

***GROUP LIFE INSURANCE
FOR EMPLOYEES OF***

UF | UNIVERSITY *of*
FLORIDA
The Foundation for The Gator Nation

University of Florida insurance benefits

This brochure describes briefly the Group Life Insurance Plan designed specifically for employees of the University of Florida. Each year your premium is based upon your age and the amount of insurance you choose.

Employee life insurance benefits

Death

If, while insured, death occurs from any cause at any place, or at any time, the amount of your Group Life Insurance will be paid to the person you have designated.

Beneficiary

You may name any beneficiary at any time by making a written request. Please consult legal counsel prior to naming a minor child. (Minor child status ceases on 18th birthday).

Waiver of premium for total disability

If you become totally disabled before age 75 and are unable to work, your Group Life Insurance will continue at no cost to you as long as you are totally disabled, until termination at age 99. Coverage is subject to the following requirements.

1. You must be totally disabled for at least six months;
2. Medical evidence must show that your disability is presumably permanent; and,
3. Written notice and proof of your disability must be given to the Insurance Company initially while you are insured and annually thereafter

Premiums paid during the six months in Item No. 1 above will be refunded.

Terminations

Coverage terminates when you cease to be an Eligible Employee.

Conversion privilege

You may convert your Group Life Insurance with no medical examinations or other evidence of insurability if your insurance is terminated due to termination of employment:

1. By applying to the Insurance Company within 31 days after such termination of insurance
2. In any amount up to the limit for which you were insured under the Group Life Policy
3. To any whole life policy then customarily issued by the insurance company

Your Group Life Insurance is payable if you die within the 31 day period.

Portability privilege

This insurance may be continued by paying the required premiums for up to 99 years of age when your employment ends for a reason other than total disability; and the insurance has been in force at least 12 months.

1. First premium must be made within 31 days of the date insurance would otherwise end
2. The amount of insurance may not be increased
3. Additional dependents may not be enrolled
4. Premiums and insurance amounts will be shown in the Schedule of Insurance. Insurance will terminate if this Policy is discontinued by the University.

Living benefit (Accelerated Death Benefit)

An Accelerated Death Benefit is available if the Insured Person is diagnosed terminally ill due to a sickness or injury at 12 months after life insurance takes effect and qualifies for the Extension of death Benefit (Waiver of Premium).

Then part of his or her life insurance benefit can be paid prior to death (subject to state law). Terminally ill means the Insured Person's medical condition is expected to result in death within 12 months despite appropriated medical treatment.

The amount of the Accelerated Death Benefit is subject to:

1. A minimum of \$1,000 or 10% of the Insured Person's life insurance, whichever is more; and,
2. A maximum of \$100,000 or 50% of the Insured Person's life insurance coverage, whichever is less

An Accelerated Death Benefit payment will be subject to an interest charge, and the amount of the Death Benefit payable upon the Insured Person's death will be reduced accordingly.

Eligible employees

Eligible employees are all active employees who are appointed for at least nine months and who work at least 20 hours per week and employees on leave of absence without pay for non-medical reasons and faculty members on sabbatical.

Eligibility period

- A. New employees may enroll within 60 days of employment
- B. All employees enrolling after their initial eligibility period must provide evidence of insurability and be approved by the Insurance Company, or enroll during open enrollment

Limits of employee coverage

Eligible employees may enroll for coverage in even \$10,000 amounts. The guaranteed issue amount, which may be applied for during initial employment, is a maximum of \$100,000. An additional amount of \$10,000 may be applied for without evidence of insurability during the annual open enrollment period. Maximum coverage at age 76 or over is \$10,000.

Spouse and children's coverage

During the employee's first 60 days of employment or within 31 days of marriage or the birth or adoption of the first child, spouse and children may enroll without evidence of insurability as follows:

1. Spouse may enroll for \$50,000 provided this amount does not exceed 50% of the employee amount.
2. Children's coverage is limited to \$25,000, provided this amount does not exceed 50% of the employee amount.

After the first 60 days of employment, excluding Open Enrollment, applications are subject to a medical questionnaire and approval by the Insurance Company.

