

Insurance policy guarantees are subject to the financial strength and claims-paying ability of the issuing insurance company.

Please keep in mind that the primary reason to purchase a life insurance product is the death benefit.

Life insurance products contain charges, such as Cost of Insurance Charge, Cash Extra Charge, and Additional Agreements Charge (which we refer to as mortality charges), and Premium Charge, Monthly Policy Charge, Policy Issue Charge, Transaction Charge, and Surrender Charge (which we refer to as expense charges). These policies may contain restrictions, such as surrender periods.

The purpose of this material is the solicitation of insurance. A financial professional may contact you.

SecureCare III includes the Acceleration for Long-Term Care Agreement and Extension of Long-Term Care Agreement. These two agreements are tax qualified long-term care agreements that cover care such as nursing care, home and community-based care, and informal care as defined in the agreement. These agreements provide for the payment of a monthly benefit for qualified long-term care services. These agreements are intended to provide federally tax qualified long-term care insurance benefits under Section 7702B of the Internal Revenue Code, as amended. However, due to uncertainty in the tax law, benefits paid under these agreements may be taxable.

Additional agreements may be available. Agreements may be subject to additional costs and restrictions. Agreements may not be available in all states or may exist under a different name in various states and may not be available in combination with other agreements.

The death proceeds will be reduced by a long-term care or terminal illness benefit payment under this policy. Please consult a tax advisor regarding long-term care benefit payments, terminal illness benefit payments, or when taking a loan or withdrawal from a life insurance contract.

SecureCare III may not cover all of the costs associated with long-term care or terminal illness that the insured incurs. This product is generally not subject to health insurance requirements. This product is not a state-approved Partnership for Long Term Care Program product, and is not a Medicare Supplement policy. Receipt of a long-term care or terminal illness benefit payment under this product may adversely affect eligibility for Medicaid or other government benefits or entitlements.

To be eligible for benefits, the insured must be a chronically ill individual and have been prescribed qualified long term care services pursuant to a plan of care prescribed by a licensed health care practitioner.

SecureCare III may not be available in all states. Product features, including limitations and exclusions, may vary by state. For costs and further details of coverage, including the terms and conditions under which the policy may be continued in force, contact your agent/representative.

EXCLUSIONS AND LIMITATIONS

Eligibility for long-term care benefits includes satisfying a 90-day elimination period. This is a period of time (90 days) during which no long-term care benefits are payable following the date the insured is determined to be eligible for benefits. You are not eligible to receive benefits if your long-term care service needs are caused directly or indirectly by, result in whole or in part, from or during, or there is contribution from:

- alcoholism or drug addiction; or
- war or any act of war, while the insured is serving in the military, naval or air forces of any country at war, whether declared or undeclared; or
- active service in the armed forces or units auxiliary thereto; or
- the insured's active participation in a riot, insurrection or terrorist activity; or
- committing or attempting to commit a felony; or
- any attempt at suicide, or intentionally self-inflicted injury, while sane or insane.

PRE-EXISTING CONDITION LIMITATIONS

Pre-existing condition limitations refers to any condition or disease for which the insured received medical advice or treatment within six (6) months preceding the effective date of the Acceleration for Long-Term Care Agreement for that same condition or disease or a related condition or disease. There does not need to be a specific diagnosis for the condition or disease for it to be considered a pre-existing condition. We will not pay benefits for a pre-existing condition or disease which is not disclosed in the application for a period of six months from the effective date of this agreement. A pre-existing condition during the first six (6) months that the agreement is in force will not be counted toward the satisfaction of the long-term care elimination period.

This is a general communication for informational and educational purposes. The information is not designed, or intended, to be applicable to any person's individual circumstances. It should not be considered investment advice, nor does it constitute a recommendation that anyone engage in (or refrain from) a particular course of action. If you are seeking investment advice or recommendations, please contact your financial professional.

POLICY FORM NUMBERS

ICC20-20212, 20-20212 and any state variations; Acceleration for Long-Term Care Agreement ICC21-20220, 21-20220 and any state variations; Extension of Long-Term Care Agreement ICC21-20221, 21-20221 and any state variations.

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.

Not a deposit – Not FDIC/NCUA insured – Not insured by any federal government agency – Not guaranteed by any bank or credit union



Securian Financial's Care Management Program

Your care, your choice.

SecureCare III was created with one idea in mind: your care, your choice. If you¹ need care, your monthly cash benefit² is yours to use however you want. Period. No fine print, no restrictions.

You're in control, but you're not alone.

Securian Financial's Care Management Program™ can help ensure your transition from needing care to getting care is as smooth as possible for you and your loved ones.

Our team can help explain your policy, guide you through the claims process and discover care services in your area. Ultimately, the program is designed to help you put your SecureCare III policy into action so you can get the care you choose – when you need it most.



To qualify for benefits, you must be certified as chronically ill by a licensed health care professional and meet all other eligibility requirements.

Chronically ill means:

- You are unable to perform at least two Activities of Daily Living (eating, bathing, getting dressed, toileting, transferring and continence) without substantial help from another person for at least 90 days;

or

- You require supervision due to severe cognitive impairment.

1. If owner/insured are different, benefits will be paid to the owner upon the insured being certified as a chronically ill individual.

2. Benefits may be taxable under certain circumstances. Please consult your tax advisor.

Care Management can help you:



Understand your policy

The first step toward using your policy is understanding how it works.

We can help walk you through your policy and answer any questions you may have about its features and benefits.



File a claim

When it comes time to file a claim, we will guide you through the paperwork so you understand what documents are needed.

Our network of licensed health care professionals will work with your doctor or care providers to get the necessary information (medical records, daily care notes, etc.) to complete your claim. If more is needed, we will reach out over the phone or schedule time to meet you in person to help finalize the claim decision.



Find local care services

If you and your family need help finding care resources in your area, we can provide a list of caregiving services and providers we've worked with in the past.

This list is not an exhaustive summary of all available services, but is a great starting point to begin researching and comparing options. You can ask for help finding care providers at any time – even if you haven't filed a claim.



Get the care you choose

If your claim is approved, you'll be paired with a care manager for the duration of your claim. Together, you'll create a plan of care to address your needs.

While we need your plan of care on file as part of your claim, we will not monitor or enforce any of the services listed in your plan. It's up to you to decide which, if any, of your care manager's recommendations you want to implement.

Our Care Management team is here to support your plan for care – not dictate it.



For more information

about how to file a claim, see the SecureCare III: How it works – claims process flyer

Contact us

Call: 1-888-405-5824, option 4

Fax: 952-833-5384

Mail: P.O. Box 64935, St. Paul, MN 55164-0935

