

## **Lincoln Financial Term Life**

**Effective Date - when approved by Lincoln Financial**

**•All Evidence of Insurability are subject to underwriting approval**

### **VOLUNTARY EMPLOYEE LIFE INSURANCE**

This insurance is payable for death from any cause to any person you name as beneficiary. Your Voluntary Life coverage provides important protection for you as well as your family.

### **VOLUNTARY DEPENDENT LIFE INSURANCE**

**Provides coverage on:**

- Your Spouse
- Child(ren) from 14 days of age to age 19 (to age 25 if unmarried, wholly dependent upon you for maintenance and support and if enrolled as a full-time student in an accredited school or college). Handicapped children can continue to be covered with no age limit.

**NOTE: It is your responsibility to notify Human Resources when a dependent is ineligible for coverage. Examples of ineligible dependent status are divorce, death, or a child is 19 years of age and not in college. A child can be covered to age 25 if a full-time unmarried, student and dependent upon you for maintenance and support.**

### **FEATURES**

The plan features easy eligibility and simple enrollment procedures AND...there is no need for a medical exam if you sign up during the enrollment period and you meet the eligibility criteria. Furthermore, automatic payroll deductions simplify paperwork. This means less bookkeeping for you and no worries about a lapse in coverage due to missed payments.

### **LOW COST**

Your cost is lower than for comparable insurance on an individual basis due to the "wholesale" economies inherent in group insurance. Additionally, the System absorbs the cost of administering the program which is underwritten by Lincoln Financial Group.

### **ELIGIBILITY**

You will be eligible for this plan if you are a full-time active employee working 30 hours or more per week.

### **ENROLLMENT**

Enrollment is simple- just fill out the enrollment form provided by your Employer. Make sure you supply all the required information and return the form where you work. That's all. You will be notified as to when coverage starts.

### **BENEFICIARY**

You have the right to designate the beneficiary of your choice under Employee coverage. Normally you are the beneficiary under Dependent Life unless you specify otherwise.

**REDUCTIONS AT AGE 70 & OVER**

If you remain in active service beyond age 70 your Voluntary Employee Life Insurance will reduce as follows:

<u>Attained Age</u>	<u>Coverage Will Reduce By</u>
70	35%
75	20%
80	15%

**With respect to your dependent spouse, there would not be a reduction in coverage based on age; however, the coverage would end when that person reached the age of 70 if no other events have already ceased the coverage such as: your death, retirement, or when that person ceases to be your dependent.**

**TERMINATION OF COVERAGE**

All insurance under this plan will terminate upon the earlier of retirement, termination of employment, when the plan ceases or when you withdraw from the plan. Nevertheless, if you should die within 31 days thereafter, your life insurance will still be paid to the beneficiary. If any of your covered dependents should die within such 31 day period, the amount of Life Insurance on account of such dependent will be paid to you.

**CONVERSION**

You must apply and pay the premium for the converted policy within 31 days of your group life insurance ending. If the policy ends or is changed to reduce or end your life insurance, and if you have been insured for at least 5 years under the policy, you may convert up to the lesser of: \$10,000 or the amount of life insurance that ended minus the amount of any group life insurance for which you become eligible within 31 days.

**PREMIUM PAYMENT**

Premium payments must continue until:

- (1) the day the Insured Person is approved for this Extension of Death Benefit; or
- (2) the day this Policy terminates (whichever is first)

**AMOUNT CONTINUED**

- (1) will be the amount of Voluntary Life Insurance and any Dependent Life Insurance in effect on the day the Insured Person's Total Disability begins; and
- (2) will be subject to the reductions and terminations in effect under this Policy on that day.

**THE ACCLERATED BENEFIT OPTION (ABO)**

Lincoln Financial Group has included an Accelerated Benefit Option (ABO) as part of your Group Life benefits. Under this option, if you are diagnosed as having a terminal illness, you will be eligible to receive a maximum of \$250,000 or 75% (whichever is less) of your insurance coverage. Please refer to your Group Certificate for details.

**SUICIDE EXCLUSION**

The Voluntary Term Life Insurance on any Insured Person will not be payable if the Person dies as a result of suicide within two years of the date his insurance becomes effective with Lincoln Financial, or prior insurer, and or after an election to increase the amount of insurance under the policy. Lincoln Financial Group's liability for that portion of insurance shall be limited to the return of premiums paid for the life insurance without interest.

