

MINNESOTA LIFE

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

**RELIASTAR**

ReliaStar Life Insurance Company
 20 Washington Avenue South
 Minneapolis, MN 55401

State of Minnesota POST-RETIREMENT/SPOUSE

(Complete spouse name and address)

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

Employee name	Employee Social Security number	Department number
Retirement date	Last premium payment was for the pay period or month ending:	
Spouse name	Spouse date of birth	Spouse Social Security number

I. Complete and verify above information and submit with the employees application for Post-Retirement coverage.

Date	Agency HR Representative signature X
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II. Complete and verify the following information.

The smallest amount of additional spouse life insurance coverage in force during the five-year period immediately prior to retirement was \$_____.

Your post-retirement benefit will be 15% of the smallest amount of additional spouse life insurance coverage in force during the five (5) year period immediately prior to the later of your retirement or your spouse's sixty fifth (65th) birthday. In order to remain eligible for this benefit, you must continue the full amount of additional spouse life insurance to your spouse's sixty fifth (65th) birthday.

(Attach any existing beneficiary designation information)

Date	Employee Insurance Division signature X
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IMPORTANT NOTICE TO RETIREE: This form certifies your eligibility for this post-retirement benefit and identifies the amount of life insurance that will continue on the life of your spouse. Please retain this document along with a certificate which you can access online from the MMB home page at: www.mmb.state.mn.us. If you have any questions concerning this benefit you can call Minnesota Life, 866-293-6047.

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

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