Group Universal Life Insurance including Accidental Death & Dismemberment Insurance

Act Now!

- *Enroll now without proof of good health*
- *Generous levels of life insurance coverage available*
- *Adjustable life insurance for your changing financial needs*
- *An optional cash accumulation account to help you save toward your goals*
- *Competitive group rates*

What do I need to do?

Enroll and designate your beneficiary(ies) for your life insurance coverage:

1. **Read** your personalized booklet to familiarize yourself with the plan.
2. **Log on** to **www.lifebenefits.com** or access Minnesota Life's web site through **www.delawarepersonnel.com/benefits** using the user ID and password provided on page 1 of this enrollment booklet. (Note: you'll need to change your password when you log on the first time.)
3. **Enroll** for insurance coverage for yourself, spouse and children and designate your beneficiary. You can also read about the benefits available to you and use the online insurance tools.
4. **Submit** your online application and health questions (if applicable). **Please note:** online enrollment is strongly encouraged. If you don't have access to a computer or the Internet, you may use the the paper forms provided in this enrollment booklet.

If you have any questions, please visit the "Help" section of www.lifebenefits.com, call Minnesota Life at 1-877-215-1489 (Monday through Friday, 8:00 a.m. to 7:00 p.m. ET), or e-mail **lifebenefits@minnesotamutual.com**.

What if I don't submit my application by the end of the enrollment period?

1. You and your dependents will not be covered under this life insurance plan.
2. You will not be able to contribute to the cash accumulation account, until you complete the application.
3. If you later decide to enroll for Group Universal Life insurance, you will be required to provide proof of good health.

Use www.lifebenefits.com to:

1. **Enroll** in your life insurance plan
2. **Manage** your life insurance
3. **Learn** about your life insurance benefits
   - Use the online insurance tools to calculate your insurance needs.

Questions? Call 1-877-215-1489 or e-mail through lifebenefits.com

January 1, 2006

Dear State of Delaware Employee:

The State of Delaware is committed to providing employees with valuable benefit programs. Minnesota Life is the provider of our Group Universal Life insurance program.

Group Universal Life and Accidental Death & Dismemberment protection are available to you and your dependents at competitive group rates. Premiums are deducted through the convenience of payroll deductions. Because this insurance is sponsored by the State of Delaware at competitive group rates, it's affordable protection for you and your family.

Coverage available to you and your family

You now have the opportunity to purchase one to six times your annual base pay, up to a maximum of $350,000. During your initial enrollment period, you can apply for one to three times your annual base pay, up to $200,000 without providing proof of good health. You may also apply for four to six times your base annual pay up to $350,000 by providing proof of good health. Annual base pay is defined as your annual salary, minus overtime, commissions, and/or bonuses. Plus, with Group Universal Life insurance, you have the opportunity to build cash value by paying additional premiums. Your contribution grows tax-deferred.

Coverage is also available for your eligible spouse and dependent children. The options are: $10,000 spouse and/or $6,000 per child. If the spouse and/or child coverage is chosen during your initial enrollment period, proof of good health is not required.

This booklet has the information you need to apply for coverage, as well as helpful tools for discovering your insurance needs and calculating your costs. You'll want to refer to it again, so keep it with your other financial records. To access the website the first time, your user ID is your employee ID with the letter "d" in front of it and your password is your 8 digit date of birth (mmddyyyy) plus the last 4 digits of your SSN.

Action needed by January 1, 2006

To take advantage of the guaranteed issue amounts, you must enroll by the date above. Coverage approved before the date above will be effective on the "Action needed by" date. Coverage pending approval after the date above will be effective on the date it is approved.

Questions?

Minnesota Life representatives will be available to answer your questions and assist you with enrollment. Please call 877-215-1489 if you have any questions!

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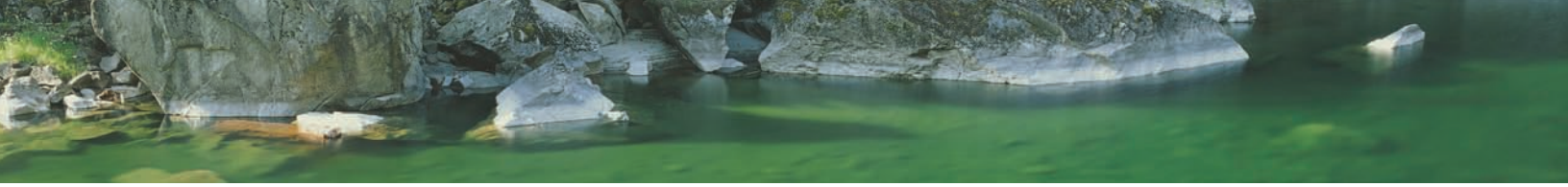

Payroll Direct Deposit Advice

JACK
STATE T

State of Delaware
Payroll Account
540 S. Dupont Hwy.
Dover, DE 19901

ADVICE DATE
12/28/01

DEPOS

Non-Negotiable

DIRECT DEPOSIT DISTR	
Account Type	Accou
CHECKING	12345
Total:	

0101000100 101
JOHN DOE

123 STATE ST
DOVER DE 19901

STATE OF DELAWARE

Pay Group:		Advic
Pay Begin Date:	12/02/00	Chec
Pay End Date:	12/15/00	Advic

JOHN DOE	**Employee ID:**	TAX DATA: F
	Department:	Marital Status: Marri
123 STATE ST	Location:	Allowances: 3
DOVER DE 19901	Job Title:	Addl. PCT.:
SSN: 111-22-3333	Pay Rate:	Addl. Amt.:

