# Option to Port Term Life and AD&D Insurance for Employees of Houston Independent School District & Their Dependents

Offered by MINNESOTA LIFE

Employees previously insured under the Houston ISD Group Term Life with AD&D insurance program may elect to continue all or a portion of their in force insurance, as well as any in force term insurance for dependents.

Life insurance coverage not eligible for portability may be converted to an individual policy without providing evidence of insurability. See the enclosed comparison chart to determine eligibility for portability versus conversion. Conversion is also available when ported coverage ends for an individual.

#### **About Portability**

Portability allows employees to continue Basic and Supplemental Term Life with AD&D insurance to age 70 – no evidence of insurability required!

#### **Eligibility**

You have 31 days from the date your previous coverage terminated to apply for portability. You become eligible to enroll for portable coverage if you are under 70 years old and your group coverage ends because:

- You retire or otherwise terminate employment; or
- You are laid off or are on a non-medical leave and can no longer continue coverage through your employer; or
- You otherwise lose eligibility under your employer's plan.

You are not eligible to port your coverage if:

- You were not actively at work due to sickness or injury on the day before your group eligibility ended; or
- The employer has canceled the group policy.

#### Portable insurance amounts for you

You can port all or a portion of your Term Life with AD&D insurance coverage currently in force, to a maximum of \$500,000 (maximum of 65% of your current amount to \$325,000 if age 65 or older).

Your coverage reduces to 65% at age 65 and terminates at age 70.

Your AD&D amount cannot exceed your Term Life amount.

# Portable insurance amounts for your dependents

You may elect to continue coverage for your dependents only if you continue coverage for yourself.

**Spouse** – You can port all or a portion of your spouse term life coverage currently in force, up to a maximum of \$100,000 (maximum of 65% of current amount to \$65,000 if age 65 or older). The ported coverage reduces to 65% at age 65 and terminates at the earlier of spouse's or employee's age 70.

**Children** – You may continue all or a portion of your child term life coverage currently in force.

#### Additional dependent coverage information

All dependent coverage ends when you reach age 70 or when the dependent is no longer an eligible dependent.

Action must be taken to terminate dependent coverage if any of the following events occur:

- Divorce or legal separation from your spouse.
- Children are no longer eligible for coverage. Children are eligible to age 26 years.

#### Election of portable coverage

To elect portable coverage, complete the Portability Election form and send it to Minnesota Life within 31 days after the date your group coverage ends. Please fax or mail your completed form to:

Minnesota Life Insurance Company Group Administration Department 400 Robert Street North St. Paul, MN 55101

Or fax to: 651-665-4827

#### **Premium payment options**

Minnesota Life will bill you for the first premium payment after receiving your completed election form. On the election form, you can elect one of the following billing frequencies:

- Be billed quarterly, semi-annually or annually (a \$2.00 administrative fee is charged per premium payment if you choose to be billed quarterly or semiannually).
- Have monthly premium payments automatically deducted from your checking account through Electronic Funds Transfer (EFT). No administrative fees apply.

#### Questions

If you have any questions about continuing your coverage, please contact Minnesota Life at 866-293-6047.

#### Portable coverage - monthly premiums

The following are monthly premium rates for portable coverage. Note that premium rates for you and your spouse are based on age and the coverage amounts you elect. Premiums will increase with age and are subject to change.

**Term Life** 

Monthly Rate Per \$1,000						
Age	Employee	Spouse				
Under 30	\$0.06	\$0.12				
30 - 34	\$0.06	\$0.16				
35 - 39	\$0.06	\$0.18				
40 – 44	\$0.12	\$0.26				
45 – 49	\$0.22	\$0.48				
50 – 54	\$0.34	\$0.76				
55 – 59	\$0.60	\$1.28				
60 - 64	\$0.72	\$1.50				
65 – 69	\$1.26	\$2.64				

#### **Employee AD&D**

Monthly Rate Per \$1,000	
\$0.038	

#### **Child Term Life**

Monthly Rate Per \$1,000					
Insures all eligible children	\$0.198				

All rates are subject to change.

#### Monthly premium calculation

Divide the amount of insurance you are electing by 1,000. This is referred to as the number of units of insurance. Multiply the units of insurance by the rate listed for your age in the table to determine your monthly premium.

For example, if you are a 44-year-old employee and elect to continue \$100,000 of term life insurance, the following would be the calculation for your monthly premium.

 $100,000 \div 1,000 = 100$  Units of insurance  $\frac{x \ 0.12}{12.00}$  Rate per unit Monthly premium

In this example the employee's total monthly cost for porting \$100,000 of term life insurance is \$12.00.

