

## Voluntary Life Insurance with Accidental Death and Dismemberment (AD&D)

### SUMMARY OF BENEFITS

**Sponsored by:** City of Pueblo

Life Benefit	Employee	Spouse/Domestic Partner	Dependent
Amount	Choice of \$10,000 increments Not to exceed 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000	Choice of \$5,000 increments Employee must elect coverage for Spouse/Domestic Partner to be eligible. Not to exceed 50% of employee elected amount.	\$250 Child: 14 days to 6 months Choice of \$1,000 increments Child: 6 months to age 26 Newborn children to age 14 days are not eligible for a benefit Employee must elect coverage for dependents to be eligible.
Minimum Amount	\$10,000	\$5,000	\$2,000
Maximum Amount	\$300,000	\$100,000	\$10,000
Guarantee Issue for Newly Eligible Employees	\$200,000	\$30,000	N/A
Current Eligible Employees	You or your Spouse/Domestic Partner may elect or increase insurance coverage up to 2 increments on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse/Domestic Partner have not been previously declined for coverage.		
AD&D Benefit	Employee	Spouse/Domestic Partner	
Amount	Optional coverage can be purchased by you for additional premium. Benefit amount equal to the life amount elected by you. Cost included in the schedule.	Same as employee	
Benefit Reduction	Employee	Spouse/Domestic Partner	
Benefits will reduce:	50% at age 70 An additional 35 of original amount at age 75 Benefits terminate at retirement	Benefits terminate at Spouse/Domestic Partner age 70 or employee retirement, whichever occurs first	
Additional Benefits			
See Definition:	Accelerated Death Benefit		
See Definition:	Portability		
See Definition:	Conversion		
See Definition:	Seat Belt, Airbag, and Common Carrier		
Eligibility	Employee	Spouse/Domestic Partner and Dependents	
	All employees in an eligible class. You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again, or may be responsible for the cost of required examinations.	Cannot be in a period of limited activity on the day coverage takes effect.	

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

Employee and Spouse/Domestic Partner Premiums are calculated separately.  
Refer to Program Specifications for your maximum benefit amounts.

**Benefits and premium amounts reflect age reductions.**

AGE	Monthly Rate per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	0.0700	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
25-29	0.0700	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
30-34	0.0800	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
35-39	0.1000	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
40-44	0.1500	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
45-49	0.2500	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
50-54	0.4300	\$4.30	\$8.60	\$12.90	\$17.20	\$21.50	\$25.80	\$30.10	\$34.40	\$38.70	\$43.00
55-59	0.6700	\$6.70	\$13.40	\$20.10	\$26.80	\$33.50	\$40.20	\$46.90	\$53.60	\$60.30	\$67.00
60-64	1.0300	\$10.30	\$20.60	\$30.90	\$41.20	\$51.50	\$61.80	\$72.10	\$82.40	\$92.70	\$103.00
65-69	1.8000	\$18.00	\$36.00	\$54.00	\$72.00	\$90.00	\$108.00	\$126.00	\$144.00	\$162.00	\$180.00
<b>70-74</b>	3.1300	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
		\$15.65	\$31.30	\$46.95	\$62.60	\$78.25	N/A	N/A	N/A	N/A	N/A
<b>75-79</b>	5.5000	<b>\$1,500</b>	<b>\$3,000</b>	<b>\$4,500</b>	<b>\$6,000</b>	<b>\$7,500</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
		\$8.25	\$16.50	\$24.75	\$33.00	\$41.25	N/A	N/A	N/A	N/A	N/A
<b>80+</b>	7.7000	<b>\$1,500</b>	<b>\$3,000</b>	<b>\$4,500</b>	<b>\$6,000</b>	<b>\$7,500</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
		\$11.55	\$23.10	\$34.65	\$46.20	\$57.75	N/A	N/A	N/A	N/A	N/A

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>35</b>	<b>\$0.1000</b>	<b>X</b>	<b>150</b>	<b>=</b>	<b>\$15.00</b>
		<b>X</b>		<b>=</b>	

Dependent Children Monthly Rate \$.20 per \$1,000 increment

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

**Spouse/Domestic Partner Monthly Premium  
Life Premium for sample benefit amounts**

Employee and Spouse/Domestic Partner premiums are calculated separately.  
Spouse/Domestic Partner premiums will be calculated based on Spouse/Domestic Partner age.  
Refer to Program Specifications for your maximum benefit amounts.

