

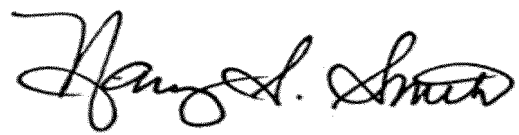
NOTICE OF CHANGE

In The Certificate Booklet
Issued to Employees of:

Charlotte County Public Schools

This Notice is a summary of changes that have been made to your Booklet. These changes are effective on January 1, 2020. Keep this Notice with your Booklet.

LINCOLN LIFE ASSURANCE COMPANY OF BOSTON

A handwritten signature in black ink, appearing to read "David L. Smith". The signature is written in a cursive, flowing style with a large initial "D".

to be attached to and made a part of
the Certificate for Group Plan No. SA3-850-291868-01
issued by

to

Charlotte County Public Schools
(Sponsor)

The attached pages reflect the following revisions: Changed the Dependent Spouse Optional Life Insurance Benefit from \$100,000 to \$250,000.

Charlotte County Public Schools
January 1, 2017

DISCLAIMER

Sponsor: Charlotte County Public Schools

Policy Number(s): SA3-850-291868-01

Date Provided: December 23, 2019

The following certificate(s) are a true copy of the certificate(s) issued under the policy(ies).

LINCOLN LIFE ASSURANCE COMPANY OF BOSTON

Charlotte County Public Schools

CERTIFICATE OF COVERAGE

Lincoln Life Assurance Company of Boston welcomes your employer as a cl

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SECTION 1 - SCHEDULE OF BENEFITS

ELIGIBILITY REQUIREMENTS FOR INSURANCE BENEFITS

What is the Minimum Hourly Requirement?

Employees working a minimum of 20 regularly scheduled hours per week

What is the Classification of Covered Employees?

Class 2	All full-time Employees excluding Administrators, Board Members, and Superintendents
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SECTION 1 - SCHEDULE OF BENEFITS (Continued)

LIFE INSURANCE

What is the Amount of Insurance Benefit?

Employee Basic Life Insurance

For Noncontributory Basic Life Insurance:
\$20,000.00

For Contributory Basic Life Insurance:
An amount in increments of \$10,000.00 to a maximum of \$30,000.00

Employee Optional Life Insurance

An amount in increments of \$10,000.00. This amount may not exceed the lesser of 5 times Annual Earnings or \$200,000.00.

Dependent Optional Life Insurance:

SPOUSE

Spouse:

Increments of \$5,000.00 to a maximum benefit of \$100,000.00 or 50.00% of the Covered Employee's elected amount, whichever is lesser. The minimum amount is \$5,000.00

CHILD

Children (Age at Death):

Live birth, but under 26 years.

Increments of \$5,000.00 to a maximum benefit of \$25,000.00. The minimum amount is \$5,000.00

Note: The amount of Dependent Life Insurance may not exceed 50.00% of the amount of Employee Life Insurance in force on you.

SECTION 1 - SCHEDULE OF BENEFITS
(Continued)

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

What is the Full Amount of Insurance Benefit?

Employee Basic Accidental Death and Dismemberment Insurance

For Noncontributory Basic Life Insurance:
\$20,000.00

For Contributory Basic Life Insurance:
An amount in increments of \$10,000.00 to a maximum of \$30,000.00

Employee Optional Accidental Death and Dismemberment Insurance

An amount in increments of \$10,000.00. This amount may not exceed the lesser of 5 times Annual Earnings or \$200,000.00

Note: Election of Optional Accidental Death and Dismemberment coverage is limited to Employees who also elect Employee Optional Life coverage..

Dependent Optional Accidental Death and Dismemberment Insurance:

SPOUSE

Spouse:

Increments of \$5,000.00 to a maximum benefit of \$100,000.00 or 50.00% of the Covered Employee's elected amount, whichever is lesser. The minimum amount is \$5,000.00

CHILD

Children (Age at Death):

Live birth, but under 26 years.

