

A simple online enrollment platform for your employer-owned life insurance

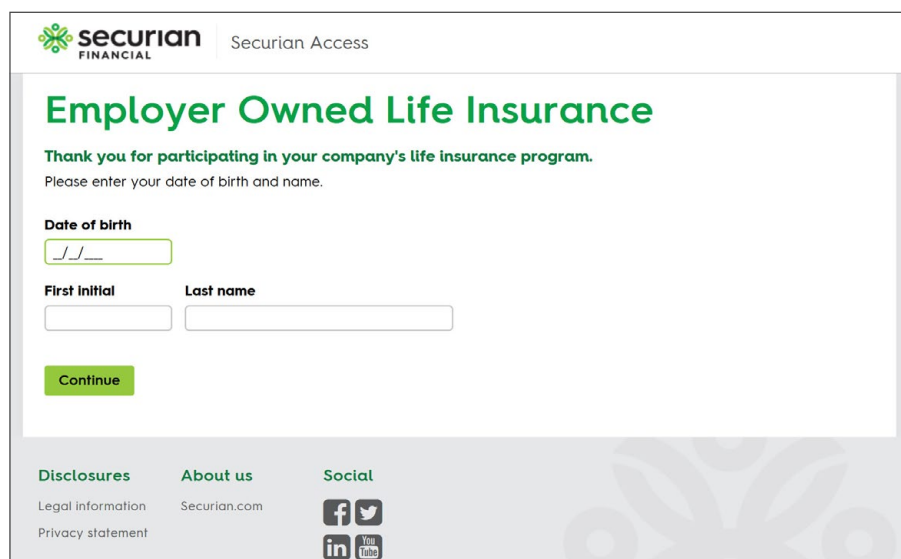
Online enrollment is an ideal choice for your executives who are looking for fast, simple and convenient access to your employer-owned life insurance program. It's great for busy executives working in multiple locations.

Online enrollment highlights

- Quick online process
- User-friendly experience
- Customized with your company's program details and contact information
- Responsive design website adapts to desktop, tablet and mobile devices
- Available for guaranteed issue and simplified issue underwriting

Getting started

Securian Financial will provide you with an online enrollment website created specifically for your company's program. Distribute the site link by email to eligible employees and they can enroll any time.



The screenshot shows the Securian Financial 'Securian Access' portal for 'Employer Owned Life Insurance'. It includes a thank you message, a date of birth field, and fields for first initial and last name, with a 'Continue' button at the bottom.

1

Signing in

The proposed insured will enter his or her date of birth, first initial and last name to begin the process. All entered fields must match the census information that was given to Securian Financial during the underwriting process. Each applicant will have three attempts to enter their information. After the third attempt, the site will lock the applicant out and he or she will need to complete the process with paper.

Employer owned life insurance



Proposed insured

Provided information

First name	Last name	Title	Date of birth	Gender
PAM	SMITH	MORTGAGE OFFICER	4-17-1964	F

i Please note that if you stop the process and close your browser, your information will not be saved. We limit the collection and storage of personally identifiable information. Please refer to our privacy policies to learn more about how we securely store your information.

Additional information

Social security number

Email address

Citizenship

 USA Other

Home address

Address line 1 Apartment or unit number (optional)

City State Select a state Zip code

Work address

 Work address is the same as home

Address line 1 Suite or station number (optional)

City State Select a state Zip code

Business telephone number

Business telephone type

 Landline Cell

2

Collecting information

The proposed insured enters personal information. First name, last name, title, date of birth and gender will prepopulate from the census information. All other fields must be entered before continuing.

3

Three underwriting questions will be asked for Guaranteed Issue. Additional questions will display in the simplified issue process.

Employer owned life insurance



Underwriting questions

Are you actively performing all the duties of your regular occupation at least 30 hours per week?

 Yes No

Within the past 90 days, have you been hospitalized or absent from work due to illness or injury for a total of 5 or more days?

 Yes No

Have you ever used tobacco or nicotine products in any form within the past 12 months (including cigarettes, cigars, chewing, tobacco, pipe, e-cigarette/vape, nicotine patch or gum)?

 Yes No

Employer owned life insurance



Notifications and authorizations

Please review all disclosures carefully

I consent and agree to the following:

Consent to purchase

I, PAM SMITH, give consent to authorize and allow, SMILE BANK, the authority to purchase and own a maximum amount of \$1,000,000 life insurance on my life, and to make any future change that may be requested in writing by the owner. I acknowledge that the owner will have access to this consent and my statements contained herein, and that I will not receive any death benefit proceeds from this policy. I also acknowledge this coverage may continue after I no longer have an association with the owner.

Agreements

I have read the statements and answers recorded on my application. They are given to obtain this insurance and are, to the best of my knowledge and belief, true and complete and correctly recorded. I understand that any false statement or misrepresentation on this application may result in loss of coverage under this policy subject to the incontestability provision. I agree that they will become part of this application and any policy issued on it. The insurance applied for will not take effect unless the policy is issued and delivered and the full first premium is paid while the answers, to the best of my knowledge and belief, as stated in this application remain true and complete. If such conditions are met, the insurance will take effect as of the earlier of the policy date specified in the policy or the date the policy is delivered to the owner.

I acknowledge that I have been given the Securian Privacy Notice. I understand that a copy of this entire application, will be attached to the policy and delivered to the policyowner.

Fraud warning

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Consent to electronic signature

I agree that submitting the information requested via this web site for my consent, payments related thereto, or any other transaction related thereto constitutes my electronic signature for all such transactions. I am legally bound by electronic signatures to the same extent as if I had signed with a hand written signature.

I acknowledge I may withdraw my consent to the future use of my electronic signature by writing to Minnesota Life Insurance Company at Individual Policy Services, 400 Robert Street North, Saint Paul, MN 55101. I acknowledge that any such withdrawal will not invalidate any transaction entered into in reliance on my electronic signature prior to Minnesota Life's receipt of my withdrawal.

ICC18-80735

[Back](#)

[No, I do not wish to proceed](#)

[Submit](#)

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Authorizations

Proposed insureds will need to review and consent to all notifications and authorizations prior to finishing the submission.

Employer owned life insurance



Thank you for submitting your information

If you have questions about your submission, please contact your plan administrator or your company's human resource department.

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Confirmation

A confirmation page will appear, and they are directed back to their employer to answer outstanding questions. This concludes the submission process.



Learn how Securian Financial's online enrollment can help you

offer your executives a simple way to purchase life insurance. Contact your financial professional today.

Our Guaranteed Issue Program is based on the applicant meeting all the eligibility requirements, and does not guarantee that a policy will be issued.

Please keep in mind the primary reason to purchase life insurance is for the death benefit.

Life insurance products contain fees, such as mortality and expense charges (which may increase over time), and may contain restrictions, such as surrender periods.

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Insurance products are issued by Minnesota Life Insurance Company in all states except New York. In New York, products are issued by Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company and Securian Life Insurance Company are subsidiaries of Securian Financial Group, Inc.



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[securian.com](https://www.securian.com)

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F80587-8 Rev 12-2021 DOFU 1-2022
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