

Voluntary Term Life Program Specifications

Prepared For

Gunnison County

The Lincoln National Life Insurance Company
8801 Indian Hills Drive, Omaha, NE 68114

VOLUNTARY TERM LIFE INSURANCE

Employee

Gunnison County has provided an excellent opportunity to purchase group term life insurance on a payroll deduction basis.

You Choose The Protection You Want!

Benefit options are available in increments of \$10,000 up to a maximum of \$500,000
Not to exceed 5 times your annual salary (rounded to the next higher \$10,000)
Up to \$100,000 or 300% of salary - Guarantee Issue for employees under age 70!
\$20,000 Guarantee Issue for employees age 70-74 - maximum coverage is \$50,000
No Guarantee Issue for employees age 75 and over

Your Benefits Will Reduce

35% upon the attainment of age 65
An additional 25% of the original amount at age 70
An additional 15% of the original amount at age 75
Benefits will terminate at age 80 or retirement, whichever occurs first

Spouse Benefit Amount

Employee must elect coverage in order for the spouse to be eligible.
Benefit options are available in \$5,000 increments to a maximum of \$150,000
Not to exceed 50% of the employee's elected benefit amount (rounded up to the next \$5,000)
\$30,000 Guarantee Issue For Spouses of Employees Under Age 60!
No Guarantee Issue for Spouses of Employees age 60 and over

Your Spouse's Benefit Will Reduce

35% upon the Employee's attainment of age 65
Benefits will terminate Employee attains age 70 or retires, whichever comes first

Dependent Children Benefit Amount

Available if the employee is insured for voluntary coverage
Four Benefit Options available: \$2,500, \$5,000, \$7,500 or \$10,000 for children age 6 months to 19 years
(Up to 25 years if unmarried and a full-time student)
\$250 for children age 14 days to 6 months
Newborn children to age 14 days are not eligible for a benefit

Other Benefits Include

*Waiver of Premium *Portable after 12 months
*Living Benefit *Conversion

Program Eligibility

All full-time employees regularly scheduled to work at least 30 hours each week.
Employees must be actively at work on the day coverage takes effect. Dependents must not be in a period of limited activity on the day coverage takes effect.

