



The Lincoln National Life Insurance Company
A Stock Company Home Office Location: Fort Wayne, Indiana
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066
(800) 423-2765 Online: www.LincolnFinancial.com

CERTIFIES THAT Group Policy Number LIFE-0000108029 has been issued to:
Oakdale Joint Unified School District
(The Group Policyholder)

Certificate of Group Insurance for Plan 1/Class 1

This Certificate, and any amendments which may be attached to it, contains the main provisions of the Policy. You are entitled to the benefits described in this Certificate only if You are eligible, become and remain insured under the provisions of the Policy. This Certificate replaces any other certificates for the benefits described inside. If a change affecting this insurance is made, an amendment or a new certificate will be issued to describe the change.

PRESIDENT

READ YOUR CERTIFICATE CAREFULLY

Insurance benefits may be subject to certain requirements, reductions, limitations, and exclusions.

The Certificate contains an Accelerated Death Benefit provision. Receipt of an Accelerated Death Benefit will reduce benefits specified in the Certificate. An Accelerated Death Benefit may be taxable. As with all tax matters, You should consult a professional tax advisor before applying for this benefit. Please read the Exclusions section of the Accelerated Death Benefit included in the Certificate.

IMPORTANT INFORMATION REGARDING THIS INSURANCE. To contact someone about this insurance for any reason, please contact the agent involved in its sale. If no agent was involved in its sale, or if there are additional questions, contact Us at the above address or phone Us at 1-800-423-2765. If unable to obtain satisfaction from Us or the agent, contact the state regulatory agency at California Department of Insurance, Consumer Communications Bureau, 300 South Spring Street, Los Angeles CA 90013, <https://www.insurance.ca.gov/01-consumers/>, or phone them at 1-800-927-4357. Please have the Policy number available.

**CERTIFICATE OF GROUP INSURANCE
PROVIDING
TERM LIFE INSURANCE
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

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**Oakdale Joint Unified School District
LIFE-0000108029**

SCHEDULE OF BENEFITS

**For
Plan 1 - Basic Life/AD&D Class 1 –
All Full-Time Certificated and Classified Employees**

Group Policy Effective Date: February 1, 2022

Group Policy Number: LIFE-0000108029

Eligible Class: Class 1 - All Full-Time Certificated and Classified Employees

Insurance Month Period: A period beginning on the first Day of any calendar month and ending on the last Day of the same calendar month.

Eligibility Waiting Period: (For Date insurance begins, refer to "Effective Dates" section.)
None

Ineligible to Eligible Status: Prior Service in an ineligible class will apply toward the Eligibility Waiting Period when:

- (1) Your employment status with the Group Policyholder changes; and
- (2) You become a member of an eligible class.

Enrollment Period: 31 Days (See Your Employer for the Dates of the Enrollment Period)

Minimum Full-Time Hours: 20 hours per week

Facility of Payment Amount: \$2,500

Prior Insurance Credit: Included
Refer to the Prior Insurance Credit provision for more information.

Conversion Privilege:
Conversion Amount: Not more than the amount of insurance which is terminating.
Conversion Amount for Policy Amendment or Termination: \$10,000
Refer to the Conversion provision for more information.

Accelerated Death Benefit:
Terminal Condition Period: 12 months
Minimum Amount: 10% or \$10,000 (whichever is greater)
Maximum Amount: 80% or \$500,000 (whichever is less)
Increments Available for Amount: \$1,000
Refer to the Accelerated Death Benefit provision for more information.

Waiver of Premium:
Qualifying Period: six months
Maximum Waiver of Premium Duration: To Age 70
Refer to the Waiver of Premium provision for more information.

Continuation Rights Included:
Family or Medical Leave: three Calendar Months
Military Leave: three Calendar Months
Disability: 12 Calendar Months

**Oakdale Joint Unified School District
LIFE-0000108029**

**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 - Basic Life/AD&D Class 1 –
All Full-Time Certificated and Classified Employees**

Other Leave of Absence: three Calendar Months

Labor Dispute: six Months

Refer to the Continuation Rights provision for more information.

**Oakdale Joint Unified School District
LIFE-0000108029**

**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 1 –
All Full-Time Certificated and Classified Employees**

LIFE INSURANCE

Effect of Exercising the Conversion Privilege or the Accelerated Death Benefit. The amount of Your Basic Life Insurance under this Certificate will be reduced by:

- (1) the amount of any Life Insurance in effect as a result of exercising the Conversion Privilege;
and
- (2) any amount received as a result of exercising the Accelerated Death Benefit.

Contributions. You are not required to contribute to the cost of Your Basic Life Insurance.

Benefit Amounts

Your Life Insurance:

Basic Insurance Amount: \$20,000

Guaranteed Issue Amounts:

Basic Insurance Amount for You:

Guaranteed Issue Initial Amount: \$20,000

Reductions. None

**Oakdale Joint Unified School District
LIFE-0000108029**

**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 1 –
All Full-Time Certificated and Classified Employees**

AD&D INSURANCE

Contributions. You are not required to contribute to the cost of Your AD&D Insurance.

Principal Sum

Your AD&D Insurance:

Basic Insurance Amount: \$20,000

Reductions. None

**Oakdale Joint Unified School District
LIFE-0000108029**

**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 1 –
All Full-Time Certificated and Classified Employees**

AD&D INSURANCE BENEFIT AMOUNTS

Basic Standard Benefits and Benefit Amounts

Scheduled Losses

Loss of Life 100% of the Principal Sum

Severe Dismemberment

Loss of Sight in Both Eyes 100% of the Principal Sum
Loss of Hearing in Both Ears 50% of the Principal Sum
Loss of Speech 50% of the Principal Sum
Loss of Both Arms and Both Legs 100% of the Principal Sum
Loss of Both Arms 100% of the Principal Sum
Loss of Both Legs 100% of the Principal Sum
Loss of Arm and Leg 100% of the Principal Sum

Dismemberment

Loss of Hand 50% of the Principal Sum
Loss of Foot 50% of the Principal Sum
Loss of Arm 75% of the Principal Sum
Loss of Leg 75% of the Principal Sum
Loss of Sight in One Eye 50% of the Principal Sum
Loss of any Finger 25% of the Principal Sum
Loss of any Thumb 25% of the Principal Sum

Paralysis

Quadriplegia 100% of the Principal Sum
Paraplegia 50% of the Principal Sum
Hemiplegia 50% of the Principal Sum
Uniplegia 25% of the Principal Sum

**Oakdale Joint Unified School District
LIFE-0000108029**

**SCHEDULE OF BENEFITS
(Continued)**

**For
Plan 1 Class 1 –
All Full-Time Certificated and Classified Employees**

Enhanced Benefits and Benefit Amounts

Family Care Benefits

Child Family Care Benefit \$5,000 or 10% of the Principal Sum, whichever is less.

Accidental Injury Benefits

Severe Traumatic Brain Injury Benefit \$10,000 or 10% of Your Principal Sum, whichever is less.

Safety Benefits

Safe Driver Benefit

Seat Belt

\$25,000 or 10% of Your Principal Sum, whichever is less.

Air Bag

\$10,000 or 5% of Your Principal Sum, whichever is less.

Transportation Benefits

Common Carrier Benefit

Increases the Benefit Amount to 100% of the amount otherwise payable, subject to a maximum of \$1,000,000.

Disappearance Benefit

Your AD&D Insurance Benefit Amount for Loss of Life.

ELIGIBILITY AND EFFECTIVE DATES

For Your Life and AD&D Insurance

ELIGIBLE CLASSES. The classes eligible for insurance are shown in the Schedule of Benefits. We have the right to review and terminate any and all eligible classes if any class ceases to be insured by the Policy.

ELIGIBILITY. You become eligible for insurance provided by the Policy on the later of:

- (1) the Group Policy's Effective Date; or
- (2) the Date You complete the Eligibility Waiting Period shown in the Schedule of Benefits.

Prior Service Credit Towards Eligibility Waiting Period. Prior service in an Eligible Class will apply toward the Eligibility Waiting Period on return:

- (1) from an approved Family or Medical Leave within:
 - (a) the period required by federal law; or
 - (b) any longer period required by a similar state law; or
- (2) from a Military Leave within the period required by federal USERRA law.

ENROLLMENT. You may enroll for Life and AD&D Insurance within 31 Days of the Date You are first eligible.

EFFECTIVE DATES. Life and AD&D Insurance becomes effective on the latest of:

- (1) the first Day of the Insurance Month coinciding with or next following the Date You become eligible for the insurance;
- (2) the Date You resume Active Work, if not Actively at Work on the Day You become eligible; or
- (3) the Date You enroll for Life and AD&D Insurance, and if the Insured contributes to the cost of the Life and AD&D Insurance, You sign:
 - (a) payroll deduction order; or
 - (b) an order to pay Premiums from Your ; and the required Premium is paid to Us.

