

SERFF Tracking Number: MNNL-126026020 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 41502
Company Tracking Number: JAB-1849
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: Protector Plus AD&D
Project Name/Number: Protector Plus - Lifestyle App (Affinion)/JAB-1849

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Protector Plus AD&D SERFF Tr Num: MNNL-126026020 State: ArkansasLH

TOI: H03G Group Health - Accidental Death & SERFF Status: Closed State Tr Num: 41502
Dismemberment

Sub-TOI: H03G.000 Health - Accidental Death Co Tr Num: JAB-1849 State Status: Approved-Closed
& Dismemberment

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor

Authors: Jeanine Berfeldt, Teresa Disposition Date: 02/12/2009

Guindon

Date Submitted: 02/06/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Protector Plus - Lifestyle App (Affinion)

Project Number: JAB-1849

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/12/2009

Deemer Date:

Filing Description:

Please see attached Cover Letter for filing description.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 02/12/2009

Corresponding Filing Tracking Number: JAB-1849

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/12/2009	02/12/2009

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Disposition

Disposition Date: 02/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-126026020 State: Arkansas
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 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Manual of Variable Text	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Accidental Death and Dismemberment Insurance Request	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 09-50551

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	09-50551	Application/ Enrollment Form	Accidental Death and Dismemberment Insurance Request	Initial			09-50551.pdf

[Protector Plus] Accidental Death [and Dismemberment] Insurance [Request Form]

Insurance provided by Minnesota Life Insurance Company [— A Securian Company] • 400 Robert Street North, St. Paul, Minnesota 55101-2098

[Choose your ProtectorPlus Benefit Plan and coverage amount below.]
Return this completed form in the postage-paid envelope provided.

[1]

[Benefit Plan (please select one)]

[Commuter]
Benefits include: 

Contributory Accidental Death and Dismemberment Coverage plus —

Air Bag — Pays an additional benefit of \$25,000 or 25% of contributory amount if a covered accidental death occurs as a result of an auto accident and the car was equipped with airbags, and insured was wearing a seat belt.

Medical Evacuation — If air transportation to a medical facility is required as a result of a covered loss, an additional benefit of up to \$5,000 will be paid for air transport.

Accidental Hospital Indemnity — Additional benefit payable of 1% of contributory coverage, up to \$1,500 for each month up to 12 months for an injury and confinement in a hospital as an inpatient as a result of a covered loss.

Adaptive Home and Vehicle — Pays to adapt the insured's home or vehicle to accommodate a total or permanent disability. Pays the actual cost up to the lesser of \$2,500 or 2% of contributory coverage.

Brain Damage/Coma — If the insured is diagnosed as having Traumatic Brain Injury (TBI) or lapses into a coma within 60 days of a covered loss, 5% of contributory coverage amount is paid with a maximum of \$50,000.]

[Provider]
Benefits include: 

Contributory Accidental Death and Dismemberment Coverage plus —

Dependent Child Care — Pays annual child care costs equal to the lesser of 5% of contributory coverage, \$2,000, or incurred child care expenses per eligible dependent child up to a lifetime maximum of \$50,000.

COBRA — Pays the lesser of 2% of contributory amount or \$1,500 per year for up to three years for surviving spouse or dependent children to continue group medical coverage.

Education — Pays an additional benefit to each dependent child of 2% of contributory coverage amount if a full-time student at a college or vocational school — annual maximum of \$5,000 for up to four years.

Spouse Education — Pays a benefit to the surviving spouse of 5% of contributory coverage amount, up to \$10,000 or costs incurred for the education or training, if the spouse enrolls as a full-time student in an accredited educational institution or an institution of vocational training.

Grief Counseling — Pays an additional benefit for counseling services for the insured's dependents equal to \$50 per session, limited to 10 sessions, provided such sessions are scheduled within a year after the accidental death of the insured.]