Increments of \$5,000.00 to a maximum benefit of \$25,000.00. The minimum amount is \$5,000.00

Note: The amount of Dependent Optional Accidental Death Insurance cannot exceed the amount of the Employee's elected amount of Employee Optional Accidental Death Insurance.

SECTION 1 - SCHEDULE OF BENEFITS
(Continued)

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

What is the Employee and Dependent Spouse Seat Belt Benefit?

Maximum Benefit Amount: 10.00% of Full Amount up to \$10,000.00

What is the Employee and Dependent Spouse Air Bag Benefit?

Maximum Benefit Amount: 10.00% of Full Amount up to \$10,000.00

What is the Employee and Dependent Spouse Repatriation Benefit?

Maximum Benefit Amount: \$5,000.00

Applicable to Basic Insurance:

What is the Employee and Dependent Spouse Common Carrier Benefit?

Maximum Benefit Amount: Full Amount up to \$50,000.00

Applicable to Optional Insurance:

What is the Employee and Dependent Spouse Common Carrier Benefit?

Maximum Benefit Amount: Full Amount up to \$200,000.00

What is the Employee and Dependent Spouse Child Education Benefit?

Maximum Annual Benefit (Per Dependent child): \$2,500.00

Maximum Lifetime Family Benefit Amount: \$20,000.00

Dependent Children Maximum Age: 26 years

What is the Employee and Dependent Spouse Child Care Benefit?

Maximum Annual Benefit (Per Dependent child): \$2,500.00

Maximum Lifetime Family Benefit Amount: \$5,000.00

What is the Dependent Spouse Training Benefit?

Maximum Benefit Amount: \$5,000.00

Employee and Dependent Spouse Coma Benefit:

Maximum Benefit Amount: 10.00% of Full Amount up to \$5,000.00

Employee and Dependent Spouse Felonious Assault Benefit:

Maximum Benefit Amount: 50.00% of Full Amount up to \$20,000.00

What is the Reduction Formula?

Applicable to
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SECTION 1 - SCHEDULE OF BENEFITS
(Continued)

What are the Evidence of Insurability Requirements?

Non-Medical Maximum:

Employee Optional Life Insurance Benefits:	\$100,000.00
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Dependent Spouse Optional Life Insurance Benefits:	\$50,000.00
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Any amounts of insurance in excess of the amount shown above that are due solely to salary increases are not subject to Evidence of Insurability.

Annual Enrollment:

Employee Optional Life Insurance Benefits:	Any increases above the current benefit level will be subject to Evidence of Insurability.
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Any increases elected during Annual Enrollment will be subject to Evidence of Insurability if an Employee has previously been denied coverage. The Non-Medical Maximum will apply to any changes made during the Annual Enrollment Period.

Dependent Spouse Optional Life Insurance:	Any increases above the current benefit level will be subject to Evidence of Insurability.
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Family Status Change:

Employee Optional Life Insurance Benefits:	Any increases above the current benefit level will be subject to Evidence of Insurability.
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SECTION 2 - DEFINITIONS

In this section Lincoln defines some basic terms needed to understand this plan. The male pronoun whenever used in this policy includes the female.

"Active Employment" means you must be actively at work for the Sponsor:

1. on a full-time basis and paid regular earnings;
2. for at least the minimum number of hours shown in the Schedule of Benefits; and either perform such work:
 - a. at the Sponsor's usual place of business; or
 - b. at a location to which the Sponsor's business requires you to travel.

You

SECTION 2 - DEFINITIONS

(Continued)

"Confined" means confinement in a hospital, skilled nursing facility or

SECTION 2 - DEFINITIONS

(Continued)

"Eligibility Date" means the date you become eligible for insurance under this plan. Eligibility Requirements are shown in the Schedule of Benefits.

"Eligibility Waiting Period" means the continuous length of time you must be in Active Employment in an eligible class to reach your Eligibility Date.

"Employee" means a person in Active Employment with the Sponsor.

"Enrollment Form" is the document completed by you, if required, when enrolling for coverage. This form must be satisfactory to Lincoln.