For purposes of this section, You are deemed Actively at Work if:

- (1) You are not totally disabled, Hospital or health care facility confined on the Date Your insurance would otherwise become effective; and
- (2) You were Actively at Work on the Day prior to the Date Your insurance would otherwise become effective.

Effective Date of Increases. Any increase in insurance or benefits becomes effective at 12:01 a.m. on the latest of:

- (1) the first day of the insurance month following the date on which You become eligible for the increase, if Actively at Work on that Day;
- (2) the Day You resume Active Work, if not Actively at Work on the Day the increase would otherwise take effect;

Effective Date of Decreases. Any decrease will take effect on the date of the change, whether or not You are Actively at Work.

Effective Date for Change in Eligible Class. You may become a member of a different Eligible Class. Except as stated in the Effective Date provision for increases or decreases, insurance under the different Eligible Class will be effective on the first day of the insurance month coinciding with or next following the date of the change.

PRIOR INSURANCE CREDIT
For
Group Life and AD&D Insurance

PRIOR INSURANCE CREDIT. This Prior Insurance Credit provision prevents loss of any Qualifying Insurance that could otherwise occur solely because of a transition between insurance carriers. The following Prior Insurance Credit will apply and provide continuity of coverage when the Policy replaces a Prior Plan.

Actively at Work on the Replacement Date. Subject to payment of Premiums, this Certificate will provide insurance for a person who:

- (1) was insured under the Prior Plan on its termination Date; and
- (2) is Actively at Work in an eligible class on the Replacement Date.

The person will be insured under this Certificate on the Replacement Date for the amount of group insurance as described in the Schedule of Benefits.

Not Actively at Work on the Replacement Date. Subject to payment of Premiums, this Certificate will provide insurance for a person who:

- (1) was insured under the Prior Plan on its termination Date;
- (2) is otherwise a member of an eligible class, but is not Actively at Work due to Sickness or Injury on the Replacement Date; and
- (3) is not entitled to or has not qualified for any extension of insurance under the Prior Plan.

The person will be insured under this Certificate on the Replacement Date for the lesser of:

- (1) the amount of group insurance for which the person was insured under the Prior Plan on its termination Date; or
- (2) the amount of group insurance available to the person under this Certificate if the person were Actively at Work.

The amount of group insurance may not be increased.

Qualifying Insurance. For purposes of the Prior Insurance Credit, Qualifying Insurance is Your Life and AD&D Insurance.

EFFECTIVE DATE. Insurance for a person who is eligible for Prior Insurance Credit will become effective on the Group Policy Effective Date .

TERMINATION OF PRIOR INSURANCE CREDIT. The insurance under the Prior Insurance Credit provision will remain in effect until the earliest of:

- (1) the Date You return to Active at Work in an eligible class;
- (2) the Date group insurance would otherwise end under this Certificate;
- (3) the Date Your group insurance under the Prior Plan would have terminated for any reason other than the replacement of the Prior Plan;
- (4) the Date You are approved for an extension of group insurance without Premium payment under the terms of the Prior Plan; or
- (5) if the Prior Plan provided for extension of group insurance without Premium payment and You were not approved for the benefit, the last Day of the 12 month period following the Replacement Date.

A person whose coverage under this provision terminates may be eligible for the Conversion Privilege under this Certificate.

LIFE INSURANCE BENEFIT

LIFE INSURANCE BENEFIT. We will pay a Life Insurance benefit if You die while insured under this Certificate, and We receive satisfactory proof of Your death. The Life Insurance benefit will be paid in a lump sum.

AMOUNT OF THE BENEFIT. The amount of the Life Insurance benefit is shown in the Schedule of Benefits. This benefit will be paid in addition to all other benefits payable under this Certificate.

LIMITATIONS AND EXCLUSIONS. Life Insurance benefits will not be payable for any death excluded under the Limitations and Exclusions for Life Insurance.

CONVERSION PRIVILEGE
For Class 1/Plan 1

CONVERSION PRIVILEGE. The Conversion Privilege allows You to purchase an individual insurance policy to replace Qualifying Insurance which is ending or reducing under the Policy. This individual insurance is known as a conversion policy. Evidence of Insurability is not required to purchase a conversion policy.

Purchasing a Conversion Policy. You may purchase a conversion policy for You when all or any part of any Qualifying Insurance shown below ends or reduces due to termination of Your employment with the Group Policyholder, or for any other reason except Your request for:

- (1) termination of insurance; or
- (2) cancellation of Your payroll deduction order.

If Qualifying Insurance ends or reduces due to amendment or termination of the Policy but Your employment with the Group Policyholder does not terminate, a conversion policy may be purchased only if You have been insured continuously for at least five years under the Policy. For purposes of establishing continuous insurance, We will also consider time You and Your Dependent were insured under any Prior Plan.

Qualifying Insurance. For purposes of the Conversion Privilege, Qualifying Insurance is Your Life Insurance

AMOUNT OF THE BENEFIT. The amount of the conversion policy the Conversion Privilege allows for is determined as follows.

Your Amounts. The amount of the conversion policy available to You may not exceed the Conversion Amount shown in the Schedule of Benefits. If conversion becomes available due to amendment or termination of the Policy, the amount available may not exceed the lesser of:

- (1) the Conversion Amount for Policy Amendment or Termination shown in the Schedule of Benefits; or
- (2) the amount of insurance which ends.

PREMIUM AND APPLYING FOR THE BENEFIT. To purchase a conversion policy, application must be made to Us within 31 Days after insurance ends.

Payment of the first Premium must be made to Us within 31 Days of the Date it becomes due. Premiums for the conversion policy will be based on Your class of risk and attained age on the effective date of the conversion policy.

TYPE OF CONVERSION POLICY. The conversion policy will be:

- (1) on any form We customarily offer for the purpose of conversion at the time of conversion, and at the age and amount applied for, other than individual term life insurance;
- (2) issued at the person's age at nearest birthday; and
- (3) issued without disability or other supplemental benefits.

NOTICE OF RIGHT TO CONVERT. When insurance ends, the Group Policyholder will provide You written notice of the right to convert.

If written notice is not given to You at least 15 Days before the end of the 31 Day conversion period, an additional period in which to convert will be granted. Any extension of the conversion period will expire on the earliest of:

- (1) 25 Days after You are given the written notice; or
- (2) 60 Days after the end of the 31 Day conversion period.

EFFECTIVE DATE. The conversion policy will take effect on the later of:

- (1) its issue Date; or
- (2) 31 Days after the Date the insurance being converted ended.

CONVERSION PRIVILEGE

(Continued)

For Class 1/Plan 1

DEATH DURING THE CONVERSION PERIOD. If You are entitled to purchase a conversion policy and death occurs during the 31 Day conversion period, We will pay the insurance that could have been converted even if no one applied for the conversion policy. If the first Premium was paid for the conversion policy, the amount of the Premium will be refunded and the conversion policy will be void.

No death benefit will be payable under the Policy after the 31 Day conversion period has expired even though the right to convert may be extended.

ACCELERATED DEATH BENEFIT
For Class 1/Plan 1

NOTE: THIS IS NOT A LONG-TERM CARE POLICY. RECEIVING THIS ACCELERATED DEATH BENEFIT WILL REDUCE THE BENEFIT PAYABLE AT DEATH. RECEIPT OF AN ACCELERATED DEATH BENEFIT PAYMENT MAY BE TAXABLE INCOME, SO YOU SHOULD CONSULT A TAX ADVISOR BEFORE APPLYING FOR THIS BENEFIT.

ACCELERATED DEATH BENEFIT. This benefit allows You to receive an advance lump sum payment of all or any part of the Claimant's Qualifying Insurance shown below, while living. The Accelerated Death Benefit is payable following a diagnosis by a Physician that the Claimant has a terminal condition which, despite appropriate medical treatment, is reasonably expected to result in death within the period shown in the Schedule of Benefits.

You are eligible for the Accelerated Death Benefit if You have been insured under the Policy for at least 12 months, and satisfy the Active Work requirement. For purposes of establishing continuous insurance, We will also consider time You were insured under any Prior Plan. You must have at least \$2,000 of Qualifying Insurance under the Policy on the Day before the Accelerated Death Benefit is paid.

Qualifying Insurance. For purposes of the Accelerated Death Benefit, Qualifying Insurance is Your Life Insurance.

AMOUNT OF THE BENEFIT. The Accelerated Death Benefit is payable once during the Claimant's lifetime. The amount of the Accelerated Death Benefit, is the lesser of the Claimant's amount of Qualifying Insurance which:

- (1) is in force on the Day before the Accelerated Death Benefit is paid; or
- (2) would be in force 12 months after that Date, if the coverage is scheduled to reduce, due to age, within 12 months after the Accelerated Death Benefit is paid.

The amount of insurance You may elect to receive is subject to the minimum and maximum amounts shown in the Schedule of Benefits.