[Globetrotter]
Benefits include: 

Contributory Accidental Death and Dismemberment Coverage plus —

Common Carrier — Doubles the contributory benefit if accidental death involves a collision, crash or sinking of a common carrier while insured was riding as a fare-paying passenger.

Dependent Benefit — Pays \$3,000 for spouse and each dependent child upon the accidental death of the insured.

Travel Care — If insured sustains a covered loss while traveling outside the United States, pays \$2,500 to return insured's dependent children or one traveling companion home or for one person to visit the insured if in a hospital for more than 10 days.

Brain Damage/Coma — If the insured is diagnosed as having Traumatic Brain Injury (TBI) or lapses into a coma within 60 days of a covered loss, 5% of contributory coverage amount is paid with a maximum of \$50,000.

Repatriation — Pays an additional benefit of \$5,000 to prepare and transport the body if accidental death occurs over 75 miles from the insured's principal residence.]

[2]

Please activate my \$1,000 of Single Coverage paid for by ABC Bank.]

[Choose Single or Family coverage under the desired amount of insurance (please select one)]

	[\$300,000	\$200,000	\$100,000	\$50,000	\$25,000] [Recommended]
[Single Coverage]	<input type="checkbox"/> \$33.00/mo.	<input type="checkbox"/> \$22.00/mo.	<input type="checkbox"/> \$11.00/mo.	<input type="checkbox"/> \$5.50/mo.	<input type="checkbox"/> \$2.75/mo.]
[Family Coverage]	<input type="checkbox"/> \$49.50/mo.	<input type="checkbox"/> \$33.00/mo.	<input type="checkbox"/> \$16.50/mo.	<input type="checkbox"/> \$8.25/mo.	<input type="checkbox"/> \$4.13/mo.]

[Reserved Exclusively For:] John Doe, 123 Main Street, Any Town, Any State, 12345

Name _____ [Date of Birth _____] [Phone Number _____]
 Name of Beneficiary _____ Relationship _____ [Email address _____]

Please enroll me in the Accidental Death [and Dismemberment] Insurance Plan underwritten by Minnesota Life Insurance Company. I have read, understand and agree to all enclosed disclosures, and I verify that I am at least age 18[, but not more than age 65]. [Please deduct the monthly premium from my account.] Coverage begins on the effective date stated on the Schedule of Coverage that you will receive with your certificate, provided the first premium is paid and received by Minnesota Life.

[State FW _____]

Signature **X** _____ Today's Date _____
 John Doe

09-50551

For Office Use Only

Case Number	Service Number	Financial Institution
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[Please see the reverse side for plan exclusions, disclosures and other details.]

Benefits reduce by 50% at age 70.

Date: January 13, 2009	Size: 8.5 X 14	
Product: ProtectorPlus	Colors: PMS136, 185, 548 & black	
Component: Enrollment Form	Paper Stock: 80# offset	
Mail States:		
		Client Signature _____ Date _____

General Description of Coverage

ProtectorPlus provides benefits only when the insured's accidental death or accidental dismemberment results directly — and independently from all other causes — from an accidental bodily injury which was unintended, unexpected and unforeseen. See your Certificate/Policy of Insurance for a full description of coverage.

Electronic Funds Premium Disclosure

The first premium payment may be more than the monthly premium since the premium from the date of approval until the first of the following month will be added to the first month's payment. This authorization will remain in effect until the financial institution has received and has had reasonable time to act on a written request from you to cancel.

Consumer Protection Disclosures

Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the financial institution, or any of its affiliates. The financial institution may not condition an extension of credit on either: (1) your purchase of an insurance product from the financial institution or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this application, you acknowledge your receipt of these disclosures.

Compensation Disclosure

Your financial institution and its licensed affiliates are compensated as agents of Minnesota Life Insurance Company in connection with the program.