"Evidence of Insurability" means a statement of proof of the Covered Person's medical history upon which acceptance for insurance will be determined by Lincoln.

SECTION 2 - DEFINITIONS

(Continued)

"Initial Enrollment Period" means one of the following periods during which you may first enroll for coverage under this policy:

1. if you are eligible for insurance on the plan effective date, a period before the plan effective date set by the Sponsor and Lincoln.
2. if you become eligible for insurance after the plan effective date, the period which ends 31 days after your Eligibility Date.

"Injury" means bodily impairment resulting directly from an accident and independently of all other causes.

"Non-Medical Maximum" means an amount of insurance on a Covered Person which is not subject to Evidence of Insurability. The Non-Medical Maximum amounts are shown in the Schedule of Benefits. Any amounts of insurance in excess of the Non-Medical Maximums are subject to Evidence of Insurability. Evidence of Insurability will be at your expense.

"Physician" means a person who:

1. is licensed to practice medicine and is practicing within the terms of his license; or
2. is a licensed practitioner of the healing arts in a category specifically favored under the health insurance laws of the state where the treatment is received and is practicing within the terms of his license.

It does not include you, any family member or domestic partner.

SECTION 2 - DEFINITIONS

(Continued)

"Proof" means the evidence in support of a claim for benefits and includes, but is not limited to, the following:

1. a claim form completed and signed (or otherwise formally submitted) by you or your beneficiary claiming benefits;
2. an attending Physician's statement completed and signed (or otherwise formally submitted) by the Covered Person's attending Physician; and
3. the provision by the attending Physician of standard diagnosis, chart notes, lab findings, test results, x-rays and/or other forms of objective medical evidence in support of a claim for benefits;
4. a certified copy of a death certificate.

Proof must be submitted in a form or format satisfactory to Lincoln.

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SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

What are the Eligibility Requirements for Employee and Dependent Insurance Benefits?

The eligibility requirements for insurance benefits are shown in the Schedule of Benefits.

What is your Eligibility Date for Insurance Benefits?

Employee Coverage:

If you are in an eligible class you will qualify for insurance on the later of:

1. this plan's effective date; or
2. the day after you complete the Eligibility Waiting Period shown in the Schedule of Benefits.

Dependent Coverage:

If you are eligible for Employee coverage you will be eligible for Dependent coverage on the later of:

1. the date you are eligible for Employee coverage if on that date you have a Dependent; or
2. the date you acquire a Dependent if on that date you are eligible for Employee coverage.

If both parents are Employees, only one will be eligible for Dependent coverage with respect to their Dependent children.

What Happens During the Annual Enrollment Period?

During each Annual Enrollment Period, you may keep your coverage at the same level or make any one of the following changes in coverage for the next plan year, subject to any Evidence of Insurability Requirements as shown in the Schedule of Benefits:

1. decrease your coverage;
2. increase your coverage including enrolling for the first time.

If you fail to enroll for a change in your coverage option during any Annual Enrollment Period you will continue to be insured for the same coverage option during the next plan year, unless you experience a Family Status Change.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

(Continued)

What Happens when you Experience a Family Status Change?

When you experience a Family Status Change, you may keep your coverage at the same level or make any one of the following changes in coverage, subject to any Evidence of Insurability Requirements as shown in the Schedule of Benefits:

1. decrease your coverage;
2. increase your coverage including enrolling for the first time.

You must apply for the change in coverage within 31 days of the date of the Family Status Change. Such changes in coverage must be due to or consistent with the reason that the change in coverage was permitted. A change in coverage is consistent with a Family Status Change only if it is necessary or appropriate as the result of the Family Status Change.

What is Your Effective Date for Insurance?

Insurance will be effective at 12:01 A.M. Standard Time in the governing jurisdiction on the day determined as follows, but only if your application or enrollment for insurance is made with Lincoln through the Sponsor in a form or format satisfactory to Lincoln.

