

# Supplemental Life Insurance

# The Lincoln Term Life Insurance Plan:

- Features group rates for employees
- Includes LifeKeys<sup>®</sup> services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*<sup>®</sup> services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

# NantMedia Holdings, LLC dba California Times

# **Benefits At-A-Glance**

All Active Full-Time Employees

Employee Life		
Coverage Options	Choice of one, two, three, four, five, six, seven, eight, nine or ten times Annual Salary (see definition in policy) rounded up to the nearest \$1,000	
Maximum coverage amount	This amount may not exceed \$2,000,000	
Guaranteed Life coverage amount	\$650,000, or 300% of salary, whichever is less	

Your coverage amount will reduce by 35% when you reach age 65; an additional 20% of the original amount when you reach age 70; an additional 15% of the original amount when you reach age 75; and an additional 10% of the original amount when you reach age 80. Benefits terminate upon retirement.

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

Coverage Options	Choice of \$10,000, \$25,000, \$50,000, \$100,000, \$150,000 or \$250,000	
Maximum coverage amount	This amount may not exceed 100% of employee election amount	
Guaranteed Life coverage amount	\$30,000	

Coverage amounts will reduce by 35% when your spouse reaches age 65; an additional 20% of the original amount when your spouse reaches age 70; an additional 15% of the original amount when your spouse reaches age 75; and an additional 10% of the original amount when your spouse reaches age 80. Benefits terminate upon employee retirement.

### Dependent Child(ren) Life

At least 15 Days to 26 years	Option 1: \$5,000 Option 2: \$10,000 Option 3: \$25,000
At least one day but under 15 days	\$250

#### **Employee Coverage**

### **Guaranteed Life Insurance Coverage Amount**

- Initial Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$650,000 or 300% of salary, whichever is less without providing evidence of insurability.
- Annual Limited Enrollment: Evidence of Insurability must be submitted on any increases. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to resubmit evidence of insurability.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 \$2,000,000. Evidence of Insurability may be required for supplemental 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 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 Limited Enrollment: Evidence of Insurability must be submitted on any increases for your spouse. If you submitted evidence of insurability in the past and were declined or withdrawn, 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 \$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: \$25,000 if at least 15 Days to 26 years.

# **Additional Plan Benefits Included with Life Coverage**

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: CATIMES.

#### 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<sup>®</sup> services are provided by ComPsych<sup>®</sup> Corporation, Chicago, IL. ComPsych<sup>®</sup> is not a Lincoln Financial Group<sup>®</sup> company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. EstateGuidance<sup>®</sup> and GuidanceResources<sup>®</sup> Online are trademarks of ComPsych<sup>®</sup> Corporation.

State limitations apply. Beneficiary Grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

*TravelConnect*<sup>®</sup> services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group<sup>®</sup> company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*<sup>®</sup> program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services. Not for use in New York or Washington.

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.



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Life Insurance Benefits At-A-Glance

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Life Insurance Benefits At-A-Glance

# **Bi-Weekly Supplemental Life Insurance Premium Calculate Your Premium.**

Employee Age	E Life Premium	
Range	Rate	
0 - 24	\$0.017	
25 - 29	\$0.017	
30 - 34	\$0.018	
35 - 39	\$0.024	
40 - 44	\$0.033	
45 - 49	\$0.046	
50 - 54	\$0.081	
55 - 59	\$0.126	
60 - 64	\$0.219	
65 - 69	\$0.368	
70 - 74	\$0.625	
75 +	\$0.625	
	• • •	

### **Group Life Bi-Weekly Rates for You**

Group Life Bi-Weekly Rates for Yo	ur
Spouse	

\$0.019

\$0.019

\$0.023

\$0.031

\$0.042

\$0.061

\$0.096

\$0.174

\$0.328

\$0.561

\$1.045

\$1.045

Range

0 - 24

25 - 29

30 - 34

35 - 39

40 - 44

45 - 49

50 - 54

55 - 59

60 - 64

65 - 69

70 - 74

75 +

# Group Life Bi-Weekly Rates for your Dependent Child(ren)

Child(ren) Life	
Premium Rate, per	
\$1,000	
\$0.071	

One affordable bi-weekly 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 bi-weekly cost for a 36-year-old employee who would like to purchase \$100,000 in employee supplemental term life insurance coverage.

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.024	
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 bi-weekly cost. <i>Multiply Step 1 by Step 3</i> .	\$2.40	

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

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