

Voluntary Life Insurance

What is life insurance? Life insurance is a form of insurance that pays money in the amount of the coverage to a beneficiary upon the death of the insured covered in the policy.

Associate	Spouse	Dependent
Choice of \$10,000 - \$200,000	Choice of \$10,000-\$50,000	\$10,000 for each child
Not to exceed 5 times your salary	Associate must select coverage for the spouse to be eligible	Child: Six months to age 26
For employees age 70 and older, the maximum benefit is \$50,000	Not to exceed 50% of associate's approved amount.	

Employee Benefit Options

AGE	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000
< 30	\$.16	\$.40	\$.81	\$1.62	\$2.42	\$3.20
30 - 34	\$.18	\$.46	\$.92	\$1.85	\$2.77	\$3.60
35 - 39	\$.25	\$.63	\$1.27	\$2.54	\$3.81	\$5.00
40 - 44	\$.39	\$.98	\$1.96	\$3.92	\$5.88	\$7.80
45 - 49	\$.62	\$1.56	\$3.12	\$6.23	\$9.35	\$12.40
50 - 54	\$1.22	\$3.06	\$6.12	\$12.23	\$18.35	\$24.40
55 - 59	\$1.98	\$4.96	\$9.92	\$19.85	\$29.77	\$39.60
60 - 64	\$2.40	\$6.00	\$12.00	\$24.00	\$36.00	\$48.00
65 - 69	\$6,500	\$16,250	\$32,500	\$65,000	\$97,500	\$130,000
	\$2.70	\$6.75	\$13.50	\$27.00	\$40.50	\$53.95
70 - 74	\$4,000	\$10,000	\$20,000	N/A	N/A	N/A
	\$3.93	\$9.83	\$19.66	N/A	N/A	N/A
75 - 79	\$2,500	\$6,250	\$12,500	N/A	N/A	N/A
	\$9.39	\$23.47	\$46.93	N/A	N/A	N/A

Spouse Benefit Options

\$10,000	\$25,000	\$50,000
\$.16	\$.40	\$.81
\$.18	\$.46	\$.92
\$.25	\$.63	\$1.27
\$.39	\$.98	\$1.96
\$.62	\$1.56	\$3.12
\$1.22	\$3.06	\$6.12
\$1.98	\$4.96	\$9.92
\$2.40	\$6.00	\$12.00
\$6,500	\$16,250	\$32,500
\$2.70	\$6.75	\$13.50
N/A	N/A	N/A

Dependent Children Rate = \$.46 Weekly
Premium covers all dependent children regardless of the number of children.

Understanding Your Benefits	
Accelerated Death Benefit	Provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill. The death benefit will be reduced by the amount withdrawn.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.
Conversion	If you terminate your employment or become ineligible for this coverage you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination with Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Portability	You may be able to continue your coverage if you leave your job. To take advantage of this benefit, send your written application and first premium payment to Lincoln Financial Group within 31 days of the date your coverage would otherwise end.
Term Life	Benefit provided to the designated beneficiary upon 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.

Short-Term Disability

What is short-term disability insurance? Short-term disability is intended to provide you with an income for a short duration in case you cannot work due to an illness or off-the-job injury.

Summary of Benefits	
Maximum Weekly Benefit:	60% of weekly salary up to a maximum \$1,000 per week
Maximum Benefit Duration:	13 weeks
Elimination Period For Benefits (Waiting Period):	1 st day for an accident; 15 th day for an illness
Pre-Existing Condition	No treatment for 3 months prior to the coverage effective date unless it begins after you have performed your regular occupation on a full-time basis for 6 months following the coverage effective date.
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.
Integration of Benefits	The benefits from this policy will be reduced by benefits you may receive through state disability.
Understanding Your Benefits	
Total Disability	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your regular occupation
Partial Disability	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within two weeks of returning to work, you will begin receiving benefits again immediately.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: Your disability is the result of a self-inflicted injury; You are not under the regular care of a doctor when requesting disability benefits; Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury; You are receiving payment under a salary continuance or retirement plan sponsored by the group policyholder.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: Any governmental retirement system earned as a result of working for the current policyholder; Any disability or retirement benefit received under a retirement plan; Any Social Security or similar benefits; Earnings the insured earns or receives from any form of employment.
Benefit Termination	This coverage will terminate when you terminate employment with this policyholder.

Long-Term Disability

What is long-term disability insurance? Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer. All full-time associates are eligible for this benefit after 90 days of full-time employment.

	Monthly Benefit	Maximum Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
Voluntary LTD Plan Employee Paid	60%	\$5,000	5 years / To Age 70	24 Months	90 Days
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.				
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.				
Benefit Limitations	Mental Illness: 24 months Substance Abuse: 24 months Specified Illness: 24 Months				

Understanding Your Benefits

Elimination Period	The number of days you must be disabled prior to collecting disability benefits.
Own Occupation	The trade or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
Partial Disability	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
Benefit Duration Reduction	Your benefit duration may be reduced if you become disabled after age 65.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: Your disability is the result of a self-inflicted injury; You are not under the regular care of a doctor when requesting disability benefits; You were involved in a felony commission, act of war, or participation in a riot; You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: Any compulsory benefit act or law (such as state disability plans); Any governmental retirement system earned as a result of working for the current policyholder; Any disability or retirement benefit received under a retirement plan; Any Social Security, or similar plan or act, benefits; Earnings from any form of employment; Workers compensation; Salary continuance or employer contributions to an employer sponsored retirement plan.
Coverage Termination	When you terminate employment with this policyholder, or at your retirement.