

You're In Charge®

SUMMARY OF BENEFITS

Sponsored by:	Iowa Park Consolidated ISD
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Life Benefit	Employee	Spouse	Dependent
		verage for Spouse or dependents	•
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments	Age 1 Day to 14 Days: \$1000
Amount		Choice of \$5,000 increments	Age 14 Day to 6 Months: \$2,000
			Age 6 Months to Age 26: Choice
			of \$5,000 or \$10,000
Minimum Amount	\$10,000	\$10,000	
Maximum Amount	\$500,000, limited to 7 times your annual salary	\$500,000, limited to 100% of employee amount	
Guarantee Issue for Newly Eligible Employee	\$200,000	\$50,000	
Current Eligible Employees	You or your Spouse may elect or increase insi benefit levels on a guaranteed acceptance ba defined annual open enrollment period, provid have not been previously declined, withdrawn	sis during your company's led that you or your Spouse	
Benefit Reduction	Employee	Spouse	
Benefits will	35% at age 65;	35% at Employee Age 65;	
reduce:	Additional 15% of original amount at age 70; Benefits terminate at retirement	Additional 15% of original amount at Employee Age 70	
		Benefits terminate at Employed Retirement	e
Eligibility	Employee	Spouse and Dependents	
	All employees in an eligible class.	Cannot be in a period of limited effect.	d activity on the day coverage takes
Additional Ben	efits		
See Definition:	Accelerated Death Benefit		
See Definition:	Portability		
See Definition:	Conversion		

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 The death benefit will be reduced by the amount withdrawn.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.						
Conversion	convert all or part of the amount of coverage in	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	available without any Evidence of Insurability	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.						
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							
LifeKeys SM	LifeKeys SM 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.						
TravelConnect SM	Travel assistance services for employees and home.	eligible dependents traveling more than 100 miles from					
For assistance or additional information Contact Lincoln Financial Group at							
(800) 423-2	765; reference ID: IOWAPARK	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.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Not for use in New York.

Life Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately. Spouse Rates 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 Employee Premium

Monthly RATE Per \$1000	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
0.0800	30-34	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
0.0900	35-39	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
0.1100	40-44	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
0.1680	45-49	\$1.68	\$3.36	\$5.04	\$6.72	\$8.40	\$10.08	\$11.76	\$13.44	\$15.12	\$16.80
0.3170	50-54	\$3.17	\$6.34	\$9.51	\$12.68	\$15.85	\$19.02	\$22.19	\$25.36	\$28.53	\$31.70
0.5450	55-59	\$5.45	\$10.90	\$16.35	\$21.80	\$27.25	\$32.70	\$38.15	\$43.60	\$49.05	\$54.50
0.8710	60-64	\$8.71	\$17.42	\$26.13	\$34.84	\$43.55	\$52.26	\$60.97	\$69.68	\$78.39	\$87.10
1.2140	65-69	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
		\$7.89	\$15.78	\$23.67	\$31.56	\$39.46	\$47.35	\$55.24	\$63.13	\$71.02	\$78.91
2.0390	70-74	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$10.20	\$20.39	\$30.59	\$40.78	\$50.98	\$61.17	\$71.37	\$81.56	\$91.76	\$101.95
2.0390	75-79	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$10.20	\$20.39	\$30.59	\$40.78	\$50.98	\$61.17	\$71.37	\$81.56	\$91.76	\$101.95
2.0390	80-99	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$10.20	\$20.39	\$30.59	\$40.78	\$50.98	\$61.17	\$71.37	\$81.56	\$91.76	\$101.95

Monthly Spouse Premium

Monthly opease											
Monthly RATE Per \$1000	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
0.0800	30-34	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
0.0900	35-39	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
0.1100	40-44	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
0.1680	45-49	\$0.84	\$1.68	\$2.52	\$3.36	\$4.20	\$5.04	\$5.88	\$6.72	\$7.56	\$8.40
0.3170	50-54	\$1.59	\$3.17	\$4.76	\$6.34	\$7.93	\$9.51	\$11.10	\$12.68	\$14.27	\$15.85
0.5450	55-59	\$2.73	\$5.45	\$8.18	\$10.90	\$13.63	\$16.35	\$19.08	\$21.80	\$24.53	\$27.25
0.8710	60-64	\$4.36	\$8.71	\$13.07	\$17.42	\$21.78	\$26.13	\$30.49	\$34.84	\$39.20	\$43.55
1.2140	65-69	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
		\$3.95	\$7.89	\$11.84	\$15.78	\$19.73	\$23.67	\$27.62	\$31.56	\$35.51	\$39.46
2.0390	70-74	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$5.10	\$10.20	\$15.29	\$20.39	\$25.49	\$30.59	\$35.68	\$40.78	\$45.88	\$50.98
2.0390	75-79	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$5.10	\$10.20	\$15.29	\$20.39	\$25.49	\$30.59	\$35.68	\$40.78	\$45.88	\$50.98
2.0390	80-99	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$5.10	\$10.20	\$15.29	\$20.39	\$25.49	\$30.59	\$35.68	\$40.78	\$45.88	\$50.98

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 \$

	Age	Monthly Rate Per \$1,000	x	Benefit In \$1,000's	=	Monthly	Cost
Example:	35	0.0900	X	110	=	\$	9.90
			Х		=		

Dependent Children Benefit Monthly Rate:

\$ 5,000	\$10,000			
\$ 1 00	\$	2 00		

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

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