

## Anaheim Union High School District

### Benefits At-A-Glance

All health benefit eligible employees

#### Employee Life and AD&D

Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 5 times Annual Earnings or \$500,000
Guaranteed Life coverage amount	\$100,000 Requests over this amount require Evidence of Insurability

AD&D coverage provides a cash benefit to the beneficiary/beneficiaries you name if you die in an accident, or to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight.

#### Dependent Spouse or Domestic Partner Life and AD&D

The amount of Dependent Life Insurance coverage cannot be greater than 50% of the optional Employee Benefit.

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000
Guaranteed Life coverage amount	\$20,000 Requests over this amount require Evidence of Insurability

AD&D coverage provides a cash benefit to you should your Dependent Spouse die in an accident or suffer a covered loss in an accident, such as losing a limb or eyesight.

#### Dependent Child(ren) Life and AD&D

Live Birth but under 26 years	Increments of \$2,000
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AD&D coverage provides a cash benefit to you should your Dependent Child(ren) die in an accident or suffer a covered loss in an accident, such as losing a limb or eyesight.

### Optional Life and AD&D Insurance

#### The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Anaheim Union High School District 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

#### The Lincoln AD&D Insurance Plan:

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident
- Features group rates for Anaheim Union High School District employees

## 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 not to exceed \$100,000 without providing evidence of insurability.
- Annual Limited Enrollment/Family Status Change: If you are a continuing employee, you can increase your coverage amount by one level – up to the Guarantee Issue amount - without providing evidence of insurability. If you select coverage in an amount higher than this number, you will be required to submit evidence of insurability. If you have been previously denied coverage, you will 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 optional life coverage. See the Evidence of Insurability page for details.
- When you reach age 65, your Optional Life and AD&D coverage amount will reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 45% of the original amount. When you reach age 75, life benefits reduce to 30% of the original amount. When you reach age 80, life benefits reduce to 20% of the original amount.

**Dependent Spouse or Domestic Partner Coverage** - You can secure optional 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 \$20,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment/Family Status Change: If you are a continuing employee, you can increase your coverage amount by one level – up to the Guarantee Issue amount - without providing evidence of insurability. If you select coverage in an amount higher than this number, you will be required to submit evidence of insurability. If you have been previously denied coverage, you will 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.
- When you reach age 65, your Dependent Spouse Optional Life and AD&D coverage amount will reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 45% of the original amount. When you reach age 75, life benefits reduce to 30% of the original amount. When you reach age 80, life benefits reduce to 20% of the original amount.

**Dependent Child(ren) Coverage** - You can secure optional term life insurance for your dependent children when you choose coverage for yourself.

#### Coverage Amount

- Enrollment: you can choose a coverage amount up to \$10,000 if under 26 years

### Optional Life Insurance Benefits At-A-Glance

## Additional Plan Benefits Included with Life Coverage

Accelerated Death Benefit: Enables you to receive a portion of your policy death benefit while you are living if diagnosed with a terminal illness. Please note that the receipt of an accelerated death benefit may be taxable. A covered employee should consult their tax advisor.	Included
Waiver of Premium: is a provision that allows you to not pay premiums during a period of disability that has lasted for a particular length of time.	Included
Conversion: If all or part of your optional and dependent life coverage ends, you may convert the amount of coverage you had under the group policy to an individual life insurance policy without medical evidence.	Included
Portability: If all or part of your optional and optional dependent life coverage ends, you may continue all or part of the amount that ends, less any amounts converted to an individual policy. Portable group term life insurance is not available if coverage ends because the group policy terminates.	Included

## Benefit Exclusions

Like any insurance, this term life and AD&D insurance policy does have exclusions.

**For Life Coverages:** A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

**For AD&D coverages:** Benefits will not be paid if death or dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active Participation in a riot
- Committing or attempting to commit a felony or misdemeanor
- Disease, bodily or mental illness (or medical or surgical treatment thereof)
- Infections, except septic infections of and through a visible wound
- Controlled Substances voluntarily taken, ingested or injected, unless prescribed or administered by a Physician
- Serving on full-time active duty in the Armed Forces of any country or international authority
- The presence of alcohol in the Covered Person's blood which raises the presumption that the Covered Person was under the influence of alcohol and contributed to the cause of the accident

\*A complete list of benefit exclusions and descriptions are included in the policy. State variations apply

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 policy, the policy 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. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Group insurance products and services described herein are issued by Lincoln Life Assurance Company of Boston. 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.