LINCOLN FINANCIAL GROUP

SUMMARY OF VOLUNTARY TERM LIFE INSURANCE BENEFITS

Gunnison County

GROUP TERM LIFE	This coverage is Group Term Life Insurance. The Life Insurance benefit is payable to the designated beneficiary upon your death. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product. This insurance is optional and can be purchased by you and your spouse.
CHILD LIFE BENEFIT	Child Life Benefit is available when you are approved for life insurance coverage. This insurance is optional.
GUARANTEE ISSUE	For timely entrants enrolled within 31 days of becoming eligible, up to \$100,000 or 300% of salary in employee coverage up to age 70 and \$30,000 in spouse coverage up to age 60 is available without any evidence of insurability requirement! For employees ages 70-74, up to \$20,000 in coverage are available without any evidence of insurability requirement. Evidence of Insurability will be required for: <ul style="list-style-type: none">• Employees and spouses of any ages, for amounts beyond the Guarantee Issue limits;• Employees applying after age 70 or spouses applying after the employee attains age 60, for all amounts; and• For late entrants of all ages, for all amounts. If you do not apply for this coverage when you are initially eligible and you choose to apply at a later date, you will be responsible for any expenses associated with obtaining further medical information.
WAIVER OF PREMIUM	Life insurance coverage continues without premium payment up to SSNRA if you become permanently and totally disabled from all occupations for which you are reasonably qualified. Total disability must begin before age 60 and must continue for 6 months before the benefit becomes effective.
LIVING BENEFIT	An Accelerated Death Benefit is available when an employee has satisfied the Active Work rule or a spouse has satisfied the Non-confinement or Period of Limited Activity rule, provided he or she has been covered under the policy for at least 30 days when diagnosed as terminally ill. When such an employee or spouse is diagnosed as terminally ill (having 12 months or less to live), the employee may withdraw up to 75% of the life insurance coverage on that family member, or up to a maximum of \$250,000 whichever is less. NOTE: Receipt of an Accelerated Death Benefit will reduce the amount payable at death and may result in taxable income or affect eligibility for certain government benefits. Check with your tax advisor or attorney before exercising this option.
ELIGIBILITY	All full-time active employees working 30 or more hours per week in an eligible class are eligible for coverage. A delayed effective date will apply if the employee is not actively at work on the date that the insurance would otherwise take effect, or for a dependent who is confined to a health care facility or in a period of limited activity.
EXCLUSION	A Suicide exclusion applies during the first two years of Voluntary Group Term Life coverage.
PORTABILITY	You may continue the coverage after your employment terminates, providing the coverage has been in force for at least 12 months and your employment is not terminating due to any sickness or injury or retirement. The premium rates will remain the same as for active employees of like age. A written application must be made within 31 days of your termination. An additional billing fee will be applied depending on the payment method you select.
CONVERSION	If you terminate your employment, or if you or your dependents become ineligible for this coverage for a reason other than nonpayment of premium or policy termination, then you will have the option to convert all or part of the terminated group Life Insurance to an individual life policy without Evidence of Insurability. Conversion election must be made within 31 days of your coverage termination.
BENEFIT REDUCTIONS	Life benefits for employees will terminate at age 80 or upon retirement, whichever occurs first. Prior to this, benefits reduce by: 35% at age 65; an additional 25% of the original amount at age 70; and an additional 15% of the original amount at age 75. Life benefits for spouse coverage will terminate when the employee attains age 70, or retires whichever occurs first. Prior to this, Spouse benefits reduce by 35% at Employee's age 65.

This is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you that describe the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Group insurance products are issued by The Lincoln National Life Insurance Company, a Lincoln Financial Group company. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

GUNNISON COUNTY

EMPLOYEE MONTHLY PREMIUM

Life Premium For Sample Benefit Amounts

Employee and Spouse Premiums are calculated separately
Spouse premiums will be calculated off of the Employee's age
Refer to Program Specifications for your maximum benefit amounts.

Benefits and Premium amounts reflect age reductions

AGE	Monthly Rate per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	\$ 0.05	\$ 0.50	\$ 1.00	\$ 1.50	\$ 2.00	\$ 2.50	\$ 3.00	\$ 3.50	\$ 4.00	\$ 4.50	\$ 5.00
30-34	\$ 0.05	\$ 0.50	\$ 1.00	\$ 1.50	\$ 2.00	\$ 2.50	\$ 3.00	\$ 3.50	\$ 4.00	\$ 4.50	\$ 5.00
35-39	\$ 0.08	\$ 0.80	\$ 1.60	\$ 2.40	\$ 3.20	\$ 4.00	\$ 4.80	\$ 5.60	\$ 6.40	\$ 7.20	\$ 8.00
40-44	\$ 0.13	\$ 1.30	\$ 2.60	\$ 3.90	\$ 5.20	\$ 6.50	\$ 7.80	\$ 9.10	\$ 10.40	\$ 11.70	\$ 13.00
45-49	\$ 0.20	\$ 2.00	\$ 4.00	\$ 6.00	\$ 8.00	\$ 10.00	\$ 12.00	\$ 14.00	\$ 16.00	\$ 18.00	\$ 20.00
50-54	\$ 0.38	\$ 3.80	\$ 7.60	\$ 11.40	\$ 15.20	\$ 19.00	\$ 22.80	\$ 26.60	\$ 30.40	\$ 34.20	\$ 38.00
55-59	\$ 0.60	\$ 6.00	\$ 12.00	\$ 18.00	\$ 24.00	\$ 30.00	\$ 36.00	\$ 42.00	\$ 48.00	\$ 54.00	\$ 60.00
60-64	\$ 0.67	\$ 6.70	\$ 13.40	\$ 20.10	\$ 26.80	\$ 33.50	\$ 40.20	\$ 46.90	\$ 53.60	\$ 60.30	\$ 67.00
		\$ 6,500	\$ 13,000	\$ 19,500	\$ 26,000	\$ 32,500	\$ 39,000	\$ 45,500	\$ 52,000	\$ 58,500	\$ 65,000
65-69	\$ 1.19	\$ 7.74	\$ 15.47	\$ 23.21	\$ 30.94	\$ 38.68	\$ 46.41	\$ 54.15	\$ 61.88	\$ 69.62	\$ 77.35
		\$ 4,000	\$ 8,000	\$ 12,000	\$ 16,000	\$ 20,000	N/A	N/A	N/A	N/A	N/A
70-74	\$ 2.99	\$ 11.96	\$ 23.92	\$ 35.88	\$ 47.84	\$ 59.80	N/A	N/A	N/A	N/A	N/A
		\$ 2,500	\$ 5,000	\$ 7,500	\$ 10,000	\$ 12,500	N/A	N/A	N/A	N/A	N/A
75-79	\$ 11.81	\$ 29.53	\$ 59.05	\$ 88.58	\$ 118.10	\$ 147.63	N/A	N/A	N/A	N/A	N/A