Exclusions

In no event will we pay a benefit where your loss or injury is caused directly or indirectly by, results from, or there is contribution from, any of the following: 1. self-inflicted injury or self destruction, whether sane or insane; 2. suicide or attempted suicide, whether sane or insane; 3. your participation in or attempt to commit a crime, assault or felony; 4. bodily or mental infirmity, illness or disease; 5. the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; 6. motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto; 7. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; 8. medical or surgical treatment or diagnostic procedures or any resulting complications; 9. travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; 10. war or any act of war, whether declared or undeclared; 11. repetitive stress syndromes including but not limited to rotator cuff syndrome, bursitis, tendonitis, carpal tunnel syndrome, ulnar nerve syndrome, stress fractures, neuropathy, epicondylitis or neuritis. The exclusions that apply to your coverage may vary depending on your state of residence. What follows are specific exclusions which apply in certain states as indicated below.

AL: 5. intoxication, as defined in the jurisdiction where the accident took place, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage. Exclusion #11 deleted. **CT:** 3. your participation in or your attempt to commit an assault or felony; 5. the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by your physician for you; **IL and WV:** the benefit is not payable when loss or injury results from or is caused directly by the causes shown above. **LA:** 5. your being intoxicated or under the influence of narcotics unless administered on the advice of a physician. **MO:** 1. suicide or attempted suicide, while sane; 9. war or any act of war. **MT:** 5. the voluntary use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage. **NH:** 6. motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred. **ND:** 5. the use of alcohol, drugs, any narcotic, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage. **OK:** the benefit is not payable when loss or injury results from or is caused directly by the causes shown above; 10. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary unit attached thereto. **OR:** The benefit must occur within 180 days after the date of the loss or injury. The benefit is not payable when death results from or is caused directly by the causes shown above. 5. the voluntary use of drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested, or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; 6. the voluntary use of alcohol where your blood alcohol level meets or exceeds the level at which intoxication is defined by the laws of the state where said alcohol use occurred; 7. motor vehicle collision or accident where you are the operator of a motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto; 8. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; 9. medical or surgical treatment or diagnostic procedures or any resulting complications; 10. travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier. **SD:** 5. the use of poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage. Exclusion #6 deleted. **WA:** 1. intentionally self-inflicted injury; 5. alcoholism and drug addiction; 6. the use of poisons, gases, fumes or other substances taken, absorbed, ingested or injected; Exclusion #7 deleted. **WI:** 3. your participation in a criminal act that results in a felony conviction; 5. the voluntary use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage.

Selecting Benefit Plans

You may only choose one Benefit Plan on the reverse side of this application. If for some reason you do not choose a Benefit Plan but choose a coverage amount, [the Commuter Benefits Plan will be selected for you.]

Benefits Reduction

Benefits reduce by 50 percent at age 70.

Fraud Warning

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **AR:** Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny benefits if false information was provided by the applicant. **KY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime. **MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **ME:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **VA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. The fraud statements above do not apply to residents of **CT, FL, KS, NC, OR, SC, TX, WA** and **WI**.

ProtectorPlus Accidental Death and Dismemberment Insurance Plan is underwritten by Minnesota Life Insurance Company. Coverage provided under policy form series 05-50274T, 05-50277, 05-50355, 05-50358, 05-50285 and any state variation thereof.

SERFF Tracking Number: MNNL-126026020 *State:* Arkansas
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Dismemberment Dismemberment
Product Name: Protector Plus AD&D
Project Name/Number: Protector Plus - Lifestyle App (Affinion)/JAB-1849

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Flesch Certification	Review Status: Approved-Closed	02/12/2009
Comments:		
Attachment: MHC-36450-G 6-2006 no sec.pdf		
Satisfied -Name: Application	Review Status: Approved-Closed	02/12/2009
Comments:		
Attachment: 09-50551.pdf		
Satisfied -Name: Manual of Variable Text	Review Status: Approved-Closed	02/12/2009
Comments:		
Attachment: MVT - Protector Plus AD&D Application 013009.pdf		
Satisfied -Name: Cover Letter	Review Status: Approved-Closed	02/12/2009
Comments:		
Attachment: 2009-02-06 AR_CoverLetter.pdf		