## Anaheim Union High School District

You may elect Life amounts in increments of \$10,000 up to \$500,000.  
**Note: Benefits reduce to 65% at age 65, at age 70 benefits reduce to 45%, at age 75 benefits reduce to 30% and at age 80 benefits reduce to 20%.**

Employee Cost - Tenthly Optional Life and AD&D Rate Chart											
RATE	\$ 0.07	\$ 0.08	\$ 0.10	\$ 0.11	\$ 0.12	\$ 0.17	\$ 0.25	\$ 0.45	\$ 0.68	\$ 1.29	\$ 2.08
AGE	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-60	70+
\$5,000	\$0.42	\$0.48	\$0.60	\$0.66	\$0.72	\$1.02	\$ 1.50	\$ 2.70	\$ 4.08	\$ 7.74	\$ 12.48
\$10,000	\$0.84	\$0.96	\$1.20	\$1.32	\$1.44	\$2.04	\$ 3.00	\$ 5.40	\$ 8.16	\$ 15.48	\$ 24.96
\$20,000	\$1.68	\$1.92	\$2.40	\$2.64	\$2.88	\$4.08	\$ 6.00	\$ 10.80	\$ 16.32	\$ 30.96	\$ 49.92
\$30,000	\$2.52	\$2.88	\$3.60	\$3.96	\$4.32	\$6.12	\$ 9.00	\$ 16.20	\$ 24.48	\$ 46.44	\$ 74.88
\$40,000	\$3.36	\$3.84	\$4.80	\$5.28	\$5.76	\$8.16	\$ 12.00	\$ 21.60	\$ 32.64	\$ 61.92	\$ 99.84
\$50,000	\$4.20	\$4.80	\$6.00	\$6.60	\$7.20	\$10.20	\$ 15.00	\$ 27.00	\$ 40.80	\$ 77.40	\$ 124.80
\$60,000	\$5.04	\$5.76	\$7.20	\$7.92	\$8.64	\$12.24	\$ 18.00	\$ 32.40	\$ 48.96	\$ 92.88	\$ 149.76
\$70,000	\$5.88	\$6.72	\$8.40	\$9.24	\$10.08	\$14.28	\$ 21.00	\$ 37.80	\$ 57.12	\$ 108.36	\$ 174.72
\$80,000	\$6.72	\$7.68	\$9.60	\$10.56	\$11.52	\$16.32	\$ 24.00	\$ 43.20	\$ 65.28	\$ 123.84	\$ 199.68
\$90,000	\$7.56	\$8.64	\$10.80	\$11.88	\$12.96	\$18.36	\$ 27.00	\$ 48.60	\$ 73.44	\$ 139.32	\$ 224.64
\$100,000	\$8.40	\$9.60	\$12.00	\$13.20	\$14.40	\$20.40	\$ 30.00	\$ 54.00	\$ 81.60	\$ 154.80	\$ 249.60
\$110,000	\$9.24	\$10.56	\$13.20	\$14.52	\$15.84	\$22.44	\$ 33.00	\$ 59.40	\$ 89.76	\$ 170.28	\$ 274.56
\$120,000	\$10.08	\$11.52	\$14.40	\$15.84	\$17.28	\$24.48	\$ 36.00	\$ 64.80	\$ 97.92	\$ 185.76	\$ 299.52
\$130,000	\$10.92	\$12.48	\$15.60	\$17.16	\$18.72	\$26.52	\$ 39.00	\$ 70.20	\$ 106.08	\$ 201.24	\$ 324.48
\$140,000	\$11.76	\$13.44	\$16.80	\$18.48	\$20.16	\$28.56	\$ 42.00	\$ 75.60	\$ 114.24	\$ 216.72	\$ 349.44
