

### Group Term Life Amendment #3

#### 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 70466, issued by Securian Life Insurance Company to University of Rochester. This amendment is effective as of March 31, 2025.

The following change is made to the group policy:

The group definition found on the Certificate Specifications Page is amended to remove Class 9. As a result of this change, the "GROUP" definition is amended to read as follows:

**GROUP:**

The group is composed of active employees and certain retirees of the policyholder and its associated companies in the following classes:

Group 1 All regular full-time faculty or staff members except individuals represented by SEIU collective bargaining agreements.

Group 2 All regular part-time faculty or staff members except individuals represented by SEIU collective bargaining agreements.

Group 3a All full-time Residents and Fellows of Strong Memorial Hospital.

Group 3b All part-time Residents and Fellows of Strong Memorial Hospital.

**NOTE:** An employee is only eligible to participate in Groups 5-7 if they were eligible for coverage under the policy as an active employee.

Group 5 Closed group of grandfathered retirees who retired prior to July 1, 1996.

Group 6 Open group of grandfathered retirees of the University of Rochester who were at least 50 years old or had 10 years of service as of July 1, 1996 (full-time)

Group 7 Open group of grandfathered retirees of the University of Rochester who were at least 50 years old or had 10 years of service as of July 1, 1996 (part-time)


Group 8 University of Rochester President

All new employees of the employer will be added to such group and classes for which they become eligible.


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

- The Certificates of Insurance Schedule is replaced in its entirety with the attached Certificates of Insurance Schedule.
- The Group Term Life Certificate of Insurance effective March 31, 2025 replaces the prior attached certificate.

Agreed to by Securian Life Insurance Company on March 25, 2025.

By  KB  
Vice President and Actuary

Agreed to by University of Rochester

By   
Senior Vice President for Human Resources and Chief Human Resources Officer  
Title \_\_\_\_\_  
Date 5/14/2025

## **Certificates of Insurance Schedule**

The following Certificates of Insurance 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>
Employee Group Term Life Certificate of Insurance	19-31702.31	Groups 1, 2, 3a, 3b, 5, 6, 7, and 8	March 31, 2025

### Historical Certificates

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective Date</u>
Employee Group Term Life Certificate of Insurance	19-31702.31	Groups 1, 2, 3a, 3b, 5, 6, 7, 8 and 9	September 1, 2024
Employee Group Term Life Certificate of Insurance	19-31702.31	Groups 1, 2, 3a, 3b, 5, 6, 7 and 8	July 1, 2024, as revised on July 11, 2024
Employee Group Term Life Certificate of Insurance	19-31702.31	Groups 1, 2, 3a, 3b, 5, 6, 7 and 8	July 1, 2024

## Group Term Life Amendment #2

### 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 70466, issued by Securian Life Insurance Company to University of Rochester. This amendment is effective as of the dates shown below.

#### Effective July 1, 2024:

The amount of basic AD&D insurance for Groups 1, 2, 3a and 3b is amended to read as follows:

**Groups 1, 2, 3a, 3b** An amount equal to the amount of university-paid life insurance for which the employee is insured under the group policy.

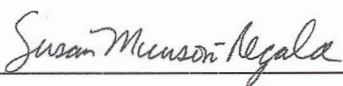
#### Effective September 1, 2024:

A new Group 9 – High-Level Faculty Member is added to the policy.

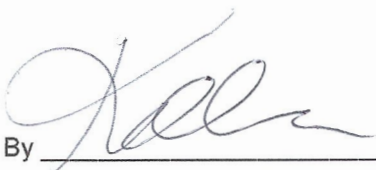
As a result of this amendment, the following changes are made to the Group Policy:

- The Certificate of Insurance Schedule is replaced in its entirety with the attached Certificate of Insurance Schedule.
- The Group Term Life Certificate of Insurance bearing the date of September 1, 2024 replaces the prior attached certificate.

Agreed to by Securian Life Insurance Company on October 24, 2024.