PREMIUM. There is no additional charge for the Accelerated Death Benefit. Continuation of the Remaining Life Insurance is subject to timely payment of the Premium for the reduced amount, unless You qualify for Waiver of Premium, if included.

REQUIRED NOTICE, PROOF, AND CONSENT. Written notice of an Accelerated Death Benefit claim must be given within 90 Days after a diagnosis of a terminal condition, or as soon as possible after that. The notice must be sent to Our Group Insurance Service Office, or provided to one of Our authorized agents. It should include:

- (1) Your name and address; and
- (2) the number of the Policy.

Our Group Insurance Service Office is at the following address:

The Lincoln National Life Insurance Company
Client Services
PO Box 2616
Omaha, NE 68103-2616
Toll Free: 1-800-423-2765
client.services@lfg.com

Claim Forms. When notice of an Accelerated Death Benefit claim is received, We will send forms for providing the required proof.

ACCELERATED DEATH BENEFIT

(Continued)

For Class 1/Plan 1

If We do not send the forms within 15 Days, the Claimant (or his or her legal representative) may send Us written proof of the terminal condition in a letter. The letter should state the nature, Date, and cause of the terminal condition.

Proof of Terminal Condition. Satisfactory proof that the Claimant has been diagnosed with a terminal condition, including a Physician's written statement, must be submitted to Us following the diagnosis.

Consent to Accelerate. Before paying an Accelerated Death Benefit, We must also receive the written consent of any interested irrevocable beneficiary, assignee, or bankruptcy court. (See Exclusions 3, 4, and 5.)

TIME OF PAYMENT. We will pay the Accelerated Death Benefit immediately when We receive all due written proof.

ADMINISTRATIVE CHARGE. There is no administrative charge for this benefit.

FEE. There is no fee for this benefit.

EFFECT ON OTHER INSURANCE.

Life Insurance. Receiving the Accelerated Death Benefit will reduce the Remaining Life Insurance and the Life Insurance Benefit payable at death. When the Claimant dies after an Accelerated Death Benefit is paid, the amount of Remaining Life Insurance in force on the Date of death will be paid as a Life Insurance Benefit.

Payment of the Life Insurance Benefit is subject to the provisions of the Policy, including the Beneficiary and Claim Procedures provisions. If the Claimant dies after applying for an Accelerated Death Benefit, but before We make payment, the request will be void and no Accelerated Death Benefit will be paid.

Accidental Death and Dismemberment Insurance. The Accidental Death and Dismemberment Principal Sum will not be affected by the payment of an Accelerated Death Benefit.

Conversion Privilege. If the Claimant exercises the Conversion Privilege after an Accelerated Death Benefit is paid, the amount of the conversion policy will not exceed the amount of his or her Remaining Life Insurance.

EFFECT ON TAXES AND GOVERNMENT BENEFITS. Any Accelerated Death Benefit amount paid may be taxable income to You. Receiving the Accelerated Death Benefit may also affect the Claimant's eligibility for Medicaid, Supplemental Security Income, and other government benefits. The Claimant should consult his or her own tax and legal advisor before applying for an Accelerated Death Benefit. We are not responsible for any tax owed or government benefit denied as a result of the Accelerated Death Benefit payment.

LIMITATIONS AND EXCLUSIONS. No Accelerated Death Benefit will be paid:

- (1) if any required Premium is due and unpaid, subject to the Policy's Grace Period;
- (2) on any conversion policy purchased in accordance with the Conversion Privilege;
- (3) without the written approval of the bankruptcy court, if You have filed for bankruptcy;
- (4) without the written consent of the beneficiary, if You have named an irrevocable beneficiary;
- (5) without the written consent of the assignee, if You have assigned Your rights under the Policy;
- (6) if any part of the Life Insurance must be paid to Your child, spouse or former spouse, pursuant to a legal separation agreement, divorce decree, child support order or other court order;
- (7) if the Claimant has been diagnosed with a terminal condition due to a suicide attempt, while sane or insane, or due to an intentionally self-inflicted injury;
- (8) if a government agency requires You or the Claimant to use the Accelerated Death Benefit to apply for, receive or continue a government benefit or entitlement; or
- (9) if an Accelerated Death Benefit has been previously paid for the Claimant under the Policy.

ACCELERATED DEATH BENEFIT

(Continued)

For Class 1/Plan 1

BENEFIT REINSTATEMENT RIGHTS. Reinstatement of this Accelerated Death Benefit is on the same terms as Your general Reinstatement Rights under the Policy. Refer to the Reinstatement Rights of the Eligibility and Effective Dates for Your Life and AD&D Insurance provision for more information.

DEFINITIONS.

Claimant as used in this Accelerated Death Benefit provision, means the person whose Life Insurance is the subject of a request for the Accelerated Death Benefit.

Remaining Life Insurance as used in this Accelerated Death Benefit provision, means the amount of Life Insurance which remains in force on the Claimant's life after an Accelerated Death Benefit is paid. The Remaining Life Insurance will equal:

- (1) the Claimant's amount of Life Insurance which was used to determine the Accelerated Death Benefit (refer to the Amount of the Benefit section of the Accelerated Death Benefit provision); minus
- (2) any percentage by which the Claimant's coverage is scheduled to reduce, due to age; if the reduction occurs more than 12 months after the Accelerated Death Benefit is paid, and while he or she is still living; minus
- (3) the amount of the Accelerated Death Benefit withdrawn.

WAIVER OF PREMIUM BENEFIT
For Class 1/Plan 1

WAIVER OF PREMIUM BENEFIT. This benefit allows You to continue insurance **without payment of Premiums** in the event of Your Total Disability.

We will waive the Premium from the first Premium due Date following the satisfaction of the Qualifying Period shown in the Schedule of Benefits until the Date of Termination for this benefit. To be eligible for the Waiver of Premium benefit if:

- (1) Your Total Disability begins before reaching age 60;
- (2) You remain Totally Disabled for at least the Qualifying Period shown in the Schedule of Benefits; and
- (3) You submit proof of Your Total Disability to Us.

Qualifying Insurance. For purposes of the Waiver of Premium benefit, Qualifying Insurance is Your Life and AD&D Insurance.

AMOUNT OF THE BENEFIT. The amount of the Waiver of Premium benefit equals the amount of any Qualifying Insurance in effect on the Day Your Total Disability begins. The amount of Qualifying Insurance will continue to be adjusted after that Day, in accordance with the Certificate provisions that were in effect on the Date Your Total Disability began. This includes adjustments based on:

- (1) any reductions scheduled to occur when You reach a specified age;
- (2) any Accelerated Death Benefit You received; and
- (3) You exercising any available Conversion Privilege provided by the Certificate.

PREMIUM. Continued payment of Premium allows You to avoid any loss of insurance under this Certificate while qualifying for the Waiver of Premium benefit. The Group Policyholder must make the required Premium payments to Us until the Day You are approved or declined for the benefit. If We do not receive the required Premium payments during the Qualifying Period, insurance under this Certificate will terminate.

You may also be eligible for the Conversion Privilege while in a Qualifying Period for the Waiver of Premium benefit. If You elect to exercise the Conversion Privilege, then Premium payments must be received until:

- (1) You convert all Your insurance; or
- (2) You qualify for the Waiver of Premium benefit, for any portion of insurance that is not converted.

When You provide satisfactory proof of Your Total Disability to Us, We will refund up to 12 months of Premium that was paid for the Qualifying Insurance. The refund period begins on the 1st Day of Your Total Disability.

REQUIRED NOTICE AND PROOF. Written notice of a Waiver of Premium claim must be given within 20 Days after Total Disability occurs, or as soon as possible after that.* The notice must be sent to Group Insurance Service Office or provided to one of Our authorized agents. It should include:

- (1) Your name and address; and
- (2) the number of the Policy.

Group Insurance Service Office is at the following address:

The Lincoln National Life Insurance Company
Client Services
PO Box 2616
Omaha, NE 68103-2616
Toll Free: 1-800-423-2765
client.services@lfg.com

WAIVER OF PREMIUM BENEFIT
(Continued)
For Class 1/Plan 1

Claim Forms. When notice of a Waiver of Premium claim is received, We will send claim forms for filing the required proof.

If We do not send the forms within 15 Days, You or Your Beneficiary (the claimant) may send Us written proof of claim in a letter. The letter should state the nature, Date, and cause of the Total Disability.

Proof of Total Disability. Proof of Your Total Disability must be submitted to Us within 12 months of the Date the Total Disability began, or as soon as reasonably possible after that.* Proof must show the nature, date and cause of the Total Disability.

As often as reasonably necessary, We may require:

- (1) proof of Your continued Total Disability; and
- (2) an examination by a Physician of Our choice.

After the first two years of Total Disability, We will not request proof or an exam more than once a year. Proof other than examinations will be at Your expense. Any such exam will be at Our expense.