\$150,000	\$12.60	\$14.40	\$18.00	\$19.80	\$21.60	\$30.60	\$ 45.00	\$ 81.00	\$ 122.40	\$ 232.20	\$ 374.40
\$160,000	\$13.44	\$15.36	\$19.20	\$21.12	\$23.04	\$32.64	\$ 48.00	\$ 86.40	\$ 130.56	\$ 247.68	\$ 399.36
\$170,000	\$14.28	\$16.32	\$20.40	\$22.44	\$24.48	\$34.68	\$ 51.00	\$ 91.80	\$ 138.72	\$ 263.16	\$ 424.32
\$180,000	\$15.12	\$17.28	\$21.60	\$23.76	\$25.92	\$36.72	\$ 54.00	\$ 97.20	\$ 146.88	\$ 278.64	\$ 449.28
\$190,000	\$15.96	\$18.24	\$22.80	\$25.08	\$27.36	\$38.76	\$ 57.00	\$ 102.60	\$ 155.04	\$ 294.12	\$ 474.24
\$200,000	\$16.80	\$19.20	\$24.00	\$26.40	\$28.80	\$40.80	\$ 60.00	\$ 108.00	\$ 163.20	\$ 309.60	\$ 499.20
\$210,000	\$17.64	\$20.16	\$25.20	\$27.72	\$30.24	\$42.84	\$ 63.00	\$ 113.40	\$ 171.36	\$ 325.08	\$ 524.16
\$220,000	\$18.48	\$21.12	\$26.40	\$29.04	\$31.68	\$44.88	\$ 66.00	\$ 118.80	\$ 179.52	\$ 340.56	\$ 549.12
\$230,000	\$19.32	\$22.08	\$27.60	\$30.36	\$33.12	\$46.92	\$ 69.00	\$ 124.20	\$ 187.68	\$ 356.04	\$ 574.08
\$240,000	\$20.16	\$23.04	\$28.80	\$31.68	\$34.56	\$48.96	\$ 72.00	\$ 129.60	\$ 195.84	\$ 371.52	\$ 599.04
\$250,000	\$21.00	\$24.00	\$30.00	\$33.00	\$36.00	\$51.00	\$ 75.00	\$ 135.00	\$ 204.00	\$ 387.00	\$ 624.00
\$260,000	\$21.84	\$24.96	\$31.20	\$34.32	\$37.44	\$53.04	\$ 78.00	\$ 140.40	\$ 212.16	\$ 402.48	\$ 648.96
\$270,000	\$22.68	\$25.92	\$32.40	\$35.64	\$38.88	\$55.08	\$ 81.00	\$ 145.80	\$ 220.32	\$ 417.96	\$ 673.92
\$280,000	\$23.52	\$26.88	\$33.60	\$36.96	\$40.32	\$57.12	\$ 84.00	\$ 151.20	\$ 228.48	\$ 433.44	\$ 698.88
\$290,000	\$24.36	\$27.84	\$34.80	\$38.28	\$41.76	\$59.16	\$ 87.00	\$ 156.60	\$ 236.64	\$ 448.92	\$ 723.84
\$300,000	\$25.20	\$28.80	\$36.00	\$39.60	\$43.20	\$61.20	\$ 90.00	\$ 162.00	\$ 244.80	\$ 464.40	\$ 748.80
\$310,000	\$26.04	\$29.76	\$37.20	\$40.92	\$44.64	\$63.24	\$ 93.00	\$ 167.40	\$ 252.96	\$ 479.88	\$ 773.76
\$320,000	\$26.88	\$30.72	\$38.40	\$42.24	\$46.08	\$65.28	\$ 96.00	\$ 172.80	\$ 261.12	\$ 495.36	\$ 798.72
