

Voluntary Life Insurance

SUMMARY OF BENEFITS

Sponsored by:		City of Mission	
Life Benefit	Employee	Spouse	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 to be eligible. Not to exceed 50% of employee elected amount.	\$250 Child: 14 days to 6 months \$10,000 Child: 6 months to age 25 Newborn children to age 14 days are not eligible for a benefit. Employee must elect coverage for dependent to be eligible.
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$500,000	\$250,000	\$10,000
Guarantee Issue	\$150,000	\$30,000	\$10,000
Current Eligible Employees	You or your spouse may elect or increase insurance coverage up to 2 increments on a guaranteed acceptance basis during your company's defined annual enrollment period, provided that you or your spouse have not been previously declined for coverage.		
Benefit Reduction	Employee	Spouse	
Benefits will reduce:	35% at age 65 An additional 20% of original amount at age 70 An additional 15% of original amount at age 75 An additional 10% of original amount at age 80 An additional 5% of original amount at age 85 Benefits terminate at retirement.	35% at employee age 65 Benefits terminate at employee age 70 or retirement, whichever occurs first	
Additional Benefits			
See Definition:	Accelerated Death Benefit	See Definition:	Conversion
See Definition:	Portability		
Eligibility	Employee	Spouse and Dependents	
	All full-time active employees working 40 or more hours per week in an eligible class are eligible for coverage. A delayed effective date will apply if the employee is not actively at work.	Cannot be in a period of limited activity on the day coverage takes effect.	

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 The death benefit will be reduced by the amount withdrawn.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	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. A written application must be made within 31 days of your termination.
Term Life	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.
Exclusion: Suicide	Benefits will not be paid if the death results from suicide within two years after coverage is effective. May apply if employee contributes toward the premium.

Additional Benefits

<i>BeneficiaryConnect</i>SM	Support services for beneficiaries who have experienced a loss.
<i>TravelConnect</i>SM	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

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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City of Mission

Employee Semi-Monthly 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.

AGE	Semi-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	0.055	\$ 0.55	\$ 1.10	\$ 1.65	\$ 2.20	\$ 2.75	\$ 3.30	\$ 3.85	\$ 4.40	\$ 4.95	\$ 5.50
25-29	0.055	\$ 0.55	\$ 1.10	\$ 1.65	\$ 2.20	\$ 2.75	\$ 3.30	\$ 3.85	\$ 4.40	\$ 4.95	\$ 5.50
30-34	0.055	\$ 0.55	\$ 1.10	\$ 1.65	\$ 2.20	\$ 2.75	\$ 3.30	\$ 3.85	\$ 4.40	\$ 4.95	\$ 5.50
35-39	0.075	\$ 0.75	\$ 1.50	\$ 2.25	\$ 3.00	\$ 3.75	\$ 4.50	\$ 5.25	\$ 6.00	\$ 6.75	\$ 7.50
40-44	0.060	\$ 0.60	\$ 1.20	\$ 1.80	\$ 2.40	\$ 3.00	\$ 3.60	\$ 4.20	\$ 4.80	\$ 5.40	\$ 6.00
45-49	0.105	\$ 1.05	\$ 2.10	\$ 3.15	\$ 4.20	\$ 5.25	\$ 6.30	\$ 7.35	\$ 8.40	\$ 9.45	\$ 10.50
50-54	0.160	\$ 1.60	\$ 3.20	\$ 4.80	\$ 6.40	\$ 8.00	\$ 9.60	\$ 11.20	\$ 12.80	\$ 14.40	\$ 16.00
55-59	0.245	\$ 2.45	\$ 4.90	\$ 7.35	\$ 9.80	\$ 12.25	\$ 14.70	\$ 17.15	\$ 19.60	\$ 22.05	\$ 24.50
60-64	0.400	\$ 4.00	\$ 8.00	\$ 12.00	\$ 16.00	\$ 20.00	\$ 24.00	\$ 28.00	\$ 32.00	\$ 36.00	\$ 40.00
65-69	0.530	\$ 6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$ 39,000	\$45,500	\$52,000	\$58,500	\$ 65,000
		\$ 3.45	\$ 6.89	\$ 10.34	\$ 13.78	\$ 17.23	\$ 20.67	\$ 24.12	\$ 27.56	\$ 31.01	\$ 34.45
70-74	0.905	\$ 4,500	\$ 9,000	\$13,500	\$18,000	\$22,500	N/A	N/A	N/A	N/A	N/A
		\$ 4.07	\$ 8.15	\$ 12.22	\$ 16.29	\$ 20.36	N/A	N/A	N/A	N/A	N/A
75-79	1.610	\$ 3,000	\$ 6,000	\$ 9,000	\$12,000	\$15,000	N/A	N/A	N/A	N/A	N/A
		\$ 4.83	\$ 9.66	\$ 14.49	\$ 19.32	\$ 24.15	N/A	N/A	N/A	N/A	N/A
80+		For benefit and premium amounts please see your Plan Administrator.									