Proof of Death. If You die:

- (1) **before submitting** initial proof of Your Total Disability; and
- (2) within 12 months after Total Disability begins;

Your Life Insurance Benefit will be paid under the terms of this Certificate. We must first receive satisfactory proof of Your continuous Total Disability from the last Day of Active Work until the Date of Your death.

If You die **after submitting** initial proof of Your Total Disability, additional proof must be submitted to Us showing that You remained continuously and Totally Disabled until Your death.

***Exception:** Failure to give notice or provide proof of claim within the required time period will not invalidate or reduce the claim; if it is shown that it was done:

- (1) as soon as reasonably possible; and
- (2) in no event more than one year after it was required.

These time limits will not apply while the claimant lacks legal capacity.

NOTICE OF APPROVAL. We will send You written notice advising whether You are approved for Waiver of Premium, and the amount of the benefit for which the Premium is being waived.

TERMINATION

Individual Termination. Any Qualifying Insurance extended under this provision will terminate automatically on the earliest of:

- (1) the Date You die;
- (2) the Date You are no longer Totally Disabled;
- (3) the Date You fail to take a required medical examination;
- (4) the 45th Day after We mail a request for additional proof, if it is not given;
- (5) the effective Date of Your individual conversion policy, with respect to any amount insurance converted in accordance with the Conversion Privilege;
- (6) the Date You reside outside the United States for purposes other than employment with the Employer; or
- (7) the end of the Maximum Waiver of Premium Duration shown in the Schedule of Benefits.

EFFECT OF POLICY TERMINATION. If the Policy terminates **before** You complete the Qualifying Period shown in the Schedule of Benefits to become eligible for Waiver of Premium, or during Your recovery period under the Recurrent Disability section, Your insurance will terminate. You will not become eligible for

WAIVER OF PREMIUM BENEFIT

(Continued)

For Class 1/Plan 1

Waiver of Premium, but You may be eligible to exercise the Conversion Privilege. If such termination occurs **after** You become eligible for Waiver of Premium, Your Waiver of Premium benefit will not be affected.

RIGHTS FOLLOWING RECOVERY

Ceasing Insurance. If Your Total Disability ends and You **do not return** to a class eligible for insurance under the Policy, then You may be eligible to exercise the Conversion Privilege.

Resuming Insurance. If Your Total Disability ends and You **do return** to an eligible class, then Your insurance under the Policy will resume when Premium payments are resumed. If You have exercised the Conversion Privilege under this Certificate, any conversion policy must be surrendered to Us prior to resuming insurance. No claim may be made under the conversion policy except for a refund of any unearned Premium less any dividends and policy loans.

Recurrent Disability. If Your Total Disability ends and You return to an eligible class, and then again become Totally Disabled:

- (1) within 15 Days of recovering; and
- (2) by the same cause of Your prior Total Disability;

the disability will be treated as part of the preceding Total Disability. You will not be required to complete a new Qualifying Period before resuming the Waiver of Premium benefit. The required Premium payments must be received from the Group Policyholder during Your recovery period.

DEFINITIONS.

Injury or Injured means bodily harm that occurs independently of Sickness, infirmity, or any other cause.

Own Job means the occupation, trade or profession:

- (1) in which You were employed with the Group Policyholder immediately prior to becoming Totally Disabled; and
- (2) which was Your main source of earned income immediately prior to becoming Totally Disabled.

Qualifying Period means the period time that must pass while You are Totally Disabled before You become eligible for the Waiver of Premium benefit. You will not receive Waiver of Premium benefits during the Qualifying Period even if You are disabled. The Qualifying Period shown in the Schedule of Benefits.

Sickness means illness or disease.

Substantial and Material Duties means important tasks, functions, and operations that:

- (1) are generally required by employers from people engaged in Your Own Job; and
- (2) cannot reasonably be modified or omitted.

In determining what Substantial and Material Duties are necessary to pursue Your Own Job, We will first look at the specific duties required by the Employer. If You are unable to perform one or more of these duties with reasonable continuity, We will then determine whether those duties are customarily required of other employees engaged in Your Own Job. If any specific, material duties required of You by the Employer differ from the material duties customarily required of other employees engaged in Your Own Job, then We will not consider those duties in determining what Substantial and Material Duties are necessary to pursue Your Own Job.

Total Disability or Totally Disabled means that due to Sickness or Injury You are unable to perform each of the Substantial and Material Duties of Your Own Job.

ACCIDENTAL DEATH AND DISMEMBERMENT (“AD&D”) INSURANCE

AD&D INSURANCE. AD&D Insurance benefits are payable in the event that You sustain an Accidental Injury while insured under this Certificate, subject to the conditions established below and within the AD&D Insurance Benefits provision.

AMOUNT OF THE BENEFIT. All AD&D Insurance benefit amounts are shown in the Schedule of Benefits. Benefit amounts are determined by Your Principal Sum.

LIMITATIONS AND EXCLUSIONS. AD&D Insurance benefits will not be payable for any loss that is excluded under the Limitations and Exclusions for AD&D Insurance.

Maximum Benefit Per Person. All AD&D Insurance benefits are payable once per person per Accident.

If You sustain more than one Loss resulting from the same Accident, the benefit:

- (1) will be the one largest amount listed;
- (2) will not exceed two times the Principal Sum for all combined Losses resulting from a Common Carrier Accident; and
- (3) will not exceed the Principal Sum for all combined Losses resulting from any other Accident for which benefits are payable.

AD&D INSURANCE BENEFITS
For Class 1/Plan 1

STANDARD AD&D INSURANCE BENEFITS.

Scheduled Loss Benefits. We will pay a Scheduled Loss benefit when You sustain a Scheduled Loss as a result of an Accidental Injury. The Accident must cause the Scheduled Loss to occur within 180 Days of the Injury. If a Severe Dismemberment benefit is paid, no other AD&D Insurance Scheduled Loss benefit will be paid for the same or an attached body part.

ENHANCED AD&D INSURANCE BENEFITS. Enhanced AD&D Insurance benefits supplement Your Standard AD&D Insurance, and are paid in addition to all other benefits payable under this Certificate. All benefit amounts are shown in the Schedule of Benefits.

FAMILY CARE BENEFIT. The Family Care benefit reimburses expenses incurred for care that is required following Your Scheduled Loss due to an Accidental Injury.

Child Family Care Benefit. We will pay the Child Family Care benefit if:

- (1) Your Child is attending a Child Care Center; and
- (2) You sustain a Scheduled Loss due to an Accidental Injury, within 180 Days of the Accident.

Your Child does not need to be insured under this Certificate for this benefit to be payable. This benefit is payable for each Child attending a Child Care Center when You are Accidentally Injured.

Child Care Center means any facility (other than a family daycare home) which:

- (1) is licensed as such by the state;
- (2) provides non-medical care and supervision for children in a group setting; and
- (3) cares for children at least 6 but less than 24 hours per Day.

ACCIDENTAL INJURY BENEFIT

Severe Traumatic Brain Injury Benefit. We will pay a Severe Traumatic Brain Injury benefit if You sustain an Accidental sudden impact to the head or penetrating head Injury that:

- (1) causes irreversible physical damage to the brain;
- (2) prevents performance of the material functions and activities of a person of like age and gender who is in good health; and
- (3) is diagnosed by a Physician as an 8 or less on the Glasgow Coma Scale (or as an equivalent score on any other officially recognized scale used to measure the severity of a brain injury) within 180 days of the Accident.

SAFETY BENEFIT

Safe Driver Benefit. We will pay a Safe Driver benefit if You die in a Motor Vehicle Accident while wearing a properly fastened seat belt. An additional benefit is payable if the Motor Vehicle was equipped by the manufacturer with driver and passenger air bags. Your death must occur within 180 Days of the Accident.

Legally Operated means being driven by a person:

- (1) with a valid driver's license; and
- (2) within the legal speed limit in the jurisdiction in which the Accident occurred.

Motor Vehicle means any vehicle driven or drawn by an internal combustion engine, an electric motor, or by some combination of the two, that may be registered for use on public streets, roads, and highways. Motor Vehicle excludes tractors and scooters. It includes a car owned or leased by the Group Policyholder.

AD&D INSURANCE BENEFITS
(Continued)
For Class 1/Plan 1

Motor Vehicle Accident means Your unintentional collision, while driving or riding in a Legally Operated Motor Vehicle, with:

- (1) another vehicle;
- (2) an object; or
- (3) a person or animal.

The Motor Vehicle Accident must occur while You are insured for the Safe Driver benefit.

TRANSPORTATION BENEFITS

Common Carrier Benefit. The Common Carrier benefit increases the amount of Your AD&D Insurance Benefit that is otherwise payable if You sustain a Scheduled Loss as a direct result of a Common Carrier Accident. The Scheduled Loss must occur within 180 Days of the Common Carrier Accident.