HOURS AND EARNINGS

Dept ID	Earnings Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Description	T. C
							Fed Withholding	
							DE Withholding	
							Fed OASDI/Disability	
							Fed FICA Med Hospita	
							Wilm Withholding	
Total:								

BEFORE TAX DEDUCTIONS			AFTER TAX DEDUCTION			EMPLOYER	
Description	Current	YTD	Description	Current	YTD	Description	Curre
TSA 403(b)		6,168.00				VehUseMile	
DC 457(b)		5,000.00				LifeIns B*	
RegPenCd		2,410.01					
DepCareSp		4,800.00					
HltCareSp		2,000.00					
Medical BT		1,110.69					
LifeIns BT		430.21					
Dental BT		219.42					

This image shows how to use your paycheck to locate your Employee ID number. Your USER ID will be your 6-digit employee ID with a "d" in front of it. Your Password (initially) is your 8-digit date of birth (mmddyyyy) and the last 4 digits of your SSN.

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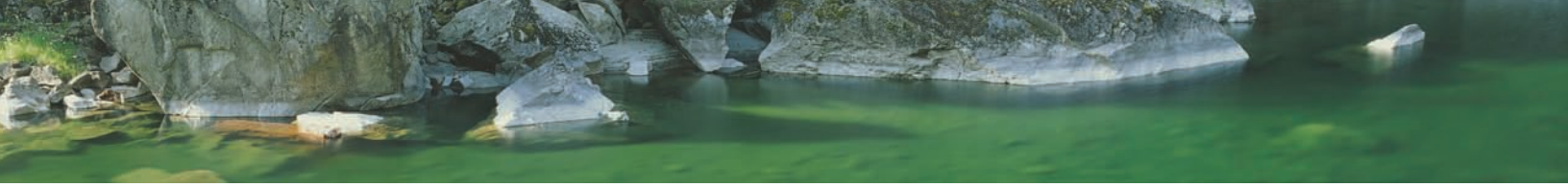

Your plan at-a-glance

Employee insurance amounts	You may purchase one to six times your annual base pay, up to $350,000, at low group rates.
Guaranteed coverage amounts	One to three times your annual base pay, up to $200,000 is guaranteed, if elected within your initial enrollment period.
Life event (birth, adoption, marriage)	You may automatically increase coverage by an additional one times your annual base pay, up to $200,000 without proof of good health, when a life event occurs (as long as you have not previously failed insurability requirements) and you apply within 30 days.
Insurance for your dependents	
Spouse and child(ren) options (Group Term Life Insurance)	• $10,000 spouse • $6,000 per child
Guaranteed coverage amounts	All coverage is available for newly eligible spouses and children if elected within 30 days of initial eligibility. Proof of good health is needed for amounts elected after the enrollment period.
Features of all coverage	
Accelerated benefit	Receive up to 100 percent of your face amount if the insured person becomes terminally ill with a life expectancy of 12 months or less.
Eligibility	Employees can also be insured as a spouse if both are State of Delaware employees. Both may also add spouse and/or child(ren) insurance if they so desire.
Cost of insurance	The buying power of State of Delaware makes this coverage a good value. Rates are based on your age.
Premium payments	Premiums will be withheld from your paycheck each pay period.
When benefits terminate	**Employee** – The earlier of: your 100th birthday; surrender of your certificate; you don't pay a premium and your cash value is not sufficient to cover the monthly charge. **Spouse** – The earlier of: your spouse's 100th birthday; surrender of your spouse's certificate; you don't pay a premium and your cash value is not sufficient to cover the monthly charge. **Children** – December 31 of the year they reach age 19 (age 24 as long as they are a full-time student).
Portability	If you retire or terminate employment from the State of Delaware, you may take the coverage with you. Please contact Minnesota Life for further information about portability.
Conversion (Spouse and child(ren) options)	If you retire from the State of Delaware, you may convert your coverage to a whole life policy. Coverage may be continued at your retirement or termination from State of Delaware. Please contact Minnesota Life for further information about a conversion.
Assignment	You may assign the ownership of your certificate (for example, to a trust).
Loans (Cash accumulation account only)	The minimum loan amount is $100; the net interest rate is two percent. Loans will reduce both the policy cash value and death benefit.
Withdrawals (Cash accumulation account only)	The minimum withdrawal is $100. Withdrawals will reduce both the policy cash value and death benefit.

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About your life insurance from the State of Delaware

Group Universal Life insurance

Life insurance that changes with you

Your life insurance benefits sponsored by the State of Delaware

Every person has different needs when it comes to insurance protection. As your personal and financial obligations grow, so does the need for life insurance protection. When you marry, buy a home or have children, you need an affordable, flexible way to protect the lifestyle you've built. Group Universal Life (GUL) insurance lets you customize life insurance coverage based on your needs. Plus, opening a cash accumulation account gives you an opportunity to save toward your future goals.

What is GUL insurance?

GUL insurance provides you with life insurance protection to help secure the future for those who depend on you. You can insure yourself under GUL and your spouse and your children as term riders to your plan. Plus, GUL allows you to accumulate cash on a tax-deferred[1] basis to meet the financial opportunities and obligations that the future brings — expected or unexpected.