This notice is to advise you that should any questions arise regarding this insurance, you may contact the following:

Minnesota Life Insurance Company
Group Division
400 Robert Street North
St. Paul, Minnesota 55101-2098
TEL: 651-665-3500

If we at Minnesota Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
TEL: (501) 371-2640
Toll-Free: (800) 852-5494

[Protector Plus] Accidental Death [and Dismemberment] Insurance [Request Form]

Insurance provided by Minnesota Life Insurance Company [— A Securian Company] • 400 Robert Street North, St. Paul, Minnesota 55101-2098

[Choose your ProtectorPlus Benefit Plan and coverage amount below.]
Return this completed form in the postage-paid envelope provided.

[1]

[Benefit Plan (please select one)]

[Commuter]
Benefits include: 

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Air Bag — Pays an additional benefit of \$25,000 or 25% of contributory amount if a covered accidental death occurs as a result of an auto accident and the car was equipped with airbags, and insured was wearing a seat belt.

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Accidental Hospital Indemnity — Additional benefit payable of 1% of contributory coverage, up to \$1,500 for each month up to 12 months for an injury and confinement in a hospital as an inpatient as a result of a covered loss.

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[Provider]
Benefits include: 

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Education — Pays an additional benefit to each dependent child of 2% of contributory coverage amount if a full-time student at a college or vocational school — annual maximum of \$5,000 for up to four years.

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Grief Counseling — Pays an additional benefit for counseling services for the insured's dependents equal to \$50 per session, limited to 10 sessions, provided such sessions are scheduled within a year after the accidental death of the insured.]

[Globetrotter]
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Repatriation — Pays an additional benefit of \$5,000 to prepare and transport the body if accidental death occurs over 75 miles from the insured's principal residence.]

[2]

Please activate my \$1,000 of Single Coverage paid for by ABC Bank.]

[Choose Single or Family coverage under the desired amount of insurance (please select one)]

	[\$300,000	\$200,000	\$100,000	\$50,000	\$25,000] [Recommended]
[Single Coverage]	<input type="checkbox"/> \$33.00/mo.	<input type="checkbox"/> \$22.00/mo.	<input type="checkbox"/> \$11.00/mo.	<input type="checkbox"/> \$5.50/mo.	<input type="checkbox"/> \$2.75/mo.]
[Family Coverage]	<input type="checkbox"/> \$49.50/mo.	<input type="checkbox"/> \$33.00/mo.	<input type="checkbox"/> \$16.50/mo.	<input type="checkbox"/> \$8.25/mo.	<input type="checkbox"/> \$4.13/mo.]

[Reserved Exclusively For:] John Doe, 123 Main Street, Any Town, Any State, 12345

Name _____ [Date of Birth _____] [Phone Number _____]
Name of Beneficiary _____ Relationship _____ [Email address _____]

Please enroll me in the Accidental Death [and Dismemberment] Insurance Plan underwritten by Minnesota Life Insurance Company. I have read, understand and agree to all enclosed disclosures, and I verify that I am at least age 18[, but not more than age 65]. [Please deduct the monthly premium from my account.] Coverage begins on the effective date stated on the Schedule of Coverage that you will receive with your certificate, provided the first premium is paid and received by Minnesota Life.

[State FW _____]

Signature **X** _____ Today's Date _____
John Doe

09-50551

For Office Use Only

Case Number	Service Number	Financial Institution
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[Please see the reverse side for plan exclusions, disclosures and other details.]

Benefits reduce by 50% at age 70.

Date: January 13, 2009	Size: 8.5 X 14	
Product: ProtectorPlus	Colors: PMS136, 185, 548 & black	
Component: Enrollment Form	Paper Stock: 80# offset	
Mail States:		
		Date _____
		Client Signature _____

General Description of Coverage

ProtectorPlus provides benefits only when the insured's accidental death or accidental dismemberment results directly — and independently from all other causes — from an accidental bodily injury which was unintended, unexpected and unforeseen. See your Certificate/Policy of Insurance for a full description of coverage.