Common Carrier means any land, air or water conveyance operated under a license to transport passengers for hire.

Common Carrier Accident means an Accident:

- (1) that occurs while riding as a fare paying passenger (not a pilot, operator, or crew member) in or on, boarding, or getting off from a Common Carrier; and
- (2) that results in an Injury.

Disappearance Benefit. We will pay the Loss of Life benefit if You:

- (1) occupy a conveyance which is forced to land, is stranded, sinks, or wrecks; and
- (2) Your body is not found within one year.

EXCLUSIONS
For Group Accidental Death & Dismemberment Insurance
For Class 1/Plan 1

Only accidental injuries that occur while the insurance under this Certificate is in force are covered.

EXCLUSIONS FOR AD&D INSURANCE. AD&D Insurance benefits will not be payable for any loss caused or substantially contributed to by:

- (1) suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- (2) voluntary intake or use by any means of any drugs except when:
 - (a) prescribed or administered by a Physician; and
 - (b) taken in accordance with the Physician's instructions;
- (3) voluntary intake or use by any means of any poison, gas, or fumes, except when it is a direct result of an occupational accident;
- (4) alcohol when used in combination with any drug, medication, or sedative;
- (5) committing or attempting to commit a felony;
- (6) war or any act of war, declared or undeclared, or an act of Terrorism;
- (7) participation in a riot, insurrection, or rebellion of any kind;
- (8) military duty, including the Reserves or National Guard; or
- (9) travel or flight in or on any Aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight;

AD&D Insurance benefits will not be payable for any loss that is sustained in consequence of driving while Intoxicated.

CLAIM PROCEDURES
For
Group Life and AD&D Insurance

NOTE: This Certificate includes a Waiver of Premium Benefit and an Accelerated Death Benefit. Please refer to that provision for any special claim procedures.

FILING A CLAIM.

Notice of Claim. A claimant must provide Us notice of a claim. The notice must be sent to Our Group Insurance Service Office, or provided to one of Our authorized agents. Notice of an accidental death or dismemberment claim must be provided within 20 Days after a claim is incurred.* The notice should include:

- (1) the Group Policyholder's name and Group Policy Number (shown on the Schedule of Benefits);
- (2) Your name, address, and Certificate number, if available; and
- (3) the claimant's name and relationship to You.

Our Group Insurance Service Office is at the following address:

The Lincoln National Life Insurance Company
Client Services
PO Box 2616
Omaha, NE 68103-2616
Toll Free: 1-800-423-2765
client.services@lfg.com

Claim Forms. When We receive notice of a claim, We will send forms for filing proof of claim. We will include instructions for completing and submitting the forms. If We do not send the forms within 15 Days, the claimant may send Us written proof of claim in a letter. The letter should state the nature, Date and cause of the claim.

Proof of Claim. Written proof of a claim must be provided at the claimant's own expense within 90 Days after the Date of the loss.* We will review proof of a claim when it is complete. It must include:

- (1) the nature, Date, and cause of the claim;
- (2) a certified copy of the death certificate, for proof of death; and
- (3) an official accident report, police report, medical records, work incident report, or any other similar documents, for proof of accidental death or dismemberment.

Within 15 Days after receiving the first proof of claim, We may send a written acknowledgment requesting any missing information, and any other items We reasonably require in support of the claim.

If a claim is for periodic benefits, We may request proof of continued eligibility for such benefits. Proof must be supplied within 90 Days of Our request. If it is not, benefits may be denied or suspended.

Additional Proof by Exam or Autopsy. While a claim is pending, We may have the person who incurred the claim examined:

- (1) by a Physician of Our choice;
- (2) as often as is reasonably required.

If the person fails to cooperate with an examiner or fails to take an exam, We may deny benefits until the exam is completed. In case of death, We may have an autopsy done, where it is not forbidden by law.

Any such exam or autopsy will be at Our expense.

CLAIM PROCEDURES
For
Group Life and AD&D Insurance
(Continued)

***Exception.** Failure to give notice or provide proof of a claim within the required time period will not invalidate or reduce the claim, if it is shown that it was done:

- (1) as soon as reasonably possible; and
- (2) in no event more than one year after it was required.

These time limits will not apply while the claimant lacks legal capacity.

PAYMENT OF CLAIMS.

Time of Payment. Benefits payable under this Certificate will be paid:

- (1) immediately after We confirm liability; and
- (2) in no event more than 30 Days after We receive acceptable proof of claim.

To Whom Payable. Life and AD&D benefits payable for Your death will be paid in accordance with the Beneficiary provision, and the Facility of Payment and Payment Options provided below.

Any other AD&D Benefits payable under this Certificate will be paid to You, unless an overpayment has been made and We are entitled to reduce future benefits.

Facility of Payment. If any benefit under this Certificate becomes payable to Your estate, a minor, or any person who We consider not competent to give a valid release, We may make payment to any one or more of the following:

- (1) a person who has assumed the care and support of You or Your Beneficiary;
- (2) a person who has incurred expense as a result of Your last illness or death;
- (3) the personal representative of Your estate; or
- (4) any person related by blood or marriage to You.

No payment made under this section may exceed the Facility of Payment amount shown in the Schedule of Benefits. Any payment made in good faith under this section will fully discharge Us to the extent of the payment. Any remaining amount will be paid as shown in the Beneficiary section.

Payment Options. Benefits will be paid in a lump sum by check. However, You or Your Beneficiary may direct Us to pay the benefit:

- (1) by direct deposit electronic funds transfer;
- (2) to a SecureLine© interest-bearing checking account; or
- (3) in installments.

Any election must be made in writing to Us, and comply with Our practices at the time it is made.

NOTICE OF OUR CLAIM DECISION. We will send the claimant a written notice of Our claim decision. If We deny any part of the claim, the written notice will explain:

- (1) the reason for the denial;
- (2) how the claimant may request a review of Our decision; and
- (3) whether more information is needed to support the claim.

Time Limits for Our Decision. Notice of Our decision will be sent within 15 Days after resolving the claim. If We need more than 15 Days to process a claim, an extension will be permitted.

We will send the claimant a written delay notice explaining the special circumstances which require the delay, and when a decision can be expected:

- (1) by the 15th Day after We receive the first proof of claim; and
- (2) every 30 Days after that, until the claim is resolved.

CLAIM PROCEDURES
For
Group Life and AD&D Insurance
(Continued)

If reasonably possible, this review period will not exceed:

- (1) 90 Days from the Date We receive the first proof of a death or dismemberment claim; or
- (2) 45 Days from the Date We receive first proof of a claim for any Waiver of Premium Benefit or Accelerated Death Benefit available under the Certificate.

In any event, the notice of Our decision will be sent within:

- (1) 180 Days after We receive the first proof of a death or dismemberment claim; or
- (2) 105 Days after We receive the first proof of a claim for any Waiver of Premium Benefit or Accelerated Death Benefit available under the Certificate.

If We fail to do so, there is a right to an immediate review as if the claim was denied.

Exception. If We need more information from the claimant to process a claim, it must be supplied within 45 Days after We request it. The resulting delay will not count toward the above time limits for claim processing.

REVIEW OF OUR CLAIM DECISION. If any part of a claim is denied, the claimant may request a review of Our decision.

Claim Review Request (Appeal). To begin a review, the claimant must send Us:

- (1) a written request; and
- (2) any written comments or other items to support the claim.

The claimant may review certain non-privileged information relating to the request for review.

Time Limits for Claimant to Request a Claim Review (Appeal). The claimant must request a claim review within:

- (1) 60 Days after receiving a claim denial notice for death or dismemberment; or
- (2) 180 Days after receiving a claim denial notice for any Waiver of Premium Benefit or Accelerated Death Benefit available under the Certificate.

Notice of Review Decision. We will review the claim and send the claimant a written notice of Our decision. The notice will explain the reasons for Our decision. If We uphold the denial of all or part of the claim, We will also describe:

- (1) any further appeal procedures available under the Policy;
- (2) the right to access relevant claim information; and
- (3) the right to request a state insurance department review, or to bring legal action.

Time Limits for Our Review Decision. For a death or dismemberment claim, the notice will be sent within:

- (1) 60 Days after We receive the request for review; or
- (2) 120 Days, if a special case requires more time.

For a claim for any Waiver of Premium Benefit or Accelerated Death Benefit available under the Certificate, the notice will be sent within:

- (1) 45 Days after We receive the request for review; or
- (2) within 90 Days, if a special case requires more time.

If We need more time to process an appeal in a special case, We will send the claimant a written delay notice by the 30th Day after receiving the request for review. The notice will explain:

- (1) the special circumstances which require the delay;
- (2) whether more information is needed to review the claim; and
- (3) when a decision can be expected.