When you decide to participate in the State of Delaware's GUL insurance program, you've taken a very important step toward helping to secure your family's future. After enrolling you may elect to increase or decrease your coverage amount, change the amount of your monthly cash accumulation account contribution or add spouse and children's coverage at any time by providing proof of good health. When you experience a life event (marriage, adoption, birth), you may increase your coverage by one times your salary, up to $200,000 without additional proof of good health, if you apply within 30 days. Plus, the Accidental Death and Dismemberment benefit — automatically included with your GUL coverage — doubles your insurance benefit if your death results from an accident, or pays a benefit to you should you suffer a loss from an injury as defined in the plan.

The GUL insurance program sponsored by the State of Delaware is an excellent way to enhance your family's overall financial security.

Benefits of your GUL insurance

- **Portability** – If you leave State of Delaware employment for any reason, you can continue any portion of your current level of coverage by paying Minnesota Life directly.
- **Access to your money when you need it** – If you are diagnosed as terminally ill with 12 months or fewer to live, you may be eligible to receive up to 100 percent of your life insurance instead of the death benefit. This option is also available for spouses.
- **Life event increases** – You may enroll for an additional one times your annual base pay, up to $200,000 without providing proof of good health, within 30 days of the following life events: marriage, birth/adoption of a child.
- **Cash accumulation** – You have the opportunity to contribute additional premiums to your policy. Any premium over and above the cost of insurance grows tax deferred[1] in the cash accumulation account.

Who is eligible?

You are eligible for coverage under the Group Universal Life plan if you are a regular full-time employee who is regularly scheduled to work at least 30 hours per week or if you are a part-time employee who is regularly scheduled to work at least 15 hours per week.* This eligibility requirement applies to new insurance as well as all increases in insurance amounts. If you are not actively at work on the effective date of your coverage, then the new insurance or increase in insurance amount will become effective when you return to active employment.

**Limited term employees, as well as elected and appointed state officials including Board Members, are also eligible to participate in the State of Delaware's GUL plan.*

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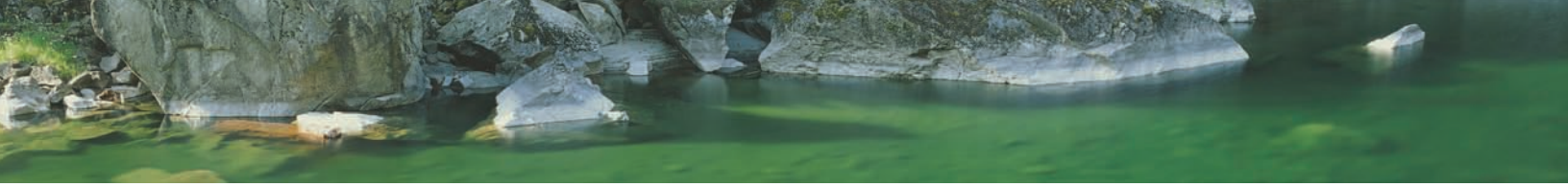

Guaranteed coverage

During your initial enrollment period, you may elect one to three times your annual base pay, up to $200,000 for yourself, as well as the maximum available for your spouse and dependent children. Annual base pay is defined as your annual salary, minus overtime, commissions and/or bonuses.

For your eligible spouse and your dependent children, you may elect from the following options: $10,000 spouse and/or $6,000 per child. This coverage is guaranteed within the plan limits provided that you apply within your initial enrollment period. This means you will not have to provide proof of good health to Minnesota Life. You will need to provide proof of good health for life insurance coverage over the guaranteed amounts, or if you apply after your enrollment period, unless you qualify for a life event. At the time of a life event (birth, adoption, marriage) an additional one times your salary, up to $200,000 will be guaranteed, if applied for within 30 days of the life event. All increases in coverage resulting from a salary increase will be guaranteed up to the plan maximum. Minnesota Life will recalculate your GUL coverage the month after the State of Delaware provides notification of the change to us.

When will coverage be effective?

You enroll for GUL by applying during your eligibility period. GUL is available to all eligible employees on the first of the month following three months of continuous employment (exclusive of legal holidays and approved leaves). Amounts over $200,000 will become effective the first day of the month following the date you are approved by us.

Choosing a beneficiary

Designating your beneficiary(ies) is important — it lets you determine who receives the proceeds from your policy. The proceeds are received income tax free by the beneficiary. Some beneficiary choices are:

- **Primary beneficiary(ies):** The person or persons named will receive the proceeds.
- **Contingent (Secondary) beneficiary(ies):** If the primary beneficiary is deceased, the proceeds will be paid to the contingent beneficiary.
- **Irrevocable beneficiary:** Once you designate the beneficiary, you may not change it without the beneficiary's signed authorization.
- **Default beneficiary:** If you do not name your own beneficiary, a default beneficiary is used. The default beneficiary order for your group life insurance is spouse, children, parents and estate, respectively.

Accessing your life insurance benefit when you need it

If you become terminally ill with a life expectancy of 12 months or less, the Accelerated Death Benefit feature allows you to elect a lump-sum advance, up to 100 percent of your total coverage.

Accidental Death & Dismemberment (AD&D) coverage

All employees who enrolled in the Group Universal Life plan are automatically provided with Accidental Death & Dismemberment (AD&D) coverage. The amount of AD&D coverage is based on the type of loss and the amount of insurance you have as determined by the table below:

Loss of	Amount of Benefit
Life	100 percent of Insurance
Both hands or both feet	100 percent of Insurance
Sight in both eyes	100 percent of Insurance
One hand and one foot	100 percent of Insurance
One hand and sight in one eye	100 percent of Insurance
One foot and sight in one eye	100 percent of Insurance
Sight of one eye	50 percent of Insurance
One foot or one hand	50 percent of Insurance

Loss of hand or foot means complete severance at or above the wrist or ankle joints. Loss of sight means the entire and irrecoverable loss of sight which cannot be corrected by medical or surgical treatment or by artificial means.