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Consumer Protection Disclosures

Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the financial institution, or any of its affiliates. The financial institution may not condition an extension of credit on either: (1) your purchase of an insurance product from the financial institution or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this application, you acknowledge your receipt of these disclosures.

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Your financial institution and its licensed affiliates are compensated as agents of Minnesota Life Insurance Company in connection with the program.

Exclusions

In no event will we pay a benefit where your loss or injury is caused directly or indirectly by, results from, or there is contribution from, any of the following: 1. self-inflicted injury or self destruction, whether sane or insane; 2. suicide or attempted suicide, whether sane or insane; 3. your participation in or attempt to commit a crime, assault or felony; 4. bodily or mental infirmity, illness or disease; 5. the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; 6. motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto; 7. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; 8. medical or surgical treatment or diagnostic procedures or any resulting complications; 9. travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; 10. war or any act of war, whether declared or undeclared; 11. repetitive stress syndromes including but not limited to rotator cuff syndrome, bursitis, tendonitis, carpal tunnel syndrome, ulnar nerve syndrome, stress fractures, neuropathy, epicondylitis or neuritis. The exclusions that apply to your coverage may vary depending on your state of residence. What follows are specific exclusions which apply in certain states as indicated below.

AL: 5. intoxication, as defined in the jurisdiction where the accident took place, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage. Exclusion #11 deleted. **CT:** 3. your participation in or your attempt to commit an assault or felony; 5. the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by your physician for you; **IL and WV:** the benefit is not payable when loss or injury results from or is caused directly by the causes shown above. **LA:** 5. your being intoxicated or under the influence of narcotics unless administered on the advice of a physician. **MO:** 1. suicide or attempted suicide, while sane; 9. war or any act of war. **MT:** 5. the voluntary use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage. **NH:** 6. motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred. **ND:** 5. the use of alcohol, drugs, any narcotic, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage. **OK:** the benefit is not payable when loss or injury results from or is caused directly by the causes shown above; 10. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary unit attached thereto. **OR:** The benefit must occur within 180 days after the date of the loss or injury. The benefit is not payable when death results from or is caused directly by the causes shown above. 5. the voluntary use of drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested, or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; 6. the voluntary use of alcohol where your blood alcohol level meets or exceeds the level at which intoxication is defined by the laws of the state where said alcohol use occurred; 7. motor vehicle collision or accident where you are the operator of a motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto; 8. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; 9. medical or surgical treatment or diagnostic procedures or any resulting complications; 10. travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier. **SD:** 5. the use of poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage. Exclusion #6 deleted. **WA:** 1. intentionally self-inflicted injury; 5. alcoholism and drug addiction; 6. the use of poisons, gases, fumes or other substances taken, absorbed, ingested or injected; Exclusion #7 deleted. **WI:** 3. your participation in a criminal act that results in a felony conviction; 5. the voluntary use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage.

Selecting Benefit Plans

You may only choose one Benefit Plan on the reverse side of this application. If for some reason you do not choose a Benefit Plan but choose a coverage amount, [the Commuter Benefits Plan will be selected for you.]

Benefits Reduction

Benefits reduce by 50 percent at age 70.

Fraud Warning

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **AR:** Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny benefits if false information was provided by the applicant. **KY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime. **MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **ME:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **VA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. The fraud statements above do not apply to residents of **CT, FL, KS, NC, OR, SC, TX, WA** and **WI**.

ProtectorPlus Accidental Death and Dismemberment Insurance Plan is underwritten by Minnesota Life Insurance Company. Coverage provided under policy form series 05-50274T, 05-50277, 05-50355, 05-50358, 05-50285 and any state variation thereof.

**Manual of Variable Text
Minnesota Life Insurance Company
Form 09-50551**

1. **Form Title:**

- [Protector Plus] is a marketing name that we may choose to remove.
- [Dismemberment] will be removed if dismemberment coverage is not being offered.
- [Request Form] may be changed to [Application], [Activation], [Enrollment] or something similar.