Employee Coverage:

1. For contributory coverage not subject to Evidence of Insurability, you will be insured on the later of the date you make application or your Eligibility Date, provided you make application no later than 31 days after your Eligibility Date.
2. For contributory coverage subject to Evidence of Insurability, you will be insured on the later of the date Lincoln gives approval or your Eligibility Date, provided you make application no later than 31 days after your Eligibility Date.

Evidence of Insurability will be at your Expense.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

(Continued)

What is Your Effective Date of Insurance? (Continued)

Dependent Coverage:

1. For contributory coverage not subject to Evidence of Insurability, your Dependent will be insured on the later of the date you make application or your Eligibility Date, provided you make application no later than 40 days.

SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES

(Continued)

What Happens to Your Coverage During a Family and Medical Leave?

Your coverage may be continued under this plan for an approved family or medical leave of absence for up to 12 weeks following the date coverage would have terminated, subject to the following:

1. the authorized leave is in writing;
2. the required premium is paid;
3. your benefit level, or the amount of earnings upon which your benefit may be based, will be that in effect on the date before said leave begins; and
4. continuation of coverage will cease immediately if any one of the following events should occur:
 - a. you return to work;
 - b. this plan terminates;
 - c. you are no longer in an eligible class;
 - d. nonpayment of premium when due by the Sponsor or you;
 - e. your employment terminates.

What Happens During Leave of Absence?

The Sponsor may continue your coverage(s) by paying the required premiums, if you are granted an approved leave of absence.

Your coverage(s) will not continue beyond a period of three months. In continuing such coverage(s) under this provision, the Sponsor agrees to treat all Covered Employees equally.

What Happens During Leave of Absence Due to Disability?

The Sponsor may continue your coverage(s) by paying the required premiums, if you are granted an approved leave of absence due to a disability.

Your coverage(s) will not continue beyond a period of nine months. In continuing such coverage(s) under this provision, the Sponsor agrees to treat all Covered Employees equally.

SECTION 4 - INSURANCE BENEFITS

EMPLOYEE LIFE INSURANCE

Benefits

When is Your Life Insurance Benefit Payable?

When Lincoln receives satisfactory Proof of your death, Lincoln will pay the proceeds of the Life Insurance in force on your life under this plan. The benefit payable is shown in the Schedule of Benefits.

Conversion Privilege

What is the Conversion Privilege?

Conversion Privilege at Individual Termination or Reduction of Benefits:

If all or part of your coverage ends, you may convert the amount that ends to an individual Life Insurance policy. Conversion is subject to the following conditions:

1. within 31 days after coverage ends or is reduced, you must make written application to Lincoln and pay the first premium payment.
2. the individual policy will be issued without Evidence of Insurability. It will contain Life Insurance benefits only. The policy will be one then being offered by Lincoln. The premium due will be based on the premium schedule of Lincoln's conversion policy that applies to your class of risk and age at the birthday nearest to the effective date of the individual policy.

The individual policy will be effective 31 days after your group coverage ends.

Conversion Privilege at Class or Plan Termination:

If coverage ends for all employees or for your class, you are entitled to a limited conversion privilege. You must have been covered for at least 5 years. You must apply for the individual policy in the same manner as described above. The amount you may convert is limited to the lesser of:

1. the amount you were covered for on the date the group coverage terminated less any group insurance you become eligible for within 31 days; or
2. \$10,000.

The individual policy will be effective 31 days after your group coverage ends.

Death Within the 31 Days Allowed for Conversion:

If you die within the 31 days allowed for conversion, Lincoln will pay to your beneficiary the amount you were eligible to convert. Such insurance will be paid as a claim under this policy. Any premiums paid for a converted policy will be refunded.

SECTION 4 - INSURANCE BENEFITS

(Continued)

Applicable to Optional Insurance:

EMPLOYEE LIFE INSURANCE (Continued)

Accelerated Death Benefit

What is the Accelerated Death Benefit?

Note: The receipt of an Accelerated Death Benefit may be taxable. You should consult your tax consultant or legal advisor before applying for an Accelerated Death Benefit.