\$330,000	\$27.72	\$31.68	\$39.60	\$43.56	\$47.52	\$67.32	\$ 99.00	\$ 178.20	\$ 269.28	\$ 510.84	\$ 823.68
\$340,000	\$28.56	\$32.64	\$40.80	\$44.88	\$48.96	\$69.36	\$ 102.00	\$ 183.60	\$ 277.44	\$ 526.32	\$ 848.64
\$350,000	\$29.40	\$33.60	\$42.00	\$46.20	\$50.40	\$71.40	\$ 105.00	\$ 189.00	\$ 285.60	\$ 541.80	\$ 873.60
\$360,000	\$30.24	\$34.56	\$43.20	\$47.52	\$51.84	\$73.44	\$ 108.00	\$ 194.40	\$ 293.76	\$ 557.28	\$ 898.56
\$370,000	\$31.08	\$35.52	\$44.40	\$48.84	\$53.28	\$75.48	\$ 111.00	\$ 199.80	\$ 301.92	\$ 572.76	\$ 923.52
\$380,000	\$31.92	\$36.48	\$45.60	\$50.16	\$54.72	\$77.52	\$ 114.00	\$ 205.20	\$ 310.08	\$ 588.24	\$ 948.48
\$390,000	\$32.76	\$37.44	\$46.80	\$51.48	\$56.16	\$79.56	\$ 117.00	\$ 210.60	\$ 318.24	\$ 603.72	\$ 973.44
\$400,000	\$33.60	\$38.40	\$48.00	\$52.80	\$57.60	\$81.60	\$ 120.00	\$ 216.00	\$ 326.40	\$ 619.20	\$ 998.40
\$410,000	\$34.44	\$39.36	\$49.20	\$54.12	\$59.04	\$83.64	\$ 123.00	\$ 221.40	\$ 334.56	\$ 634.68	\$ 1,023.36
\$420,000	\$35.28	\$40.32	\$50.40	\$55.44	\$60.48	\$85.68	\$ 126.00	\$ 226.80	\$ 342.72	\$ 650.16	\$ 1,048.32
\$430,000	\$36.12	\$41.28	\$51.60	\$56.76	\$61.92	\$87.72	\$ 129.00	\$ 232.20	\$ 350.88	\$ 665.64	\$ 1,073.28
\$440,000	\$36.96	\$42.24	\$52.80	\$58.08	\$63.36	\$89.76	\$ 132.00	\$ 237.60	\$ 359.04	\$ 681.12	\$ 1,098.24
\$450,000	\$37.80	\$43.20	\$54.00	\$59.40	\$64.80	\$91.80	\$ 135.00	\$ 243.00	\$ 367.20	\$ 696.60	\$ 1,123.20
\$460,000	\$38.64	\$44.16	\$55.20	\$60.72	\$66.24	\$93.84	\$ 138.00	\$ 248.40	\$ 375.36	\$ 712.08	\$ 1,148.16
\$470,000	\$39.48	\$45.12	\$56.40	\$62.04	\$67.68	\$95.88	\$ 141.00	\$ 253.80	\$ 383.52	\$ 727.56	\$ 1,173.12
\$480,000	\$40.32	\$46.08	\$57.60	\$63.36	\$69.12	\$97.92	\$ 144.00	\$ 259.20	\$ 391.68	\$ 743.04	\$ 1,198.08
\$490,000	\$41.16	\$47.04	\$58.80	\$64.68	\$70.56	\$99.96	\$ 147.00	\$ 264.60	\$ 399.84	\$ 758.52	\$ 1,223.04
\$500,000	\$42.00	\$48.00	\$60.00	\$66.00	\$72.00	\$102.00	\$ 150.00	\$ 270.00	\$ 408.00	\$ 774.00	\$ 1,248.00