**TERMINATION OF COVERAGE**

All insurance under this plan will terminate upon the earlier of the date you retire or the date your employment terminates. Nevertheless, if you or a covered dependent should die within 31 days thereafter, the life insurance will still be paid to the beneficiary.

**CLAIMS PROCEDURE**

Claim forms needed to file for benefits under the group insurance program can be obtained from your Employer who will also be ready to assist in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully. If there is any question about a claim payment, an explanation can be requested from your Employer, who is usually able to provide the necessary information.

**PLAN SPONSOR**

**Cabarrus County Schools  
4425 Old Airport Road  
Concord, NC 28025  
704.262.6114**

## **TravelConnectSM services just made travel easier**

As part of your employee benefits package, your Lincoln Financial Group life insurance coverage includes our TravelConnectSM program, an employee benefit focusing on travel, medical, and safety-related services while traveling.

Lincoln Financial has partnered with MEDEX Assistance Corporation, a worldwide leader in travel assistance, to make this valuable benefit available to you and your immediate family. Business or leisure travel — they're both covered. The Travel-ConnectSM benefit is provided at no cost to you and includes a wealth of services when traveling just 100 miles or more from home. These services are provided for both business and leisure travel. Whether you simply want the weather forecast for your travel destination or need emergency medical assistance halfway around the world, MEDEX has the professional staff and resources to provide support, 24 hours a day, seven days a week. Feel free to use the services as much or as little as you need.

### **Comprehensive coverage**

A sampling of the services:

- Destination info — weather, currency, and more
- Emergency travel arrangements and funds transfer
- Lost or stolen travel documents assistance
- Language translation services
- Emergency medical evacuation and transportation
- Dependent child transportation if left unattended
- Medical and dental referrals
- Assistance with corrective lenses or medical device replacement
- Treatment monitoring of a medical situation
- Delivery of medications, vaccines, or blood arranged
- Updates to family, employer, and/or home physician
- Repatriation of a deceased traveler
- Security and political evacuation assistance

Travel assistance services are subject to specific terms, conditions, and limitations. A program description is available at [www.jpfc.com](http://www.jpfc.com). To use TravelConnectSM services, call MEDEX at 800 527-0218 or 410 453-6330 and provide them with ID number 322541.

TravelConnect SM services are provided through MEDEX Assistance Corporation in Towson, MD (in WA and OR underwritten by Arch Insurance Company, a Missouri corporation, NAIC #11150, with executive offices located in New York, NY), both are separate, independent contractors and are not affiliates of Lincoln Financial Group. Each independent company is solely responsible for its own obligations. Coverage is subject to actual policy language and specific terms, conditions, and limitations. A complete program description is available at [www.exec-u-care.com](http://www.exec-u-care.com).



## **SCHEDULE OF BENEFITS**

### **BASIC EMPLOYEE LIFE INSURANCE**

All Eligible Employees \$5,000 (no cost to you)

### **VOLUNTARY EMPLOYEE LIFE**

Your choice of the following amounts:

\$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000  
\$90,000, \$100,000, \$150,000, \$200,000, \$250,000

- \$50,000 is **guarantee issue for a newly hired employee**
- **To be eligible for coverage above \$50,000 you must furnish medical evidence of insurability satisfactory to Lincoln Financial.**
- **If you are an existing employee and you are increasing your current coverage amount or if you are applying for coverage the very first time (did not apply when first hired) you are required to complete an Evidence of Insurability. This applies to your dependents as well.**

### **VOLUNTARY DEPENDENT LIFE INSURANCE**

**Spouse-** \$10,000, \$20,000, \$30,000, \$40,000, \$50,000 on your spouse

- \$10,000 is **guarantee issue** for a new hire employee who is covering spouse
- If you elect more than \$10,000 on your spouse, you must complete a health statement.
- **Any existing employee who applies for Spouse Term Life coverage for the first time (did not apply when first hired) or increases the current amount will be required to complete an Evidence of Insurability on that spouse.**

**Child(ren)-** \$5,000, \$10,000, \$15,000, \$20,000, \$25,000 on each of your eligible children\* (**per child; no matter how many children you have**)

- Child 14 days old to 6 months has \$250 coverage.
- Child from birth to 14 days does not have any life coverage.