This is only 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	Monthly Rate per \$1,000		Benefit in \$1,000's		Monthly Cost
Example	35	.08	X	120	=	\$9.60
Yours			X		=	

Monthly Dependent Children Rate

\$.50 - \$2,500

\$1.00 - \$5,000

\$1.50 - \$7,500

\$2.00 - \$10,000

**Premium covers all dependent children;
Regardless of the number of children**

GUNNISON COUNTY

SPOUSE MONTHLY PREMIUM

Life Premium For Sample Benefit Amounts

Employee and Spouse premiums are calculated separately
Spouse premiums will be calculated off of the Employee's age
Refer to Program Specifications for your maximum benefit amounts.

Benefits and Premium amounts reflect age reductions

AGE	Monthly Rate per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<30	\$ 0.05	\$ 0.25	\$ 0.50	\$ 0.75	\$ 1.00	\$ 1.25	\$ 1.50	\$ 1.75	\$ 2.00	\$ 2.25	\$ 2.50
30-34	\$ 0.05	\$ 0.25	\$ 0.50	\$ 0.75	\$ 1.00	\$ 1.25	\$ 1.50	\$ 1.75	\$ 2.00	\$ 2.25	\$ 2.50
35-39	\$ 0.08	\$ 0.40	\$ 0.80	\$ 1.20	\$ 1.60	\$ 2.00	\$ 2.40	\$ 2.80	\$ 3.20	\$ 3.60	\$ 4.00
40-44	\$ 0.13	\$ 0.65	\$ 1.30	\$ 1.95	\$ 2.60	\$ 3.25	\$ 3.90	\$ 4.55	\$ 5.20	\$ 5.85	\$ 6.50
45-49	\$ 0.20	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00
50-54	\$ 0.38	\$ 1.90	\$ 3.80	\$ 5.70	\$ 7.60	\$ 9.50	\$ 11.40	\$ 13.30	\$ 15.20	\$ 17.10	\$ 19.00
55-59	\$ 0.60	\$ 3.00	\$ 6.00	\$ 9.00	\$ 12.00	\$ 15.00	\$ 18.00	\$ 21.00	\$ 24.00	\$ 27.00	\$ 30.00
60-64	\$ 0.67	\$ 3.35	\$ 6.70	\$ 10.05	\$ 13.40	\$ 16.75	\$ 20.10	\$ 23.45	\$ 26.80	\$ 30.15	\$ 33.50
		\$ 3,250	\$ 6,500	\$ 9,750	\$ 13,000	\$ 16,250	\$ 19,500	\$ 22,750	\$ 26,000	\$ 29,250	\$ 32,500
65-69	\$ 1.19	\$ 3.87	\$ 7.74	\$ 11.60	\$ 15.47	\$ 19.34	\$ 23.21	\$ 27.07	\$ 30.94	\$ 34.81	\$ 38.68
70+		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

