

Neiman Enterprises, Inc.

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
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- *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 five times Annual Earnings or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$150,000

Your coverage amount will reduce by 65% when you reach age 65 and an additional 50% of the original amount when you reach age 70. Benefits end when you retire.

Spouse Life The amount of Dependent Life Insurance coverage cannot be greater than 100% of the Employee Benefit.

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$300,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$30,000

Coverage amounts are reduced by 65% when you reach age 65; and additional 50% of the original amount when you reach age 70. Benefits end when you retire.

Dependent Child(ren) Life

At least six months to 26 years	\$10,000
One day to six months	\$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 \$150,000 without providing evidence of insurability.
- Annual Enrollment: You can increase your coverage amount by two levels without providing evidence of insurability up to the Guaranteed Life coverage amount. If you submitted evidence of insurability in the past and were declined, you may be required to resubmit 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 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 \$30,000 for your spouse without providing evidence of insurability.
- Annual Enrollment: You can increase your coverage amount for your spouse by two levels without providing evidence of insurability up to the Guaranteed Life coverage amount. If you submitted evidence of insurability in the past and were declined, you may be required to resubmit 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 \$300,000 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: \$1,000 if one day to six months or \$10,000 if at least six months to 26 years.

Additional Plan Benefits Included with Life Coverage

Waiver of Premium	Included
Portability	Included
Dependent 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: 1070279.

REMINDER: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

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. *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. Not all services are available to insured employees and dependents of policies issued in the states of New York and Washington.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the states of New York and Washington and is an access only program in Missouri and Texas.

Coverage is subject to contract language that contains specific terms, conditions and limitations, which can be found in the program description.

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	\$0.092
25 - 29	\$0.106
30 - 34	\$0.131
35 - 39	\$0.185
40 - 44	\$0.265
45 - 49	\$0.422
50 - 54	\$0.672
55 - 59	\$1.033
60 - 64	\$1.613
65 - 69	\$2.800
70 - 74	\$4.996
75 +	\$9.790

Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 24	\$0.092
25 - 29	\$0.106
30 - 34	\$0.131
35 - 39	\$0.185
40 - 44	\$0.265
45 - 49	\$0.422
50 - 54	\$0.672
55 - 59	\$1.033
60 - 64	\$1.613
65 - 69	\$2.800
70 - 74	\$4.996
75 +	\$9.790

Group Life Rates for your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$0.460

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.	\$0.185	
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>	\$18.50	

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

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