1. Spouse coverage is limited to 50% of employee coverage
2. Children's coverage is limited to \$25,000 not to exceed 50% of employee coverage

Eligible dependents must meet the definition under the U.S. IRS Code and not be serving in the armed forces. This policy covers unmarried children from 14 days old to age 19. Coverage may continue from age 19 through age 25 if enrolled as a full-time or part-time student in an accredited educational institution. Dependents totally and permanently disabled and who became disabled prior to reaching age 19 may also continue coverage under the plan.

Dependent insurance cannot take effect while the dependent is hospital confined but will become effective 10 days after final discharge from the hospital.

Employees are responsible for canceling their dependents coverage after the last child no longer meets the eligibility requirements.

Methods of premium payments

- A. 16 bi-weekly payroll deductions will be taken each insurance year from September through April
- B. Employees on approved leave of absence without pay may pay premiums by personal check

Your application

Designate a beneficiary (or beneficiaries) to receive the Principal Sum in the event of your death.

If you designate your wife, show her name as Mary Jones Smith, not Mrs. John A. Smith.

Compute your initial premium per pay period by multiplying the amount of coverage applied for in thousands of dollars by the premium rate for your age. For example: if you are age 42 at your last birthday, do not use tobacco and are applying for \$10,000, your premium per pay period is \$1.00 (10x \$.10).

Each January the premium per pay period changes with each attained age. Using the example in the preceding paragraph, the premium per pay period would be \$1.20 at age 43 (10x\$.12). At age 44 it would become \$1.30 and so on.

Mail application to:
University Benefits
903 W. University Avenue
Gainesville, FL 32601
or by campus mail to P.O. Box 115007
Phone: (352) 392-2477

**University of Florida
Premium Rate Schedule**

Rates per \$1,000 per pay period
based on 16 pay deductions per year

Insured Employee			Insured Employee's Spouse*		
<i>Attained age</i>	<i>Smoker</i>	<i>Non smoker</i>	<i>Attained age</i>	<i>Smoker</i>	<i>Non smoker</i>
15 - 38	.12	.07	15 - 38	\$.12	\$.07
39	.18	.09	39	.19	.10
40	.20	.10	40	.22	.10
41	.22	.10	41	.23	.11
42	.23	.10	42	.27	.11
43	.29	.13	43	.31	.14
44	.30	.13	44	.34	.15
45	.34	.15	45	.39	.17
46	.36	.17	46	.41	.18
47	.42	.19	47	.47	.21
48	.45	.20	48	.50	.22
49	.50	.22	49	.56	.25
50	.51	.23	50	.60	.27
51	.58	.26	51	.63	.28
52	.63	.28	52	.69	.31
53	.70	.32	53	.78	.35
54	.80	.37	54	.88	.39
55	.85	.42	55	.94	.45
56	.91	.45	56	1.01	.49
57	1.03	.51	57	1.12	.55
58	1.13	.55	58	1.23	.60
59	1.22	.60	59	1.32	.65
60	1.27	.68	60	1.41	.75
61	1.35	.72	61	1.50	.80
62	1.45	.78	62	1.60	.85
63	1.58	.84	63	1.75	.93
64	1.72	.91	64	1.90	1.01
65	1.75	1.02	65	1.92	1.13
66	1.90	1.11	66	2.10	1.23
67	2.10	1.23	67	2.32	1.36
68	2.31	1.35	68	2.54	1.48
69	2.54	1.48	69	2.79	1.63
70	2.55	1.64	70	2.80	1.80
71	2.79	1.79	71	3.06	1.97
72	3.06	1.97	72	3.36	2.16
73	3.31	2.12	73	3.63	2.33
74	3.56	2.28	74	3.95	2.51
75	2.92	1.94	75	3.22	2.14
76	3.31	2.20	76	3.63	2.41
77	3.55	2.37	77	3.91	2.60
78	3.84	2.56	78	4.22	2.81
79	4.12	2.75	79	4.54	3.03
80+	4.47	2.98	80+	4.91	3.28

Dependent Children Rate = \$.17 Per Pay Period

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

* Based on Employee's Age.



Administrators of the plan:
Willis - HRH
P.O. Box 357400
Gainesville, FL 32607-2249
Phone: (352) 378-2511

This brochure is not intended as a complete description of Lincoln Financial Group Insurance coverage. The controlling provisions are provided in the policy; and this brochure does not modify those provisions or the insurance in any way. Some features or coverages described in this brochure may not be available in all states.

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