### **REMINDERS**

- ***Voluntary Dependent Life Insurance is available only to those eligible Employees who are insured for Voluntary Employee Life Insurance.***
- ***Any coverage amounts \$50,000 and below will be pre-tax***
- ***Any coverage amounts over \$50,000 will be post-tax***

## 12 pay periods

<b>Optional Employee Coverage</b>	<b>Monthly Deduction</b>
\$10,000	\$1.90
\$20,000	\$3.80
\$30,000	\$5.70
\$40,000	\$7.60
\$50,000	\$9.50
\$60,000	\$11.40
\$70,000	\$13.30
\$80,000	\$15.20
\$90,000	\$17.10
\$100,000	\$19.00
\$150,000	\$28.50
\$200,000	\$38.00
\$250,000	\$47.50

<b>Optional Spouse Coverage</b>	<b>Monthly Deduction</b>
\$10,000	\$5.60
\$20,000	\$11.20
\$30,000	\$16.80
\$40,000	\$22.40
\$50,000	\$28.00

<b>Optional Child Coverage</b>	<b>Monthly Deduction</b>
\$5,000	\$1.00
\$10,000	\$2.00
\$15,000	\$3.00
\$20,000	\$4.00
\$25,000	\$5.00

## 10 pay periods

<b>Optional Employee Coverage</b>	<b>Tenthly Deduction</b>
\$10,000	\$2.28
\$20,000	\$4.56
\$30,000	\$6.84
\$40,000	\$9.12
\$50,000	\$11.40
\$60,000	\$13.68
\$70,000	\$15.96
\$80,000	\$18.24
\$90,000	\$20.52
\$100,000	\$22.80
\$150,000	\$34.20
\$200,000	\$45.60
\$250,000	\$57.00

<b>Optional Spouse Coverage</b>	<b>Tenthly Deduction</b>
\$10,000	\$6.72
\$20,000	\$13.44
\$30,000	\$20.16
\$40,000	\$26.88
\$50,000	\$33.60

<b>Optional Child Coverage</b>	<b>Tenthly Deduction</b>
\$5,000	\$1.20
\$10,000	\$2.40
\$15,000	\$3.60
\$20,000	\$4.80
\$25,000	\$6.00

## 20 pay periods

<b>Optional Employee Coverage</b>	<b>20 Pay Deduction</b>
\$10,000	\$1.14
\$20,000	\$2.28
\$30,000	\$3.42
\$40,000	\$4.56
\$50,000	\$5.70
\$60,000	\$6.84
\$70,000	\$7.98
\$80,000	\$9.12
\$90,000	\$10.26
\$100,000	\$11.40
\$150,000	\$17.10
\$200,000	\$22.80
\$250,000	\$28.50

<b>Optional Spouse Coverage</b>	<b>20 Pay Deduction</b>
\$10,000	\$3.36
\$20,000	\$6.72
\$30,000	\$10.08
\$40,000	\$13.44
\$50,000	\$16.80

<b>Optional Child Coverage</b>	<b>20 Pay Deduction</b>
\$5,000	\$.60
\$10,000	\$1.20
\$15,000	\$1.80
\$20,000	\$2.40
\$25,000	\$3.00

## 24 pay periods

<b>Optional Employee Coverage</b>	<b>24 Pay Deduction</b>
\$10,000	\$.95
\$20,000	\$1.90
\$30,000	\$2.85
\$40,000	\$3.80
\$50,000	\$4.75
\$60,000	\$5.70
\$70,000	\$6.65
\$80,000	\$7.60
\$90,000	\$8.55
\$100,000	\$9.50
\$150,000	\$14.25
\$200,000	\$19.00
\$250,000	\$23.75

<b>Optional Spouse Coverage</b>	<b>24 Pay Deduction</b>
\$10,000	\$2.80
\$20,000	\$5.60
\$30,000	\$8.40
\$40,000	\$11.20
\$50,000	\$14.00

<b>Optional Child Coverage</b>	<b>24 Pay Deduction</b>
\$5,000	\$.50
\$10,000	\$1.00
\$15,000	\$1.50
\$20,000	\$2.00
\$25,000	\$2.50