Life Insurance Company, Tallahassee Branch Office, P.O. Box 14289, Tallahassee, FL, 32317-4289. Toll Free Telephone Number: 1-888-826-2756.

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GROUP TERM LIFE INSURANCE POLICY • NONPARTICIPATING • PREMIUMS ARE SUBJECT TO CHANGE

Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>
State of Florida Group Life Insurance Plan Active Employees	07-30980, et al	Active Employees
State of Florida Group Life Insurance Plan Retirees	07-30979, et al	Retired Employees
<u>Certificate Endorsements</u>	<u>Amends Certificate Titled</u>	<u>Applies To</u>
n/a	n/a	n/a

Definitions

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 an insured is required to make premium contributions.

employee

An individual who is employed by the policyholder or by an associated company. The term employee does not include temporary employees nor corporate directors who are not otherwise employees.

insured

An employee or retiree who is eligible for and becomes insured according to the terms of this policy.

noncontributory insurance

Insurance for which an insured is not required to make premium contributions.

policyholder, you, your

The owner of the group policy as shown on the first page of this policy.

retiree

An individual formerly employed by the policyholder or by an associated company.

we, our, us

Minnesota Life Insurance Company.

General Information

What is your agreement with us?

Any statements you make will, in the absence of fraud, be considered representations and not warranties. Also, any statement that you make will not be used to void this policy, nor will it be used in our defense if we refuse to pay a claim, unless the statement is contained in your application.

No change or waiver of any provisions of this policy, or any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice-president, our secretary, or an assistant secretary. No agent or other person has the authority to change or waive any provisions of this policy, or of any certificate issued under it.

Can this policy be amended?

Yes. The insured's consent is not required to amend this policy or any certificates issued under it. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

Premiums

When and how often are premiums due?

Unless we have agreed to some other premium payment procedure, premiums for this policy are remitted to us monthly. Premiums are due on the premium due date shown on the first page of this policy. We apply premiums consecutively to keep the insurance in force.

Premium contributions for contributory insurance are to be paid to you, except as otherwise agreed upon by you and us. The premium contributions paid to you by insureds for contributory insurance should be remitted to us as due along with the premiums payable for noncontributory insurance.

How is the premium determined?

The premium will be the 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 you and we agree.

We may change the premium rate after any applicable rate guarantee period or anytime the policy terms are amended.

Can a premium be paid after the date it is due?

Yes. This policy has a 31-day grace period. If a premium is not paid on or before the date it is due, that premium may be paid during the 31-day period following the due date. The insurance under this policy will remain in effect during the 31-day grace period. This grace period does not apply to the first premium payment.

Can the premium be adjusted?

Yes. The premium will be adjusted on each due date for insurance which was effective or terminated before the most recent due date, but not reflected in prior premium payments. We will charge you for any additional premium, and will refund any overpayment.

Termination

When does this group policy terminate?

Termination of this policy shall be in accordance with Contract No. DMS 06/07-107 by and between Minnesota Life Insurance Company and the State of Florida Acting Through the Department of Management Services, as subsequently amended or replaced.

Additional Information

Are you required to maintain records?

Yes. You are required to maintain adequate records of any information necessary for us to administer this policy. We can have access to the records at any reasonable time agreed upon by the policyholder and us.

If a clerical error is made in keeping records on the insurance under this policy, it will not affect otherwise valid insurance. A clerical error does not continue insurance which is otherwise stopped. If an error causes a change in premium payment, we will make a fair adjustment.

Will a certificate of insurance be provided for each insured?

Yes. We will provide you with a certificate of insurance for delivery to each insured, or when agreed upon by you and us, we will deliver a certificate of insurance to each insured. The certificate will include information regarding the principal provisions of his or her coverage.

Are you our agent?

No. For all purposes of this policy, neither you, an associated company, nor any administrator you appoint is our agent. We will not be liable for any of your acts or omissions or those of an associated company or administrator.

Will the provisions of this policy conform with state law?

Yes. If any provision in this policy, or in the certificates issued under this policy, is in conflict with the laws of the state governing the policy or the certificates, the provision will be deemed to be amended to conform to such laws.

Tallahassee Branch Office • P.O. Box 14289 • Tallahassee, Florida 32317-4289

GROUP TERM LIFE INSURANCE POLICY • NONPARTICIPATING • PREMIUMS ARE SUBJECT TO CHANGE