SECTION 4 - INSURANCE BENEFITS (Continued)

EMPLOYEE LIFE INSURANCE COVERAGE (Continued)

Accelerated Death Benefit (Continued)

When Must you Apply for an Accelerated Death Benefit? (Continued)

What is the Effect on Insurance?

The amount of your Life Insurance will be reduced by the amount paid as an Accelerated Death Benefit. Premiums, if any, for the remaining portion of your Life Insurance will be based on the amount of the remaining Life Insurance in effect after payment of the Accelerated Death Benefit. All other terms and provisions of this policy will apply to the remaining portion. Receipt of an Accelerated Death Benefit does not affect any Accidental Death or Dismemberment insurance benefit in force on your life.

Exceptions

No Accelerated Death Benefit will be paid if:

1. you are required by a court of law to exercise this option to satisfy a claim of creditors, whether in bankruptcy or otherwise;
2. you are required by a governmental agency⁰ Tj 24 0 Td (t) Tj 2v

SECTION 4 - INSURANCE BENEFITS

(Continued)

DEPENDENT LIFE INSURANCE

Benefits

When is Your Dependent Life Insurance Benefit Payable?

When Lincoln receives satisfactory Proof of your Covered Dependent's death, Lincoln will pay to you the amount in force on such Dependent's life under this plan. The Dependent Life Insurance benefit will be paid in one sum. It is shown in the Schedule of Benefits.

Conversion Privilege

What is the Conversion Privilege?

Conversion Privilege at Individual Termination or Reduction of Benefits:

If a Covered Dependent's coverage ends because:

1. of your death; or
2. your employment in an eligible class for Dependent Life Insurance ends,

your Covered Dependent may convert Dependent Life Insurance to an individual policy. Within 31 days after coverage ends, your Covered Dependent must make written application to Lincoln and pay the first premium payment. The individual policy will contain Life Insurance benefits only. The policy will be one then being offered by Lincoln. Evidence of Insurability will not be required.

Conversion Privilege at Class or Policy Termination:

If your Covered Dependent's coverage ends because:

1. coverage ends for all employees; or
2. coverage ends for all employees in your eligible class,

your Covered Dependent is entitled to a limited conversion privilege. You must be entitled to convert to an individual policy in order for your Covered Dependent to have this limited privilege. Conversion must be applied for in the same way as stated above. The amount your Covered Dependent may convert is limited to the lesser of:

1. the amount your Covered Dependent was covered for on the date coverage ended less any group insurance you become eligible for within 31 days; or
2. \$10,000.

The individual policy will become effective 31 days after your Covered Dependent's coverage ends.

Death Within the 31 Days Allowed for Conversion:

Dependent Life Insurance is payable if your Covered Dependent dies during this period. The amount payable is the amount your Covered Dependent was entitled to convert. Such insurance will be paid under this plan. Any premium paid for an individual plan will be refunded.

SECTION 4 - INSURANCE BENEFITS
(Continued)

SECTION 4 - INSURANCE BENEFITS

(Continued)

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Benefits

When will a Seat Belt Benefit be Payable?

Lincoln will pay an additional benefit if accidental death was caused by an Automobile accident while the Covered Person was driving or riding in an Automobile and the Covered Person was covered by this policy. The benefit is payable if the Covered Person was wearing a Seat Belt at the time of the accident. The benefit payable is shown in the Schedule of Benefits.

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SECTION 4 - INSURANCE BENEFITS (Continued)

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

When will a Repatriation Benefit be Payable?

Lincoln will pay an additional benefit for the transportation of the Covered Person's body to a mortuary chosen by the Covered Person or beneficiary. Payment will be made in the event the Covered Person suffers loss of life at least 200 miles from the Covered Person's principal place of residence. Written proof of the expenses must be submitted to Lincoln prior to payment. The benefit payable is shown in the Schedule of Benefits.

When will a Common Carrier Benefit be Payable?

