

Voluntary Life Insurance with Accidental Death and Dismemberment (AD&D)

SUMMARY OF BENEFITS

You're In Charge®

Northwest Exterminating

Sponsored by:

Life Benefit	Employee	Spouse	Dependent
	Employee must elect cov	verage for Spouse or dependents	s to be eligible.
Amount	Choice of \$5,000 increments	Choice of \$5,000 increments	Age 1 Day to 6 months: \$1000
			6 months to age 19 (to age 26 if full-time student): \$1,000 - \$2,00 - \$3,000 - \$4,000 - \$5,000 - \$6,000 - \$7,000 - \$8,000 - \$9,00 - \$10,000
Minimum Amount	\$10,000	\$5,000	\$1,000
Maximum Amount	\$500,000, limited to 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000	\$500,000, limited to 100% of employee amount	\$10,000
Guarantee Issue for Newly Eligible Employee	\$200,000	\$25,000	
Current Eligible Employees	You or your Spouse may elect or increase insu benefit levels on a guaranteed acceptance bas defined annual open enrollment period, provid have not been previously declined, withdrawn	sis during your company's ed that you or your Spouse	
AD&D Benefit	Employee	Spouse	
Amount	Optional coverage can be purchased by you for additional premium. Benefit amount equal to the life amount elected by you.	Same as employee	
Benefit Reduction	Employee	Spouse	
Benefits will	35% at age 70;	35% at Employee Age 70;	
reduce:	Additional 15% of original amount at age 75; Benefits terminate at retirement	Additional 15% of original amount at Employee Age 75	
		Benefits terminate at Employed Retirement	e
Eligibility	Employee	Spouse and Dependents	
	All employees in an eligible class.	Cannot be in a period of limited effect.	d activity on the day coverage takes
Additional Ben	efits		
See Definition:	Accelerated Death Benefit		
See Definition:	Portability		
See Definition:	Conversion		
See Definition:	Seat Belt, Airbag, and Common Carrier		

Definitions										
Accelerated Death Benefit	coverage when diagnosed as terminally ill (as by the amount withdrawn. To qualify, you hav	to withdraw a percentage of your life insurance defined in the policy). The death benefit will be reduced ve satisfied the Active Work rule and have been covered ne as defined by the policy. Check with your tax advisor								
AD&D	accidental bodily injury that directly causes dis	D) insurance provides specified benefits for a covered smemberment (e.g., the loss of a hand, foot, or eye). In cident, both the life and the AD&D benefit would be purchased by you and your Spouse.								
Conversion	convert all or part of the amount of coverage in	ineligible for this coverage, you have the option to n force to an individual life policy on the date of onversion election must be made within 31 days of your								
Guarantee Issue	available without any Evidence of Insurability	becoming eligible, the Guarantee Issue amount is requirement. Evidence of Insurability will be required for ncrease in insurance, and it will be provided at your own								
Limited Activity		fined in a health care facility; or, whether confined or I activities of a healthy person of the same age and sex.								
Portability	of time after your employment by paying the re	onths, you may continue coverage for a specified period equired premium. Portability is available if you cease bility or retirement at Social Security Normal Retirement in 31 days of your termination.								
Seat Belt, Airbag, and Common Carrier	an airbag, additional benefits are payable up t	nt while wearing a seat belt or in a vehicle equipped with o \$10,000 or 10% of the principal sum, whichever is while riding as a passenger in a common carrier, otherwise apply as outlined in the certificate.								
Term Life		upon the death of the insured. The benefit is provided emium is paid. There is no cash value associated with								
Exclusion: Suicide	Benefits will not be paid if the death results fro apply if employee contributes toward the prem	om suicide within 1 year after coverage is effective. May nium.								
Additional Benefits										
LifeKeys SM		entity theft resources and beneficiary assistance ents covered under the Group Term Life and/or AD&D								
TravelConnect SM	Travel assistance services for employees and home.	eligible dependents traveling more than 100 miles from								
For assistance or additional information Contact Lincoln Financial Group at										
(800) 423-276	65; reference ID: NORTHEXTE2	www.LincolnFinancial.com								

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Semi-Monthly Employee Premium Life Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately. Refer to Program Specifications for your maximum benefit amounts. Benefits and premium amounts reflect age reductions.

