



The Lincoln National Life Insurance Company  
A Stock Company Home Office Location: Fort Wayne, Indiana  
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE  
68114-4066  
(800) 423-2765 Online: [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

CERTIFIES THAT Group Policy No. GL 000403001541 has been issued to  
William Jewell College  
(The Group Policyholder)

The Policy Effective Date is January 1, 2012

The insurance is effective only if the Employee is eligible for insurance and becomes and remains insured as provided in the Group Policy.

Certificate of Insurance for Class 2

**Family Plan**

You are entitled to the benefit described in this Certificate if you are eligible for insurance under the provisions of the Policy. This Certificate replaces any other certificates for the benefits described inside. As a Certificate of Insurance, it is not a contract of insurance; it only summarizes the provisions of the Policy and is subject to the Policy's terms.

A handwritten signature in cursive script that reads "Dennis R. Glass".

PRESIDENT

**CERTIFICATE OF GROUP INSURANCE**

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

**William Jewell College  
000403001541**

**SCHEDULE OF INSURANCE**

**CLASS 2**

All Full-Time Employees and All Regular Part-Time Employees and Adjunct Faculty enrolled in the Employer's Group Health Plan and Electing the Family Plan

**WAITING PERIOD:**

For Full-Time Employees: 30 days of continuous Active Work

For Part-Time Employees: 6 months of continuous Active Work

For Adjunct Faculty: 2 consecutive semesters of teaching with at least 7 credit hours

**FULL-TIME MINIMUM HOURS:** 30 hours per week

**PART-TIME MINIMUM HOURS:** 20 hours per week

**VOLUNTARY AD&D INSURANCE - FAMILY PLAN**

**PRINCIPAL SUM**

Your (Employee) Coverage

You may elect coverage in \$25,000 increments, subject to a maximum of \$500,000; not to exceed ten times your Basic Annual Earnings

Spouse, if you and your Spouse only are covered\*\*

60% of your Principal Sum

Each Child, if you and your Children only are covered\*\*

15% of your Principal Sum not to exceed \$15,000

Spouse & Each Child, if you and your Spouse & Children are covered\*\*

Spouse 50%, and each child 10% of Insured Person's Principal Sum not to exceed \$15,000

Voluntary AD&D Insurance will be reduced as follows:

- At age 70, benefits will reduce by 35% of the original amount;
- At age 75, benefits will reduce by an additional 20% of the original amount; and
- At age 80, benefits will reduce by an additional 15% of the original amount; and
- At age 85, benefits will reduce by an additional 15% of the original amount.

Benefits will terminate when you retire.

If you first enroll for Voluntary AD&D Insurance at age 70 or older, the above age reductions will apply to the maximum amount of insurance for which you are eligible.

\*\*Principal Sum for a Dependent depends upon family make-up at time of loss. The Spouse and the Dependent's Principal Sum will continue to be based upon the original amount.

Dependents coverage will terminate when you retire

Voluntary Spouse AD&D Insurance will be reduced as follows:

- At age 70, benefits will reduce by 35% of the original amount;
- At age 75, benefits will reduce by an additional 20% of the original amount; and
- At age 80, benefits will reduce by an additional 15% of the original amount; and

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At age 85, benefits will reduce by an additional 15% of the original amount.  
Benefits will terminate when you retire.

**Basic Annual Earnings** means your annual base salary or annualized hourly pay from the Employer before taxes on the Determination Date. The "Determination Date" is the last day worked just prior to the loss.

It does **not** include commissions, bonuses, overtime pay, or any other extra compensation. It does **not** include income from a source other than the Employer. It will not exceed the amount shown in the Employer's financial records or the amount for which premium has been paid, whichever is less.

