

Sponsored by: Region 14 Co-op

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	Day 1 to age 26 (to age 26 if unmarried, regardless of student status): \$10,000
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$500,000, limited to 5 times your annual salary	\$250,000, limited to 50% of employee amount	\$10,000
Guarantee Issue	\$150,000	\$50,000	

AD&D Benefit	Employee	Spouse
Amount	Benefit amount equal to the life amount elected by you. Cost included in the schedule.	Same as employee

Benefit Reduction	Employee	Spouse
Benefits will reduce:	50% at age 70; Benefits terminate at retirement	Benefits terminate at employee age 70

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
See Definition:	Portability
See Definition:	Conversion
See Definition:	Seat Belt, Airbag, and Common Carrier

Definitions

Accelerated Death Benefit	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 The death benefit will be reduced by the amount withdrawn.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.
AD&D	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. This insurance is optional and can be purchased by you and your Spouse .
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 without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Guarantee Issue	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.
Limited Activity	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.
Portability	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
Seat Belt, Airbag, and Common Carrier	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Term Life	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.
Exclusion: Suicide	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

LifeKeysSM	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.
TravelConnectSM	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: Region 14 Co-op

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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**Monthly Employee Premium
Life and Accidental Death & Dismemberment 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.

Uni-Smoker

Monthly RATE	AGE	\$ 10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$ 60,000	\$ 70,000	\$80,000	\$90,000	\$100,000
0.0800	<25	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
0.0900	25-29	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
0.1100	30-34	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
0.1300	35-39	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
0.1800	40-44	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00
0.2800	45-49	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80	\$19.60	\$22.40	\$25.20	\$28.00
0.4400	50-54	\$4.40	\$8.80	\$13.20	\$17.60	\$22.00	\$26.40	\$30.80	\$35.20	\$39.60	\$44.00
0.7000	55-59	\$7.00	\$14.00	\$21.00	\$28.00	\$35.00	\$42.00	\$49.00	\$56.00	\$63.00	\$70.00
0.8700	60-64	\$8.70	\$17.40	\$26.10	\$34.80	\$43.50	\$52.20	\$60.90	\$69.60	\$78.30	\$87.00
1.4900	65-69	\$14.90	\$29.80	\$44.70	\$59.60	\$74.50	\$89.40	\$104.30	\$119.20	\$134.10	\$149.00
2.3700	70-74	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$11.85	\$23.70	\$35.55	\$47.40	\$59.25	\$71.10	\$82.95	\$94.80	\$106.65	\$118.50
3.6400	75 +	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$18.20	\$36.40	\$54.60	\$72.80	\$91.00	\$109.20	\$127.40	\$145.60	\$163.80	\$182.00

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
Example:	35	0.130	X	150	=	\$19.50
			X		=	

Dependent Children Benefit

**Monthly
Rate:**

\$10,000
\$1.00

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

Monthly Spouse Premium

Life and Accidental Death & Dismemberment 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.

Uni-Smoker

Monthly RATE	AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0.0800	<25	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
0.0900	25-29	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
0.1100	30-34	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
0.1300	35-39	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
0.1800	40-44	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
0.2800	45-49	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
0.4400	50-54	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80	\$22.00
0.7000	55-59	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00	\$24.50	\$28.00	\$31.50	\$35.00
0.8700	60-64	\$4.35	\$8.70	\$13.05	\$17.40	\$21.75	\$26.10	\$30.45	\$34.80	\$39.15	\$43.50
1.4900	65-69	\$7.45	\$14.90	\$22.35	\$29.80	\$37.25	\$44.70	\$52.15	\$59.60	\$67.05	\$74.50

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	0.130	X	75	=	\$ 9.75
			X		=	

Dependent Children Benefit

Monthly Rate:

\$10,000
\$1.00

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