Lincoln will pay an additional benefit to the beneficiary if the Covered Person suffers loss of life as a result of an accident occurring while riding as a fare-paying Passenger on a public conveyance. The benefit payable is equal to the Full Amount payable under Accidental Death and Dismemberment up to the maximum benefit shown in the Schedule of Benefits.

With respect to this provision, "Common Carrier" means a public conveyance operated by a licensed Common Carrier for the transportation of the general public for a fare and operating on regular passenger routes, within the continental United States, Alaska and Hawaii, with a definite schedule of departures and arrivals.

With respect to this provision, "Passenger" is defined as an individual other than a pilot, operator or crew member who is riding in or on, boarding, or dismounting from a public conveyance.

SECTION 4 - INSURANCE BENEFITS
(Continued)

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

When will a Child Education Benefit be Payable?

Lincoln will pay a one-time benefit to you

SECTION 4 - INSURANCE BENEFITS

(Continued)

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

When will a Child Care Benefit be Payable?

Lincoln will pay a one-time benefit to you or your beneficiary on behalf of your Dependent children if you or your Covered Dependent

SECTION 4 - INSURANCE BENEFITS (Continued)

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

When will a Spouse Training Benefit be Payable?

Lincoln will pay a one-time benefit to your surviving Dependent spouse if you suffer loss of life as a result of an accident provided:

1. satisfactory proof is furnished to Lincoln that the Dependent spouse meets the definition of Dependent u (l) dTj 12 0 Td (i) Tj 14 0 Td (e)j 25 0 Td (e) Tj 20 0 Td (n) Tj 24 0 Td (d) Tj 26 0 Td (e) Tj 20

SECTION 4 - INSURANCE BENEFITS (Continued)

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

What is the Coma Benefit?

Subject to all terms, conditions, and limitations of the Policy, Lincoln will pay a Coma Benefit if, as a result of an accident, you or your Covered Dependent spouse becomes Comatose.

For the Coma benefit to be payable:

1. you or your Covered Dependent spouse must become comatose within a 31 day period from the date of the accident; and
2. remain Comatose for at least 30 days.

The Coma Benefit payable is:

1. 10.00% of the full Accidental Death and Dismemberment benefit amount up to a maximum of \$5,000.00; and
2. in addition to the Accidental Death and Dismemberment benefit payable under the policy.

The Coma Benefit will be paid to the Covered Person or the designated beneficiary.

For the purposes of this provision, "Coma" or "Comatose" means complete 23 Tj 19 0 Td (o) TjTj 24 0 Td (e) Tj 31j 12 0 Td

SECTION 4 - INSURANCE BENEFITS

(Continued)

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)

Benefits (Continued)

What is the Felonious Assault Benefit?

Subject to all terms conditions and limitations of the Policy, Lincoln will pay a Felonious Assault Benefit if, as a result of an accident you or your Covered Dependent spouse suffers a loss listed on the Loss Schedule as a result of a Felonious Assault.

For this benefit to be payable:

1. you or your Covered Dependent spouse must be injured as a result of a Felonious Assault occurring on the Sponsor's premises or while at work for the Sponsor; and
2. the Injury results in a loss within the 365 day period that begins on the date of the Felonious Assault.

Lincoln must receive satisfactory written proof of the Covered Person's Felonious Assault incident.

The Felonious Assault Benefit payable is:

1. 50.00% of the full Accidental Death and Dismemberment amount up to a maximum of \$20,000.00; and
2. in addition to the Accidental Death and Dismemberment benefit.

For the purpose of this provision, "Felonious Assault" means a violent or criminal act directed at the Covered Person during the course of:

1. a robbery, kidnapping or criminal assault; or
2. an attempt at robbery, kidnapping or criminal assault.

Such Felonious Assault must not be committed by an Employee of the Sponsor or by your or your Covered Dependent spouse's family member, or by a member of the household in which you or your Covered Dependent spouse lives.

