

Full-Time Employees of PACE School

(Plan Sponsor: PACE School)

Benefits At-A-Glance

Voluntary Term Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for PACE
 School employees
- Includes LifeKeys® services, which provide access to counseling, financial, and legal support services
- Also includes TravelConnect®
 services, which give you and
 your family access to
 emergency medical assistance
 when you're on a trip 100+
 miles from home

Frankring				
Employee				
Newly hired employee guaranteed coverage amount	\$130,000			
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000			
Maximum coverage amount	5 times your annual salary (\$500,000 maximum in increments of \$10,000)			
Minimum coverage amount	\$10,000			
Spouse				
Newly hired employee guaranteed coverage amount	.\$50,000			
Continuing employee guaranteed coverage annual increase amount	.Choice of \$5,000 or \$10,000			
Maximum coverage amount	.50% of the employee coverage amount (\$250,000 maximum in increments of \$5,000)			
Minimum coverage amount	.\$5,000			
Dependent Children				
1 day to age 26 (to age 26 if unmarried, & a full-time student) guaranteed coverage amount	.\$1,000 or \$5,000 or \$10,000			

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$130,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary (\$500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- The maximum coverage amount for employees 70 and older who are electing coverage for the first time is \$50,000.
- Your coverage amount will reduce by 33% when you reach age 70 and an additional 17% of the original amount when you reach age 75.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

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

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount (\$250,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 33% when an employee reaches age 70 and an additional 17% when an employee reaches age 75.

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

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

Additional Plan Benefits

Accelerated Death Benefit	.Included
Premium Waiver	.Included
Conversion	Included
Portability	Included

Benefit Exclusions

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

Questions? Call 800-423-2765 and mention Group ID: 1134300.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. TravelConnect® travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



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Monthly Voluntary Life Insurance Premium Here's how little you pay with group rates.

Employee Age Range	Life Premium Rate Factor
0 - 24	0.0000500
25 - 29	0.0000600
30 - 34	0.0000800
35 - 39	0.0000950
40 - 44	0.0001320
45 - 49	0.0002100
50 - 54	0.0003220
55 - 59	0.0005260
60 - 64	0.0008390
65 - 69	0.0014740
70 - 74	0.0026580
75 - 79	0.0053820
80 - 99	0.0053820

Group Rates for You

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

\$_____ X ____ = \$____ coverage amount premium factor monthly premium

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

Employee | Monthly Premiums for Select Life Insurance Coverage Amounts

Employee Age Range	\$10,000	\$50,000	\$130,000	\$200,000	\$300,000	\$500,000
0-24	\$0.50	\$2.50	\$6.50	\$10.00	\$15.00	\$25.00
25-29	\$0.60	\$3.00	\$7.80	\$12.00	\$18.00	\$30.00
30-34	\$0.80	\$4.00	\$10.40	\$16.00	\$24.00	\$40.00
35-39	\$0.95	\$4.75	\$12.35	\$19.00	\$28.50	\$47.50
40-44	\$1.32	\$6.60	\$17.16	\$26.40	\$39.60	\$66.00
45-49	\$2.10	\$10.50	\$27.30	\$42.00	\$63.00	\$105.00
50-54	\$3.22	\$16.10	\$41.86	\$64.40	\$96.60	\$161.00
55-59	\$5.26	\$26.30	\$68.38	\$105.20	\$157.80	\$263.00
60-64	\$8.39	\$41.95	\$109.07	\$167.80	\$251.70	\$419.50
65-69	\$14.74	\$73.70	\$191.62	\$294.80	\$442.20	\$737.00
Employee Age Range	\$6,700	\$33,500				
70 - 74	\$17.81	\$89.04				
Employee Age Range	\$5,000	\$25,000				
75 - 79	\$26.91	\$134.55				
Employee Age Range	\$5,000	\$25,000				
80 - 99	\$26.91	\$134.55				

The Lincoln National Life Insurance Company

Please see prior page for product information.

Voluntary Life Insurance At-A-Glance

	Life
Employee	Premium
Age Range	Rate
	Factor
0 - 24	0.0000500
25 - 29	0.0000600
30 - 34	0.0000800
35 - 39	0.0000950
40 - 44	0.0001320
45 - 49	0.0002100
50 - 54	0.0003220
55 - 59	0.0005260
60 - 64	0.0008390
65 - 69	0.0014740
70 - 74	0.0026580
75 - 79	0.0053820
80 - 99	0.0053820

Group Rates for Your Spouse

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

\$ X	= \$	S
coverage amount	premium factor	monthly premium

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

Spouse | Monthly Premiums for Select Life Insurance Coverage Amounts

Employee	\$5,000	\$25,000	\$50,000	\$75,000	\$100,000	\$250,000
Age Range	13,333	, ,,,,,,	1 /	, -,	,,	,,
0-24	\$0.25	\$1.25	\$2.50	\$3.75	\$5.00	\$12.50
25-29	\$0.30	\$1.50	\$3.00	\$4.50	\$6.00	\$15.00
30-34	\$0.40	\$2.00	\$4.00	\$6.00	\$8.00	\$20.00
35-39	\$0.48	\$2.38	\$4.75	\$7.13	\$9.50	\$23.75
40-44	\$0.66	\$3.30	\$6.60	\$9.90	\$13.20	\$33.00
45-49	\$1.05	\$5.25	\$10.50	\$15.75	\$21.00	\$52.50
50-54	\$1.61	\$8.05	\$16.10	\$24.15	\$32.20	\$80.50
55-59	\$2.63	\$13.15	\$26.30	\$39.45	\$52.60	\$131.50
60-64	\$4.20	\$20.98	\$41.95	\$62.93	\$83.90	\$209.75
65-69	\$7.37	\$36.85	\$73.70	\$110.55	\$147.40	\$368.50
Employee Age Range	\$3,350	\$16,750	\$33,500	\$50,250	\$67,000	\$167,500
70 - 74	\$8.90	\$44.52	\$89.04	\$133.56	\$178.09	\$445.22
Employee Age Range	\$2,500	\$12,500	\$25,000	\$37,500	\$50,000	\$125,000
75 - 79	\$13.46	\$67.28	\$134.55	\$201.83	\$269.10	\$672.75
Employee Age Range	\$2,500	\$12,500	\$25,000	\$37,500	\$50,000	\$125,000
80 - 99	\$13.46	\$67.28	\$134.55	\$201.83	\$269.10	\$672.75

Dependent Children Monthly Premium for Life Insurance Coverage

Coverage	Monthly		
Amount	Premium		
\$1,000	\$0.04		
\$5,000	\$0.22		
\$10,000	\$0.44		

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Please see prior page for product information.

Voluntary Life Insurance At-A-Glance

Group Rates for Your Dependent Children

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

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

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