The AD&D benefit is only available for employees. The amount of insurance benefit excludes contributions, if applicable, to the cash accumulation account.

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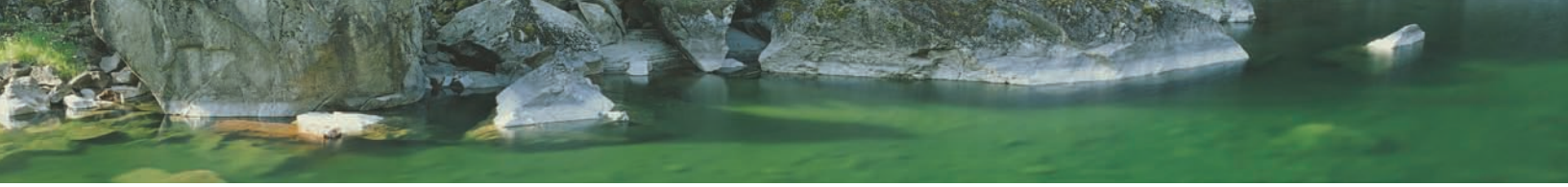

When you retire or terminate employment

Upon your retirement or termination of employment, Minnesota Life will bill you directly for the premiums. If payment is not received, the cost of insurance premiums will be deducted from the cash accumulation account, if applicable. Your group policy will terminate upon the first of the following to occur: your 100th birthday; surrender of your certificate; or the date you don't pay a premium and your cash value (from your cash accumulation account) is not sufficient to cover the monthly charge. If you reach age 100, you will receive a payment of any remaining cash value.

The cash accumulation account – an important "extra" in your life insurance policy

Whether your plans include a college education for your children, a retirement home or supplemental retirement income, the cash accumulation account can be a good way to help accumulate the savings you need. With GUL insurance, you have the opportunity to accumulate cash value on a tax-deferred[1] basis through investing in Minnesota Life's Guaranteed Account.

What is the cash accumulation account?

The cash accumulation account is extra money you can choose to pay into your insurance policy. Your money grows tax deferred[1] in Minnesota Life's Guaranteed Account. Your contributions to this account grow at a minimum rate of four percent.

It's easy to access your cash accumulation account through policy loans or cash withdrawals. Loans are available at a low net rate of two percent. You can make partial withdrawals of at least $100 from your cash accumulation account. There is a $10 service fee for each withdrawal. Your contribution to the cash accumulation account of your policy, along with your premium, is through convenient payroll deduction. It's an efficient and virtually 'painless' way to save. You may start, stop or change your additional contributions at any time. You may also make lump-sum contributions.

Please note: The cash accumulation account is a benefit of Group Universal Life; you must elect coverage either online or on the enrollment form to make contributions to the cash accumulation account. The cash accumulation account offers a guarantee of principal as well as a minimum rate of return. This guarantee is based solely on the financial strength and claims-paying ability of Minnesota Life.

A three percent administrative charge is deducted from each contribution into the cash accumulation account.

How can I use my cash value?

Use your cash value to:

- Leave a legacy for your loved ones
- Provide your family with income protection
- Supplement your retirement income
- Accumulate cash for your future needs
- Fund your children's education
- Provide long-term care

These methods are explained in more detail on the pages that follow.

Leave a legacy for your loved ones

While the financial outlook for your retirement years may be adequate, you may have little left to pass onto your heirs when you die. If you continue all or a portion of your life insurance coverage, you don't have to worry about exhausting your estate's value when you die.

There are two ways to do this:

1. When you retire, you can continue premium payments to keep your policy in force. You simply pay the insurance company directly. The premiums increase as you age.
2. Prefund future premiums during your working years by making contributions to the cash accumulation account. Then use the cash accumulation to pay your premiums, which will lessen the impact on your retirement income. The premiums are deducted from your cash accumulation account each month to keep the life insurance in force.

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Since additional cash value is part of a life insurance policy, it will pass to your beneficiary(ies) income tax free upon your death. As long as there is sufficient cash value to cover your monthly cost of insurance, your policy will remain in force until age 100. You may reduce your face amount to lower your overall premium cost.

Protect your family's income

You know the importance of protecting your ability to earn money. However, if you should die at a relatively early age, your life insurance coverage, accrued pension benefits and savings may be the only sources for replacing the lost stream of income to your family. For example, if you die at age 35 and at the time of your death you were earning $30,000 per year, the total lost income (assuming annual earnings increases of three percent) over the next 27 years (assuming you were planning to retire at age 62) is $1,221,289! This income loss would be especially burdensome if your family depends completely on your income to meet its budget. Your family may be unable to pay accumulated debts, make the mortgage payment or save for the education of your children. By reviewing your current life insurance plans, you can gain the confidence that your family will be taken care of. It's an important part in assuring financial security.

Accumulate cash for your future needs

If you have money to invest outside of your retirement plan contributions, the cash accumulation account is attractive for the following reasons:

- Interest earned on cash value contributions is not subject to federal or state income tax unless withdrawn from the policy.
- Partial withdrawals may be made from the cash accumulation account without a penalty for early withdrawal.
- Cash value contributions are guaranteed to earn a minimum interest rate of four percent. For the most recent interest crediting rate, check **www.lifebenefits.com.**

Of course, since cash value contributions are made on an after-tax basis, such contributions do not provide the extra tax advantages available through before-tax contributions to your retirement plan. However, cash value contributions have an advantage over pre-tax contributions because they:

- are not subject to a 10 percent excise tax if withdrawn prior to age 59½; and
- are not subject to the rule that a portion of taxable earnings must be paid out with each withdrawal of pre-tax contributions.

