

Voluntary Term Life Insurance Enrollment Form Underwritten by Lincoln Financial Group

EMPLOYEE SECTION					
SOCIAL SECURITY NO.	LAST NAME (PRINT)	FIRST NAME (PRINT)		GENDER: ☐ MALE ☐ FEMALE	
DATE OF BIRTH (MM/DD/YYYY)	STREET ADDRESS	CITY	ZIP	TELEPHONE NO.	
VOLUNTARY LIFE COVERAGE ELECTION					
	Benefit Amount	Monthly Premium Amount (12/Year)	<i>Note If you are required to pay premiums for any coverage, the enrollment form must be signed and dated to authorize payroll deductions. The premium amounts indicated on this form are estimates, and are subject to change based on the final terms and conditions of the policy as well as your salary and age on the effective date of the policy.</i>		
Employee	\$ _____	\$ _____			
*Spouse/Dom Partner	\$ _____	\$ _____			
Dependent Child(ren)	\$ _____	\$ _____			
<u>Employee:</u> Newly hired employees (within 31 days of hire date or 31 days of being newly eligible) are Guaranteed an Issue Amount (GIA) of up to \$250,000 of Voluntary Term Life Insurance (VTL). Any amounts submitted after 31 days require evidence of insurability. <u>Spouse/Domestic Partner:</u> GIA of 100% of the employee's benefit, up to \$50,000 of VTL. Any amounts submitted after 31 days OR over the GIA require evidence of insurability. Employee must elect coverage in order for spouse and dependents to be eligible. Spouse age is based on employee age as of policy. Anniversary date for premium and eligibility purposes. The following eligibility guidelines apply for dependent coverage:**Your dependent child(ren) must be under age 26. If any premium is paid for child(ren) coverage after your child(ren) attain the limiting age, the premium will be refunded in accordance with the terms of the policy.					
*SPOUSE/DOMESTIC PARTNER (Required for spouse/domestic partner coverage)					
LAST NAME (PRINT)	FIRST NAME (PRINT)	SOCIAL SECURITY NO.	DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP (Spouse/Domestic Partner)	
STREET ADDRESS		CITY	STATE	ZIP CODE	
BENEFICIARY FOR DEATH BENEFITS (Right to change beneficiary is reserved to the insured.)					
Primary Beneficiary Designation					
LAST NAME (PRINT)	FIRST NAME (PRINT)	RELATIONSHIP (Spouse, Son, Daughter, etc.)	DATE OF BIRTH (MM/DD/YYYY)	ADDRESS OF BENEFICIARY (Address, City, State, Zip)	BENEFIT PERCENTAGE (%)
<i>Attach a separate sheet if necessary</i>					Percentage Total 100%
Secondary Beneficiary Designation					
LAST NAME (PRINT)	FIRST NAME (PRINT)	RELATIONSHIP (Spouse, Son, Daughter, etc.)	DATE OF BIRTH (MM/DD/YYYY)	ADDRESS OF BENEFICIARY (Address, City, State, Zip)	BENEFIT PERCENTAGE (%)
<i>Attach a separate sheet if necessary</i>					Percentage Total 100%
AGREEMENT AND SIGNATURE					
I represent that the information I have provided in this enrollment form is complete, true and accurate to the best of my knowledge. I understand that payment of premium does not ensure my eligibility for coverage. I understand and agree that I must satisfy all active work and/or active employment requirements that pertain to the policy to be eligible for coverage. I understand and agree that life insurance coverage for my eligible dependents may be delayed if they are confined in a hospital on the date insurance would otherwise begin in accordance with the terms of the policy. Should I decline coverage(s), I understand and accept the Waiver of Group Insurance provisions that follow. By signing below, I acknowledge that I understand and agree to the above statements, and that I have read and understand the benefit summaries provided to me for each line of coverage.					
EMPLOYEE SIGNATURE: _____				DATE: ____/____/____	
WAIVER OF GROUP INSURANCE					
Should I apply for waived coverage(s) in the future (either for myself or my eligible dependent(s)); I understand that evidence of insurability may be required, acceptable to the Insurance Company, at my own cost.					
TO BE COMPLETED BY DISTRICT (REQUIRED)					
DISTRICT NAME: Tulare County Office of Education				DISTRICT ID # 10546	
HIRE DATE:	EFFECTIVE DATE:	HOURS WORKED/WEEK:	JOB DESCRIPTION /CLASSIFICATION (Classified/Certificated etc.)		
DISTRICT SIGNATURE (Required)			DATE:		

All Eligible Employees of the California School Districts Participating in the Self-Insured Schools of California Plan

Benefits At-A-Glance

Term Life 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 School Districts participating in the plan
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*SM services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$250,000
Newly hired employee guaranteed coverage amount	\$250,000
Maximum coverage amount	5 times your annual salary (\$500,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
Spouse / Domestic Partner	
Guaranteed coverage amount during initial offering or approved special enrollment period	\$50,000
Newly hired employee guaranteed coverage amount	\$50,000
Maximum coverage amount	100% of the employee coverage amount (\$250,000 maximum in increments of \$5,000)
Minimum coverage amount	\$5,000
Dependent Children	
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 Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$250,000 without providing 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 Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary (\$500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- Your coverage amount will reduce by 50% when you reach age 70; an additional 25% of the original amount when you reach age 75; and an additional 12.5% of the original amount when you reach age 80.

Spouse / Domestic Partner Coverage - You can secure term life insurance for your spouse / domestic partner 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 100% of your coverage amount (\$50,000 maximum) for your spouse / domestic partner without providing 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 Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount (\$250,000 maximum) for your spouse / domestic partner with evidence of insurability.
- Coverage amounts are reduced by 50% when an employee reaches age 70, an additional 25% when an employee reaches age 75, and an additional 12.5% when an employee reaches age 80.

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

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Continuation of Coverage	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is 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 contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. TravelConnectSM 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 Insurance Premium

Here's how little you pay with group rates.

Employee Age Range	Life Premium Rate
0 - 24	0.0000500
25 - 29	0.0000600
30 - 34	0.0000700
35 - 39	0.0000800
40 - 44	0.0001000
45 - 49	0.0001600
50 - 54	0.0002400
55 - 59	0.0004900
60 - 64	0.0006700
65 - 69	0.0011400
70 - 74	0.0021600
75 - 79	0.0030200
80 - 99	0.0030200

Group Rates for You

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

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ & \text{coverage amount} & & \text{premium rate} & & \text{monthly premium} \end{array}$$

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

Employee Age Range	Life Premium Rate
0 - 24	0.0000500
25 - 29	0.0000600
30 - 34	0.0000700
35 - 39	0.0000800
40 - 44	0.0001000
45 - 49	0.0001600
50 - 54	0.0002400
55 - 59	0.0004900
60 - 64	0.0006700
65 - 69	0.0011400
70 - 74	0.0021600
75 - 79	0.0030200
80 - 99	0.0030200

Group Rates for Your Spouse / Domestic Partner

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

$$\begin{array}{ccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ & \text{coverage amount} & & \text{premium rate} & & \text{monthly premium} \end{array}$$

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	\$1.00

Group Rates for Your Dependent Children

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

The Lincoln National Life Insurance Company

Please see prior page for product information.

Supplemental Life Insurance Premium Calculation

Note: You must be an active Self-Insured Schools of California employee to select coverage for a spouse / domestic partner and/or dependent children. To be eligible for coverage, a spouse / domestic partner 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.

The Lincoln National Life Insurance Company
Please see prior page for product information.

Supplemental Life Insurance Premium Calculation