
Lincoln Financial Voluntary Term Life Insurance

VOLUNTARY EMPLOYEE LIFE INSURANCE

You now have the opportunity to elect group term life insurance coverage at low group rates and through payroll deductions.

VOLUNTARY DEPENDENT LIFE INSURANCE

Provides coverage on:

- ◆ Your Spouse
- ◆ Child(ren) from 15 days of age up to 19 (to age 26 if 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. 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.

FEATURES

The plan features easy eligibility and simple enrollment procedures. 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 - a leader in the field of group coverage.

ELIGIBILITY

You will be eligible for this program if you are a full-time active employee working at least 30 hours per week.

WHEN YOUR INSURANCE STARTS

Your Voluntary Employee Life 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. In addition, coverage will not become effective for you or any dependent who is not performing normal daily activities on the date coverage would otherwise become effective. Normal daily activities means that the individual is not confined at home under the care of a doctor for a sickness or injury, or is not entitled to receive any disability income from any source.

If you meet the eligibility requirements described above for date of enrollment and for effective date of coverage, your Voluntary Employee Life Insurance, if you have enrolled for that coverage, will become effective on the date of your eligibility, provided you are then actively at work; otherwise, on the day you return to active work. If you enroll for Voluntary Dependent Life Insurance, that coverage will become effective on the date your Voluntary Employee Life Insurance becomes effective, for any dependents who meet the eligibility requirements described above.

If you, or any dependents do not satisfy the eligibility requirements as described for date of enrollment and for effective date of coverage, that person will not become insured for Voluntary Life Insurance until such person has furnished medical evidence of insurability satisfactory to Lincoln Financial.

TERMINATION OF COVERAGE

All insurance under this plan will terminate with the earliest of the following events: termination upon retirement, termination of employment, plan cessation or withdrawal 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.

WAIVER OF PREMIUM

The waiver benefit applies to disabilities beginning before age 60. Lincoln Financial must be notified of the disability within 12 months of the date the insured's disability begins. After inception of disability, there is a 9 month waiting period before benefits begin. During the waiting period, normal monthly deductions are taken, which are not refundable. This means that employees who become disabled on, or after the effective date of coverage, and before age 60, and whose application for disability is approved have continuing coverage without premium payment until death, or recovery, or age 65, whichever is earliest. If the employee remains on disability at age 65, the death benefit will reduce to zero. You must be insured for 12 months prior to the date of disability in order for Waiver of Premium to apply.

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, issued by Lincoln Financial, 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 Voluntary Dependent Life Insurance as well.

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, not dependents.

Qualifying Events Include:

- Termination of Employment
- Retirement
- Change in employee class which results in the termination of Voluntary Life Benefits.

The minimum face amount which an employee may elect portability is \$20,000. 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.

THE ACCELERATED BENEFIT OPTION (ABO)

Lincoln Financial Insurance Company 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 may be eligible to receive a portion of your group life

SUICIDE EXCLUSION

No Optional Employee Life Benefits are payable if you commit suicide within two years from the effective date of the coverage. This exclusion also applies to Optional Dependent Life.

CLAIMS PROCEDURE

Procedures for Presenting Claims for Benefits - 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.

Routine Questions - If there is any question about a claim payment, an explanation can be requested from Lincoln Financial, who is usually able to provide the necessary information.

SCHEDULE OF BENEFITS

OPTIONAL EMPLOYEE LIFE INSURANCE

Your choice of the following amounts:

Coverage of \$10,000 to \$200,000 in \$10,000 increments, \$200,000 to \$500,000 in \$50,000 increments not to exceed 5 times your base annual salary. Amounts over \$250,000 will require medical evidence of insurability.

OPTIONAL DEPENDENT LIFE INSURANCE

Spouse - Increments of \$10,000 up to a maximum of \$100,000. Amounts over \$20,000 will require medical evidence of insurability. Spouse coverage cannot exceed employee coverage.

Child - Guaranteed issue in increments of \$2,000 to a maximum of \$10,000 per child.

Voluntary Dependent Life Insurance is available only to those eligible employees who are insured for Optional Employee Life Insurance. If both husband and wife are employees of Jackson County, only one can cover the dependent children.

