

## Accidental Death and Dismemberment Amendment #R2

### Securian Life Insurance Company

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

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To be attached to and made a part of Group Policy number 70335, issued by Securian Life Insurance Company to Maricopa County. This amendment is effective as of January 1, 2024. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The following changes are made:

1. The term "associated company(ies)" is replaced with "associated county entity(ies)" throughout the entire policy and certificate.
2. Item #2 under the section titled "When does an insured's insurance end?" on the Group Accidental Death and Dismemberment Certificate of Insurance is amended to read as follows:

(2) the last day of the month the insured no longer meets the eligibility requirements; or


3. The Group definition on the Certificate Specifications Page is amended to read as follows:

**GROUP:** The group is composed of all active benefits eligible employees as defined by Maricopa County working in the United States.

As a result of this amendment, the following changes are made to the Group Policy:

- The Certificate of Insurance Schedule is replaced in its entirety with the attached Certificate of Insurance Schedule.
- The Group Accidental Death and Dismemberment Certificate of Insurance, bearing the date of January 1, 2024, replaces the prior attached certificate.

Agreed to by Securian Life Insurance Company this 13th day of October 2023.

By  JH  
Vice President and Actuary

## Certificates of Insurance Schedule

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

### Current Certificates

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective Date</u>
Group Accidental Death and Dismemberment (AD&D) Certificate of Insurance	14-31901	All eligible employees	January 1, 2024

### Historic Certificates (if any)

The certificates listed here are effective January 1, 2022 and later. Certificates that were effective prior to this date are not shown here but, may be provided upon request.

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective Date</u>
Group Accidental Death and Dismemberment (AD&D) Certificate of Insurance	14-31901	All eligible employees	January 1, 2023

## Accidental Death and Dismemberment Amendment #R1

### Securian Life Insurance Company

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

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To be attached to and made a part of Group Policy number 70335, issued by Securian Life Insurance Company to Maricopa County. This amendment is effective as of the dates below. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

#### **Effective January 1, 2022:**

The Secretary signature is updated on all forms.

#### **Effective January 1, 2023:**

The next policy anniversary will occur on January 1, 2023. After that, policy anniversaries will occur on January 1 of each year.

As a result of this amendment, the Group Accidental Death and Dismemberment Insurance Policy is replaced in its entirety with the attached Group Accidental Death and Dismemberment Insurance Policy containing the same policy number. In no case shall Securian Life Insurance Company be liable under both policies.

Agreed to by Securian Life Insurance Company this 29th day of April 2022.

By Susan Munson-Regala LL  
Vice President and Actuary

# Group Accidental Death and Dismemberment Insurance Policy

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



**POLICYHOLDER:** Maricopa County

**POLICY NUMBER:** 70335

**POLICY SITUS:** This policy was issued and delivered in Arizona.

**POLICY EFFECTIVE DATE:** July 1, 2018

**POLICY ANNIVERSARY DATE:** January 1 of each year beginning January 1, 2023

**POLICY PREMIUM DUE DATE(S):** The first day of each month

## Read Your Policy Carefully

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

## Legal Actions

No legal action may be brought to recover on this policy within the first sixty days after written proof of loss has been given as required by this policy. No such action may be brought after three years from the time written proof of loss is required to be given.

Signed for Securian Life Insurance Company at St. Paul, Minnesota on the effective date.

Secretary

President

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## GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE POLICY • NONPARTICIPATING

## Certificates of Insurance Schedule

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

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective Date</u>
Current Certificates			
Group Accidental Death and Dismemberment (AD&D) Certificate of Insurance	14-31901	All eligible employees	January 1, 2023

Historic Certificates (if any)  
The certificates listed here are effective January 1, 2022 and later. Certificates that were effective prior to this date are not shown here but, may be provided upon request.

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective Date</u>
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## Definitions

### associated company

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under this policy.

### contributory insurance

Insurance for which an employee is required to make premium contributions.

### noncontributory insurance

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

### policyholder

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

### we, our, us

Securian Life Insurance Company.

### you, your

The policyholder.

## General Information

### What is your agreement with us?

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

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

### Are employees of associated companies eligible for insurance under this policy?

Yes. Employees of associated companies may be eligible for insurance under this policy. You represent any associated company in all transactions pertaining to this policy. Your acts or omissions and every notice given by us to you shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

### Can this policy be amended?

Yes. This policy may be amended by mutual agreement between you and us. The insured's consent is not required to amend this policy or any certificates issued under it. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

## Premiums

### When and how often are premiums due?

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

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

### How is the premium determined?

The premium will be the premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which you and we agree.

We may change the premium rate:

- (1) on any premium due date following the expiration of any rate guarantee period; or
- (2) on any premium due date following the date that the amount of insurance in force for any one coverage or across coverages changes by more than 15% from that which was used to determine the current rates (active employee coverage, basic AD&D, supplemental AD&D, and Dependents AD&D are considered separate coverages); or
- (3) anytime the policy terms are amended.

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

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

### Can the premium be adjusted?

Yes. An adjustment will be made to the premium on each premium due date for insurance which was effective or terminated before the most recent due date, but not reflected in prior premium payments, so that the correct premium is paid.

## Termination

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### When does this group policy terminate?

You may terminate this group policy by giving us 31 days prior written notice. We reserve the right to terminate this policy on the earlier of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) 31 days after we provide you with notice of our intent to terminate this policy.

## Additional Information

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### Are you required to maintain records?

Yes. You are required to maintain adequate records of any information necessary for us to administer this policy. We will have reasonable access to such records in order to administer the policy.

If an administration or clerical error is made in keeping records on or administering the insurance under this policy, it will not affect otherwise valid insurance. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of this policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

### Will a certificate of insurance be provided for each insured?

Yes. We will provide you with a certificate of insurance for delivery to each insured. The certificate will include information regarding the principal provisions of his or her coverage.

### Are you our agent?

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

### Will the provisions of this policy conform with state law?

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

### Does ownership of this policy entitle you to membership in Securian Life Insurance Company's parent company?

No. The ultimate parent company of Securian Life Insurance Company is a mutual insurance holding company. This policy does not entitle you to any holding company membership rights.

**Securian Life Insurance Company** • A Stock Company

400 Robert Street North • St Paul, Minnesota 55101-2098

**GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE POLICY • NONPARTICIPATING**