**Benefits and premium amounts reflect age reductions.**

AGE	Monthly Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<25	0.0700	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
25-29	0.0700	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
30-34	0.0800	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
35-39	0.1000	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
40-44	0.1500	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
45-49	0.2500	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
50-54	0.4300	\$2.15	\$4.30	\$6.45	\$8.60	\$10.75	\$12.90	\$15.05	\$17.20	\$19.35	\$21.50
55-59	0.6700	\$3.35	\$6.70	\$10.05	\$13.40	\$16.75	\$20.10	\$23.45	\$26.80	\$30.15	\$33.50
60-64	1.0300	\$5.15	\$10.30	\$15.45	\$20.60	\$25.75	\$30.90	\$36.05	\$41.20	\$46.35	\$51.50
65-69	1.8000	\$9.00	\$18.00	\$27.00	\$36.00	\$45.00	\$54.00	\$63.00	\$72.00	\$81.00	\$90.00
70+		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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
35	\$0.1000	X	75	=	\$7.50
		X		=	

Dependent Children Monthly Rate \$.20 per \$1,000 increment

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

**Employee Monthly Premium  
Life and Accidental Death and Dismemberment Premium for sample benefit amounts**

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

**Benefits and premium amounts reflect age reductions.**

AGE	Monthly Rate per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	0.1000	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
25-29	0.1000	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
30-34	0.1100	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
35-39	0.1300	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
40-44	0.1800	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00
45-49	0.2800	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80	\$19.60	\$22.40	\$25.20	\$28.00
50-54	0.4600	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60	\$32.20	\$36.80	\$41.40	\$46.00
55-59	0.7000	\$7.00	\$14.00	\$21.00	\$28.00	\$35.00	\$42.00	\$49.00	\$56.00	\$63.00	\$70.00
60-64	1.0600	\$10.60	\$21.20	\$31.80	\$42.40	\$53.00	\$63.60	\$74.20	\$84.80	\$95.40	\$106.00
65-69	1.8300	\$18.30	\$36.60	\$54.90	\$73.20	\$91.50	\$109.80	\$128.10	\$146.40	\$164.70	\$183.00
<b>70-74</b>	3.1600	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
		\$15.80	\$31.60	\$47.40	\$63.20	\$79.00	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>75-79</b>	5.5300	<b>\$1,500</b>	<b>\$3,000</b>	<b>\$4,500</b>	<b>\$6,000</b>	<b>\$7,500</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
		\$8.30	\$16.59	\$24.89	\$33.18	\$41.48	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>80+</b>	7.7300	<b>\$1,500</b>	<b>\$3,000</b>	<b>\$4,500</b>	<b>\$6,000</b>	<b>\$7,500</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
		\$11.60	\$23.19	\$34.79	\$46.38	\$57.98	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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: 35</b>	<b>\$0.1300</b>	<b>X</b>	<b>150</b>	<b>=</b>	<b>\$19.50</b>
		<b>X</b>		<b>=</b>	

Dependent Children Monthly Rate \$.20 per \$1,000 increment

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

**Spouse/Domestic Partner Monthly Premium  
Life and Accidental Death and Dismemberment Premium for sample benefit amounts**

Employee and Spouse/Domestic Partner premiums are calculated separately.  
Spouse/Domestic Partner premiums will be calculated based on Spouse/Domestic Partner age.  
Refer to Program Specifications for your maximum benefit amounts.

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AGE	Monthly Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<25	0.1000	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
25-29	0.1000	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
30-34	0.1100	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
35-39	0.1300	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
40-44	0.1800	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
45-49	0.2800	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
50-54	0.4600	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$13.80	\$16.10	\$18.40	\$20.70	\$23.00
55-59	0.7000	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00	\$24.50	\$28.00	\$31.50	\$35.00
60-64	1.0600	\$5.30	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$37.10	\$42.40	\$47.70	\$53.00
65-69	1.8300	\$9.15	\$18.30	\$27.45	\$36.60	\$45.75	\$54.90	\$64.05	\$73.20	\$82.35	\$91.50
70+		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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
<b>Example:</b>	35	\$0.1300	X	75	=	\$9.75
			X		=	

Dependent Children Monthly Rate \$.20 per \$1,000 increment

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. This insurance is optional and can be purchased by you and your Spouse/Domestic Partner.
<b>Conversion</b>	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.
<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/Domestic Partner 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>Portability</b>	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.
<b>Seat Belt, Airbag, and Common Carrier</b>	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.
<b>Term Life</b>	Coverage provided to the designated beneficiary upon the death of the insured. Coverage 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 1 year 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 or log on to [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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