

AWP, Inc.
Benefits At-A-Glance

All full-time direct labor team members

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
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for 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

Employee Life	
Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings (rounded up to the next higher \$10,000) or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$200,000
Your coverage amount will reduce by 35% when you reach age 65. Benefits end when you retire.	
Spouse Life	
The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Employee Benefit.	
Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$30,000
Coverage amounts are reduced by 35% when you reach age 65. Benefits end when you retire.	
Dependent Child(ren) Life	
Day one to six months	\$500
At least six months to 26 years	\$10,000

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 \$200,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, 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 If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.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 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 Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your Spouse by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may 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.

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:

- You can choose a coverage amount up to \$500 if age one day to six months, \$10,000 if at least age six months to 26 years for your child(ren).

Additional Plan Benefits Included with Life Coverage

Waiver of Premium	Included
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: AWPINCOH.

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. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. EstateGuidance® and GuidanceResources® Online are trademarks of ComPsych® 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® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® 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*® 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.



Monthly Voluntary Life Insurance Premium Calculate Your Premium.

Group Life Rates for You

Employee Age Range	Life Premium Rate
0 – 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.100
40 - 44	\$0.150
45 - 49	\$0.250
50 - 54	\$0.410
55 - 59	\$0.660
60 - 64	\$0.880
65 - 69	\$1.380
70 - 74	\$2.400
75 +	\$4.170

Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 – 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.100
40 - 44	\$0.150
45 - 49	\$0.250
50 - 54	\$0.410
55 - 59	\$0.660
60 - 64	\$0.880
65 - 69	\$1.380
70 - 74	\$2.400
75 +	\$4.170

Group Life Rates for your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$2.000

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.	\$0.100
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>	\$10.00

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

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