How much can you contribute?

There is a $10 minimum monthly contribution to your cash accumulation account. However, there is a maximum contribution amount if you do not want to exceed the IRS limits to qualify for life insurance. Minnesota Life performs IRS testing and will notify you if your policy is about to exceed the limit. You can determine your own maximum at **www.lifebenefits.com** by using our online MEC calculator.

Lend yourself money at a low rate

You can access the cash value in your cash accumulation account for any reason through a policy loan. The minimum loan amount is $100. When you borrow from your cash accumulation account, your net loan rate is two percent. (Minnesota Life charges eight percent interest but credits interest of six percent on the loaned funds back to your account.)

Please note: You're not required to pay the loan back, but keep in mind that the interest is charged against your cash value account as long as you have a loan balance. Outstanding loans will reduce both the policy cash value and death benefit.

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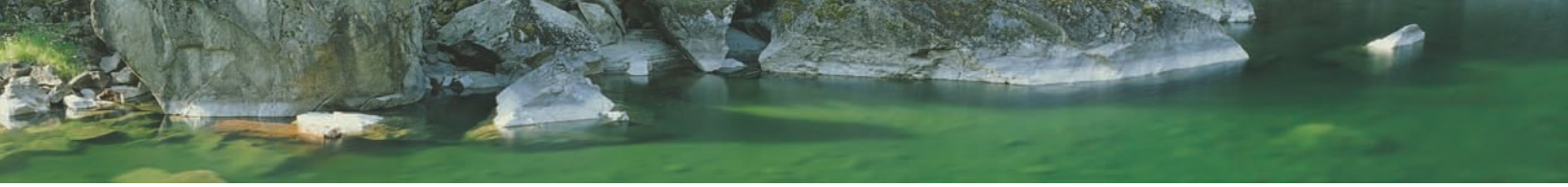

Withdrawing money from your cash accumulation account

You may withdraw any amount up to 100 percent of the balance in your cash accumulation account. The minimum withdrawal amount is $100. There is a $10 service fee for each withdrawal. You are not taxed on the returns you've accumulated until you withdraw more than the premiums that have been contributed to your cash accumulation account. When you make a cash withdrawal, Minnesota Life disburses the money from the contributions you made first, then the returns you earned (which would be taxable) last. Withdrawals do not have to be paid back and will reduce both the policy cash value and death benefit, including cash accumulation account if applicable.

How much coverage do you need?

To estimate the amount of life insurance you need, determine what you wish to protect when you die. As you estimate your life insurance requirements and complete the worksheet in this booklet, consider your:

- assets and income
- basic necessities
- special needs or one-time expenses

How do you pay premiums?

You don't have to worry about missing a premium. Your GUL insurance premiums are deducted from your paycheck each pay period.

Request a personal illustration

You can choose to build cash value in your GUL plan! To request a free illustration of how cash values grow at different interest rates and your desired level of contributions, send an e-mail to Minnesota Life through **www.lifebenefits.com** or call us at **1-877-215-1489**.

We need the following information to complete an illustration:

- Your name
- Date of birth
- Insurance amount you're applying for
- Amount you'd like to contribute to your cash accumulation account above the cost of your insurance protection
- How long you would like to pay premiums
- How long you would like to keep the policy in force

* *Under current tax laws, you are taxed on the interest you accumulate until you withdraw more funds than you have contributed to the program. When you take a cash withdrawal, Minnesota Life takes the money from the contributions you made first, the interest you earned last.*

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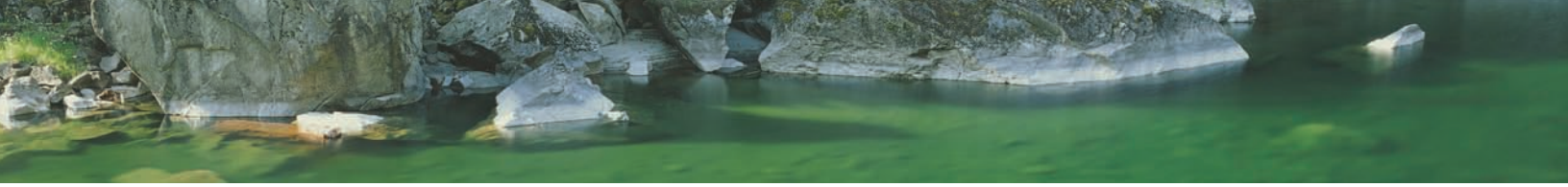

How much insurance do I need?

A. For how many years do you plan to provide financial support to your family? ☐ years

(Think about the number of years your children or elderly parents will depend on you for financial support.)

B. Multiply your answer by 12 to obtain the number of months you wish to provide for your family. ☐ months

C. Enter the number from "B" in the white boxes below.

Calculation

1. How much a month would your family need for mortgage or rent? $_____ x = $_____

OR

You can substitute estimated total amount for above. $_____

2. How much a month would your family need to pay for all other debt — car payment, credit cards or personal loan payments? $_____ x = $_____

OR

You can substitute estimated total amount for above. $_____

3. How much a month would your family need to meet ongoing expenses — food, utilities, day care, elder care, etc.? $_____ x = $_____

OR

You can substitute estimated total amount for above. $_____

4. Estimate the total cost of your children's education ($10,000 for public, $20,000 for private — per-year cost). $_____

5. Add lines 1 - 4 together and write total here. $_____

6. Estimate the amount of personal savings, life insurance or other assets you already have in place. Plus any Social Security benefit you anticipate receiving. $_____

Subtract line 6 total from line 5 total and put that number here. $_____

Based on the information you provided, this is the recommended amount of life insurance.
Use this amount when setting up your life insurance plan or to obtain a quote for life insurance.