CLAIM PROCEDURES
For
Group Life and AD&D Insurance
(Continued)

Exception: If We need more information from the claimant to process an appeal, it must be supplied within 45 Days after We request it. The resulting delay will not count toward the above time limits for appeal processing.

Claims Subject to ERISA (Employee Retirement Income Security Act of 1974). Before bringing a civil legal action under the federal labor law known as ERISA, an employee benefit plan participant or beneficiary must exhaust available administrative remedies. Under the Policy, the claimant must first seek two administrative reviews of the adverse claim decision, in accordance with this section. If an ERISA claimant brings legal action under Section 502(a) of ERISA after the required reviews, We will waive any right to assert that he or she failed to exhaust administrative remedies.

RIGHT OF RECOVERY. If benefits have been overpaid on any claim, We must be repaid within 60 Days. If You do not repay an overpayment, We have the right to:

- (1) reduce future benefits payable to You, Your Beneficiary, or Your estate under this Certificate or any other group insurance policy We issue until full reimbursement is made; and
- (2) recover overpayments from You, Your Beneficiary, or Your estate.

Repayment is required whether the overpayment is due to fraud or Our error in processing a claim.

LEGAL ACTIONS. A claimant may not bring a legal action to recover any benefits until 60 Days after the required written proof of claim has been given. No such legal action may be brought more than three years after the Date written proof of claim is required.

ASSIGNMENTS
For
Group Life and AD&D Insurance

ASSIGNMENTS. An assignment transfers certain rights provided by this Certificate to another named person. You assume all responsibility for the validity and effect of an assignment, and should consult with Your legal advisor before assigning Your rights. Your Life Insurance and AD&D Insurance Benefits may be assigned using absolute or funeral home assignments. An assignment will have no effect on a prior irrevocable beneficiary designation.

No assignment will be binding on Us unless and until:

- (1) it is made on a form We provide;
- (2) We receive the original assignment request at Our Group Insurance Service Office; and
- (3) We approve the request.

Absolute Assignments. If You have legal and mental capacity, You may assign all or any part of Your incidents of ownership in Your Life Insurance and AD&D Insurance as a gift (with no consideration). This type of assignment is known as an absolute assignment. Once We record Your absolute assignment, You can no longer exercise the rights You have assigned. Only the person You name can exercise the rights You transfer. You may use an absolute assignment to transfer Your rights to:

- (1) make any contributions required to keep the insurance in force;
- (2) exercise the Conversion Privilege; and
- (3) name and change a Beneficiary.

An absolute assignment cannot be used as a collateral assignment. An absolute assignment may be made to:

- (1) a trust;
- (2) one or more of Your Relatives or their estates; or
- (3) a trustee of a trust under which one of the Relatives is a beneficiary.

Funeral Home Assignments. If You die, Your Beneficiary may assign Your Life Insurance and Accidental Death Insurance Benefits to a funeral home for payment of burial expenses. After payment has been made for the burial expenses to the assigned funeral home, the remaining Life Insurance and Accidental Death Insurance Benefits are then paid in accordance with the Beneficiary and Payment Options sections of the Policy.

BENEFICIARY
For
Group Life and AD&D Insurance

PAYMENTS TO BENEFICIARY. Any amount payable as a result of Your death will be paid to the named Beneficiary who survives You.

NAMING THE BENEFICIARY. Your Beneficiary will be as shown on Your Beneficiary designation for this insurance. If the Policy replaced a group policy providing similar insurance, Your Beneficiary named under the prior policy will be the Beneficiary under Our Policy, until changed.

Multiple Beneficiaries. You may name one or more Beneficiaries, and control the order and share of payment made to each named Beneficiary. Any person You choose to receive Your benefits first is known as a primary Beneficiary. You may also choose contingent Beneficiaries. If there are no surviving primary Beneficiaries when You die, benefits will be paid to Your contingent Beneficiaries.

If more than one Beneficiary is named and You do not designate the order or share of payment, benefits will be paid equally to Your Beneficiaries. If a named Beneficiary dies and You do not otherwise designate how that Beneficiary's share will be paid, then:

- (1) that share will be divided and paid equally to Your surviving Beneficiaries; and
- (2) the entire Life Insurance and AD&D Insurance Benefit will be paid to a single Beneficiary, if only one survives.

No Beneficiary Named or Surviving. If You have not named a Beneficiary, or if no named Beneficiaries survive You, payment will be made to Your:

- (1) Spouse or Life Partner; or, if none
- (2) surviving child or children in equal shares; or, if none
- (3) surviving grandchild or grandchildren in equal shares; or, if none
- (4) surviving parent or parents in equal shares; or, if none
- (5) surviving sibling or siblings in equal shares; or, if none
- (6) estate.

In determining who is to receive payment, We may rely on an affidavit by a member of the class to receive payment. Unless We receive written notice at Our Group Insurance Service Office of a valid claim by some other person before paying the proceeds, We will make payment based on the affidavit We have received. Such payment will release Us from any further obligation for the Life Insurance and AD&D Insurance Benefit.

The amount payable to anyone shown above will be reduced by any amount paid in accordance with the Facility of Payment section described in the Claim Procedures.

If the person who would otherwise receive payment dies:

- (1) within 15 Days of Your death; and
- (2) before We receive satisfactory proof of Your death;

payment will be made as if You had survived that person, unless other provisions have been made.

CHANGING THE BENEFICIARY. Only You or Your absolute assignee may change a Beneficiary. Beneficiaries may be named or changed at any time. A new Beneficiary may be named by submitting a Beneficiary designation change to the Group Policyholder prior to Your death. Subject to any action We take before receiving notice, any change to Your Beneficiary will be effective:

- (1) the Date it was completed; or
- (2) for written notice, the Date it was signed and delivered to the Group Policyholder.

**TERMINATION
For
Your Insurance**

DATE OF TERMINATION. Your insurance will terminate at 12:00 midnight on the earliest of:

- (1) the Date the Policy terminates (but without prejudice to any claim incurred prior to termination.);
- (2) the Date Your Class is no longer eligible for insurance;
- (3) the Date You cease to be a member of the Eligible Class, retire, or die;
- (4) the last Day of the Insurance Month in which You request termination;
- (5) the last Day of the last Insurance Month for which Premium payment is made on Your behalf;
- (6) the end of the period for which the last required Premium has been paid;
- (7) with respect to any particular insurance benefit, the Date that benefit terminates;
- (8) the Date Your employment with the Group Policyholder terminates; or
- (9) the Date You enter armed services of any state or country on active duty, except for duty of 30 Days or less for training in the Reserves or National Guard (if You send proof of military service, We will refund any unearned Premium);

unless insurance is continued as provided in the Continuation Rights provision.

If insurance is not continued beyond the Date of termination, it may be possible to purchase an individual life insurance policy in accordance with the Conversion Privilege provision of the Policy.

EFFECT OF TERMINATION ON YOUR BENEFITS. Termination will have no effect on benefits payable for a claim incurred while You were insured under the Policy.

CONTINUATION RIGHTS

For You

CONTINUATION RIGHTS FOR YOU. Ceasing Active Work results in termination of Your eligibility for insurance, but insurance may be continued as follows.

Family or Medical Leave. If You go on an approved Family or Medical Leave and are **not** entitled to any more favorable continuation available during disability, insurance may be continued after the leave begins until the earliest of:

- (1) the end of the period shown in the Schedule of Benefits;
- (2) the end of the leave period approved by the Group Policyholder;
- (3) the end of the leave period required by federal law, or any more favorable period required by a similar state law;
- (4) the Date You notify the Group Policyholder that You will not return; or
- (5) the Date You begin employment with another employer.

The required Premium payments must be received from the Group Policyholder throughout the period of continued insurance.

Military Leave. If You go on a Military Leave, insurance may be continued after the leave begins until the later of:

- (1) the end of the period shown in the Schedule of Benefits; or
- (2) for the same period allowed for an approved Family or Medical Leave or any more favorable leave in which Employees with similar seniority, status, and pay who are on furlough or leave of absence are granted by the Group Policyholder.

The required Premium payments must be received from the Group Policyholder throughout the period of continued insurance.

Disability. If You are disabled as a result of Sickness or Injury, then insurance may be continued after the disability begins until the earlier of:

- (1) the end of the period shown in the Schedule of Benefits;
- (2) the Date You are no longer disabled; or
- (3) the Date You qualify for Waiver of Premium.

The required Premium payments must be received from the Group Policyholder, throughout the period of continued insurance.

Other Leave of Absence. When You cease work due to an approved leave of absence (other than an approved Family or Medical Leave or Military Leave), insurance may be continued after the leave of absence begins until the end of the period shown in the Schedule of Benefits. The required Premiums must be received from the Group Policyholder throughout the period of continued insurance.

