

**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 ARUP Laboratories, Inc. employees
- Includes *LifeKeys*<sup>®</sup> services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*<sup>®</sup> services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

<b>Employee</b>	
Newly hired employee guaranteed coverage amount	\$400,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000, \$20,000 or \$30,000
Maximum coverage amount	5 times your annual salary (\$500,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
<b>Spouse</b>	
Newly hired employee guaranteed coverage amount	\$50,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000, \$20,000 or \$30,000
Maximum coverage amount	100% of the employee coverage amount (\$250,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
<b>Dependent Children</b>	
1 day to age 26 guaranteed coverage amount	\$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 \$400,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000, \$20,000 or \$30,000 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 \$30,000 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 35% when you reach age 70; an additional 20% of the original amount when you reach age 75; an additional 15% of the original amount when you reach age 80; and an additional 15% of the original amount when you reach age 85.

### 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 100% 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 \$10,000, \$20,000 or \$30,000 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 \$30,000 during the next limited open enrollment period.

#### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 100% of your coverage amount (\$250,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 70, an additional 20% when an employee reaches age 75, an additional 15% when an employee reaches age 80, and an additional 15% when an employee reaches age 85.

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

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

## Voluntary Life Insurance Benefits At-A-Glance

## 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: ARUPLABS.

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<sup>SM</sup> 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 Insurance Premium

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

Employee Age Range	Life Premium Rate Factor
0 - 24	0.0000650
25 - 29	0.0000710
30 - 34	0.0000920
35 - 39	0.0001070
40 - 44	0.0001580
45 - 49	0.0002670
50 - 54	0.0004250
55 - 59	0.0006680
60 - 64	0.0007900
65 - 69	0.0016400
70 - 74	0.0034620
75 - 99	0.0063760

### Group Rates for You

#### if You are not a Tobacco User

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.

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

coverage amount                  premium factor                  monthly premium

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

Employee Age Range	Life Premium Rate Factor
0 - 24	0.0001150
25 - 29	0.0001150
30 - 34	0.0001580
35 - 39	0.0002070
40 - 44	0.0003280
45 - 49	0.0005830
50 - 54	0.0009600
55 - 59	0.0014810
60 - 64	0.0015920
65 - 69	0.0030000
70 - 74	0.0053430
75 - 99	0.0088660

### Group Rates for You

#### if You are a Tobacco User

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coverage amount                  premium factor                  monthly premium

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

Voluntary Life Insurance At-A-Glance

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55 - 59	0.0006680
60 - 64	0.0007900
65 - 69	0.0016400
70 - 74	0.0034620
75 - 99	0.0063760

### Group Rates for Your Spouse if Your Spouse is not a Tobacco User

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.

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

coverage amount                  premium factor                  monthly premium

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

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50 - 54	0.0009600
55 - 59	0.0014810
60 - 64	0.0015920
65 - 69	0.0030000
70 - 74	0.0053430
75 - 99	0.0088660

### Group Rates for Your Spouse if Your Spouse is a Tobacco User

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.

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

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
\$5,000	\$1.10
\$10,000	\$2.20

### Group Rates for Your Dependent Children

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

Note: You must be an active ARUP Laboratories, Inc. 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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### Voluntary Life Insurance At-A-Glance