**\* You will pay the monthly premium based on the amount of your available benefit after the age reduction.**

Spouse/Domestic Partner Cost - Tenthly Optional Life and AD&D Rate Chart											
RATE	\$ 0.075	\$ 0.085	\$ 0.105	\$ 0.115	\$ 0.125	\$ 0.175	\$ 0.255	\$ 0.455	\$ 0.685	\$ 1.295	\$ 2.085
AGE	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-60	70+
\$5,000	\$0.45	\$0.51	\$0.63	\$0.69	\$0.75	\$1.05	\$ 1.53	\$ 2.73	\$ 4.11	\$ 7.77	\$ 12.51
\$10,000	\$0.90	\$1.02	\$1.26	\$1.38	\$1.50	\$2.10	\$ 3.06	\$ 5.46	\$ 8.22	\$ 15.54	\$ 25.02
\$15,000	\$1.35	\$1.53	\$1.89	\$2.07	\$2.25	\$3.15	\$4.59	\$ 8.19	\$ 12.33	\$23.31	\$37.53
\$20,000	\$1.80	\$2.04	\$2.52	\$2.76	\$3.00	\$4.20	\$ 6.12	\$ 10.92	\$ 16.44	\$ 31.08	\$ 50.04
\$25,000	\$2.25	\$2.55	\$3.15	\$3.45	\$3.75	\$5.25	\$7.65	\$ 13.65	\$ 20.55	\$38.85	\$62.55
\$30,000	\$2.70	\$3.06	\$3.78	\$4.14	\$4.50	\$6.30	\$9.18	\$ 16.38	\$ 24.66	\$46.62	\$75.06
\$35,000	\$3.15	\$3.57	\$4.41	\$4.83	\$5.25	\$7.35	\$10.71	\$ 19.11	\$ 28.77	\$54.39	\$87.57
\$40,000	\$3.60	\$4.08	\$5.04	\$5.52	\$6.00	\$8.40	\$ 12.24	\$ 21.84	\$ 32.88	\$ 62.16	\$ 100.08
\$45,000	\$4.05	\$4.59	\$5.67	\$6.21	\$6.75	\$9.45	\$13.77	\$ 24.57	\$ 36.99	\$69.93	\$112.59
\$50,000	\$4.50	\$5.10	\$6.30	\$6.90	\$7.50	\$10.50	\$ 15.30	\$ 27.30	\$ 41.10	\$ 77.70	\$ 125.10
\$55,000	\$4.95	\$5.61	\$6.93	\$7.59	\$8.25	\$11.55	\$16.83	\$ 30.03	\$ 45.21	\$85.47	\$137.61
\$60,000	\$5.40	\$6.12	\$7.56	\$8.28	\$9.00	\$12.60	\$ 18.36	\$ 32.76	\$ 49.32	\$ 93.24	\$ 150.12
\$65,000	\$5.85	\$6.63	\$8.19	\$8.97	\$9.75	\$13.65	\$19.89	\$ 35.49	\$ 53.43	\$101.01	\$162.63
\$70,000	\$6.30	\$7.14	\$8.82	\$9.66	\$10.50	\$14.70	\$ 21.42	\$ 38.22	\$ 57.54	\$ 108.78	\$ 175.14
\$75,000	\$6.75	\$7.65	\$9.45	\$10.35	\$11.25	\$15.75	\$22.95	\$ 40.95	\$ 61.65	\$116.55	\$187.65
\$80,000	\$7.20	\$8.16	\$10.08	\$11.04	\$12.00	\$16.80	\$ 24.48	\$ 43.68	\$ 65.76	\$ 124.32	\$ 200.16
\$85,000	\$7.65	\$8.67	\$10.71	\$11.73	\$12.75	\$17.85	\$26.01	\$ 46.41	\$ 69.87	\$132.09	\$212.67
\$90,000	\$8.10	\$9.18	\$11.34	\$12.42	\$13.50	\$18.90	\$ 27.54	\$ 49.14	\$ 73.98	\$ 139.86	\$ 225.18
\$95,000	\$8.55	\$9.69	\$11.97	\$13.11	\$14.25	\$19.95	\$29.07	\$ 51.87	\$ 78.09	\$147.63	\$237.69
\$100,000	\$9.00	\$10.20	\$12.60	\$13.80	\$15.00	\$21.00	\$ 30.60	\$ 54.60	\$ 82.20	\$ 155.40	\$ 250.20
\$105,000	\$9.45	\$10.71	\$13.23	\$14.49	\$15.75	\$22.05	\$32.13	\$ 57.33	\$ 86.31	\$163.17	\$262.71
\$110,000	\$9.90	\$11.22	\$13.86	\$15.18	\$16.50	\$23.10	\$ 33.66	\$ 60.06	\$ 90.42	\$ 170.94	\$ 275.22
\$115,000	\$10.35	\$11.73	\$14.49	\$15.87	\$17.25	\$24.15	\$35.19	\$ 62.79	\$ 94.53	\$178.71	\$287.73
\$120,000	\$10.80	\$12.24	\$15.12	\$16.56	\$18.00	\$25.20	\$ 36.72	\$ 65.52	\$ 98.64	\$ 186.48	\$ 300.24