## TABLE OF CONTENTS

Amount of Insurance.....	3
Definitions.....	3
Eligibility.....	4
Effective Dates of Coverages.....	4
Termination of Coverage.....	4
Beneficiary.....	5
Facility of Payment.....	5
Settlement Options.....	5
Dependents Voluntary Accidental Death and Dismemberment Insurance.....	6
Voluntary Accidental Death and Dismemberment Insurance.....	8
Felonious Assault Benefit.....	10
Education Benefit.....	11
Common Disaster Benefit.....	12
Monthly Survivors Benefit.....	12
Child Care Benefit.....	13
Monthly Coma Benefit.....	14
Exclusions.....	15
Disappearance Benefit.....	16
Exposure Benefit.....	17
Safe Driver Benefit.....	18
Common Carrier Accident Benefit.....	19
Notice.....	24

## **AMOUNT OF INSURANCE**

The amount of your insurance is determined by the Schedule of Insurance in the Policy. The initial amount of coverage is the amount which applies to your class on the day your coverage takes effect. You may become eligible for increases in the amount of insurance in accord with the Schedule of Insurance. Any such increase will take effect on the latest of:

- (1) the first of the Insurance Month which coincides with or follows the date on which you become eligible for the increase; provided you are Actively at Work on that day; or
- (2) the day you resume Active Work, if you are not Actively at Work on the day the increase would otherwise take effect.

Any decrease will take effect on the day of the change, whether or not you are Actively at Work.

## **DEFINITIONS**

**ACTIVE WORK** or **ACTIVELY AT WORK** means an employee's full-time performance of all customary duties of his or her occupation at:

- (1) the EMPLOYER'S place of business; or
- (2) any other business location where the employee is required to travel.

Unless disabled on the prior workday or on the day of absence, an employee will be considered Actively at Work on the following days:

- (1) a Saturday, Sunday or holiday which is not a scheduled workday;
- (2) a paid vacation day, or other scheduled or unscheduled non-workday; or
- (3) an excused or emergency leave of absence (except a medical leave).

**COMPANY** means The Lincoln National Life Insurance Company, an Indiana corporation, whose Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

**DAY** or **DATE** means at 12:01 A.M., Standard Time, at the Group Policyholder's place of business; when used with regard to eligibility dates and effective dates. It means 12:00 midnight, Standard Time, at the same place; when used with regard to termination dates.

**EMPLOYER** means the Group Policyholder or the Participating Employer named on the Face Page.

**FULL-TIME EMPLOYEE** means an employee of the EMPLOYER:

- (1) whose employment with the EMPLOYER is the employee's principal occupation;
- (2) who is not a temporary or seasonal employee; and
- (3) who is regularly scheduled to work at such occupation at least the number of hours as shown in the Schedule of Insurance.

**INSURANCE MONTH** means:

- (1) that period of time beginning on the Issue Date of the Policy and extending for one month; and
- (2) each subsequent month beginning on the same day after that.

**PERSONAL INSURANCE** means the insurance provided by the Policy on Insured Persons.

**PHYSICIAN** means a licensed practitioner of the healing arts other than the Insured Person or a relative of the Insured Person.

**POLICY** means the Group Insurance Policy issued by the Company to the Group Policyholder. A copy of the Policy may be examined upon request at the Group Insurance Service Office of the Group Policyholder.

## **ELIGIBILITY**

If you are a Full-Time Employee and a member of an employee class shown in the Schedule of Insurance; then you will become eligible for the coverage provided by the Policy on the later of:

- (1) the date of issue of the Policy; or
- (2) the day you complete the Waiting Period.

WAITING PERIOD. (See Schedule of Insurance.)

## **EFFECTIVE DATES OF COVERAGES**

Your insurance is effective on the latest of:

- (1) the first day of the Insurance Month following the day you become eligible for the coverage;
- (2) the day you resume Active Work, if you are not Actively at Work on the day you become eligible; or
- (3) the day you sign your payroll deduction form and apply for coverage, if you pay any part of the premium.

EXCEPTION. If your coverage terminates due to an approved leave of absence or a military leave, any Waiting Period or evidence of insurability requirement will be waived upon your return; provided you apply or are reenrolled within 31 days after resuming Active Work.

## **TERMINATION OF COVERAGE**

Your coverage terminates on the earliest of:

- (1) the day the Policy terminates;
- (2) the last day of the Insurance Month in which you request termination of your coverage;
- (3) the last day of the period for which the premium for your insurance has been paid;
- (4) the day you cease to be a member of an employee class shown in the Schedule of Insurance;
- (5) with respect to any particular insurance benefit, the date that part of the Policy providing such benefit terminates;
- (6) the day your employment with the Employer terminates; or
- (7) the day you enter the armed services of any state or country on active duty; except for duty of 30 days or less for training in the Reserves or National Guard. (If you send proof of military service, the Company will refund any unearned premium.)