This is only 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	Monthly Rate per \$1,000		Benefit in \$1,000's		Monthly Cost
Example	35	.08	X	60	=	\$4.80
Yours			X		=	

Monthly Dependent Children Rate

\$.50 - \$2,500

\$ 1.00 - \$5,000

\$ 1.50 - \$7,500

\$ 2.00 - \$10,000

Premium covers all dependent children;

Regardless of the number of children

The Lincoln National Life Insurance Company

A Stock Company Home Office Location: Fort Wayne, Indiana
 Group Insurance Service Office: P.O. Box 2616, Omaha, NE 68103-2616
 Phone: (800) 423-2765 Fax: (877) 573-6177

ENROLLMENT FORM FOR GROUP INSURANCE

Please Use Ink or Type	GROUP ID: GUNNCOUNTY	GROUP POLICY #: 000010097260-Life, 000400001000-Voluntary Life	Billing Division or Location: 630946
------------------------	--------------------------------	---	---

A. Employee Information (Complete for ALL Enrollments)

Employer Name/Company Name (Please Print) Gunnison County				County	Employer ZIP	State
Employee Last Name	First Name	Middle Initial	Social Security Number		Date of Birth	
Spouse Last Name	First Name	Middle Initial	Social Security Number		Date of Birth	
Street Address			City	State	Zip	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		Home Phone ()		Work Phone ()	

Completed By Employer

Average Hours Worked Per Week:	Occupation:
--------------------------------	-------------

Earnings: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly \$ _____	Date of Full-Time Employment:	Rehire Date:
--	-------------------------------	--------------

B. Product Selection (Complete for ALL Enrollments)

Basic Coverage NOTE: Please mark the box or boxes for each coverage you are applying for.
 All coverage amounts are subject to the limitations and exclusions as stated in the policy.

Class	Effective Date	Type of Coverage	Amount of Coverage	Total Premium
		Basic Group Life/AD&D <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		Dependent Life <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

Voluntary Coverage NOTE: Please mark the box or boxes for each coverage you are applying for.
 All coverage amounts are subject to the limitations and exclusions as stated in the policy.

TYPE OF COVERAGE	AMOUNT OF COVERAGE	TOTAL PREMIUM
Voluntary Employee Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Voluntary Spouse Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Voluntary Dependent Child Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 2500 <input type="checkbox"/> 5000 <input type="checkbox"/> 7500 <input type="checkbox"/> 10000	\$

C. Beneficiary Information (Complete ONLY for Life or AD&D Enrollments)

Primary Beneficiary's Last Name	First	MI	Relationship of Beneficiary	Social Security Number
Street Address			City	State Zip
Contingent Beneficiary's Last Name	First	MI	Relationship of Beneficiary	Social Security Number
Street Address			City	State Zip

Note: A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you wish to designate more than one Primary or Contingent Beneficiary, please attach a separate sheet of paper.

E. Request for Coverages

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

- REQUEST COVERAGE** for which I am or may become eligible under the group policies issued by The Lincoln National Life Insurance Company. I hereby apply for group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary.
- NOT ENROLL myself in the Program.** I understand that if I apply for coverage 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 Program.** I understand that if I apply for coverage for my dependents at a later date, and if a physical examination or further medical information is required, it will be at my own expense.

NOTE: A PERSON COMMITS INSURANCE FRAUD, IF HE OR SHE SUBMITS AN APPLICATION OR CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT WITH INTENT TO DEFRAUD (OR KNOWING THAT HE OR SHE IS HELPING TO DEFRAUD) AN INSURANCE COMPANY.

The insurance requested on this enrollment form will not be effective until approved by the Group Insurance Service Office of The Lincoln National Life Insurance Company, and the initial premium is paid to The Lincoln National Life Insurance Company. A delayed effective date will apply if the employee is not actively at work, or a dependent is in a period of limited activity on the date insurance would otherwise take effect.

Employee Full Name: _____ Employee Signature: _____ Date: _____