2. **Section [1]:**

- Section [1] may be removed entirely if the benefit plan combinations are not offered.
- [Choose your ProtectorPlus Benefit plan and coverage amount below] will vary depending on the marketing approach used for a specific client.
- Benefit plan names and combination of benefits may vary by client.

3. **Section [2]:**

- Section [2] may be changed or removed entirely if Section [1] is removed.
- [Please activate my \$1,000 of Single Coverage paid for by ABC Bank] will be removed if the non-contributory benefit is not offered;
- [Choose Single or Family coverage under the desired amount of insurance (please select one)] may vary depending on marketing approach used for a specific client;
- The choices for amounts of insurance may vary.
- [Recommended] may be removed.
- Premium rates may change if premiums are changed for everyone under the group policy.
- The premium rate section may be moved to a separate insert in the marketing package;
- [Reserved Exclusively For:] may vary depending on marketing approach used for a specific client;
- [Date of birth], [Phone number] and [Email address] may be removed.

4. **“Section [2] – authorization language:**

- The words [and Dismemberment] will be removed if dismemberment coverage is not being offered.
- The phrase [, but not more than age 65] will be removed if there is no maximum eligibility age.

- [Please deduct the monthly premium from my account.] will vary based on marketing approach used for a specific client. The premium payment options that are available for this plan include escrow, EFT (electronic funds transfer), credit card or direct billing.

- [State FW] is a place holder for the following state specific fraud notices and/or other state mandated disclosures:

FL: “Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

ID: “The certificate provides limited benefits. Review your certificate carefully.”

ME: “All statements contained in this application are representations and not warranties.”

MN, NE, NH: “Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

TN: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.”

WA: “It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.”

- All other state fraud notices will be printed on back of application, as noted on the form.

5. Below form:

- [Please see the reverse side for plan exclusions and other details.] will be removed when the exclusions and other information are included in a separate insert in the marketing package.
- A [credit card or ACH payment authorization] may be included based on marketing approach used for a specific client. That authorization, when included, will appear below the text of the form.

6. Back - The paragraph entitled [Selecting Benefit Plans]

- This section may be removed in its entirety if benefit plan combinations are not being offered, or alternate language may be used depending on marketing or client needs.

7. General Variability:

- The placement and format of information may vary depending on marketing and client needs (i.e. paper size, organization of information, method of distribution or production, etc.)
- Various sections of the form may be printed in color.
- Graphics or images may be added depending on marketing and client needs.

Minnesota Life Insurance Company
A Securian Financial Group Affiliate
400 Robert Street North
St. Paul, MN 55101-2098

February 6, 2009

MINNESOTA LIFE

Mr. Dan Honey, Deputy Commissioner
Life and Health Division
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC: 66168
Group: 869

RE: Minnesota Life Filing No. JAB-1849
09-50551 Accidental Death and Dismemberment Insurance Request Form

Dear Mr. Honey:

Copies of the above-referenced form are attached for your review and approval. This form is new and will not replace any forms previously approved by your Department.

Form 09-50551 is an insured's application intended to be used by eligible accountholders/members of participating financial institutions and credit unions who are applying for coverage under the following accidental death and dismemberment insurance policy, which was recently approved by your Department:

<u>Form Number</u>	<u>Approval Date</u>	<u>Filing Number</u>
05-50358, et al	08-01-2005	SERFF No. USPH-6EMKGK362

Variable text has been marked with brackets. If text is changed, it will never be less favorable than your state's laws allow. A Manual of Variable Text is also being provided describing the bracketed material. Minnesota Life Insurance Company also reserves the right to change the color, font, sequential order and layout of the attached form.

I look forward to your approval of the above-referenced form in the State of Arkansas. If you have any questions, please contact me. Thank you.

Sincerely,



Jeanine A. Berfeldt
Product Compliance Analyst
Tel: 651.665.4460
Fax: 651.665.5424
Email: jeanine.berfeldt@securian.com