

All Full-Time and Part-Time Members

Voluntary Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for members

Employee Life

Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of Five times Annual Earnings (rounded up to the nearest \$10,000) or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$500,000

Your coverage amount will reduce by 35% when you reach age 65; an additional 50% of the original amount when you reach age 70. Benefits will end upon retirement.

Spouse Life The amount of Dependent Life Insurance coverage cannot be greater than 2.5 times of Employee's annual salary or 50% of the Member Benefit.

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$30,000

Coverage amounts are reduced by 35% when an member reaches age 65. Benefits will end upon the Member's attainment of age 70 or retirement, whichever occurs first.

Dependent Child(ren) Life

At least six months but under 26 years regardless of student or marriage status	\$10,000
At least 14 days but under six months	\$250

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$500,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing member, you can increase your coverage amount by two levels without providing evidence of insurability up to the Guaranteed Life coverage amount. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$500,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

Spouse/Domestic Partner Coverage - You can secure term life insurance if you select coverage yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$30,000 for your spouse/domestic partner without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing member, you can increase the coverage amount for your spouse/domestic partner by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$250,000 for your spouse/domestic partner. Evidence of Insurability may be required.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: \$10,000

Additional Plan Benefits Included with Life Coverage

Waiver of Premium	Included
Portability	Included
Accelerated Death Benefit	Included
Conversion	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: 938166.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Bi-Weekly Voluntary Life Insurance Premium Calculate Your Premium.

Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 24	\$0.030
25 - 29	\$0.036
30 - 34	\$0.047
35 - 39	\$0.053
40 - 44	\$0.059
45 - 49	\$0.089
50 - 54	\$0.136
55 - 59	\$0.254
60 - 64	\$0.390
65 - 69	\$0.751
70 +	\$1.218

Group Life Rates for Your Spouse/domestic partner

Employee Age Range	Life Premium Rate
0 - 24	\$0.030
25 - 29	\$0.036
30 - 34	\$0.047
35 - 39	\$0.053
40 - 44	\$0.059
45 - 49	\$0.089
50 - 54	\$0.136
55 - 59	\$0.254
60 - 64	\$0.390
65 - 69	\$0.751
70 +	\$1.218

Group Life Rates for your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$0.097

One affordable monthly premium covers all of your eligible dependent children.

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

Calculate Your Cost

Use the appropriate rate provided in the tables above to calculate your cost based on the amount of coverage you select. The following example calculates the bi-weekly cost for a 36-year-old employee who would like to purchase \$100,000 in employee voluntary term life insurance coverage.

Calculation Example	Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.053
Step 2	Enter the desired coverage amount in dollars.	\$100,000
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	100
Step 4	Calculate the bi-weekly cost. <i>Multiply Step 1 by Step 3.</i>	\$5.31

Note: Rates are subject to change and can vary over time.

Please see prior page for product information.
Life Insurance Premium Calculation

Employee | Bi-weekly Premiums for Select Life Insurance Coverage Amounts

Employee Age Range	\$10,000	\$20,000	\$30,000	\$100,000	\$500,000
0 - 24	\$0.30	\$0.59	\$0.89	\$2.95	\$14.77
25 - 29	\$0.36	\$0.71	\$1.07	\$3.55	\$17.77
30 - 34	\$0.47	\$0.94	\$1.41	\$4.71	\$23.54
35 - 39	\$0.53	\$1.06	\$1.59	\$5.31	\$26.54
40 - 44	\$0.59	\$1.18	\$1.77	\$5.91	\$29.54
45 - 49	\$0.89	\$1.77	\$2.66	\$8.86	\$44.31
50 - 54	\$1.36	\$2.72	\$4.08	\$13.62	\$68.08
55 - 59	\$2.54	\$5.09	\$7.63	\$25.43	\$127.15
60 - 64	\$3.90	\$7.80	\$11.70	\$39.00	\$195.00
65 - 69	\$7.51	\$15.02	\$22.53	\$75.09	\$375.46
70 - 74	\$12.18	\$24.36	\$36.54	\$121.80	\$609.00

Spouse | Bi-weekly Premiums for Select Life Insurance Coverage Amounts

Employee Age Range	\$5,000	\$10,000	\$15,000	\$100,000	\$250,000
0 - 24	\$0.15	\$0.30	\$0.44	\$2.95	\$7.38
25 - 29	\$0.18	\$0.36	\$0.53	\$3.55	\$8.88
30 - 34	\$0.24	\$0.47	\$0.71	\$4.71	\$11.77
35 - 39	\$0.27	\$0.53	\$0.80	\$5.31	\$13.27
40 - 44	\$0.30	\$0.59	\$0.89	\$5.91	\$14.77
45 - 49	\$0.44	\$0.89	\$1.33	\$8.86	\$22.15
50 - 54	\$0.68	\$1.36	\$2.04	\$13.62	\$34.04
55 - 59	\$1.27	\$2.54	\$3.81	\$25.43	\$63.58
60 - 64	\$1.95	\$3.90	\$5.85	\$39.00	\$97.50
65 - 69	\$3.75	\$7.51	\$11.26	\$75.09	\$187.73
70 - 74	\$6.09	\$12.18	\$18.27	\$121.80	\$304.50

Please see prior page for product information.

Life Insurance Premium Calculation