## Differences between porting and converting your Group Coverage

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		Portability	Conversion				
Eligible coverage	with AD&D = Employee A Employee T = Dependent	casic and Supplemental Term Life coverage can be ported.  D&D amount cannot exceed form Life amount.  coverage can only be ported if the coverage is ported.	<ul> <li>Employee Basic and Supplemental Term Life coverage can be converted.</li> <li>AD&amp;D cannot be converted.</li> <li>Dependent Term Life coverage can be converted even if employee coverage is not converted.</li> </ul>				
Type of insurance following election	Group Term Li	fe and AD&D	Individual Life policy				
Eligibility timing	Must be electe	d within 31 days of event below	Must be elected within 31 days of event below				
Events allowing portability/conversion		of employment n-medical leave	Coverage is lost due to:  Retirement  Termination of employment  Layoff or leave  Loss of eligibility  Termination of group policy  Medical leave				
Not allowed for		of group policy ot actively at work due to sickness	Coverage is lost due to:  Nonpayment of premium				
Guaranteed issue	All guaranteed	issue	All guaranteed issue				
Maximum age to elect	Employee: Spouse: Child:	Age 69 Employee's or spouse's age 69 Qualifying age or employee's age 69	No maximum age				
Minimum amount allowed	Employee: Spouse: Child:	\$10,000 No minimum No minimum	No minimum				
Maximum amount allowed	Employee:  Spouse:  Child:	Previous amount in force to maximum of \$500,000 (65% of previous amount to maximum of \$325,000 if 65 or older)  Previous amount in force up to a maximum of \$100,000 (65% of previous amount to a maximum of \$65,000 if age 65 or older)  Previous amount in force	Previous amount in force unless conversion is due to policy or class termination. If conversion is due to policy or class termination, there may be a limitation, depending on applicable state law.				
Increases/decreases available	No increases		Increases available (with Evidence of				
avallable	Decreases available		Insurability) Decreases available				
Age reductions	Employee and at age 65.	spouse coverage reduces to 65%	No age reductions				
Termination age	Employee:	Age 70	No termination age				
	Spouse:	Employee's or spouse's age 70					
	Child:	Qualifying age limit or employee's age 70					

### **Portability Election**

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

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Employername					Policy nur	nher		
Houston Independent School District 34018								
<b>Employee Information</b>	•				10.0.0			
Name			Date of birth		Gender			
					☐ Male	[	Female	
Address (street, city, state, zip)					Telephon	e num	ber	
Date leaving employer's active plan	son for leaving the employer's active plan (retirement, termination o							
Were you actively at work on the day before your termination?	u answered no, was your absence due to sickness or injury?							
Current basic term life amount	Yes No							
\$	\$	to be continued						
Current supplemental term life amount		Amount to be continued						
\$		\$						
Current Employee AD&D amount \$		AD&Dar	AD&D amount to be continued (not to exceed term life amount)					
Primary beneficiary(ies) designation (include ful The person or persons named will receive the p	<u> </u>		Relationship Share % (Primary beneficiaries must t					
Contingent beneficiary(ies) designation (include full name and address)  If the primary beneficiary(ies) is no longer living, the benefit is paid to this per				Relationship Share % (Contingent beneficiaries must total 1				
Dependent Information				•	•			
Current spouse term life amount			Amount to be c	ontinued				
\$			\$		1			
Name of spouse						nder Male 🔲 Female		
Current child term life amount \$			Amount to be continued \$ Please fill out the information below for each eligible child				_	
Name of child	Date of birth		Name of child			Date of birth		
Name of child	Date of birth		Name of child			Date of birth		
Name of child	Date of birtin		Name of Child			Date	Jale of billin	
Please indicate how you would like to be Quarterly Semi-Annually  Do not send a premium payment in we payment after receiving your completed annually. Or, you may elect monthly prerbilled; premiums will be deducted autom A \$2.00 fee is charged per premium payed.  Monthly (EFT only) ACTION NEEDE IMPORTANT NOTE: By selecting the more Company to make charges equal to the month attached voided check, and to with	Annually  ith this comple election form. For mium payments natically from you ment for adminis D: You will need nonthly EFT paymen	Tuture protection through our check strative do to sendent option agains	emiums may Electronic Fi king account fees, unless I d a voided ch on, you are au t your bank a	be billed qua unds Transfer billed annually eck along with thorizing Minr ccount at the f	rterly, ser (EFT) and y or EFT is n this appl nesota Lif	ni-an d you s beir icati e Ins	nually or will not be ng used. on. urance	
To be eligible to port coverage you mus	•		•		coverage	term	inated.	
Applicant signature							signed	
X								