
Lincoln Financial Long Term Disability Plan

ELIGIBILITY

All full-time employees working in the United States of America who are Actively at Work for the Employer and who have completed the waiting period required by the Employer.

A “full-time” employee is one who regularly works a minimum of 30 hours per week for the Employer. Part-time, seasonal and temporary employees are not eligible.

WAITING PERIOD

For employees in an eligible group - 30 Days of continuous active, full-time employment.

ELIMINATION PERIOD

- 180 Days

MONTHLY BENEFIT

60% of Monthly Earnings to a maximum benefit of \$6,000 per month subject to reduction by deductible sources of income or Disability Earnings.

SOCIAL SECURITY OFFSET METHOD - Family Social Security

EMPLOYER CONTRIBUTION - 100% of premium

MAXIMUM BENEFIT DURATION - 2 years

PRE-EXISTING CONDITION LIMITATION - 3/12

OTHER FEATURES

- Waiver of Premium
- Work Incentive Benefit
- Enhanced Work Incentive Benefit
- Minimum Benefit - \$100
- Recurrent Disability - 3 months
- Survivor Benefit
- Worksite Modification Benefit
- Vocational Rehabilitation Service
- Social Security Assistance

Lincoln Financial Employee Basic Life and AD&D - Employee Optional Life and AD&D

Effective Date: 1/1/09

BASIC EMPLOYEE LIFE INSURANCE

This insurance is payable for death from any cause to any person you name as beneficiary.

OPTIONAL EMPLOYEE LIFE INSURANCE

Your employer-sponsored basic life coverage provides important protection for you, but you may need to add to that protection. Now you can...at low group rates and through convenient payroll deductions.

To help meet this need, you have the opportunity to elect additional group life insurance under the optional portion of your program to go along with any personal insurance coverage you may have.

OPTIONAL DEPENDENT LIFE INSURANCE

Provides coverage on:

- Your Spouse
- Unmarried child(ren) from live birth to 14 days \$0, 14 days to 6 months \$250, 6 months to age 19 \$5,000 or to age 25 if full time student. Handicapped children can continue to be covered with no age limit.

*It is your responsibility to notify payroll in writing when a dependent is ineligible for coverage. Examples of ineligible dependent status are divorce or a child graduates from college.

ACCIDENTAL DEATH AND DISMEMBERMENT

Benefits under this coverage are payable as described in your certificate. All active employees have Basic Accidental Death and Dismemberment coverage. Matching Optional Accidental Death and Dismemberment amounts apply to employees electing Optional Life coverage.

ELIGIBILITY

You will be eligible for this program if you are a permanent employee who works a minimum of 30 hours per week.

ENROLLMENT

Enrollment is simple - employees need to complete an enrollment card and may need an Evidence of Insurability for Additional Life. Forms are provided by your Employer.

BENEFICIARY

You have the right to designate the beneficiary of your choice. The beneficiary elected on your life enrollment form designates your beneficiary for basic and optional coverage. You are automatically the beneficiary under Optional Dependent Life. **It is the responsibility of the insured to update ones beneficiary designation as necessary.**

WHEN YOUR BASIC INSURANCE STARTS

If you enroll on or before the day you become eligible your insurance becomes effective on the date of your eligibility if you are then actively at work; otherwise on the day you return to active work.

WHEN YOUR OPTIONAL INSURANCE STARTS

If you enroll for Optional and/or Dependent Life Insurance on or before you become eligible for coverage, your insurance becomes effective on the date of your eligibility if you are actively at work. If you or a covered dependent are confined in a hospital, not actively at work, or not performing normal daily activities, your insurance will not be effective. You and/or your dependents will become covered when you return to active full-time work, are no longer confined in a hospital, and can perform normal daily activities. Normal daily activities means not confined at home under the care of a doctor for sickness or injury and not entitled to receive any disability income from any source.

Eligible employees and dependents who do not apply for coverage within 31 days of becoming eligible under the plan must submit proof of good health and The Lincoln Financial Insurance Company must approve it.

