

**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 Grand Valley State University employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*<sup>SM</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	3 times your annual salary (\$300,000 maximum)
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	5 times your annual salary (\$750,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen
<b>Spouse</b>	
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 (\$150,000 maximum in increments of \$5,000)
Minimum coverage amount	\$5,000
<b>Dependent Children</b>	
6 months to age 26 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 a coverage amount up to 3 times your annual salary (\$300,000 maximum) 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 (\$750,000 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; an additional 10% of the original amount when you reach age 85; and an additional 5% of the original amount when you reach age 90.

### 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 (\$150,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when a spouse 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

## Supplemental Life and AD&D Insurance Benefits At-A-Glance

## 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: GRANDVALLE.

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 Supplemental Life and AD&D Insurance Premium

Here's how little you pay with group rates.

Employee Age Range	Life Premium Rate	Life & AD&D Premium Rate
0 - 29	0.0000180	0.0000530
30 - 34	0.0000250	0.0000600
35 - 39	0.0000350	0.0000700
40 - 44	0.0000560	0.0000910
45 - 49	0.0001050	0.0001400
50 - 54	0.0001860	0.0002210
55 - 59	0.0003120	0.0003470
60 - 64	0.0004060	0.0004410
65 - 69	0.0008400	0.0008750
70 - 99	0.0019250	0.0019600

### Group Rates for You

#### if You are not a Tobacco User

The estimated monthly premium for life insurance only or life and optional AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium rate.

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

coverage amount      premium rate      monthly premium

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

Employee Age Range	Life Only Premium Rate	Life & AD&D Premium Rate
0 - 29	0.0000280	0.0000630
30 - 34	0.0000350	0.0000700
35 - 39	0.0000490	0.0000840
40 - 44	0.0000770	0.0001120
45 - 49	0.0001260	0.0001610
50 - 54	0.0002070	0.0002420
55 - 59	0.0003330	0.0003680
60 - 64	0.0004240	0.0004590
65 - 69	0.0000150	0.0000500
70 - 99	0.0022750	0.0023100

### Group Rates for You

#### if You are a Tobacco User

The estimated monthly premium for life insurance only or life and optional AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium rate.

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

coverage amount      premium rate      monthly premium

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

The Lincoln National Life Insurance Company

Please see prior page for product information.

Supplemental Life and AD&D Insurance Premium Calculation

Spouse Age Range	Life Only Premium Rate
0 - 29	0.0000180
30 - 34	0.0000250
35 - 39	0.0000350
40 - 44	0.0000560
45 - 49	0.0001050
50 - 54	0.0001860
55 - 59	0.0003120
60 - 64	0.0004060
65 - 69	0.0008400

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

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

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

coverage amount      premium rate      monthly premium

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

Spouse Age Range	Life Only Premium Rate
0 - 29	0.0000280
30 - 34	0.0000350
35 - 39	0.0000490
40 - 44	0.0000770
45 - 49	0.0001260
50 - 54	0.0002070
55 - 59	0.0003330
60 - 64	0.0004240
65 - 69	0.0010150

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

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

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

coverage amount      premium rate      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	\$1.28

### Group Rates for Your Dependent Children

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

Note: You must be an active Grand Valley State University 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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### Supplemental Life and AD&D Insurance Premium Calculation