

**Sponsored by:** Jarrell ISD

Life Benefit	Employee	Spouse	Dependent
<i>Employee must elect coverage for Spouse or dependents to be eligible.</i>			
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments	From 1 Day to age 26 (if unmarried, regardless of student status): \$5,000 - \$10,000
Minimum Amount	\$10,000	\$5,000	\$5,000
Maximum Amount	\$500,000, limited to 5 times your annual salary	\$100,000, not to exceed 50% of the employee's benefit amount	\$10,000
Guarantee Issue for Newly Eligible Employee	\$100,000	\$25,000	

**Current Eligible Employees** You or your Spouse may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined, withdrawn, or pending for coverage.

Benefit Reduction	Employee	Spouse
Benefits will reduce:	Benefits terminate at retirement	Benefits terminate at Employee Retirement
Eligibility	Employee	Spouse and Dependents
	All employees in an eligible class.	Cannot be in a period of limited activity on the day coverage takes effect.

**Additional Benefits**  
See Definition: Accelerated Death Benefit

**Monthly Employee Premium  
Life Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
Refer to Program Specifications for your maximum benefit amounts.

*Benefits and premium amounts reflect age reductions.*

Monthly RATE	AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0.0600	<25	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
0.0600	25-29	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
0.0900	30-34	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
0.1100	35-39	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
0.1500	40-44	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
0.2200	45-49	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80	\$22.00
0.3800	50-54	\$3.80	\$7.60	\$11.40	\$15.20	\$19.00	\$22.80	\$26.60	\$30.40	\$34.20	\$38.00
0.6500	55-59	\$6.50	\$13.00	\$19.50	\$26.00	\$32.50	\$39.00	\$45.50	\$52.00	\$58.50	\$65.00
1.0000	60-64	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00	\$90.00	\$100.00
1.3300	65-69	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00	\$90.00	\$100.00
		\$13.30	\$26.60	\$39.90	\$53.20	\$66.50	\$79.80	\$93.10	\$106.40	\$119.70	\$133.00
2.2900	70-99	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00	\$90.00	\$100.00
		\$22.90	\$45.80	\$68.70	\$91.60	\$114.50	\$137.40	\$160.30	\$183.20	\$206.10	\$229.00

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$100,000

	Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
<b>Example:</b>	35	0.1100	X	150	=	\$ 16.50
			X		=	

**Dependent Children Benefit**

Monthly Rate:

\$5,000	\$10,000
\$1.20	\$2.40

Premium covers all dependent children regardless of the number of children.

**Monthly Spouse Premium  
Life Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
Spouse premiums will be calculated based on the Employee Age  
Refer to Program Specifications for your maximum benefit amounts.

*Benefits and premium amounts reflect age reductions.*

Monthly RATE	AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0.0600	<25	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.0600	25-29	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.0900	30-34	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
0.1100	35-39	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
0.1500	40-44	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
0.2200	45-49	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
0.3800	50-54	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	\$13.30	\$15.20	\$17.10	\$19.00
0.6500	55-59	\$3.25	\$6.50	\$9.75	\$13.00	\$16.25	\$19.50	\$22.75	\$26.00	\$29.25	\$32.50
1.0000	60-64	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00
1.3300	65-69	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$6.65	\$13.30	\$19.95	\$26.60	\$33.25	\$39.90	\$46.55	\$53.20	\$59.85	\$66.50
2.2900	70-99	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$11.45	\$22.90	\$34.35	\$45.80	\$57.25	\$68.70	\$80.15	\$91.60	\$103.05	\$114.50

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$50,000

	Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example:	35	0.1100	X	75	=	\$ 8.25
			X		=	

**Dependent Children Benefit**

Monthly Rate:

\$5,000	\$10,000
\$1.20	\$2.40

Premium covers all dependent children regardless of the number of children.

## Definitions

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
<b>AD&amp;D</b>	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
<b>Limited Activity</b>	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
<b>Term Life</b>	Benefit provided to the designated beneficiary upon the death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
<b>Exclusion: Suicide</b>	Benefits will not be paid if the death results from suicide within 2 years after coverage is effective. May apply if employee contributes toward the premium.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

**For assistance or additional information Contact Lincoln Financial Group at**

**(800) 423-2765; reference ID: JARRELLISD**

**[www.LincolnFinancial.com](http://www.LincolnFinancial.com)**

NOTE: 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 details. Should there be a difference between this summary and the contract, the contract will govern.

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