



## Voluntary Life Insurance

### SUMMARY OF BENEFITS

**Sponsored by:** City of Memphis

Life Benefit	Employee	Spouse	Dependent
<i>Employee must elect coverage for Spouse or dependents to be eligible.</i>			
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments	Age 14 Days to 6 months: \$250 6 months to age 19 (to age 25 if full-time student): \$10,000 Newborn children to age 14 days are not eligible for a benefit
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$500,000, limited to 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000	\$250,000, limited to 50% of employee amount	\$10,000
Guarantee Issue for Newly Eligible Employee	Under Age 60: \$200,000 Age 60 - 69: \$10,000 No Guarantee Issue at age 70 and older Limited to 3 times your annual salary	\$30,000 No Guarantee Issue if Employee Age is 60 and older	

Benefit Reduction	Employee	Spouse
Benefits will reduce:	8% at age 65; Additional 8% of original amount at age 66; Additional 7% of original amount at age 67; Additional 6% of original amount at age 68; Additional 6% of original amount at age 69; Additional 15% of original amount at age 70; Benefits terminate at retirement, unless eligible for retiree benefits	35% at Employee Age 65 Benefits terminate at Employee Age 70 or Retirement, whichever occurs first

Eligibility	Employee	Spouse and Dependents
	All employees in an eligible class.	Cannot be in a period of limited activity on the day coverage takes effect.

Additional Benefits	
See Definition:	Accelerated Death Benefit
See Definition:	Portability
See Definition:	Conversion

## Definitions

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
<b>Conversion</b>	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
<b>Limited Activity</b>	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
<b>Portability</b>	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
<b>Term Life</b>	Benefit provided to the designated beneficiary upon the death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
<b>Exclusion: Suicide</b>	Benefits will not be paid if the death results from suicide within 1 year after coverage is effective. May apply if employee contributes toward the premium.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

**For assistance or additional information Contact Lincoln Financial Group at**

(800) 423-2765; reference ID: **CTYMEMPHIS**

[www.LincolnFinancial.com](http://www.LincolnFinancial.com)

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

Insurance products 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. **Not for use in New York.**

**Semi-Monthly Employee Premium**  
**Life Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
 Refer to Program Specifications for your maximum benefit amounts.

*Benefits and premium amounts reflect age reductions.*

Semi-Monthly RATE Per \$1000	AGE	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000	\$ 90,000	\$ 100,000
0.0300	<25	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.0300	25-29	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.0350	30-34	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
0.0450	35-39	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
0.0750	40-44	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
0.1300	45-49	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
0.1900	50-54	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	\$13.30	\$15.20	\$17.10	\$19.00
0.2850	55-59	\$2.85	\$5.70	\$8.55	\$11.40	\$14.25	\$17.10	\$19.95	\$22.80	\$25.65	\$28.50
0.4700	60-64	\$4.70	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20	\$32.90	\$37.60	\$42.30	\$47.00
	<b>65-99</b>	<b>For benefit and premium amounts, please see your plan administrator.</b>									

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

Example:

Use this formula to calculate premium for benefit amounts over \$ 100,000

Age	Semi-Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Semi-Monthly Cost
Example: 35	0.0450	X	150	=	\$ 6.75
		X		=	

**Dependent Children Benefit**  
**Semi-Monthly Rate:**

<b>\$ 10,000</b>
<b>\$ 1.00</b>

Premium covers all dependent children regardless of the number of children.

**Semi-Monthly Spouse Premium**  
**Life Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately. Spouse premiums will be calculated based on the Employee Age Refer to Program Specifications for your maximum benefit amounts.

*Benefits and premium amounts reflect age reductions.*

Semi-Monthly RATE Per \$1000	AGE	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.0300	<25	\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20	\$1.35	\$1.50
0.0300	25-29	\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20	\$1.35	\$1.50
0.0350	30-34	\$0.18	\$0.35	\$0.53	\$0.70	\$0.88	\$1.05	\$1.23	\$1.40	\$1.58	\$1.75
0.0450	35-39	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13	\$1.35	\$1.58	\$1.80	\$2.03	\$2.25
0.0750	40-44	\$0.38	\$0.75	\$1.13	\$1.50	\$1.88	\$2.25	\$2.63	\$3.00	\$3.38	\$3.75
0.1300	45-49	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
0.1900	50-54	\$0.95	\$1.90	\$2.85	\$3.80	\$4.75	\$5.70	\$6.65	\$7.60	\$8.55	\$9.50
0.2850	55-59	\$1.43	\$2.85	\$4.28	\$5.70	\$7.13	\$8.55	\$9.98	\$11.40	\$12.83	\$14.25
0.4700	60-64	\$2.35	\$4.70	\$7.05	\$9.40	\$11.75	\$14.10	\$16.45	\$18.80	\$21.15	\$23.50
0.8450	<b>65-69</b>	<b>\$3,250</b>	<b>\$6,500</b>	<b>\$9,750</b>	<b>\$13,000</b>	<b>\$16,250</b>	<b>\$19,500</b>	<b>\$22,750</b>	<b>\$26,000</b>	<b>\$29,250</b>	<b>\$32,500</b>
		\$2.75	\$5.49	\$8.24	\$10.99	\$13.73	\$16.48	\$19.22	\$21.97	\$24.72	\$27.46

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

Example:

Use this formula to calculate premium for benefit amounts over \$ 50,000

	Age	Semi-Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Semi-Monthly Cost
Example:	35	0.0450	X	75	=	\$ 3.38
			X		=	

**Dependent Children Benefit**

**\$ 10,000**

**Semi-Monthly Rate:**

**\$ 1.00**

Premium covers all dependent children regardless of the number of children.