REDUCTIONS AT AGE 65 & OVER

If you remain in active service beyond age 65 your combined amount of Basic Life and Supplemental Employee Life Insurance will reduce as follows:

Employee Attained <u>Age</u>	Percent of Original <u>Amount</u>	Spouse <u>Amount</u>
65	65%	65%
70	50%	Terminates

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 the life of such dependent will be paid to you.

DISABILITY

If you become totally disabled for a consecutive 180 days and are under age 60 the amount of life insurance will be continued without payment of premium provided you give Lincoln Financial Proof of Loss. The amount of insurance is subject to any age reductions. Waiver of premium terminates at age 65, date you cease to become totally disabled or the date you convert your insurance to an individual plan.

CONVERSION

If your employment terminates while you are covered under the plan, you may purchase without medical evidence of insurability, any individual insurance policy, except a term policy, then issued by The Lincoln Financial Insurance Company in any amount up to the amount of your coverage in effect on your date of termination. You must apply for this policy within 31 days after the date your employment terminates. This privilege applies to Optional Employee Life Insurance and Optional Dependent Life Insurance

as well as the Basic Employee Life Insurance.

PORTABILITY

Portability allows employees whose coverage ends due to certain qualifying events to continue their current (or a lesser) amount of insurance. Portability applies to Employee Optional Life Insurance only.

Qualifying Events Include:

- Termination of Employment and can perform with reasonable continuity the material duties of at least one gainful occupation.
- Retirement
- Under age 65
- Change in employee class which results in the termination of optional life benefits.
- Insured under the group policy for 12 months
- Apply within 31 days of qualifying event.

The minimum face amount which an employee may elect portability is \$10,000. Portable coverage reduces to 50% on January 1st of the year the insured attains age 70 and terminates on January 1st of the year the insured attains age 80. When portable coverage ends, insured individuals have the right to convert to an individual policy.

ACCELERATED DEATH BENEFIT

The Lincoln Financial Insurance Company has included an Accelerated Benefit Option as part of your group life benefits. Under this option, if you are diagnosed as having a terminal illness, you may be eligible to receive a portion of your group life benefits at such a difficult time. Please refer to your Group Certificate for details.

SUICIDE EXCLUSION

No additional employee life benefits are payable if you commit suicide within 2 years from effective date of coverage. AD&D benefits are not payable.

GROUP POLICY AND CERTIFICATE

The insurance briefly described in this folder is subject to the terms and conditions of the Group Policy issued by The Lincoln Financial Insurance Company. If you become insured, you will receive a certificate outlining your benefits under this policy.

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 answer questions about the insurance benefits and 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.

SCHEDULE OF BENEFITS

BASIC EMPLOYEE LIFE INSURANCE AND AD&D

All Eligible Employees (No cost to you)

\$50,000*

OPTIONAL EMPLOYEE LIFE INSURANCE AND AD&D

Your choice of the following amounts:* \$10,000 to \$250,000 in increments of \$10,000 not to exceed 5X annual salary.

Employees 70+ - \$50,000 max

Guaranteed Issue amount for optional life is \$150,000 for employees under 60 years old and \$10,000 for employees 60-69.

No Guaranteed Issue for employees above 70.

OPTIONAL DEPENDENT LIFE INSURANCE

\$10,000 on Spouse / \$5,000 on Child(ren)

Dependent Life may only be purchased with Employee Optional Life

\$.93 Unit / Semi-Monthly

Semi-Monthly Rates (24 payroll deductions per year)