Labor Dispute. When You cease work due to a labor dispute and Your Premium contributions are required by a collective bargaining agreement, insurance may be continued after the labor dispute begins until the earliest of:

- (1) the end of the period shown in the Schedule of Benefits;
- (2) the Date You begin full-time employment with another employer;
- (3) the Date fewer than 75% of the Insureds eligible for this continuation are continuing their insurance;
- (4) the end of the period for which the last Premium has been paid;
- (5) the date the Conversion Privilege is exercised; or
- (6) the Date insurance would otherwise terminate, had You remained Actively at Work.

The required Premiums must be received from the Group Policyholder throughout the period of continued insurance.

CONTINUATION RIGHTS
For
You
(Continued)

Conditions for Your Continuation Rights. In administering the above continuations, the Group Policyholder must not act so as to discriminate unfairly among Employees in similar situations. Insurance may not be continued when You Cease Active Work due to a labor dispute, strike, work slowdown or lockout.

Conversion Following Your Continuation Rights. When Your Continuation Rights end, You may be entitled to purchase an individual policy in accordance with the Conversion Privilege provision.

GENERAL PROVISIONS

For You

ENTIRE CONTRACT. The entire contract with the Group Policyholder includes:

- (1) the Policy and any amendments to it;
- (2) the Group Policyholder's application, if any;
- (3) any individual applications for You; and
- (4) the Certificate for each insured class and any amendments to it.

AUTHORITY TO MAKE OR AMEND CONTRACT. Only a Company Officer located in Our Group Insurance Service Office has the authority to:

- (1) determine the insurability of a group or any individual within a group;
- (2) make a contract in Our name;
- (3) amend or waive any provision of the Policy; or
- (4) extend the time for payment of any Premium.

No change in the Policy will be valid, unless it is made in writing, agreed to by an underwriting officer, and signed by a Company officer as described above.

INCONTESTABILITY. Except for the non-payment of Premiums, We may not contest the validity of the Policy after it has been in force for two years from its Date of issue, and as to You, after the insurance has been in force for two years during Your lifetime. This section does not preclude, at any time, the assertion of defenses based on:

- (1) this Certificate's eligibility requirements, exclusions and limitations; and
- (2) other Certificate provisions unrelated to the validity of insurance.

In the absence of fraud, all statements made by You are representations and not warranties. No statement made by You will be used to contest the insurance provided by the Policy, unless:

- (1) it is contained in a written statement signed by You; and
- (2) a copy of the statement has been furnished to You.

GROUP POLICYHOLDER'S AGENCY. For all purposes of the Policy, the Group Policyholder acts on its own behalf or as Your agent. Under no circumstances will the Group Policyholder be deemed Our agent.

CURRENCY. In administering this Certificate all Premium and benefit amounts must be paid in U.S. dollars.

WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE. The Policy does not replace or provide benefits required by:

- (1) Workers' Compensation laws; or
- (2) any state temporary disability insurance plan laws.

MISSTATEMENT OF AGE. If Your age has been misstated, the correct age will be used to determine if insurance is in effect and adjust benefits, as appropriate.

ASSIGNMENT. The rights and benefits under this Certificate may be assigned only as described in the Assignments provision.

GENERAL DEFINITIONS

For You

ACTIVE, ACTIVE WORK, or ACTIVELY AT WORK means Your performance, for at least the Minimum Hours shown in the Schedule of Benefits, of all customary duties of Your occupation at:

- (1) the Group Policyholder's place of business; or
- (2) any other business location designated by the Group Policyholder.

Unless disabled on the prior workday or on the Day of absence, You will be considered Actively at Work on the following Days:

- (1) a non-scheduled workday or holiday;
- (2) a paid vacation Day, or other scheduled or unscheduled non-workday; or
- (3) a non-medical leave of absence of 12 weeks or less, whether taken with the Group Policyholder's prior approval or on an emergency basis.

BENEFICIARY means the person(s) to whom We will pay insurance benefits in accordance with the Beneficiary provision of the Certificate.

CERTIFICATE means the Group Certificate which contains the main provisions of the Policy. The Certificate includes any amendments which may be attached to it.

Stepchild includes Your Life Partner's child.

COMPANY means The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive , Omaha, NE 68114-4066.

DAY OR DATE means the period of time that begins at 12:01 a.m. and ends at 12:00 midnight when used with regard to eligibility dates and effective dates. When used with regard to termination dates, it means 12:00 midnight. Day or Date is based on the time at the Group Policyholder's place of business.

DOMESTIC PARTNER means Your domestic partner (whether same or opposite sex), regardless of registration.

ELIGIBILITY WAITING PERIOD means the period of time You must be in an eligible class with the Group Policyholder, before You become eligible to enroll for insurance under the Policy.

The period of service must be continuous, except as explained in the Eligibility section captioned Prior Service Credit Towards Waiting Period. The Eligibility Waiting Period may be waived if You qualify under the Reinstatement Rights.

EMPLOYEE means a person:

- (1) whose employment with the Group Policyholder is the person's main occupation;
- (2) whose employment is for regular wage or salary;
- (3) who is Actively at Work;
- (4) who is a member of an eligible class under the Policy;
- (5) who is not a temporary or seasonal employee; and
- (6) who is a resident of the United States or who works in the United States.

EMPLOYER means the Group Policyholder. It includes any division, subsidiary or affiliated company named in the Application or Participation Agreement.

GENERAL DEFINITIONS
For
You
(Continued)

FAMILY OR MEDICAL LEAVE means an approved leave of absence that:

- (1) is subject to the federal FMLA law (the Family and Medical Leave Act of 1993 and any amendments to it) or a similar state law;
- (2) is taken in accordance with the Group Policyholder's leave policy and the law which applies; and
- (3) does not exceed the period approved by the Group Policyholder and required by that law.

The leave period may:

- (1) consist of consecutive or intermittent work Days; or
- (2) be granted on a part-time equivalency basis.

If You are entitled to a leave under both the federal FMLA law and a similar state law, the leave period that is more favorable to You will apply. If You are on an FMLA leave due to Your own health condition on the Group Policy Effective Date, You are not considered Actively at Work.

GROUP POLICYHOLDER means the person, partnership, corporation, trust, or other organization, as shown on the Face Page of this Certificate.

INJURY OR INJURED means bodily harm.

INSURANCE MONTH means that period of time shown on the Schedule of Benefits:

- (1) beginning at 12:01 a.m.; and
- (2) ending at 12:00 midnight;

at the Group Policyholder's primary place of business.

LIFE PARTNER means Your Domestic Partner.

MILITARY LEAVE means a leave of absence that:

- (1) is subject to the federal USERRA law (the Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments to it);
- (2) is taken in accordance with the Group Policyholder's leave policy and the federal USERRA law; and
- (3) does not exceed the period required by that law.

PAYROLL PERIOD means that period of time established by the Group Policyholder for payment of employee wages.

PERSON means an Employee of the Group Policyholder:

- (1) who is a member of a class that is eligible for insurance under the Policy; and
- (2) who has enrolled for insurance.

PHYSICIAN means:

- (1) a legally qualified medical doctor who is licensed to practice medicine, to prescribe and administer drugs, or to perform surgery; or
- (2) any other duly licensed medical practitioner who is deemed by state law to be the same as a legally qualified medical doctor.

The medical doctor or other medical practitioner must be acting within the scope of his or her license.

Physician does **not** include You or Your Relatives.

POLICY means the Group Insurance policy issued by Us to the Group Policyholder.

PREMIUM means the amount charged for the insurance provided by the Policy.

GENERAL DEFINITIONS
For
You
(Continued)

PRIOR PLAN means a group or individual life and accidental death and dismemberment insurance policy, sponsored by the Group Policyholder, which the Policy replaced within 1 day of the prior plan's termination Date. It does not include any coverage under the prior plan that was continued under a portability or other coverage continuation provision.

REINSTATEMENT or TO REINSTATE means to enroll or re-enroll for the Policy's insurance, without completing a new Eligibility Waiting Period or providing Evidence of Insurability.

RELATIVE means a person connected to You by blood, marriage, or affinity. Relatives include, but are not limited to, Your:

- (1) Spouse or Life Partner, siblings, parents, Children and grandparents; and
- (2) Spouse's or Life Partner's relatives of like degree.

REPLACEMENT DATE means the Effective Date of Your Group Life and AD&D Insurance Policy underwritten by The Lincoln National Life Insurance Company.

SECURELINE© means an interest bearing account established at an intermediary bank in the name of Your Beneficiary, as owner.

SICKNESS means illness or disease.

SPOUSE means the person lawfully married to You, as recognized by any state, possession, or territory of the United States.

WE, OUR, or US refer to The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

YOU, YOUR, and YOURS means the Person for whom Policy insurance is in effect.

YOUR INSURANCE means any insurance provided by the Policy for You.

LIFE INSURANCE DEFINITIONS
For
You

LIFE INSURANCE means any life insurance provided by the Policy for You.

LIFE PARTNER LIFE INSURANCE means any life insurance provided by the Policy for eligible Life Partners.

