

## Harmonia Holdings Group LLC

### Benefits At-A-Glance

All Full-Time Employees

#### Voluntary Life Insurance

#### The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for 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

#### Employee Life

Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 5 times Annual Earnings (rounded up to the nearest \$10,000) or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$200,000

Your coverage amount will reduce by 35% when you reach age 70; an additional 20% of the original amount when you reach age 75; an additional 15% of the original amount when you reach age 80; an additional 10% of the original amount when you reach age 85; and an additional 5% of the original amount when you reach age 90.

#### Spouse Life

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed the lesser of 5 times Annual Earnings (rounded up to the nearest \$5,000) or \$250,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$50,000

#### Dependent Child(ren) Life

At least six months but under 26 years, or under 26 years if a full-time student	\$2,000; \$4,000; \$6,000; \$8,000; \$10,000
At least 14 days but under six months/days	\$1,000
Live Birth but under 14	\$1,000

## 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 \$200,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.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 \$500,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

### 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 \$50,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may 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.

### Dependent Child(ren) 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 Included with Life Coverage

Waiver of Premium	Included
Portability	Included
Accelerated Death Benefit	Included
Conversion	Included

## Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

**Questions?** Call 800-423-2765 and mention Group ID: 965464.

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. ComPsych®, EstateGuidance® and GuidanceResources® are registered trademarks of ComPsych® Corporation. *TravelConnect®* services are provided by On Call International, Salem, NH. ComPsych® and On Call International are not Lincoln Financial Group® companies. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

**The *TravelConnect®* program is not available to insured employees and dependents of policies issued in the state of New York.**

Group insurance products and services described herein 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. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. 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 Voluntary Life Insurance Premium

### Calculate Your Premium.

#### Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 24	\$.070
25 - 29	\$.070
30 - 34	\$.070
35 - 39	\$.090
40 - 44	\$.140
45 - 49	\$.240
50 - 54	\$.400
55 - 59	\$.620
60 - 64	\$.970
65 - 69	\$1.740
70 - 74	\$3.120
75 - 79	\$5.140
80 - 84	\$10.410
85 - 89	\$10.410
90+	\$10.410

#### Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 24	\$.070
25 - 29	\$.070
30 - 34	\$.070
35 - 39	\$.090
40 - 44	\$.140
45 - 49	\$.240
50 - 54	\$.400
55 - 59	\$.620
60 - 64	\$.970
65 - 69	\$1.740

#### Group Life Rates for your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$0.160

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.

#### Calculate Your Cost

Use the appropriate rate provided in the tables above 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 voluntary term life insurance coverage.

Calculation Example	Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.090
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>	\$9.00

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

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