

**Additional Spouse Life Insurance
POST-RETIREMENT BENEFIT APPLICATION**

For Retirements on or after January 1, 2024

State of Minnesota POST-RETIREMENT/SPOUSE Policy Number: 7166

Employee full name: _____

Employee Social Security number: _____ Employee retirement date: _____

Spouse full name: _____ Phone: _____

Address: _____

Spouse Social Security number: _____ Spouse date of birth: _____

I. RETIREE

NOTE: Retirees who have qualified for, elected, continued or received the post-retirement employee supplemental life and/or optional spouse life benefit(s) are not entitled to enroll in the supplemental employee and/or optional spouse coverage as a rehired employee upon return to employment with an agency that is covered by the State Employee Group Insurance Program.

This applies to any retiree who has obtained the 20% paid-up policy OR who is continuing to pay for optional life coverage prior to age 65.

I elect to continue my additional spouse employer group life insurance coverage.

I understand that:

- Premiums increase based on spouse age. The insurance premium will be billed on a semiannual basis. If I fail to pay premiums within the 31-day grace period, my coverage will lapse and cannot be reinstated.
- If the spouse is 65 at the time of retirement, the election will secure the 20% paid up death benefit with no additional premiums due, provided all premiums had been paid by the end of the retirement month. The 20% is based on the lowest amount of coverage in place during the 5 year period prior to retirement.
- Any increase of this coverage that has not been in force for the required five (5) year period will not be eligible for the 20% post-retirement benefit.

I elect to waive this offer to continue my spouse additional life insurance. If my spouse is 65+, by opting waive, I am declining the no-cost 20% paid up death benefit.

The post-retirement benefit will be 20% of the smallest amount of additional spouse life insurance coverage in force during the five (5) year period immediately prior to the later of the employee's retirement date or the spouse's sixty-fifth (65th) birthday. In order to remain eligible for this benefit, you must continue the full amount of additional spouse life insurance to your spouse's sixty-fifth (65th) birthday.

IMPORTANT NOTICE TO RETIREE: This form certifies your eligibility for this post-retirement benefit and identifies the amount of life insurance that will continue on your life. Please retain this document along with a certificate which you can access online at: mn.gov/mmb/segip. If you have any questions concerning this benefit, you can call Minnesota Life at 1-877-494-1714.

Date	Retiree signature
	X
Date	Spouse signature
	X

II. HUMAN RESOURCES

Complete and verify above information and submit with the employee's application for Post-Retirement coverage.

Date	Agency HR representative signature	Last premium payment was for the pay period or month ending
	X	

III. SEGIP

Complete and verify the following information:

- If under 65, amount of spouse life insurance in force now is \$_____.
- The smallest amount of additional spouse life insurance coverage in force during the five (5) year period immediately prior to retirement was \$_____.

Date	Employee insurance section signature
	X

Send to: Minnesota Management and Budget - SEGIP, 400 Centennial Office Bldg., 658 Cedar St., St. Paul, MN 55155

Retain a copy for department file - Provide a copy to retiree

See page 2 to designate or change your beneficiary →

Retiree name (first, last)	Last four digits of SSN
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DESIGNATE OR CHANGE YOUR BENEFICIARY REVOKING ALL PRIOR DESIGNATIONS*

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive death proceeds. Surviving beneficiaries in any category share equally with beneficiaries in the same category unless otherwise specified. Use of the word "Children," without modification, includes only your biological children of first generation and legally adopted person. For revocable designations, this signed beneficiary, when accepted by Minnesota Life, is the only form needed to elect or change a designation under this policy. No other documents are required.

Name beneficiaries by category. To receive death proceeds, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death proceeds will be paid as if the insured survived the beneficiary.

The same person cannot be named as a primary and a contingent beneficiary.

Primary beneficiary(ies) - The person or persons named will receive the proceeds.

Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)

Contingent beneficiary(ies) - If the primary beneficiary(ies) is no longer living, the benefit is paid to the person or persons.

Beneficiary Full Name	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)

Spouse signature X	Date
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*** must name beneficiaries for this benefit (current beneficiaries will not be assumed)**

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