

LINCOLN MUTUAL LIFE & CASUALTY INSURANCE COMPANY

PLAN OF INSURANCE

NO.

I. GROUP LIFE AND AD&D INSURANCE

A. SCHEDULE *(select one)*

- one times base annual earnings rounded up to the next \$1,000 to a maximum amount of \$ _____
- two times base annual earnings rounded up to the next \$1,000 to a maximum amount of \$ _____
- \$ _____ per employee
- all employees according to the following occupational schedule

Class	Job Title, as shown on the enrollment card	Life and AD&D Benefit Amount	Optional Disability Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

B. GENERAL PROVISIONS FOR LIFE AND AD&D

- Eligibility: All full-time employees who work a minimum of 30 hours per week and are actively at work on the effective date
- Maximum insurance amount per employee is \$100,000
- All amounts in excess of \$10,000 are subject to evidence of insurability satisfactory to Lincoln Mutual
- Insurance amounts reduce 35% at age 65, and further reduce by 50% of the original amount at age 70
- Benefits terminate at retirement

II. DEPENDENT LIFE *(optional)*

PLAN I

- \$5,000 Spouse
- \$100 Child, 15 days to 6 months
- \$2,000 Child, 6 months to age 21*

**To age 23 for full-time college students*

PLAN II

- \$2,000 Spouse
- \$100 Child, 15 days to 6 months
- \$1,000 Child, 6 months to age 21*

III. SHORT TERM DISABILITY INSURANCE *(optional)*

A. BENEFIT DURATION: *(select one)*

- 13 weeks or 26 weeks

B. BENEFIT AMOUNT: *(select one)*

- Percentage of salary: 66⅔% 60% to a maximum of \$ _____ a week
- Flat Amount of \$ _____ per week for each employee *(not to exceed 66⅔% of weekly salary)*
- Class Defined Plan *(see Optional Disability Amount above)*

C. GENERAL PROVISIONS FOR STD

- Eligibility: Same as for Life Insurance
- Benefits payable on first day of accident or eighth day for sickness or pregnancy
- Maximum payable per week is \$300
- Amounts in excess of \$200 per week are subject to evidence of insurability satisfactory to Lincoln Mutual
- Full maternity is included
- Benefits payable for non-occupational disabilities only
- Benefits terminate at retirement

SUBSCRIBER INFORMATION

Employer Name _____ Nature of Business _____

Employer Address _____ City _____ State _____ Zip _____

Total number of full-time employees _____ Total number of employees with eligible dependents _____

Employer will Pay entire cost Share cost with the employees *(List employer contribution below)*

Life/AD&D _____% STD _____% Dependent Life _____%

Employee waiting period shall be: None One Month Two Months Three Months

Premium is payable: Monthly Quarterly Semi-Annually Annually

The employee will be eligible for coverage on the day following completion of the waiting period.

PROPOSED EFFECTIVE DATE _____

SIGNATURE _____

DATE SIGNED _____

FOR HOME OFFICE USE ONLY

Effective Date _____

ACCEPTED FOR LINCOLN MUTUAL BY _____

AGENT SIGNATURE _____