

# Group Accident Insurance Group Policy Amendment

Securian Life Insurance Company

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

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This Group Policy Amendment is a part of the policy of insurance describing the benefits available to you under Group Policy No. 76059, issued by Securian Life Insurance Company to South Broward Hospital District, d.b.a., Memorial Healthcare System. This amendment is subject to every term, condition, exclusion and provision of the policy unless otherwise expressly provided for herein.

The following applies to a group policy issued and delivered in **Florida**:

1. The following notice is added to page one of the Policy:

**For inquiries or to obtain information about coverage and to provide assistance in resolving complaints, please call: 1-855-750-2019.**

2. The provision entitled **How is the premium determined?** under the **Premiums** section of the Policy is amended in its entirety and replaced with the following:

### **How is the premium determined?**

The premium will be the applicable premium rate 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 number of insured lives in force changes by more than 15% from that which was used to determine the current rates (active employee coverage and retiree coverage are considered separate coverages, as are employee, spouse and child coverages); or
- (3) if the total number of insured lives in force changes by more than 15% from the number of insured lives in force that was used to determine the current rates; or
- (4) anytime, if the policy terms are amended.

We will give you at least 45 days advance notice of a change in premium rates. Such notice will be mailed to your last address as shown by our records.

3. The provision entitled **When does this group policy terminate?** under the **Termination** section of the Policy is amended in its entirety and replaced with the following:

### **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) 45 days after we provide you with notice of our intent to terminate this policy.



Secretary



President

# Group Accident Insurance Policy

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

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**POLICYHOLDER:** South Broward Hospital District, d.b.a., Memorial Healthcare System  
**POLICY NUMBER:** 76059  
**POLICY EFFECTIVE DATE:** January 1, 2021  
**POLICY ANNIVERSARY DATE:** January 1 of each year beginning January 1, 2022  
**PREMIUM DUE DATE:** The first day of each month.  
**POLICY SITUS:** This policy was issued and delivered in the state of Florida.

THIS POLICY IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT. THIS POLICY DOES NOT SATISFY THE FEDERAL REQUIREMENT THAT YOU HAVE HEALTH INSURANCE COVERAGE, WHICH BECAME EFFECTIVE JANUARY 1, 2014.

## Read Your Policy Carefully

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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.

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



Secretary



President

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## GROUP ACCIDENT INSURANCE POLICY • NONPARTICIPATING

## Certificates of Insurance Schedule

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

<u>Certificate</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective Date</u>
Group Accident Certificate of Insurance	17-32525	Residents of Florida and all states not listed below	January 1, 2021
Group Accident Certificate of Insurance	17-32525.4	Residents of California	January 1, 2021
Group Accident Certificate of Insurance	17-32525	Residents of Colorado	January 1, 2021
Group Accident Certificate of Insurance	17-32525	Residents of Connecticut	January 1, 2021
Group Accident Certificate of Insurance	17-32525.11	Residents of Idaho	January 1, 2021
Group Accident Certificate of Insurance	17-32525.13	Residents of Indiana	January 1, 2021
Group Accident Certificate of Insurance	17-32525.17	Residents of Louisiana	January 1, 2021
Group Accident Certificate of Insurance	17-32525	Residents of Minnesota	January 1, 2021
Group Accident Certificate of Insurance	17-32525.24	Residents of Missouri	January 1, 2021
Group Accident Certificate of Insurance	17-32525.25	Residents of Montana	January 1, 2021
Group Accident Certificate of Insurance	17-32525.28	Residents of New Hampshire	January 1, 2021
Group Accident Certificate of Insurance	17-32525	Residents of North Dakota	January 1, 2021
Group Accident Certificate of Insurance	17-32525	Residents of Texas	January 1, 2021
Group Accident Certificate of Insurance	17-32525.44	Residents of Vermont	January 1, 2021

## Definitions

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### **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, you, your**

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

### **we, our, us**

Securian Life Insurance Company.

## General Information

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### **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 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. 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

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### **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.

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 applicable premium rate 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 number of insured lives in force changes by more than 15% from that which was used to determine the current rates (active employee coverage and retiree coverage are considered separate coverages, as are employee, spouse and child coverages); or
- (3) if the total number of insured lives in force changes by more than 15% from the number of insured lives in force that was used to determine the current rates; or
- (4) anytime, if 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. The premium will be adjusted on each 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 has been 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 shall have access to the records at any reasonable time agreed upon by you and us.

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 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 certificate holders?**

Yes. We will provide you with a certificate of insurance for delivery to each certificate holder. 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 applicable state law?**

Yes. If any provision in this policy, or in the certificates issued under this policy, is in conflict with the applicable 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.

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**GROUP ACCIDENT INSURANCE POLICY • NONPARTICIPATING**