

**Group Life Insurance**

**Optional Life**

**SUMMARY OF BENEFITS**

**Sponsored by:** Woodbury County

**Effective date:** January 1, 2012

<b>Life Benefit</b>	<b>Employee-Paid Optional Life</b>
Amount	Choice of \$10,000 increments Not to exceed 5 times your salary
Minimum Amount	\$10,000
Maximum Amount	\$100,000
Guarantee Issue for Newly Eligible Employees	\$100,000
Current Eligible Employees	You 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 have not been previously declined for coverage.

<b>Benefit Reduction</b>	<b>Employee</b>
Benefits will reduce:	45% at age 70 An additional 20% of original amount at age 75; and An additional 10% of original amount at age 80 Benefits terminate at retirement

<b>Additional Benefits</b>	
See Definition:	Accelerated Death Benefit
See Definition:	Conversion
See Definition:	Continuation of Coverage

<b>Eligibility</b>	<b>Employee</b>
	All full-time employees working 25 or more hours per week in an eligible class are eligible for coverage on the policy effective date. A delayed effective date will apply if the employee is not actively at work.

(Please see other side)

## Woodbury County

### Employee Semi-Monthly Premium Life insurance only Premium for sample benefit amounts

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
<70	.1250	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
70-74		\$5,500	\$11,000	\$16,500	\$22,000	\$27,500	N/A	N/A	N/A	N/A	N/A
	.1250	\$.69	\$1.38	\$2.06	\$2.75	\$3.44	N/A	N/A	N/A	N/A	N/A
75-79		\$3,500	\$7,000	\$10,500	\$14,000	\$17,500	N/A	N/A	N/A	N/A	N/A
	.1250	\$.44	\$.88	\$1.31	\$1.75	\$2.19	N/A	N/A	N/A	N/A	N/A
80+		Please See Plan Administrator for Additional Information									

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

## 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 The death benefit will be reduced by the amount withdrawn.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>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>Continuation of Coverage</b>	If coverage has been in force for at least 12 months, you may continue your coverage for a specified period of time after your employment by paying the required premium. Continuation of coverage is available if you cease employment for a reason other than sickness, injury, or retirement.
<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 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>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 2 years after coverage is effective. May apply if employee contributes toward the premium.

## Additional Benefits

<b>BeneficiaryConnect<sup>SM</sup></b>	Support services for beneficiaries who have experienced a loss.
<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.

©2008 Lincoln National Corporation

Group Insurance products are issued by The Lincoln National Life Insurance Company (Ft. Wayne, IN), which is not licensed and does not solicit business in New York. In New York, group insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group companies. Product availability and/or features may vary by state. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Each affiliate is solely responsible for its own financial and contractual obligations.