Per \$1000	AGE	\$ 10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.0350	<25	\$0.35	\$0.53	\$0.70	\$0.88	\$1.05	\$1.23	\$1.40	\$1.58	\$1.75
0.0350	25-29	\$0.35	\$0.53	\$0.70	\$0.88	\$1.05	\$1.23	\$1.40	\$1.58	\$1.75
0.0400	30-34	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00
0.0500	35-39	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
0.0750	40-44	\$0.75	\$1.13	\$1.50	\$1.88	\$2.25	\$2.63	\$3.00	\$3.38	\$3.75
0.1300	45-49	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
0.2450	50-54	\$2.45	\$3.68	\$4.90	\$6.13	\$7.35	\$8.58	\$9.80	\$11.03	\$12.25
0.3950	55-59	\$3.95	\$5.93	\$7.90	\$9.88	\$11.85	\$13.83	\$15.80	\$17.78	\$19.75
0.4800	60-64	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
0.8300	65-69	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$8.30	\$12.45	\$16.60	\$20.75	\$24.90	\$29.05	\$33.20	\$37.35	\$41.50
1.9550	70-74	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
		\$12.71	\$19.06	\$25.42	\$31.77	\$38.12	\$44.48	\$50.83	\$57.18	\$63.54
7.4550	75-79	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$37.28	\$55.91	\$74.55	\$93.19	\$111.83	\$130.46	\$149.10	\$167.74	\$186.38
7.4550	80-84	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$37.28	\$55.91	\$74.55	\$93.19	\$111.83	\$130.46	\$149.10	\$167.74	\$186.38
7.4550	85-89	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$37.28	\$55.91	\$74.55	\$93.19	\$111.83	\$130.46	\$149.10	\$167.74	\$186.38
7.4550	90-99	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		37.275	55.9125	74.55	93.1875	111.825	130.4625	149.1	167.7375	186.375

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over 50,000 \$

	Age	Semi- Monthly	Rate Per \$1,000	x	Benefit Ir \$1,000's	ı	=	Semi- Monthly	Cost	
Example:	35	0.0	500	X	1	50	=	\$	7.50	
				Х			=			
Dependent Child	dren Bene	efit	\$ 1,000	\$ 2,000	\$ 3,000	\$ 4,000	\$ 5,00	0 \$ 6,000	\$ 7,000	\$8

Semi-Monthly Rate:

\$ 0.10 \$ 0.20 \$ 0.30 \$ 0.40 \$ 0.50 \$ 0.60 \$ 0.70

Premium covers all dependent children regardless of the number of children.

.000

\$

\$ 0.80 9.000

0.90

\$

10,000

1.00

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Semi-Monthly Spouse Premium Life Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately. Spouse premiums will be calculated based on the Employee Age Refer to Program Specifications for your maximum benefit amounts. *Benefits and premium amounts reflect age reductions.*

Semi-Montiny R∆TF Per \$1000	AGE	\$ 5,000	\$10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.0350	<25	\$0.18	\$0.35	\$0.53	\$0.70	\$0.88	\$1.05	\$1.23	\$1.40	\$1.58	\$1.75
0.0350	25-29	\$0.18	\$0.35	\$0.53	\$0.70	\$0.88	\$1.05	\$1.23	\$1.40	\$1.58	\$1.75
0.0400	30-34	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00
0.0500	35-39	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
0.0750	40-44	\$0.38	\$0.75	\$1.13	\$1.50	\$1.88	\$2.25	\$2.63	\$3.00	\$3.38	\$3.75
0.1300	45-49	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
0.2450	50-54	\$1.23	\$2.45	\$3.68	\$4.90	\$6.13	\$7.35	\$8.58	\$9.80	\$11.03	\$12.25
0.3950	55-59	\$1.98	\$3.95	\$5.93	\$7.90	\$9.88	\$11.85	\$13.83	\$15.80	\$17.78	\$19.75
0.4800	60-64	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
0.8300	65-69	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$4.15	\$8.30	\$12.45	\$16.60	\$20.75	\$24.90	\$29.05	\$33.20	\$37.35	\$41.50
1.9550	70-74	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
		\$6.35	\$12.71	\$19.06	\$25.42	\$31.77	\$38.12	\$44.48	\$50.83	\$57.18	\$63.54
7.4550	75-79	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$18.64	\$37.28	\$55.91	\$74.55	\$93.19	\$111.83	\$130.46	\$149.10	\$167.74	\$186.38
7.4550	80-84	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$18.64	\$37.28	\$55.91	\$74.55	\$93.19	\$111.83	\$130.46	\$149.10	\$167.74	\$186.38
7.4550	85-99	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$18.64	\$37.28	\$55.91	\$74.55	\$93.19	\$111.83	\$130.46	\$149.10	\$167.74	\$186.38

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 50,000

	Age	Semi- Monthly	Rate Per \$1,000	x	Be	nefit In	\$1,	000's	_	mi- onthly	Co	st				
Example:	35	0.0	500	X		7	5		=	\$		3.75				
				Х					=							
													•			
Dependent Chil	dren Ben	əfit	\$ 1,000	\$ 2,000	\$	3,000	\$	4,000	\$ 5,000	\$ 6,000	\$	7,000	\$	8,000	\$ 9,000	\$ 1
Semi-Monthly F	Rate:		\$ 0.10	\$ 0.20	\$	0.30	\$	0.40	\$ 0.50	\$ 0.60	\$	0.70	\$	0.80	\$ 0.90	\$

10,000

Premium covers all dependent children regardless of the number of children.