By  LL  
Vice President and Actuary

Agreed to by the policyholder:

By   
Title CHRO  
Date 12/10/24

## **Certificates of Insurance Schedule**

The following Certificates of Insurance 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>
Employee Group Term Life Certificate of Insurance	19-31702.31	Groups 1, 2, 3a, 3b, 5, 6, 7, 8 and 9	September 1, 2024

### Historical Certificates

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective Date</u>
Employee Group Term Life Certificate of Insurance	19-31702.31	Groups 1, 2, 3a, 3b, 5, 6, 7 and 8	July 1, 2024, as revised on July 11, 2024
Employee Group Term Life Certificate of Insurance	19-31702.31	Groups 1, 2, 3a, 3b, 5, 6, 7 and 8	July 1, 2024

## Group Term Life Amendment #1

### 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 70466, issued by Securian Life Insurance Company to University of Rochester. This amendment is effective as of July 1, 2024.

As a correction to the policy, the Accidental Death and Dismemberment Certificate Supplement is not portable.

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 Term Life Certificate of Insurance bearing the date of July 1, 2024, as revised on July 11, 2024, replaces the prior attached certificate.

Agreed to by Securian Life Insurance Company on July 11, 2024.

By  SEM  
Vice President and Actuary

Agreed to by the policyholder:

Approved on 8/19/2024 via email from authorized representative of the policyholder.

## **Certificates of Insurance Schedule**

The following Certificates of Insurance 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>
Employee Group Term Life Certificate of Insurance	19-31702.31	Groups 1, 2, 3a, 3b, 5, 6, 7 and 8	July 1, 2024, as revised on July 11, 2024

### Historical Certificates

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Effective Date</u>
Employee Group Term Life Certificate of Insurance	19-31702.31	Groups 1, 2, 3a, 3b, 5, 6, 7 and 8	July 1, 2024

Group Term Life Insurance Policy

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

POLICYHOLDER: University of Rochester

POLICY NUMBER: 70466

POLICY SITUS: This policy was issued and delivered in New York.

POLICY EFFECTIVE DATE: July 1, 2024

POLICY ANNIVERSARY DATE: January 1 of each year beginning January 1, 2025

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.

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

*Renee D. Montz*

Secretary

*Stephen M. Hefner*

President

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GROUP TERM LIFE INSURANCE POLICY • NONPARTICIPATING •  
ANNUALLY RENEWABLE • CONTRIBUTORY AND NON-CONTRIBUTORY



## **Certificates of Insurance Schedule**

The following Certificates of Insurance 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>
Employee Group Term Life Certificate of Insurance	19-31702.31	Groups 1, 2, 3a, 3b, 5, 6, 7 and 8	July 1, 2024

## 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.

### **written**

All references in the certificate to "in writing", "written" shall include any method made available by the policyholder and us, including digital, electronic or paper.

### **you, your**

The policyholder.

## General Information

### **What is your agreement with us?**

This policy, the certificate and your application contain the entire insurance contract between you and us. Any statements you make will be considered representations and not warranties. Only provisions contained in this policy, the certificate, any certificate supplement, amendment or endorsement signed by you and us, or in the copy of your application shall not affect the rights of you, the insured or his or her beneficiary.

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

### **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) anytime, if the policy terms are amended or the total amount of insurance in force changes by 10% or more.

Premiums for contributory coverage are based on your attained age and increase with age. We will notify the policyholder 31 days in advance of a change in premium rates.

### **What factors do we consider when premium is changed?**

If premium is changed, the change will be based upon future estimated or emerging experience, which factors include: interest rates, mortality, taxes, our expenses and profit considerations.

### **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 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) any policy anniversary so long as we provide you 31 days notice of our intent to terminate this policy.

## **Additional Information**

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### **Can insurance coverage be contested?**

After two years from its date of issue, we cannot contest this policy except for the non-payment of premiums by you. If we discover a material misrepresentation you made, we may contest this policy. However, any statement you make will not be used to contest an individual certificate holder's coverage.

### **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 audit 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. Any clerical error is subject to the incontestability clause.

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 New York, we will file a revised provision for approval. Any amendment will be signed by you and us. Nothing in this group policy invalidates or impairs any rights or benefits as stated in the certificate or granted by New York law.

### **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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