Remember, your individual financial situation may require more or less insurance.

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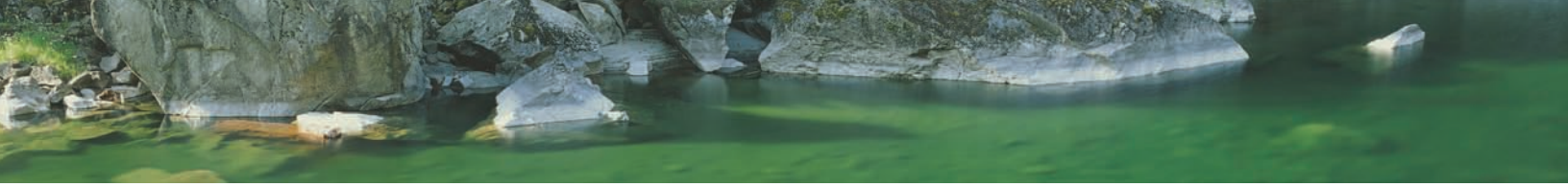

How much does it cost?

The cost of coverage for you is based on your current age. Your annual base pay is rounded up to the next higher $10,000 for desired coverage amount.

Employee Life/AD&D rate per month per $1,000 of coverage

Rates effective January 1, 2006

Age	Rate	Age	Rate
< 30	$ .05	86	$ 5.00
30 - 34	.06	87	5.38
35 - 39	.07	88	5.76
40 - 44	.10	89	6.18
45 - 49	.15	90	6.65
50 - 54	.26	91	7.17
55 - 59	.40	92	7.77
60 - 64	.62	93	8.48
65 - 69	1.09	94	9.30
70 - 74	1.93	95	10.60
75 - 79	2.98	96	12.73
80 - 84	4.58	97	16.40
85	4.67	98	22.63
		99	24.31

Rates are not guaranteed and increase with age.

Dependent Life rate per month

Option	Monthly cost
$10,000 spouse only	$2.00
$10,000 spouse/$6,000 child(ren)	$2.75*
$6,000 child(ren)	$0.75*

**One rate payment covers all eligible children in your family.*

Calculate your life insurance cost

Use this example as your guide to calculating your life insurance cost.

Step 1 Determine your amount of coverage

Example: *John Smith, age 35, annual base pay of $36,000, wants six times base pay of life insurance.*

Your annual base pay		$36,000
Multiply by one times to six times	x	6
Total	=	$216,000
Round up to next higher $10,000 This is your **desired coverage amount:**	=	$220,000

Step 2 Determine your cost of coverage

Desired coverage amount from step 1		$220,000
Divide by 1,000	÷	1,000
Equals your units of coverage	=	220
Multiply by the rate from the rate table *(find your age and rate on the rate table)*	x	$ .07
This is your monthly cost:	=	$15.40
Multiply by 12	x	12
This is your yearly cost of coverage	=	$184.80
Divide by 26	÷	26
Estimated amount deducted from your paycheck each pay period:	=	$7.11

Please note that the coverage options listed above are subject to the plan maximum.

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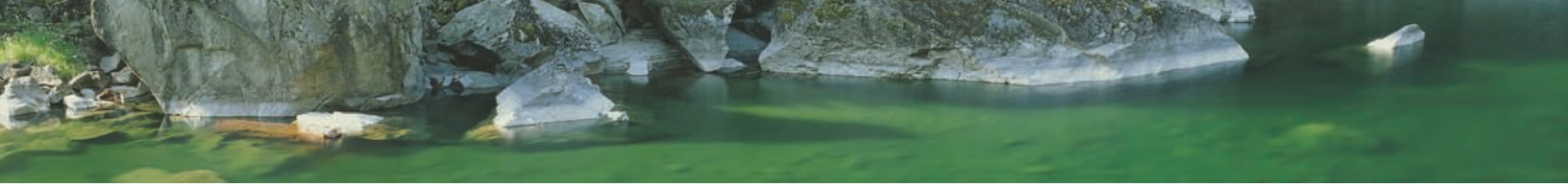


How to enroll for Group Universal Life insurance

Using the paper application

STOP — if you are enrolling online at www.lifebenefits.com you do not need to fill out any forms.

Completing the paper application

Step 1: Complete the entire employee information section, including the Beneficiary Designation.

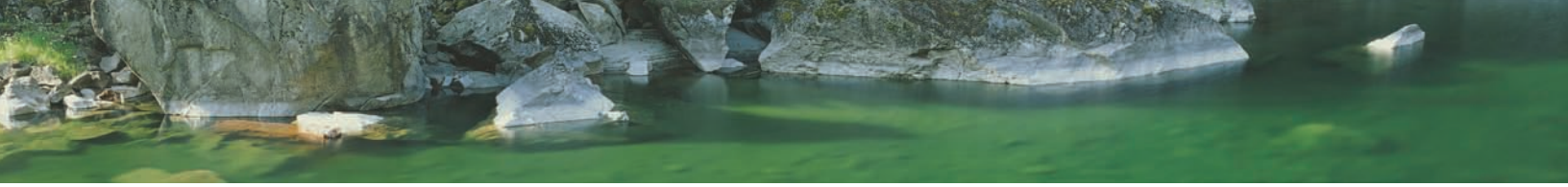
Step 2: Complete the entire insurance information section.