AD&D INSURANCE DEFINITIONS

For You

ACCIDENT OR ACCIDENTAL means an event or occurrence that:

- (1) was not reasonably foreseeable, or that could not have been reasonably expected or anticipated;
and
- (2) is sustained while insured under the Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE means AD&D Insurance provided by the Policy for the Insured.

AIRCRAFT means any device used for aerial navigation, including but not limited to, airplanes, helicopters, balloons, gliders, parachutes, hang gliders and parasails.

CHILD CARE CENTER means any facility (other than a family daycare home) which:

- (1) is licensed as such by the state;
- (2) provides non-medical care and supervision for children in a group setting; and
- (3) cares for children at least 6 but less than 24 hours per Day.

COMMON CARRIER means any land, air or water conveyance operated under a license to transport passengers for hire.

COMMON CARRIER ACCIDENT means an Accident:

- (1) that occurs while riding as a fare paying passenger (not a pilot, operator, or crew member) in or on, boarding, or getting off from a Common Carrier; and
- (2) that results in an Injury.

Felonious Assault does not include acts inflicted by a fellow Employee, or a member of Your family or household.

HOSPITAL means a general hospital which:

- (1) is licensed, approved or certified by the state where it is located;
- (2) is recognized by the Joint Commission;
- (3) is operated to treat Inpatients;
- (4) has a registered nurse always on duty; and
- (5) has organized facilities and equipment for diagnosis and treatment of acute medical and surgical conditions, either on its premises or in facilities available to it on a prearranged basis.

It does not include a place that:

- (1) is specialized solely in dentistry, mental illness or substance abuse;
- (2) is a rest home, home for the aged, convalescent home or nursing home; or
- (3) extended care or skilled nursing facility.

INTOXICATED means the minimum blood alcohol level required for a person to be considered driving under the influence of alcohol in the jurisdiction where the accident occurred. Exclusions for driving while Intoxicated apply whether or not the driver is charged or convicted.

LEGALLY OPERATED means being driven by a person:

- (1) with a valid driver's license; and
- (2) within the legal speed limit in the jurisdiction in which the Accident occurred.

LOSSES includes the following:

- (1) **Loss of Arm**, which means complete and permanent severance at or above the elbow;
- (2) **Loss of Foot**, which means complete and permanent severance through or above the ankle but below the knee;

AD&D INSURANCE DEFINITIONS

For You (Continued)

- (3) **Loss of Hand**, which means complete and permanent severance through or above the wrist but below the elbow;
- (4) **Loss of Hearing**, which means complete and permanent deafness in an ear that cannot be corrected to any functional degree by any aid or device;
- (5) **Loss of Finger**, which means complete and permanent severance of the finger, through or above the joint proximal to the metacarpal joint;
- (6) **Loss of Leg**, which means complete and permanent severance at or above the knee;
- (7) **Loss of Life**, which means death, as evidenced by a certified copy of a death certificate;
- (8) **Loss of Sight**, which means uncorrectable and permanent reduction of visual acuity to 20/200 or worse, or reduction in field of vision to less than 20 degrees;
- (9) **Loss of Speech**, which means complete and permanent loss of audible communication;
- (10) **Loss of Thumb and Index Finger**, which means complete and permanent severance of the thumb and index finger of the same hand, through or above the joint proximal to the metatarsal joint;
- (11) **Hemiplegia**, which means Paralysis of the upper and lower limbs on one side of the body;
- (12) **Paraplegia**, which means Paralysis of both lower limbs;
- (13) **Quadriplegia**, which means Paralysis of both upper and lower limbs;
- (14) **Uniplegia**, which means Paralysis of one limb.

MOTOR VEHICLE means any vehicle driven or drawn by an internal combustion engine, an electric motor, or by some combination of the two, that may be registered for use on public streets, roads, and highways. Motor Vehicle excludes tractors and scooters. It includes a car owned or leased by the Group Policyholder.

MOTOR VEHICLE ACCIDENT means Your unintentional collision, while driving or riding in a Legally Operated Motor Vehicle, with:

- (1) another vehicle;
- (2) an object; or
- (3) a person or animal.

The Motor Vehicle Accident must occur while You are insured for the Safe Driver benefit.

PARALYSIS means total and permanent loss or use of a limb, without severance.

SCHEDULED LOSS means a Loss that is shown in this Certificate's Schedule of Benefits.

SEAT BELT means a properly installed:

- (1) seat belt or lap and shoulder restraint; or
- (2) other restraint approved by the National Highway Traffic Safety Administration.

TERRORISM means activities against persons, organizations or property of any nature if such activities involve the following or preparation for the following:

- (1) use or threat of force or violence;
- (2) commission or threat of a dangerous act; or
- (3) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

when one or both of the following applies:

- (1) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
- (2) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or to express opposition to) a philosophy or ideology.

**NOTICE OF PROTECTION PROVIDED BY
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

COVERAGE

• **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent.

Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

• **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

• **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

• **Life Insurance**

80% of death benefits but not to exceed \$300,000

80% of cash surrender or withdrawal values but not to exceed \$100,000

• **Annuities and Structured Settlement Annuities**

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

• **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website www.califega.org.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C)

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance
Guarantee Association
P.O Box 16860
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927- 4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. We do not sell your personal information to third parties. This Notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. You do not need to take any action because of this Notice, but you do have certain rights as described below.

Information We May Collect And Use

We collect personal information about you to help us identify you as a consumer, our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; to analyze in order to enhance our products and services; to tell you about our products or services we believe you may want and use; and as otherwise permitted by law. The type of personal information we collect depends on your relationship and on the products or services you request and may include the following:

- **Information from you:** When you submit your application or other forms, you give us information such as your name, address, Social Security number; and your financial, health, and employment history. We may also collect voice recordings or biometric data for use in accordance with applicable law.
- **Information about your transactions:** We maintain information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.
- **Information from outside our family of companies:** If you are applying for or purchasing insurance products, we may collect information from consumer reporting agencies, such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information, such as medical information, from other individuals or businesses.
- **Information from your employer:** If your employer applies for or purchases group products from us, we may obtain information about you from your employer or group representative in order to enroll you in the plan.

How We Use Your Personal Information

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you, your employer, or your group representative have requested; to provide customer service; to analyze in order to enhance our products and services; to gain customer insight; and to inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information we obtain from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, or their designees (for example, to your employer for employer-sponsored plans and their authorized service providers), regulatory authorities and law enforcement officials, and to other non-affiliated or affiliated parties as permitted by law. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

Security of Information

We have an important responsibility to keep your information safe. We use safeguards to protect your information from unauthorized disclosure. Our employees are authorized to access your information only when they need it to provide you with products, services, or to maintain your accounts. Employees who have access to your personal information are required to keep it confidential. Employees are required to complete privacy training annually.

Your Rights Regarding Your Personal Information

Access: We want to make sure we have accurate information about you. Upon written request we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy electronically or by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you request a copy of the information, we may charge you a fee for copying and mailing costs. In very limited circumstances, your request may be denied. You may then request that the denial be reviewed.

Accuracy of Information: If you feel the personal information we have about you is inaccurate or incomplete, you may ask us to amend the information. Your request must be in writing and must include the reason you are requesting the change. We will respond within 30 business days. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years. If your requested change is denied, we will provide you with reasons for the denial. You may write to request the denial be reviewed. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request.

Accounting of Disclosures: If applicable, you may request an accounting of disclosures made of your medical information, except for disclosures:

- For purposes of payment activities or company operations;
- To the individual who is the subject of the personal information or to that individual's personal representative;
- To persons involved in your health care;
- For notification for disaster relief purposes;
- For national security or intelligence purposes;
- To law enforcement officials or correctional institutions;
- Included in a limited data set; or
- For which an authorization is required.

You may request an accounting of disclosures for a time period of less than six years from the date of your request.

Basis for Adverse Underwriting Decision: You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate, or terminate your coverage.

Your state may provide for additional privacy protections under applicable laws. We will protect your information in accordance with these additional protections.

If you would like to act upon your rights regarding your personal information, please provide your full name, address and telephone number and either email your inquiry to our Data Subject Access Request Team at DSAR@lfg.com or mail to: Lincoln Financial Group, Attn: Corporate Privacy Office, 7C-01, 1300 S. Clinton St., Fort Wayne, IN 46802. The DSAR@lfg.com email address should only be used for inquiries related to this Privacy Notice. For general account service requests or inquiries, please call 1-877-ASK-LINC.

*This information applies to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Financial Distributors, Inc.
Lincoln Financial Group Trust Company
Lincoln Investment Advisors Corporation

Lincoln Life & Annuity Company of New York
Lincoln Life Assurance Company of Boston
Lincoln Retirement Services Company, LLC
Lincoln Variable Insurance Products Trust
The Lincoln National Life Insurance Company