SECTION 4 - INSURANCE BENEFITS

(Continued)

WAIVER OF PREMIUM FOR TOTAL DISABILITY

If you become Totally Disabled while insured under this plan you may be eligible for continued Life Insurance coverage without premium payment, provided that:

1. you become Totally Disabled while insured under this plan and before age 60;
2. within one

SECTION 4 - INSURANCE BENEFITS

(Continued)

WAIVER OF PREMIUM FOR TOTAL DISABILITY

If continued Life Insurance coverage under this provision ends or reduces, you may convert your Life Insurance benefit as provided in the Conversion Privilege. Dependent coverage may be converted as allowed within this plan.

If you die within one year from the date you are no longer in Active Employment due to Total Disability, Lincoln will pay the Life Insurance benefit provided satisfactory Proof of continuous Total Disability until death is given to Lincoln within one year after death.

If this plan terminates before you have received approval of waiver of premium, you are eligible to convert to an individual policy until such approval has been received. If this plan terminates after approval for waiver of premium, coverage will continue as if this plan continued to be in force.

With respect to this provision, "Total Disability" or "Totally Disabled" means the complete inability, as a result of Injury or 0fTd (a) Tj 21 0 Td (nTd (e) Tj -1876 j 25 0 Td (r) Tg) Tj 23 0 Td (21 0 Td (nTd (j -1932 -50 Td (Si) Tj 12 0 T

SECTION 4 - INSURANCE BENEFITS

(Continued)

PORTABLE GROUP TERM LIFE INSURANCE

If any of your coverage under this Plan ends, you may be eligible to continue all or a part of the amount that ends, less any amount converted to an individual policy as provided in the Conversion Privilege, subject to any minimum and maximum amounts specified in this provision, as portable group term life insurance. The coverage must end because you are no longer in an eligible class or are no longer in Active Employment.

If your group term life insurance terminates because you are no longer in Active Employment due to retirement as determined by the Sponsor's records, you are eligible to continue all or a part of the amount that ends.

If you are eligible for portable group term life insurance, you may also elect portable group term life insurance on your Covered Dependent spouse or Dependent child whose coverage under this policy ends. A Covered Dependent is eligible to directly apply for portable group term life insurance if they no longer satisfy the definition of Dependent under the policy.

Portable group term life insurance is not available if your coverage ends because this policy terminates, or if any life insurance under this policy will be continued on a waiver of premium basis.

You are eligible to apply for portable group term life insurance if you have no Injury or Sickness that has a material effect on your life expectancy.

An Injury or Sickness that has a material effect on life expectancy means a condition that, according to generally accepted medical opinion, may contribute to or result in death within the next 5 years. Some examples include cancers and lung diseases.

You are eligible for portable group term Life Insurance if:

1. you are under age 65;
2. you are a citizen or legal resident of the United States or Canada; and
3. you are not a full-time member of the armed forces of any country.

To apply for portable group term life insurance, you must, within 31 days of the date you cease to be eligible for coverage under this policy submit a completed portable group term life insurance application along with the first premium payment and any required application fee to Lincoln at the address shown on the application.

If you and any Dependents are applying for coverage, your portable group term life insurance and that of any Dependents will be effective at 12:01 A.M. Standard Time on the day after coverage under this policy ends as long as any required Evidence of Insurability is approved. You are responsible for the expense of securing supporting information to satisfy Evidence of Insurability.

The policy available will be one then being offered by Lincoln as portable group term life insurance. The premium due will be based on Lincoln's then current rate for such policies that apply to you, your spouse, and your Dependent child's class of risk and age at birthday nearest to the effective date of portable group term life insurance.

The amount of portable group term life insurance may be decreased at any time. Once elected, the

SECTION 5 - EXCLUSIONS

LIFE INSURANCE EXCLUSIONS

No benefits are payable for any loss for death that results from, is contributed to or caused by:

1. suicide, committed while sane or insane, occurring within 24 months after the Covered Person's initial effective date of insurance with the Sponsor; and
2. suicide, committed while sane or insane, occurring within 24 months after the date any additional insurance elected by the Covered Person becomes effective under this Plan.

The suicide exclusion will apply to any amounts of insurance for which the Covered Person pays all or part of the premium.

