



## Full-Time Employees of Boone County Schools

### Benefits At-A-Glance

#### Voluntary Term Life and AD&D Insurance

#### The Lincoln Term Life and AD&D Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Provides an additional cash benefit to your loved ones if you die — or to you if you lose a limb or your eyesight — in a covered accident when you add optional AD&D insurance
- Features group rates for Boone County Schools 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

Employee	
Newly hired employee guaranteed coverage amount	Choice of \$10,000, \$25,000, \$50,000, \$75,000, and \$100,000
Maximum coverage amount	Choice of \$10,000, \$25,000, \$50,000, \$75,000, and \$100,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen
Spouse	
Newly hired employee guaranteed coverage amount	Choice of \$10,000 and \$25,000
Maximum coverage amount	Choice of \$10,000 and \$25,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen
Dependent Children	
6 months to age 19 (to age 25 if full-time student) guaranteed coverage amount	\$10,000
Age 14 days to 6 months guaranteed coverage amount	\$250

## What your benefits cover

### Employee Coverage

#### Guaranteed Life and Optional AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose from the above coverage amounts - up to \$100,000 without providing evidence of insurability if you are under age 60. The guarantee issue amount of \$10,000 at initial enrollment or is increased, if enrolled after age 60 through age 69. No guarantee issue amount if coverage is elected or increased after age 70.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

#### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to \$100,000 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 35% when you reach age 65; an additional 25% of the original amount when you reach age 70; and an additional 15% of the original amount when you reach age 75.

**Spouse Coverage** - You can secure term life and AD&D insurance for your spouse if you select coverage for yourself.

#### Guaranteed Life and Optional AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$25,000 maximum for your spouse without providing evidence of insurability. No guarantee issue amount if coverage is elected or increased after you attain age 60.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

#### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to \$25,000 (maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 65

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

**Guaranteed Life Insurance Coverage Options: \$10,000**

## Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included
Seat Belt & Airbag	Included with AD&D
Common Carrier	Included with AD&D

## Benefit Exclusions

Like any insurance, this term life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Inflicting or attempting to inflict injury to one's self
- Participating in a riot or as a result of war or act of war
- Serving as a member of the military, including the Reserves and National Guard
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed
- Flying in a non-commercial airplane or aircraft, such as a balloon or glider
- Driving while intoxicated (with a blood alcohol level of .08 grams or more per 100 milliliters of blood)

In addition, the AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

A complete list of benefit exclusions is included in the policy. State variations apply.

## Questions? Call 800-423-2765 and mention Group ID: KYTRUST15.

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.



# Monthly Voluntary Life and AD&D Insurance Premium

## Here's how little you pay with group rates.

Employee Age Range	Life Premium Rate Factor	Life & AD&D Premium Rate Factor
0 - 34	0.0000700	0.0001050
35 - 39	0.0001000	0.0001350
40 - 44	0.0001600	0.0001950
45 - 49	0.0002700	0.0003050
50 - 54	0.0004100	0.0004450
55 - 59	0.0006000	0.0006350
60 - 64	0.0010000	0.0010350
65 - 69	0.0018000	0.0018350
70 - 74	0.0025500	0.0025850
75 - 79	0.0055000	0.0055350

### Group Rates for You

The estimated monthly premium for life insurance only or life and optional AD&D insurance is determined by multiplying the desired amount of coverage by the employee age-range premium factor.

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

coverage amount                      premium factor                      monthly premium

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

Employee Age Range	Life Only Premium Rate Factor	Life & AD&D Premium Rate Factor
0 - 34	0.0000700	0.0001050
35 - 39	0.0001000	0.0001350
40 - 44	0.0001600	0.0001950
45 - 49	0.0002700	0.0003050
50 - 54	0.0004100	0.0004450
55 - 59	0.0006000	0.0006350
60 - 64	0.0010000	0.0010350
65 - 69	0.0018000	0.0018350

### Group Rates for Your Spouse

The estimated monthly premium for life insurance only or life and optional AD&D insurance is determined by multiplying the desired amount of coverage by the employee age-range premium factor.

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

coverage amount                      premium factor                      monthly premium

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

### Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
\$10,000	\$2.00

### Group Rates for Your Dependent Children

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

Note: You must be an active Boone County Schools 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.

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

### Voluntary Life and AD&D Insurance Premium Calculation



The Lincoln National Life Insurance Company
P.O. Box 2616, Omaha, NE 68103-2616
Phone: 800-423-2765 Fax: 877-573-6177

Here is your Enrollment Form.

Follow these steps to complete the form.
Print clearly in ink.

- Step 1: Fill in or confirm your personal information.
Step 2: Fill in dependent information, if any.
Step 3: Select your benefits.
Step 4: Assign beneficiaries.
Step 5: Confirm enrollment.
Step 6: Sign, date & return the form.

Group ID: KYTRUST15

1. Your Personal Information

Form for personal information including fields for Group/Employer/Participating Organization Name, County, Zip, State, Your First Name, Middle Name/MI, Last Name, Social Security No., Employee ID No., Date of Birth, Street Address, City, State, Zip, Home Phone, Cell Phone, Work Phone, Email Address, and Gender/ Marital Status options.