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Semi-Monthly Employee Premium Life and Accidental Death and Dismemberment Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately. Refer to Program Specifications for your maximum benefit amounts. *Benefits and premium amounts reflect age reductions.*

Semi-Monthly Per \$1000	AGE	\$ 10,000	\$15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.0550	<25	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75
0.0550	25-29	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75
0.0600	30-34	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.0700	35-39	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
0.0950	40-44	\$0.95	\$1.43	\$1.90	\$2.38	\$2.85	\$3.33	\$3.80	\$4.28	\$4.75
0.1500	45-49	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
0.2650	50-54	\$2.65	\$3.98	\$5.30	\$6.63	\$7.95	\$9.28	\$10.60	\$11.93	\$13.25
0.4150	55-59	\$4.15	\$6.23	\$8.30	\$10.38	\$12.45	\$14.53	\$16.60	\$18.68	\$20.75
0.5000	60-64	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
0.8500	65-69	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$8.50	\$12.75	\$17.00	\$21.25	\$25.50	\$29.75	\$34.00	\$38.25	\$42.50
1.9750	70-74	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
		\$12.84	\$19.26	\$25.68	\$32.09	\$38.51	\$44.93	\$51.35	\$57.77	\$64.19
7.4750	75-79	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$37.38	\$56.06	\$74.75	\$93.44	\$112.13	\$130.81	\$149.50	\$168.19	\$186.88
7.4750	80-84	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$37.38	\$56.06	\$74.75	\$93.44	\$112.13	\$130.81	\$149.50	\$168.19	\$186.88
7.4750	85-89	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$37.38	\$56.06	\$74.75	\$93.44	\$112.13	\$130.81	\$149.50	\$168.19	\$186.88
7.4750	90-99	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
		\$37.38	\$56.06	\$74.75	\$93.44	\$112.13	\$130.81	\$149.50	\$168.19	\$186.88

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 50,000

	Age	Semi- Monthly	Rate Per \$1,000	х	Benefit In \$1,000's	=	Semi- Monthly	Cost
Example:	35	0.0	700	Х	150	=	\$	10.50
				Х		=		

Dependent Children Benefit	\$ 1,0	000	\$ 2,000	\$ 3,000	\$ 4,000	\$ 5,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 9,000	\$ 10,000
Semi-Monthly Rate:	\$ 0.	.10	\$ 0.20	\$ 0.30	\$ 0.40	\$ 0.50	\$ 0.60	\$ 0.70	\$ 0.80	\$ 0.90	\$ 1.00

Premium covers all dependent children regardless of the number of children.

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Semi-Monthly Spouse Premium Life and Accidental Death and Dismemberment Premium for sample benefit amounts

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Semi-Monthly R∆TF Per \$1000	AGE	\$ 5,000	\$10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.0550	<25	\$0.28	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75
0.0550	25-29	\$0.28	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75
0.0600	30-34	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.0700	35-39	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
0.0950	40-44	\$0.48	\$0.95	\$1.43	\$1.90	\$2.38	\$2.85	\$3.33	\$3.80	\$4.28	\$4.75
0.1500	45-49	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
0.2650	50-54	\$1.33	\$2.65	\$3.98	\$5.30	\$6.63	\$7.95	\$9.28	\$10.60	\$11.93	\$13.25
0.4150	55-59	\$2.08	\$4.15	\$6.23	\$8.30	\$10.38	\$12.45	\$14.53	\$16.60	\$18.68	\$20.75
0.5000	60-64	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
0.8500	65-69	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$4.25	\$8.50	\$12.75	\$17.00	\$21.25	\$25.50	\$29.75	\$34.00	\$38.25	\$42.50
1.9750	70-74	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
		\$6.42	\$12.84	\$19.26	\$25.68	\$32.09	\$38.51	\$44.93	\$51.35	\$57.77	\$64.19
7.4750	75-79	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
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		\$18.69	\$37.38	\$56.06	\$74.75	\$93.44	\$112.13	\$130.81	\$149.50	\$168.19	\$186.88

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				Х		=		

Dependent Children Benefit	\$ 1,000	\$ 2,000	\$ 3,000	\$ 4,000	\$ 5,000	\$ 6,000	\$ 7,000	\$ 8,000	\$ 9,000	\$ 10,000
Semi-Monthly Rate:	\$ 0.10	\$ 0.20	\$ 0.30	\$ 0.40	\$ 0.50	\$ 0.60	\$ 0.70	\$ 0.80	\$ 0.90	\$ 1.00

Premium covers all dependent children regardless of the number of children.

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