



CONTINUING YOUR GROUP TERM LIFE INSURANCE

Lincoln Life Assurance
Company of Boston

(Instructions and Application)

You may elect to continue your Basic and Optional Group Life Insurance, and that of your Dependent Spouse, without evidence of insurability if your insurance ends for any reason, other than retirement and you do not convert any part of the Group Optional Life Insurance which is scheduled to terminate.

The effective date of the requested coverage (Portable Group Term Life Insurance) will be 12:01 am standard time on the day after coverage under the group plan ends, provided you have:

- you have submitted Lincoln Financial Group's Application for Portable Group Term Life Insurance (form PTL-APP.2) within 31 days of the date you are no longer eligible under your employer's group plan; and
- Lincoln Financial Group has received the required premium and application fee.

SECTION ONE - YOU ARE ELIGIBLE FOR PORTABLE GROUP TERM LIFE INSURANCE IF:

- You elect Portable Group Term Life Insurance within 31 days of the date your Group Life Insurance terminates.
- You are under age 70.
- You are not a full time member of the armed forces of any country.
- You are a citizen or resident of the United States or Canada.
- No Group Life Insurance on you will continue with Lincoln Life Assurance Company of Boston on a premium paying or premium waiver basis.

NOTE: Your combined individual Conversion Insurance and Portable Life Insurance CANNOT exceed the amount of combined insurance you were covered for under the Group Plan.

*Example: Basic Group \$10,000 and
 Optional Group \$50,000*

*Your combined ported and converted
amounts must be less than or equal to \$60,000.*

SECTION TWO - HOW TO APPLY:

<u>EMPLOYER:</u>	When you learn that an employee is terminating, complete the section captioned TO BE COMPLETED BY EMPLOYER on the back side of the application and give this form to the employee.
<u>EMPLOYEE:</u>	<ol style="list-style-type: none"> 1. Complete the attached application. 2. Be sure the application is signed and dated. Detach the application and attach to it your check made payable to Lincoln Life Assurance Company of Boston company for the required premium and application fee. 3. The application and check must be received <i>no later than 31 days after termination of your group life insurance by:</i> LINCOLN LIFE ASSURANCE COMPANY OF BOSTON c/o JHA Service Center P.O. Box 7146 Portland, ME 04112

SECTION THREE - SUMMARY OF PORTABLE GROUP TERM LIFE INSURANCE BENEFITS:

Employee and Dependent Spouse Amount of Insurance Benefits

Maximum & Minimum Amounts

Maximum amount of Portable Group Term Life Insurance available to you is equal to the lesser of the amount of Group Basic and Optional Life Insurance that terminates, or \$500,000.

Minimum amount of Portable Group Term Life Insurance is \$10,000.

The amount of insurance available for your Dependent Spouse is the amount that terminated under the group life insurance plan.

Increasing & Decreasing Amounts

The amount of Portable Group Term Life Insurance can be decreased at any time. However, once elected, the amount of Portable Group Term Life Insurance on you or your Dependent Spouse can not be increased.

Employee and Spouse insurance benefits will reduce to 65% of the inforce amount at age 65.

Termination Provisions

The Participant (You) will cease to be insured on the earliest of the following dates:

- the date you fail to pay the required premiums.
- the date you attain age 70.
- five (5) years from the effective date of your Portable Group Term Life Insurance
- the date you are approved for Premium Waiver under the former plan with Lincoln Financial Group.
- the date you elect an individual Life Insurance Conversion Policy on the amount of insurance that terminated.
- the date you become a full time member of the armed forces of any country.

Your Dependent Spouse will cease to be insured on the earliest of the following dates:

- the date your Spouse attains age 70.
- the date the Spouse goes on active duty in the armed forces of any country.
- the date Group Portable Term Life Insurance coverage ends for you, the Employee.

SECTION FOUR - CALCULATING THE PREMIUM DUE:

Premium rates per \$1,000

Age at Birthday closest to application date

Quarterly Mode

Annually Mode

Less than 25

\$.279

\$1.116

25 - 29

\$.300

\$1.200

30 - 34

\$.330

\$1.320

35 - 39

\$.435

\$1.740

40 - 44

\$.660

\$2.640

45 - 49

\$1.170

\$4.680

50 - 54

\$1.833

\$7.332

55 - 59

\$2.889

\$11.556

60 -64

\$4.170

\$16.680

65 -69

\$6.954

\$27.816

SECTION FOUR - CALCULATING THE PREMIUM DUE: (Continued)

How to calculate your premium

EXAMPLE: Quarterly premium for an individual whose birthday is 10/22 and application date is 1/1/99 requesting \$50,000 of Portable Group Term Life Insurance coverage. The closest birthday to the application date would be 10/22/98. The applicant uses his/her age on that date. We will use age 35.

Premium rate per \$1,000 is \$.435 \$50,000 requested amount divided by 1,000 = 50 . .435 x 50 = \$21.75;

Rates are not guaranteed and may be changed at any time with a 31-day notice. Age banded rates are reviewed and communicated to you on each policy anniversary.

Employee Premium Worksheet

1. _____ Determine age at birthday closest to the application date
2. \$ _____ Premium rate per \$1,000 (from premium rate table stated on page 2, based on your age at time of application and selected payment frequency)
3. \$ _____ Amount of insurance requested (item 12 in the Employee section on the application)
4. _____ Divide the amount in item 3 by 1,000 (Example; 10,000 in requested insurance would equal 10)
5. \$ _____ Multiply the amount of item 4 by the amount in item 2.
(This equals your premium amount for the payment frequency you selected.)

If you selected Dependent Spouse coverage, you must do the same type of calculation using your Spouse's information.

Dependent Spouse Premium Worksheet

6. _____ Determine age of Dependent Spouse at birthday closest to the application date
7. \$ _____ Premium rate per \$1,000 (from premium rate table stated on page 2, based on your dependent spouse's age at time of application and your selected payment frequency)
8. \$ _____ Amount of insurance requested (item 12 in the Employee section on the application)
9. _____ Divide the amount in item 8 by 1,000 (Example; 10,000 in requested insurance would equal 10)
10. \$ _____ Multiply the amount of item 9 by the amount in item 7.

Totaling the Premium Worksheet

11. \$ _____ Combine the amount in item 5 with the amount in item 10.
(This is the premium due for the payment frequency you selected.)
12. \$ _____ 25.00 Add the \$25.00 non-refundable application fee to the amount in item 11.
13. \$ _____ **Please remit this amount when submitting your application.**

If you have any questions, you may contact the JHA Service Center, Inc. at the following number: 1-888-786-2688.