2. Personal Information on Dependents — Complete if you are enrolling dependents.

Form for dependent information including a Spouse section with fields for First Name, Middle Name/MI, Last Name, Social Security No., Date of Birth, Home Phone, Cell Phone, Work Phone, Email Address, and a Dependent Children section with columns for First Name, Middle Name/MI, Last Name, SSN (Optional), Gender, DOB, and Full-time Student status.

Employer Completes this Section.

Form for employer completion including fields for Billing Division or Location, Sort Group/Code, Payroll Cycle, Policy #(s), Average Hours Worked Per Week, Full-time/Part-time options, Occupation, Earnings, Date of Employment, Actively at Work?, and Date of Rehire.

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

**3. Benefit Selection — Choose your benefits.**

Voluntary Group Insurance				
Mark the box or boxes for each type of group insurance you are applying for. All insurance amounts are subject to the limitations and exclusions as stated in the policy and certificate.				
Employer Completes this section.		Type of Insurance	Amount of Insurance	Total Premium (Weekly)
Class	Effective Date			
_____	___/___/___	Voluntary Life & AD&D <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No*</span>	\$ _____	\$ _____
_____	___/___/___	Voluntary Life Only <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No*</span>	\$ _____	\$ _____
_____	___/___/___	Voluntary Dependent (Spouse Only) Life & AD&D <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No*</span> <i>You must be enrolled for Life &amp; AD&amp;D insurance in order to add spouse and/or child insurance.</i>	\$ _____	\$ _____
_____	___/___/___	Voluntary Dependent (Spouse Only) Life Only <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No*</span> <i>You must be enrolled for Life insurance in order to add spouse and/or child insurance.</i>	\$ _____	\$ _____
_____	___/___/___	Voluntary Dependent (Child Only) Life Only <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No*</span> <i>You must be enrolled for Life insurance in order to add spouse and/or child insurance.</i>	\$ _____	\$ _____

\*By selecting "No," application for insurance at a later date may require further medical information and/or a physical exam, which will be at my own expense.

--Actual deductions may vary slightly from above illustrations due to rounding--

**4. Select Your Beneficiaries — Choose who receives your insurance benefits.**

**Primary Beneficiary(ies)**  
**The Primary Beneficiary is the person(s) you identify to receive insurance benefits upon your death.**

**If more than three Primary Beneficiaries, please attach a separate sheet of paper.  
 If multiple Primary Beneficiaries, total percentage of all combined must equal 100%.**

First Name	Middle Initial	Last Name
<hr/>		
Street Address	City	State    Zip
<hr/>		
Social Security Number	Date of Birth	Relationship to You
_____ - ____ - _____	____/____/____	_____
	Percentage	Phone Number
	_____ %	(    )    -    _____

  

First Name	Middle Initial	Last Name
<hr/>		
Street Address	City	State    Zip
<hr/>		
Social Security Number	Date of Birth	Relationship to You
_____ - ____ - _____	____/____/____	_____
	Percentage	Phone Number
	_____ %	(    )    -    _____

  

First Name	Middle Initial	Last Name
<hr/>		
Street Address	City	State    Zip
<hr/>		
Social Security Number	Date of Birth	Relationship to You
_____ - ____ - _____	____/____/____	_____
	Percentage	Phone Number
	_____ %	(    )    -    _____

**Contingent Beneficiary(ies) and Other Beneficiary Designations**

A Contingent Beneficiary will receive benefits only if the Primary Beneficiary(ies) does not survive you. Please attach a separate sheet to identify a Contingent Beneficiary. If multiple Contingent Beneficiaries, total percentage of all combined must equal 100%. To name a Beneficiary(ies) by product, attach a separate sheet identifying product and beneficiary.

## 5. Confirm Enrollment

This group insurance has been offered to me and after careful consideration of the benefits, I have decided to:

- ENROLL FOR INSURANCE for which I am or may become eligible** under the group policies issued by The Lincoln National Life Insurance Company, or its insurance partners. If contributions are required, I authorize my Employer to deduct premium from my pay.
- NOT ENROLL myself in the group insurance offered.** I understand if I enroll for insurance at a later date, and if a physical examination or further medical information is required, it will be at my own expense.
- NOT ENROLL my dependents in the group insurance offered.** I understand if I enroll my dependents for insurance at a later date, and if a physical examination or further medical information is required, it will be at my own expense.

### Fraud Warning/State Disclosure(s)

**ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD AN INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

## 6. Sign and Return

I understand the group insurance requested will not be effective until approved by the Group Insurance Service Office of The Lincoln National Life Insurance Company, or its insurance partners. A delayed effective date will apply if you are not Actively at Work/an Active Member. A delayed effective date may apply to your dependent, if he or she is confined in a hospital or health care facility or is in a period of limited activity on the date insurance would otherwise take effect.

I understand the information provided is for enrollment in group insurance as offered by my Employer and will not be used for underwriting purposes.

The information provided is complete, true, and accurate to the best of my knowledge.

Your Full Name (Print): \_\_\_\_\_

Your Signature: **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Complete and return this form.**

**(Be sure to sign and date the form to start your insurance.)**

**Questions? Call 800-423-2765**