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	Semi-Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Semi-Monthly Cost
35	0.075	X	150	=	\$11.25
		X		=	

Dependent Children Rate = \$2.00 Semi-Monthly

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

City of Mission

Spouse Semi-Monthly Premium Life Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
Spouse premiums will be calculated based on the Employee's age.
Refer to Program Specifications for your maximum benefit amounts.
Benefits and premium amounts reflect age reductions.

AGE	Semi-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	0.055	\$ 0.28	\$ 0.55	\$ 1.65	\$ 2.20	\$ 2.75	\$ 3.30	\$ 1.93	\$ 2.20	\$ 2.48	\$ 2.75
25-29	0.055	\$ 0.28	\$ 0.55	\$ 1.65	\$ 2.20	\$ 2.75	\$ 3.30	\$ 1.93	\$ 2.20	\$ 2.48	\$ 2.75
30-34	0.055	\$ 0.28	\$ 0.55	\$ 1.65	\$ 2.20	\$ 2.75	\$ 3.30	\$ 1.93	\$ 2.20	\$ 2.48	\$ 2.75
35-39	0.075	\$ 0.38	\$ 0.75	\$ 2.25	\$ 3.00	\$ 3.75	\$ 4.50	\$ 2.63	\$ 3.00	\$ 3.38	\$ 3.75
40-44	0.060	\$ 0.30	\$ 0.60	\$ 1.80	\$ 2.40	\$ 3.00	\$ 3.60	\$ 2.10	\$ 2.40	\$ 2.70	\$ 3.00
45-49	0.105	\$ 0.53	\$ 1.05	\$ 3.15	\$ 4.20	\$ 5.25	\$ 6.30	\$ 3.68	\$ 4.20	\$ 4.73	\$ 5.25
50-54	0.160	\$ 0.80	\$ 1.60	\$ 4.80	\$ 6.40	\$ 8.00	\$ 9.60	\$ 5.60	\$ 6.40	\$ 7.20	\$ 8.00
55-59	0.245	\$ 1.23	\$ 2.45	\$ 7.35	\$ 9.80	\$ 12.25	\$ 14.70	\$ 8.58	\$ 9.80	\$ 11.03	\$ 12.25
60-64	0.400	\$ 2.00	\$ 4.00	\$ 12.00	\$ 16.00	\$ 20.00	\$ 24.00	\$ 14.00	\$ 16.00	\$ 18.00	\$ 20.00
65-69	0.530	\$ 3,250	\$ 6,500	\$19,500	\$26,000	\$32,500	\$39,000	\$22,750	\$26,000	\$29,250	\$32,500
		\$ 1.72	\$ 3.45	\$ 10.34	\$ 13.78	\$ 17.23	\$ 20.67	\$ 12.06	\$ 13.78	\$ 15.50	\$ 17.23
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	Semi-Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Semi-Monthly Cost
35	0.075	X	75	=	\$5.63
		X		=	

Dependent Children Rate = \$2.00 Semi-Monthly

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