\$125,000	\$11.25	\$12.75	\$15.75	\$17.25	\$18.75	\$26.25	\$38.25	\$ 68.25	\$ 102.75	\$194.25	\$312.75
\$130,000	\$11.70	\$13.26	\$16.38	\$17.94	\$19.50	\$27.30	\$ 39.78	\$ 70.98	\$ 106.86	\$ 202.02	\$ 325.26
\$135,000	\$12.15	\$13.77	\$17.01	\$18.63	\$20.25	\$28.35	\$41.31	\$ 73.71	\$ 110.97	\$209.79	\$337.77
\$140,000	\$12.60	\$14.28	\$17.64	\$19.32	\$21.00	\$29.40	\$ 42.84	\$ 76.44	\$ 115.08	\$ 217.56	\$ 350.28
\$145,000	\$13.05	\$14.79	\$18.27	\$20.01	\$21.75	\$30.45	\$44.37	\$ 79.17	\$ 119.19	\$225.33	\$362.79
\$150,000	\$13.50	\$15.30	\$18.90	\$20.70	\$22.50	\$31.50	\$ 45.90	\$ 81.90	\$ 123.30	\$ 233.10	\$ 375.30
\$155,000	\$13.95	\$15.81	\$19.53	\$21.39	\$23.25	\$32.55	\$47.43	\$ 84.63	\$ 127.41	\$240.87	\$387.81
\$160,000	\$14.40	\$16.32	\$20.16	\$22.08	\$24.00	\$33.60	\$ 48.96	\$ 87.36	\$ 131.52	\$248.64	\$ 400.32
\$165,000	\$14.85	\$16.83	\$20.79	\$22.77	\$24.75	\$34.65	\$50.49	\$ 90.09	\$ 135.63	\$256.41	\$412.83
\$170,000	\$15.30	\$17.34	\$21.42	\$23.46	\$25.50	\$35.70	\$ 52.02	\$ 92.82	\$ 139.74	\$ 264.18	\$ 425.34
\$175,000	\$15.75	\$17.85	\$22.05	\$24.15	\$26.25	\$36.75	\$53.55	\$ 95.55	\$ 143.85	\$271.95	\$437.85
\$180,000	\$16.20	\$18.36	\$22.68	\$24.84	\$27.00	\$37.80	\$ 55.08	\$ 98.28	\$ 147.96	\$ 279.72	\$ 450.36
\$185,000	\$16.65	\$18.87	\$23.31	\$25.53	\$27.75	\$38.85	\$56.61	\$ 101.01	\$ 152.07	\$287.49	\$462.87
\$190,000	\$17.10	\$19.38	\$23.94	\$26.22	\$28.50	\$39.90	\$ 58.14	\$ 103.74	\$ 156.18	\$ 295.26	\$ 475.38
\$195,000	\$17.55	\$19.89	\$24.57	\$26.91	\$29.25	\$40.95	\$59.67	\$ 106.47	\$ 160.29	\$303.03	\$487.89
\$200,000	\$18.00	\$20.40	\$25.20	\$27.60	\$30.00	\$42.00	\$ 61.20	\$ 109.20	\$ 164.40	\$ 310.80	\$ 500.40
\$205,000	\$18.45	\$20.91	\$25.83	\$28.29	\$30.75	\$43.05	\$62.73	\$ 111.93	\$ 168.51	\$318.57	\$512.91
\$210,000	\$18.90	\$21.42	\$26.46	\$28.98	\$31.50	\$44.10	\$ 64.26	\$ 114.66	\$ 172.62	\$ 326.34	\$ 525.42
\$215,000	\$19.35	\$21.93	\$27.09	\$29.67	\$32.25	\$45.15	\$65.79	\$ 117.39	\$ 176.73	\$334.11	\$537.93
\$220,000	\$19.80	\$22.44	\$27.72	\$30.36	\$33.00	\$46.20	\$ 67.32	\$ 120.12	\$ 180.84	\$ 341.88	\$ 550.44
\$225,000	\$20.25	\$22.95	\$28.35	\$31.05	\$33.75	\$47.25	\$68.85	\$ 122.85	\$ 184.95	\$349.65	\$562.95
\$230,000	\$20.70	\$23.46	\$28.98	\$31.74	\$34.50	\$48.30	\$ 70.38	\$ 125.58	\$ 189.06	\$ 357.42	\$ 575.46
\$235,000	\$21.15	\$23.97	\$29.61	\$32.43	\$35.25	\$49.35	\$71.91	\$ 128.31	\$ 193.17	\$365.19	\$587.97
\$240,000	\$21.60	\$24.48	\$30.24	\$33.12	\$36.00	\$50.40	\$ 73.44	\$ 131.04	\$ 197.28	\$ 372.96	\$ 600.48
\$245,000	\$22.05	\$24.99	\$30.87	\$33.81	\$36.75	\$51.45	\$74.97	\$ 133.77	\$ 201.39	\$380.73	\$612.99
\$250,000	\$22.50	\$25.50	\$31.50	\$34.50	\$37.50	\$52.50	\$ 76.50	\$ 136.50	\$ 205.50	\$388.50	\$ 625.50

