



## Voluntary Accidental Death & Dismemberment Insurance

### SUMMARY OF BENEFITS

Sponsored by: **Whitman College**

| Benefit        | Employee   | Spouse/Domestic Partner                      | Dependent                    |
|----------------|--|--|------------------------------|
| Amount         | Choice of \$10,000 increments                    | Choice of \$5,000 increments                 | Choice of \$2,000 increments |
| Minimum Amount | \$10,000   | \$5,000                                      | \$2,000                      |
| Maximum Amount | \$500,000, limited to 5 times your annual salary | \$250,000, limited to 50% of employee amount | \$10,000                     |

  

| Benefit Reduction     | Employee   | Spouse/Domestic Partner   |
|-----------------------|--|---|
| Benefits will reduce: | 35% at age 70;<br>Additional 15% of original amount at age 75;<br>Benefits terminate at retirement | 35% at age 65<br>Benefits terminate at age 70 or Retirement, whichever occurs first |

  

**Additional Benefits** Safe Driver; Education; Spouse Training; Felonious Assault; Alternate; Child Care; Coma; Common Disaster; Exposure; Disappearance; Common Carrier; Repatriation; Enhanced Dismemberment for Dependent Children; Spouse Critical Period; Monthly Survivor; Helmet; Surgical Reattachment; Third Degree Burn; and Rehabilitation Reimbursement

  

| Eligibility | Employee                            | Spouse/Domestic Partner and Dependents                                      |
|-------------|-------------------------------------|---|
|             | All employees in an eligible class. | Cannot be in a period of limited activity on the day coverage takes effect. |

#### Employee Monthly Premium for Accidental Death and Dismemberment coverage

Refer to Program Specifications for your maximum benefit amounts.

EXAMPLE: Use your elected benefit amount in this formula to estimate your premium.

|                         | Monthly Rate per \$1,000 |   | Benefit in \$1,000's |   | Monthly Cost |
|-------------------------|--------------------------|---|----------------------|---|--------------|
| Employee                | 0.0280                   | X |                      | = |              |
| Spouse/Domestic Partner | 0.0500                   | X |                      | = |              |
| Child                   | 0.0350                   | X |                      | = |              |
| Example-Employee        | 0.0280                   | X | 150                  | = | \$4.20       |

\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency

## Definitions

|                           |  |
|---------------------------|--|
| <b>AD&amp;D</b>           | Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. This insurance is optional and can be purchased by you and your Spouse. |
| <b>Limited Activity</b>   | A period when a Spouse/Domestic Partner or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.  |
| <b>Exclusion: Suicide</b> | Benefits will not be paid if the death results from suicide after coverage is effective. May apply if employee contributes toward the premium.   |

## Additional Benefits

|                                   |  |
|-----------------------------------|--|
| <b>LifeKeys<sup>SM</sup></b>      | Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy. |
| <b>TravelConnect<sup>SM</sup></b> | Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.  |

**For assistance or additional information Contact Lincoln Financial Group at**

**(800) 423-2765; reference ID: WHITMANCOL**

**[www.LincolnFinancial.com](http://www.LincolnFinancial.com)**

NOTE: 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 details. Should there be a difference between this summary and the contract, the contract will govern.

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