- **Line 1:** Employees: Determine which multiple of coverage you would like to apply for (one to six times salary).
- **Line 2:** Enter an additional premium amount (minimum of $10) if you want to build cash value in a cash accumulation account.
- **Line 3:** If you wish to insure your eligible dependents, please choose Spouse $10,000 and/or Child(ren) $6,000.

Step 3: Complete the Health Questions if applying for more than the guaranteed amount of insurance or if you're applying after your initial eligibility period.

Please sign and date your application(s) and return them to Minnesota Life in the postage-paid envelope provided. If you have any questions, please call Minnesota Life toll-free at **1-877-215-1489**. We will be happy to help you!

F59325-11_STD



How much does it cost?

The cost of coverage for you is based on your current age. Your annual base pay is rounded up to the next higher $10,000 for desired coverage amount.

Employee Life/AD&D rate per month per $1,000 of coverage

Rates effective January 1, 2006

Age	Rate	Age	Rate
< 30	$ .05	86	$ 5.00
30 - 34	.06	87	5.38
35 - 39	.07	88	5.76
40 - 44	.10	89	6.18
45 - 49	.15	90	6.65
50 - 54	.26	91	7.17
55 - 59	.40	92	7.77
60 - 64	.62	93	8.48
65 - 69	1.09	94	9.30
70 - 74	1.93	95	10.60
75 - 79	2.98	96	12.73
80 - 84	4.58	97	16.40
85	4.67	98	22.63
		99	24.31

Rates are not guaranteed and increase with age.

Dependent Life rate per month

Option	Monthly cost
$10,000 spouse only	$2.00
$10,000 spouse/$6,000 child(ren)	$2.75*
$6,000 child(ren)	$0.75*

**One rate payment covers all eligible children in your family.*

Calculate your life insurance cost

Use this example as your guide to calculating your life insurance cost.

Step 1 Determine your amount of coverage

Example: John Smith, age 35, annual base pay of $36,000, wants six times base pay of life insurance.

Your annual base pay		$36,000
Multiply by one times to six times	x	6
Total	=	$216,000
Round up to next higher $10,000 This is your **desired coverage amount:**	=	$220,000

Step 2 Determine your cost of coverage

Desired coverage amount from step 1		$220,000
Divide by 1,000	÷	1,000
Equals your units of coverage	=	220
Multiply by the rate from the rate table *(find your age and rate on the rate table)*	x	$ .07
This is your monthly cost:	=	$15.40
Multiply by 12	x	12
This is your yearly cost of coverage	=	$184.80
Divide by 26	÷	26
Estimated amount deducted from your paycheck each pay period:	=	$7.11

Please note that the coverage options listed above are subject to the plan maximum.

F59325-12_STD

MINNESOTA LIFE

GROUP UNIVERSAL LIFE EMPLOYEE APPLICATION

Return form to: Minnesota Life Insurance Company • B2-4256 • 400 Robert Street North • St. Paul, Minnesota 55101-2098

EMPLOYER NAME: State of Delaware **POLICY NUMBER: 50166 -**

EMPLOYEE INFORMATION (employee is the owner of the insurance unless otherwise requested)

FIRST NAME / MIDDLE NAME/INITIAL / LAST NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS (Optional)			DATE OF EMPLOYMENT
OCCUPATION	GENDER ☐ MALE ☐ FEMALE	HEIGHT	WEIGHT

If you are part-time, are you actively working at your employer's normal place of business at least 15 hours per week? ☐ Yes ☐ No
If you are full-time, are you actively working at your employer's normal place of business at least 30 hours per week? ☐ Yes ☐ No

BENEFICIARY DESIGNATION

PRIMARY BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
CONTINGENT BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE

INSURANCE INFORMATION

If applying for more than the guaranteed issue amount you must complete the **Health Questions** on the second page.

		Insurance Amount
(1)	Choose amount of Group Universal Life Insurance (multiples of salary):	☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6x
(2)	Do you want to contribute to the cash accumulation account? ☐ Yes ☐ No	If yes, enter net per pay amount (must be in whole dollars with a minimum of $5.00 per pay). $_____
(3)	Do you want to enroll your dependents for Dependent Term Life Insurance? ☐ Yes ☐ No	If yes, please choose option and complete information below. ☐ $10,000 Spouse ☐ $6,000 Child(ren)

DEPENDENT TERM LIFE INFORMATION

Please provide the following information for your eligible spouse and/or child(ren).

Dependent	Name	Date of Birth
☐ Spouse		
☐ Child		
☐ Child		
☐ Child		
☐ Child		
☐ Child		
☐ Child		
☐ Child		
☐ Child		
☐ Child		
☐ Child		

Consumer Privacy Notice

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies; or may make a brief report of health information to the MIB. If you apply to an MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or, rights contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098
Telephone: (800) 872-2214

For information about the Medical Information Bureau, contact:

Medical Information Bureau Information Office
P.O. Box 105, Essex Station
Boston, Massachusetts 02112
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642

HEALTH QUESTIONS

Please complete this section if you are applying for coverage above your existing or guaranteed coverage level.