Monthly Rate	Under Age 30	Ages 30-34	Ages 35-39	Ages 40-44	Ages 45-49	Ages 50-54	Ages 55-59	Ages 60-64	Ages 65-69	Age 70+
10,000	\$0.60	\$0.70	\$0.85	\$1.35	\$2.15	\$3.40	\$5.20	\$8.00	\$14.20	\$25.30
20,000	\$1.20	\$1.40	\$1.70	\$2.70	\$4.30	\$6.80	\$10.40	\$16.00	\$28.40	\$50.60
30,000	\$1.80	\$2.10	\$2.55	\$4.05	\$6.45	\$10.20	\$15.60	\$24.00	\$42.60	\$75.90
40,000	\$2.40	\$2.80	\$3.40	\$5.40	\$8.60	\$13.60	\$20.80	\$32.00	\$56.80	\$101.20
50,000	\$3.00	\$3.50	\$4.25	\$6.75	\$10.75	\$17.00	\$26.00	\$40.00	\$71.00	\$126.50
60,000	\$3.60	\$4.20	\$5.10	\$8.10	\$12.90	\$20.40	\$31.20	\$48.00	\$85.20	\$151.80
70,000	\$4.20	\$4.90	\$5.95	\$9.45	\$15.05	\$23.80	\$36.40	\$56.00	\$99.40	\$177.10
80,000	\$4.80	\$5.60	\$6.80	\$10.80	\$17.20	\$27.20	\$41.60	\$64.00	\$113.60	\$202.40
90,000	\$5.40	\$6.30	\$7.65	\$12.15	\$19.35	\$30.60	\$46.80	\$72.00	\$127.80	\$227.70
100,000	\$6.00	\$7.00	\$8.50	\$13.50	\$21.50	\$34.00	\$52.00	\$80.00	\$142.00	\$253.00
110,000	\$6.60	\$7.70	\$9.35	\$14.85	\$23.65	\$37.40	\$57.20	\$88.00	\$156.20	\$278.30
120,000	\$7.20	\$8.40	\$10.20	\$16.20	\$25.80	\$40.80	\$62.40	\$96.00	\$170.40	\$303.60
130,000	\$7.80	\$9.10	\$11.05	\$17.55	\$27.95	\$44.20	\$67.60	\$104.00	\$184.60	\$328.90
140,000	\$8.40	\$9.80	\$11.90	\$18.90	\$30.10	\$47.60	\$72.80	\$112.00	\$198.80	\$354.20
150,000	\$9.00	\$10.50	\$12.75	\$20.25	\$32.25	\$51.00	\$78.00	\$120.00	\$213.00	\$379.50
160,000	\$9.60	\$11.20	\$13.60	\$21.60	\$34.40	\$54.40	\$83.20	\$128.00	\$227.20	\$404.80
170,000	\$10.20	\$11.90	\$14.45	\$22.95	\$36.55	\$57.80	\$88.40	\$136.00	\$241.40	\$430.10
180,000	\$10.80	\$12.60	\$15.30	\$24.30	\$38.70	\$61.20	\$93.60	\$144.00	\$255.60	\$455.40
190,000	\$11.40	\$13.30	\$16.15	\$25.65	\$40.85	\$64.60	\$98.80	\$152.00	\$269.80	\$480.70
200,000	\$12.00	\$14.00	\$17.00	\$27.00	\$43.00	\$68.00	\$104.00	\$160.00	\$284.00	\$506.00
210,000	\$12.60	\$14.70	\$17.85	\$28.35	\$45.15	\$71.40	\$109.20	\$168.00	\$298.20	\$531.30
220,000	\$13.20	\$15.40	\$18.70	\$29.70	\$47.30	\$74.80	\$114.40	\$176.00	\$312.40	\$556.60
230,000	\$13.80	\$16.10	\$19.55	\$31.05	\$49.45	\$78.20	\$119.60	\$184.00	\$326.60	\$581.90
240,000	\$14.40	\$16.80	\$20.40	\$32.40	\$51.60	\$81.60	\$124.80	\$192.00	\$340.80	\$607.20
250,000	\$15.00	\$17.50	\$21.25	\$33.75	\$53.75	\$85.00	\$130.00	\$200.00	\$355.00	\$632.50

This is a summary of benefits. The actual policy will govern the contractual provisions and benefits. Please refer to the certificate of plan summary given to you by your employer for detailed information.