

Benefits At-A-Glance

Supplemental Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for DeKalb ISD employees
- Includes *LifeKeys*[®] services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*SM services, which give you and your family access to emergency medical help when you're traveling

Employee	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$100,000
Newly hired employee guaranteed coverage amount	\$100,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	5 times your annual salary (\$500,000 maximum)
Minimum coverage amount	\$10,000
Spouse / Domestic Partner	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$30,000
Newly hired employee guaranteed coverage amount	\$30,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$5,000 or \$10,000
Maximum coverage amount	50% of the employee coverage amount (\$100,000 maximum)
Minimum coverage amount	\$5,000
Dependent Children	
6 months to age 26 guaranteed coverage amount	\$10,000
Age 14 days to 6 months guaranteed coverage amount	\$250

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$100,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary (\$500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.

Spouse / Domestic Partner Coverage - You can secure term life insurance for your spouse / domestic partner if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 50% of your coverage amount (\$30,000 maximum) for your spouse / domestic partner without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse / domestic partner by \$5,000 or \$10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$10,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

You can choose a coverage amount up to 50% of your coverage amount (\$100,000 maximum) for your spouse / domestic partner with evidence of insurability.

Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: \$1,000, \$2,000, \$4,000, \$5,000, and \$10,000.

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

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 detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych®, EstateGuidance® and GuidanceResources® Online are registered trademarks of ComPsych® Corporation. *TravelConnect*™ services are provided by UnitedHealthCare Global, Baltimore, MD. ComPsych® and UnitedHealthCare Global are not Lincoln Financial Group® companies. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL1101) 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.



Monthly Supplemental Life Insurance Premium

Here's how little you pay with group rates.

Employee Age Range	Life Premium Rate
0 - 29	0.0000700
30 - 34	0.0000800
35 - 39	0.0001100
40 - 44	0.0001700
45 - 49	0.0002800
50 - 54	0.0004900
55 - 59	0.0008200
60 - 64	0.0011800
65 - 69	0.0019600
70 - 74	0.0034600
75 - 79	0.0034600
80 - 99	0.0034600

Group Rates for You

The estimated monthly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium rate.

$$\text{\$ } \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \text{\$ } \underline{\hspace{2cm}}$$

coverage amount premium rate monthly premium

Note: Rates are subject to change and can vary over time.

Employee Age Range	Life Premium Rate
0 - 29	0.0000700
30 - 34	0.0000800
35 - 39	0.0001100
40 - 44	0.0001700
45 - 49	0.0002800
50 - 54	0.0004900
55 - 59	0.0008200
60 - 64	0.0011800
65 - 69	0.0019600
70 - 74	0.0034600
75 - 79	0.0034600
80 - 99	0.0034600

Group Rates for Your Spouse / Domestic Partner

The estimated monthly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the employee age-range premium rate.

$$\text{\$ } \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \text{\$ } \underline{\hspace{2cm}}$$

coverage amount premium rate monthly premium

Note: Rates are subject to change and can vary over time.

Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
\$1,000	\$0.19
\$2,000	\$0.38
\$4,000	\$0.77
\$5,000	\$0.96
\$10,000	\$1.92

Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

Note: You must be an active DeKalb ISD employee to select coverage for a spouse / domestic partner and/or dependent children. To be eligible for coverage, a spouse / domestic partner or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company
Please see prior page for product information.

Supplemental Life Insurance Premium Calculation