EMPLOYEE YES	EMPLOYEE NO	SPOUSE YES	SPOUSE NO	CHILD YES	CHILD NO	
☐	☐	☐	☐	☐	☐	(1) During the past three years, have you for any reason consulted a physician(s) or other health care provider(s) or been hospitalized?
☐	☐	☐	☐	☐	☐	(2) During the past ten years, have you ever had, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction?
☐	☐	☐	☐	☐	☐	(3) Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?

If you answer yes to any question, give particulars including dates, names and addresses of doctors or hospitals, the reason for the visit or consultation, the diagnosis, and the treatment in the Additional Health Information section below or on a separate sheet of paper.

ADDITIONAL HEALTH INFORMATION

DATE	NAME AND ADDRESS OF DOCTOR, CLINIC, HOSPITAL	REASON FOR CONSULTATION	DIAGNOSIS AND TREATMENT

The answers provided on this application are representations of the person signing below. The answers given are true and complete. It is understood that Minnesota Life Insurance Company (the Company), St. Paul, Minnesota 55101-2098 shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid while my health and other conditions affecting my insurability are as described in this application. I understand that false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

To determine my insurability or for claim purposes, I authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau (MIB) to give any medical or nonmedical information about me including alcohol or drug abuse, to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. This authorization is valid for 26 months. A photocopy shall be as valid as the original. I have read this and the Consumer Privacy Notice and I understand that I can have copies.

EMPLOYEE SIGNATURE	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	DATE SIGNED
X			

FOR HOME OFFICE USE ONLY:

MINNESOTA LIFE

GROUP LIFE INSURANCE EVIDENCE OF INSURABILITY

Return form to: Minnesota Life Insurance Company • B2-4256 • 400 Robert Street North • St. Paul, Minnesota 55101-2098

EMPLOYER NAME: State of Delaware **POLICY NUMBER: 50166 -**

EMPLOYEE INFORMATION (Required)

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT

STREET ADDRESS	CITY	STATE	ZIP CODE

DEPENDENT COVERAGE

AMOUNT OF INSURANCE REQUESTED

☐ $10,000 Spouse ☐ $6,000 Child(ren)

SPOUSE INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

STREET ADDRESS	CITY	STATE	ZIP CODE

E-MAIL ADDRESS (Optional)	GENDER	HEIGHT	WEIGHT	OCCUPATION
	☐ MALE ☐ FEMALE			

CHILDREN INFORMATION

List names and dates of birth for your eligible children below:

HEALTH QUESTIONS

SPOUSE YES	SPOUSE NO	CHILDREN YES	CHILDREN NO	
☐	☐	☐	☐	(1) During the past three years, have you for any reason consulted a physician(s) or other health care provider(s) or been hospitalized?
☐	☐	☐	☐	(2) During the past ten years, have you ever had, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction?
☐	☐	☐	☐	(3) Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?

If you answer yes to any question, give particulars including dates, names and addresses of doctors or hospitals, the reason for the visit or consultation, the diagnosis, and the treatment in the Additional Health Information section on the second page or on a separate sheet of paper.

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To determine my insurability or for claim purposes, I authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau (MIB) to give any medical or nonmedical information about me including alcohol or drug abuse, to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. This authorization is valid for 26 months. A photocopy shall be as valid as the original. I have read this and the Consumer Privacy Notice and I understand that I can have copies.

SPOUSE SIGNATURE	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	DATE SIGNED
X			

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FOR HOME OFFICE USE ONLY:

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 3547 ST. PAUL, MN

POSTAGE WILL BE PAID BY ADDRESSEE

MINNESOTA LIFE

ATTN B2-4256
400 ROBERT STREET NORTH
ST PAUL MN 55101-2098

About Minnesota Life

Minnesota Life is:

- **A leader** in the group life insurance industry, providing group life insurance since 1917.
- **Among the most highly rated insurance companies** in the country. For current ratings, see our web site, www.lifebenefits.com under "About Us." Ratings for financial strength and claims-paying ability are important; however, they are not reflective of the performance of any registered securities or variable subaccount.

A+ *(Superior)*
A. M. Best
(second highest of 16 categories)

AA *(Very strong)*
Fitch
(third highest of 22 categories)

AA- *(Very strong)*
Standard & Poor's
(fourth highest of 23 categories)

Aa2 *(Excellent)*
Moody's Investors Service
(third highest of 19 categories)

As of July 1, 2005, Minnesota Life was rated A+ (Superior) by A.M. Best for financial condition (second highest of Best's 16 categories), AA- (Very strong) by Standard & Poor's for financial strength and credit quality of debt issues (fourth highest of 23 rankings), AA (Very strong) by Fitch for claims-paying ability of life, health, property casualty, bond and annuity insurers (third highest of 22 rankings), and Aa2 (Excellent) by Moody's Investors Service for insurance financial strength (third highest of 19 categories).

- **Customer service-oriented.** We combine people and technology to provide you with the best service possible. Our specialists undergo extensive training to provide general and specific information to you about your group life insurance plan.

Questions? Contact Minnesota Life

Call 1-877-215-1489 or find us on the internet at www.lifebenefits.com.

MINNESOTA LIFE
Minnesota Life Insurance Company
Group Insurance
A Securian Financial Group Affiliate

www.lifebenefits.com

400 Robert Street North, St. Paul, MN 55101-2098
1.877.215.1489 • 651.665.4488 Fax

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IMPORTANT LIFE INSURANCE DOCUMENTS ENCLOSED FOR STATE OF DELAWARE EMPLOYEES

Prepared for State of Delaware

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