The suicide exclusion will also apply to any amount that is subject to Evidence of Insurability Lincoln approved.

SECTION 5 - EXCLUSIONS (Continued)

ACCIDENTAL DEATH AND DISMEMBERMENT EXCLUSIONS

No benefits are payable for any loss that is contributed to or caused by:

1. war, declared or undeclared, or any act of war;
2. intentionally self-inflicted injuries, while sane or insane
3. suicide, or suicide attempt, while sane or insane;
4. active Participation in a Riot;
5. committing or attempting to commit a felony or misdemeanor;
6. disease, bodily or mental illness (or medical or surgical treatment thereof);
7. infections, except septic infections of and through a visible wound;
8. controlled substances (as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and all amendments) that are voluntarily taken, ingested or injected, unless as prescribed or administered by a Physician;
9. serving full-time active duty in the Armed Forces of any country or international authority;
10. boarding, leaving or being in or on any kind of aircraft. However, this exclusion will not apply if the Covered Person is a fare paying passenger on a commercial aircraft or traveling as a passenger in any aircraft that is owned or leased by or on behalf of the Sponsor; or

SECTION 6 - TERMINATION PROVISIONS

Termination of a Covered Person's Insurance

A Covered Person will cease to be insured on the earliest of the following dates:

1. the date this policy terminates, but without prejudice to any claim originating prior to the time of termination;
2. the date you are no longer in an eligible class;
3. the date your class is no longer included for insurance;
4. the last day for which any required Employee contribution has been made;
5. the date employment (status as an active Employee) or eligibility ends for any reason; or
6. the date you cease to be in Active Employment due to a labor dispute, including any strike, work slowdown, or lockout.

Lincoln reserves the right to review and terminate all classes insured under this policy if any class(es) cease(s) to be covered.

SECTION 7 - GENERAL PROVISIONS

What is the Appeal Process?

Lincoln will notify in writing any Covered Person or beneficiary whose claim is denied in whole or part. That written notice will explain the reasons for denial. If the claimant does not agree with the reasons given, he may request an appeal of the claim. To do so, the claimant should write to Lincoln within 60 days after the notice of denial was received. The claimant should state why he believes the claim was improper.

SECTION 7 - GENERAL PROVISIONS
(Continued)

SECTION 7 - GENERAL PROVISIONS

(Continued)

What Happens if Your Age is Misstated?

If a Covered Person's age has been misstated, an equitable adjustment will be made in the premium. If the amount of the benefit is dependent upon the Covered Person's age, the amount of the benefit will be the amount the Covered Person would have been entitled to if his correct age were known.

A refund of premium will not be made for a period more than 12 months before the date Lincoln is advised of the error.

When Must Lincoln be Notified of a Claim?

- a. Notice of claim must be given to Lincoln within 30 days of the date of the loss on which the claim is based. If that is not possible, Lincoln must be notified as soon as it is reasonably possible to do so. Such notice of claim must be received in a form or format satisfactory to Lincoln.
- b. When written notice of claim is applicable and has been received by Lincoln, the Covered Person will be sent claim forms. If the forms are not received within 15 days after written notice of claim is sent, the Covered Person can send to Lincoln written Proof of claim without waiting for the forms.

When Must Lincoln Receive Proof of Claim?

- a. Satisfactory Proof of loss must be given to Lincoln no later than 30 days after the date of loss.
- b. Failure to furnish such Proof within such time shall not invalidate or reduce any claim if it was not reasonably possible to furnish such Proof within such time. Such Proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one year from the time Proof is otherwise required.

Lincoln reserves the right to determine if the Covered Person ~~not to~~

SECTION 7 - GENERAL PROVISIONS

(Continued)

What are Lincoln's Rights of Recovery?

Lincoln has the right to recover any overpayment of benefits caused by, but not limited to, the following:

1. fraud;
2. any error made by Lincoln in processing a claim; or
3. any error made in the eligibility or administration of this plan by the Sponsor.

Lincoln may recover an overpayment by, but not limited to, the following:

1. requesting a lump sum payment of the