



**Group Life Insurance**

**Life and AD&D**

**SUMMARY OF BENEFITS**

**Sponsored by: Integrity Educational Services      Effective date: September 1, 2013**

<b>Life Benefit</b>	<b>Employee</b>
Amount	1 Times Annual Salary rounded to the next higher \$1,000
Maximum Amount	\$50,000
Guarantee Issue	\$50,000
<b>AD&amp;D Benefit</b>	<b>Employee</b>
Amount	1 Times Annual Salary rounded to the next higher \$1,000
Maximum Amount	\$50,000
Guarantee Issue	\$50,000
<b>Benefit Reduction</b>	<b>Employee</b>
Benefits will reduce:	35% at age 65 An additional 25% of the original amount at age 70 An additional 15% of the original amount at age 75 Benefits will terminate upon retirement.
<b>Additional Benefits</b>	<b>Employee</b>
See Definitions page for:	Accelerated Death Benefit Conversion Seat Belt, Airbag, and Common Carrier
<b>Eligibility</b>	<b>Employee</b>
	All full-time active employees working 35 or more hours per week in an eligible class are eligible for coverage on the policy effective date. A delayed effective date will apply if the employee is not actively at work.

## Definitions

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy.) The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
<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.
<b>Conversion</b>	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
<b>Seat Belt, Airbag, Common Carrier</b>	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
<b>Term Life</b>	Coverage provided to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will and 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 or log on to [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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## Long-Term Disability Insurance

### SUMMARY OF BENEFITS

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**Sponsored by:** Integrity Educational Services

**Effective date:** September 1, 2013

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

<b>Eligibility</b>	All full-time active employees working 35 or more hours per week in an eligible class are eligible for coverage on the policy effective date.
<b>Maximum Monthly Benefit</b>	60% of salary up to \$5000 per month
<b>Maximum Benefit Duration</b>	Later of Age 65 or Social Security Normal Retirement Age
<b>Elimination Period</b>	90 days The number of days you must be disabled prior to collecting disability benefits.
<b>Accumulation of Elimination Days</b>	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability. If you are working on a partial basis, you will have 2x the elimination period days to satisfy the total of 90 days.
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.
<b>Survivor Income Benefit</b>	A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying disability payments.
<b>EmployeeConnect<sup>SM</sup></b>	Access to an employee assistance program for the employee or an immediate household family member who may be experiencing personal or workplace issues.
<b>Benefit Limitations</b>	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: 24 Months
<b>Progressive Income Benefit</b>	If you are disabled and have a loss of two or more Activities of Daily Living, you will receive an additional benefit of 10% to a maximum of \$5000.
<b>Own Occupation Period</b>	24 Months
<b>Family Care Expense</b>	If you have a qualified disability and incur Family Care Expenses, you will be reimbursed for expenses up to \$250 for a maximum of 12 months.

## Understanding Your Benefits

<b>Total Disability</b>	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
<b>Partial Disability</b>	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within six months of returning to work, you will begin receiving benefits again immediately.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date, unless no treatment was received for the specified consecutive months after the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• You were involved in a felony commission, act of war, or participation in a riot.</li><li>• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any compulsory benefit act or law (such as state disability plans);</li><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings the insured earns or receives from any form of employment.</li><li>• Workers compensation;</li><li>• Salary continuance or employer contributions to an employer sponsored retirement plan.</li></ul>
<b>Benefit Termination</b>	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.
<b>Own Occupation</b>	The occupation trade or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.

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## Group Short-Term Disability Insurance

### SUMMARY OF BENEFITS

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**Short-term disability is intended to protect your income for a short duration in case you become ill or injured.**

<b>Eligibility</b>	All full-time active employees working 35 or more hours per week in an eligible class are eligible for coverage on the policy effective date.
<b>Maximum Weekly Benefit</b>	60% of weekly salary up to \$500 per week
<b>Maximum Benefit Duration</b>	13 weeks
<b>Elimination Period</b>	Benefits begin on: 1 <sup>st</sup> day from an accident 8 <sup>th</sup> day from an illness
<b>Rehabilitation Assistance Benefit</b>	Employees who participate in an approved rehabilitation program are eligible to receive an additional 5% of benefit. Additionally, approved program costs may be reimbursed.
<b>Survivor Income</b>	A benefit may be paid to your survivor if you should die while you were eligible to receive benefits under this policy.

## Understanding Your Benefits

<b>Total Disability</b>	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
<b>Partial Disability</b>	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within two weeks of returning to work, you will begin receiving benefits again immediately.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• Your disability is covered under a worker's compensation plan and/or is due to a job related sickness or injury.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings the insured earns or receives from any form of employment.</li><li>• Disability income benefits received under state disability laws.</li></ul>
<b>Benefit Termination</b>	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

### For assistance or additional information

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## EMPLOYEE CONNECT

There are times when we all need a little help. No matter what the issue, Employee Connect is available 24 hours a day, seven days a week with confidential support, guidance, and resources.

- Assistance for you or an immediate household family member.
- In-person sessions for short-term problem resolution.
- 24 x 7 x 365 telephone and Web access.
- Telephone access to legal counsel.
- A 25% discount for services resulting from an attorney referral.
- Work/life services for assistance with:
  - ✓ Parenting and childcare
  - ✓ Eldercare
  - ✓ Relationships
  - ✓ Work and career
  - ✓ Financial

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EAP services provided by Bensinger, DuPont and Associates.*

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To learn more about the Lincoln Financial Employee Connect program visit [\*\*www.eapadvantage.com\*\*](http://www.eapadvantage.com) (password=connect) or talk with a specialist at **1-877-757-7587**.



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## CONEXIÓN DEL EMPLEADO

Hay tiempo en nuestras vidas cuándo necesitamos un poco de ayuda. No importa de que se trate el asunto, la Conexión del Empleado está disponible 24 horas al día, siete días a la semana con guías, recursos y soporte confidencial.

- Asistencia para usted o un miembro de su familia inmediata que reside en casa.
- Consultas en persona para solucionar problemas de corto-plazo.
- Llamadas por teléfono y acceso ala red de Internet 24 horas al dia, 7 dias ala semana, 365 dias del año.
- Acceso por teléfono para ayuda o asesoramiento legal.
- Un 25% de descuento para los servicios que resulten a una referencia con un abogado.
- Servicios de asistencia de trabajo/vida que estan incluidos son:
  - ✓ Crianza de los hijos y guardería infantil
  - ✓ Cuidado de los ancianos o de edad mayor
  - ✓ Las relaciones familiares
  - ✓ El trabajo y la carrera profesional
  - ✓ Asuntos Financieros

*Lincoln Financial Group es el nombre de mercaderia usado por Lincoln Nacional Corporation y sus afiliados. Los servicios de EAP son proporcionados por Bensinger, DuPont y Asociados.*

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Para más información del programa Conexión del Empleado de Lincoln Financial visite nuestra red en [www.eapadvantage.com](http://www.eapadvantage.com) (contraseña = connect) o hable con un especialista al **1-877-757-7587**.