

Green Dot Public Schools

Benefits At-A-Glance

All active, full-time employees

Employee Life and AD&D

Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings or \$500,000
Guaranteed Life coverage amount	\$150,000

AD&D coverage provides a cash benefit to the beneficiary/beneficiaries you name if you die in an accident, or to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight.

Dependent Spouse Life The amount of Dependent Life Insurance coverage cannot be greater than 50% of the optional Employee Benefit.

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000
Guaranteed Life coverage amount	\$20,000

Dependent Child(ren) Life

Live Birth but under 26 years	\$10,000
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Optional Life and AD&D 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 Green Dot Public Schools employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

The Lincoln AD&D Insurance Plan:

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident
- Features group rates for Green Dot Public Schools employees

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 not to exceed \$150,000 without providing evidence of insurability.
- One-time Open Enrollment for 2020 only, if you are a continuing employee, you can choose an amount up to \$150,000 without providing Evidence of Insurability. If you select coverage more than \$150,000, you will be required to submit Evidence of Insurability. If you have been previously denied coverage, you will be required to submit Evidence of Insurability. Going forward, you can increase your coverage amount by one increment without providing Evidence of Insurability. If you select coverage in an amount higher than this number, you will be required to submit Evidence of Insurability. If you have been previously denied coverage, you will be required to submit Evidence of Insurability.
- Family Status Change: If you are a continuing employee, you can increase your coverage amount by one level without providing evidence of insurability. If you select coverage in an amount higher than this number, you will be required to submit evidence of insurability. If you have been previously denied coverage, you will 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.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to the lesser of five times Annual Earnings or \$500,000. Evidence of Insurability may be required for optional life coverage. See the Evidence of Insurability page for details.
- When you reach age 65, your Optional Life and AD&D coverage amount will reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 50% of the original amount.

Dependent 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 \$20,000 for your spouse without providing evidence of insurability.
- One-time Open Enrollment for 2020 only, if you are a continuing employee, you can choose an amount for your spouse up to \$20,000 without providing Evidence of Insurability. If you select coverage more than \$20,000, you will be required to submit Evidence of Insurability. If you have been previously denied coverage, you will be required to submit Evidence of Insurability. Going forward, you can increase your spouse coverage you will be required to submit Evidence of Insurability. If you have been previously denied coverage, you will 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.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$250,000 for your spouse. Evidence of Insurability may be required.
- When you reach age 65, your Dependent Spouse Optional Life coverage amount will reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 50% of the original amount.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Coverage Amount

- Enrollment: you can choose a coverage amount up to \$10,000 if under 26 years.

Optional Life Insurance Benefits At-A-Glance

Additional Plan Benefits Included with Life Coverage

Accelerated Death Benefit: Enables you to receive a portion of your policy death benefit while you are living if diagnosed with a terminal illness. Please note that the receipt of an accelerated death benefit may be taxable. A covered employee should consult their tax advisor.	Included
Waiver of Premium: is a provision that allows you to not pay premiums during a period of disability that has lasted for a particular length of time.	Included
Conversion: If all or part of your basic, optional and dependent life coverage ends, you may convert the amount of coverage you had under the group policy to an individual life insurance policy without medical evidence.	Included
Portability: If all or part of your optional and optional dependent life coverage ends, you may continue all or part of the amount that ends, less any amounts converted to an individual policy. Portable group term life insurance is not available if coverage ends because the group policy terminates.	Included

Benefit Exclusions

Like any insurance, this term life and AD&D insurance policy does have exclusions.

For Life Coverages: A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

For AD&D coverages: Benefits will not be paid if death or dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active Participation in a riot
- Committing or attempting to commit a felony or misdemeanor
- Disease, bodily or mental illness (or medical or surgical treatment thereof)
- Infections, except septic infections of and through a visible wound
- Controlled Substances voluntarily taken, ingested or injected, unless prescribed or administered by a Physician
- Serving on full-time active duty in the Armed Forces of any country or international authority.
- The presence of alcohol in the Covered Person's blood which raises the presumption that the Covered Person was under the influence of alcohol and contributed to the cause of the accident.

*A complete list of benefit exclusions and descriptions are included in the policy. State variations apply.

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 policy, the policy 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.

Group insurance products and services described herein are issued by Lincoln Life Assurance Company of Boston. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



Monthly Optional Life Insurance Premium Calculate Your Premium.

Group Life Rates for You

Employee Age Range	Life Premium Rate per \$1,000
0 - 24	\$0.058
25 - 29	\$0.070
30 - 34	\$0.093
35 - 39	\$0.104
40 - 44	\$0.116
45 - 49	\$0.174
50 - 54	\$0.499
55 - 59	\$0.527
60 - 64	\$0.765
65 - 69	\$1.473
70 - 74	\$2.389
75 +	\$2.389

Calculate Your Cost

Use the appropriate rate provided in the tables to the left to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase \$100,000 in employee optional term life insurance coverage.

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.104	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	100	
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$10.40	

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

Group AD&D Rates for You

AD&D Premium Rate per \$1,000
\$0.028

Please see prior page for product information.
Optional Life Insurance Premium Calculation

Group Life Rates for Your Spouse

Life Premium Rate per \$1,000
\$0.098

Calculate Your Dependent Spouse Cost

Use the appropriate rate provided in the tables to the left to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$100,000 in spouse optional term life insurance coverage.

Calculation Example	Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.098
Step 2	Enter the desired coverage amount in dollars.	\$100,000
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	100
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$9.80

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

Group Life Rates for your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$0.098

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

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

Please see prior page for product information.
[Optional Life Insurance Premium Calculation](#)