Child Cost - Tenthly Optional Life and AD&D Rates	
RATE	\$ 0.23
\$ 2,000	0.54
\$ 4,000	1.08
\$ 6,000	1.62
\$ 8,000	2.16
\$ 10,000	2.70



# Anaheim Union High School District Enrollment Form Beneficiary Designation Form

Please return completed form to: **Benefits Department / Mail Stop #77**

Employee Name (First Middle Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

- Beneficiary Designations shown on this page apply to the plans insured by Lincoln Financial Group.
- This beneficiary information will replace any prior beneficiary designation for group life and AD&D (both basic and optional).
- You must elect at least one primary beneficiary (this designee will receive the insurance proceeds at the time of your death).
- You may elect more than one primary beneficiary but total percentages for all primary beneficiaries must equal 100%.
- A contingent beneficiary or more (will receive the insurance proceeds if the primary beneficiary dies before you).
- You may elect more than one contingent beneficiary but the total percentages for all contingent beneficiaries must equal 100%.
- Benefits cannot be released to a minor. Benefit will be paid to the court-appointed guardian of the minor's estate.
- If you wish to name more beneficiaries than this form allows, complete your list on an additional copy of this form and attach.

## Beneficiary Designation

Primary (At least one is required) Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

## Additional Beneficiary Designation(s)

Primary  Contingent Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

Primary  Contingent Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

Primary  Contingent Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

Primary  Contingent Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

Primary  Contingent Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

Employee Signature: _____	Date: _____
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*Retain a copy for your records and submit completed form to: Benefits Department; Mail Stop #77*

Group insurance products and services described herein are issued by Lincoln Life Assurance Company of Boston. 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.



## It's easy to submit evidence of insurability (EOI) online.

### Follow these simple steps:

1. Required for amounts over the Guarantee Life Coverage amount.
2. Log in to MyLincolnPortal.com. First time user? Register using company code AUHSD.
3. Click "Complete Evidence of Insurability."
4. Answer the questions.
5. Electronically sign and submit.
6. Save your confirmation report.

## Evidence of insurability

### Instructions for online submission

Submitting evidence of insurability (EOI) is an important step in applying for the right amount of life and disability insurance to protect the future of your loved ones. The EOI is a health questionnaire that helps us determine whether you and other dependent applicants qualify for new insurance or an increase in coverage.

### We make it easy to submit EOI online through MyLincolnPortal.com:

- **Minimal questions**—the online questionnaire adjusts to your responses, so you only answer questions that are relevant to you
- **Guided support**—quick tips and search-as-you-type features help you provide quick and appropriate responses
- **Instant confirmation**—you'll receive email acknowledgment that we've received your application. In some cases, you may be automatically approved.

### Get started now

1. Log in to my **MyLincolnPortal.com**. First time user? Register using company code AUHSD
2. Click "Complete Evidence of Insurability."
3. Answer the questions about you and other applicants.  
Our online application is "smart," and asks only the questions that are relevant to you. Types of questions that you may be asked include:
  - General applicant information, such as date of birth, height and weight
  - Qualifying questions, including if you or other applicants have been diagnosed with a disease or are prescribed medications for a condition
  - Medical questions—if you or other applicants have a condition, we may need to know a little more about it, such as the name, diagnosis date and treatments
4. Review your responses, then electronically sign and submit your application.
5. Save your confirmation report.

## Save time!

Collect the following information about each applicant before you get started:

- Date and place of birth
- Height and weight
- Social Security Number
- Medical history (types and dates of conditions)
- Medications

## What happens next?

In some cases, you may be auto-approved for coverage. If not, we'll review your application and contact you if more information is required. In all cases, we'll notify you of your application outcome.

## Questions?

For more information, contact your human resources department.



You're on the right path to getting the benefits you need to protect your family and loved ones. It's easy. Submit your EOI application now at [MyLincolnPortal.com](https://MyLincolnPortal.com).



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[LincolnFinancial.com](https://LincolnFinancial.com)

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LCN-2255346-092518

POD 11/18 Z01

Order code: LFE-EOIIN-FLI001



This brochure is a general description of coverage and/or services offered. See your policy or service contract for actual terms and conditions. Group insurance products and services described herein are issued by Lincoln Life Assurance Company of Boston.