Optional Employee and Spouse Term Life Biweekly Cost											
<i>Spouse Cost is determined by the employees age</i>											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.32	\$0.42	\$0.55	\$0.69	\$0.88	\$1.29	\$2.17	\$3.92	\$4.85	\$8.54	\$13.62
\$20,000	\$0.65	\$0.83	\$1.11	\$1.38	\$1.75	\$2.58	\$4.34	\$7.85	\$9.69	\$17.08	\$27.23
\$30,000	\$0.97	\$1.25	\$1.66	\$2.08	\$2.63	\$3.88	\$6.51	\$11.77	\$14.54	\$25.62	\$40.85
\$40,000	\$1.29	\$1.66	\$2.22	\$2.77	\$3.51	\$5.17	\$8.68	\$15.69	\$19.38	\$34.15	\$54.46
\$50,000	\$1.62	\$2.08	\$2.77	\$3.46	\$4.38	\$6.46	\$10.85	\$19.62	\$24.23	\$42.69	\$68.08
\$60,000	\$1.94	\$2.49	\$3.32	\$4.15	\$5.26	\$7.75	\$13.02	\$23.54	\$29.08	\$51.23	\$81.69
\$70,000	\$2.26	\$2.91	\$3.88	\$4.85	\$6.14	\$9.05	\$15.18	\$27.46	\$33.92	\$59.77	\$95.31
\$80,000	\$2.58	\$3.32	\$4.43	\$5.54	\$7.02	\$10.34	\$17.35	\$31.38	\$38.77	\$68.31	\$108.92
\$90,000	\$2.91	\$3.74	\$4.98	\$6.23	\$7.89	\$11.63	\$19.52	\$35.31	\$43.62	\$76.85	\$122.54
\$100,000	\$3.23	\$4.15	\$5.54	\$6.92	\$8.77	\$12.92	\$21.69	\$39.23	\$48.46	\$85.38	\$136.15
\$110,000	\$3.55	\$4.57	\$6.09	\$7.62	\$9.65	\$14.22	\$23.86	\$43.15	\$53.31	\$93.92	\$149.77
\$120,000	\$3.88	\$4.98	\$6.65	\$8.31	\$10.52	\$15.51	\$26.03	\$47.08	\$58.15	\$102.46	\$163.38
\$130,000	\$4.20	\$5.40	\$7.20	\$9.00	\$11.40	\$16.80	\$28.20	\$51.00	\$63.00	\$111.00	\$177.00
\$140,000	\$4.52	\$5.82	\$7.75	\$9.69	\$12.28	\$18.09	\$30.37	\$54.92	\$67.85	\$119.54	\$190.62
\$150,000	\$4.85	\$6.23	\$8.31	\$10.38	\$13.15	\$19.38	\$32.54	\$58.85	\$72.69	\$128.08	\$204.23
\$160,000	\$5.17	\$6.65	\$8.86	\$11.08	\$14.03	\$20.68	\$34.71	\$62.77	\$77.54	\$136.62	\$217.85
\$170,000	\$5.49	\$7.06	\$9.42	\$11.77	\$14.91	\$21.97	\$36.88	\$66.69	\$82.38	\$145.15	\$231.46
\$180,000	\$5.82	\$7.48	\$9.97	\$12.46	\$15.78	\$23.26	\$39.05	\$70.62	\$87.23	\$153.69	\$245.08
\$190,000	\$6.14	\$7.89	\$10.52	\$13.15	\$16.66	\$24.55	\$41.22	\$74.54	\$92.08	\$162.23	\$258.69
\$200,000	\$6.46	\$8.31	\$11.08	\$13.85	\$17.54	\$25.85	\$43.38	\$78.46	\$96.92	\$170.77	\$272.31
\$250,000	\$8.08	\$10.38	\$13.85	\$17.31	\$21.92	\$32.31	\$54.23	\$98.08	\$121.15	\$213.46	\$340.38
\$300,000	\$9.69	\$12.46	\$16.62	\$20.77	\$26.31	\$38.77	\$65.08	\$117.69	\$145.38	\$256.15	\$408.46
\$350,000	\$11.31	\$14.54	\$19.38	\$24.23	\$30.69	\$45.23	\$75.92	\$137.31	\$169.62	\$298.85	\$476.54
\$400,000	\$12.92	\$16.62	\$22.15	\$27.69	\$35.08	\$51.69	\$86.77	\$156.92	\$193.85	\$341.54	\$544.62
\$450,000	\$14.54	\$18.69	\$24.92	\$31.15	\$39.46	\$58.15	\$97.62	\$176.54	\$218.08	\$384.23	\$612.69
\$500,000	\$16.15	\$20.77	\$27.69	\$34.62	\$43.85	\$64.62	\$108.46	\$196.15	\$242.31	\$426.92	\$680.77

Child(ren) Rates	Biweekly
\$2,000	\$0.06
\$4,000	\$0.13
\$6,000	\$0.19
\$8,000	\$0.52
\$10,000	\$0.65

To determine the cost for **Employee and Dependent Voluntary Life**, correspond the elected coverage to the correct age category for YOU (the employee). Spouse rates are based on the age of the employee, not the age of the spouse.

This information has been prepared to give you the highlights of additional coverage now being offered by your County to meet your insurance needs. For details please ask your personnel office or refer to the certificate of insurance that you will receive after you have signed up for protection.

If you have any questions regarding your statement of health or life insurance claim, please call Lincoln Financial at: (800) 423-2765

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