Ceasing Active Work terminates your eligibility. However, it may be possible to continue all or part of your insurance during a temporary lay off, leave of absence or military leave; or while you are unable to work due to sickness or injury. The conditions concerning such a continuance may be found in the Policy. See your Employer for this information.

## **BENEFICIARY**

**PAYMENTS TO BENEFICIARY.** At your death, any amount payable as a result of your death will be paid to your named Beneficiary who survives you. If you have not named a Beneficiary, or if no named Beneficiary survives you; then payment will be made to your:

- (1) surviving spouse; or, if none
- (2) surviving child or children in equal shares; or, if none
- (3) surviving parent or parents in equal shares; or, if none
- (4) surviving sibling or siblings in equal shares; or, if none
- (5) estate.

In determining who is to receive payment, the Company may rely upon an affidavit by a member of the class to receive payment. Unless the Company receives written notice at its Group Insurance Service Office of a valid claim by some other person before paying the proceeds, the Company will make payment based upon the affidavit it has. Such payment will release the Company from any further obligation for your death benefit.

If the person who would otherwise receive payment dies:

- (1) within 15 days of your death; and
- (2) before the Company receives satisfactory proof of your death;

payment will be made as if you had survived that person; unless other provisions have been made.

**NAMING THE BENEFICIARY.** Your Beneficiary will be as shown on your enrollment card, unless changed. If the Policy replaces a group policy providing similar coverages; then your beneficiary named under the prior policy will be the Beneficiary under the Policy, until changed.

**CHANGING THE BENEFICIARY.** Only you or your assignee may change your Beneficiary. A new Beneficiary may be named by filing a written notice of the change with the Company at its Group Insurance Service Office. The change will be effective as of the date it was signed; subject to any action taken by the Company before it received notice of the change.

## **FACILITY OF PAYMENT**

If any benefit under the Policy becomes payable to your estate, a minor, or any person who (in the Company's opinion) is not competent to give a valid release; then the Company, at its option, may make payment to any one or more of the following:

- (1) a person who has assumed the care and support of you or your Beneficiary;
- (2) a person who has incurred expense as a result of your last illness or death;
- (3) the personal representative of your estate; or
- (4) any person related by blood or marriage to you.

No payment made to anyone named above may exceed \$1,000. Any payment made in good faith under this Section will fully discharge the Company to the extent of the payment.

## **SETTLEMENT OPTIONS**

All or part of any death or dismemberment benefit may be received in installments by making written election to the Company. Such an election may be made:

- (1) by you while living; or
- (2) by the person who is to receive payment, if no such election is in effect at the time of your death.

Any such election must comply with the Company's practices at the time it is made. The amount applied under a settlement option must be at least \$2,000. It must be sufficient to provide a payment of at least \$20 per month.

## DEPENDENTS VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

**NOTE: Dependents Voluntary Accidental Death and Dismemberment Insurance is in effect only if you have enrolled for the Family Plan and the correct premium has been paid.**

DEFINITION. As used in this section, "Dependent" means a person who meets the definition of your dependent under the provision of the U.S. Internal Revenue Code; and is your:

- (1) spouse who is under age 70 and is not legally separated from you;
- (2) unmarried child at least 14 days but less than 20 years of age;
- (3) unmarried child less than 26 years of age, if attending an accredited educational institution for the minimum credit hours required to maintain full-time student status there; or
- (4) unmarried child who is totally and permanently disabled and who became so disabled prior to reaching 26 years of age.

A legally adopted child is considered your child from the date of placement in your home for an agency adoption; or from the date the adoption petition is filed, if later, for a private adoption.

In addition to naturally born and legally adopted children, the word "child" includes your stepchild or foster child; provided the child resides in your household and is dependent on you for principal support.

The term Dependent does not include a person covered as an Insured Person. A person may be covered as either an Insured Person or a Dependent (but not both at the same time). If a husband and wife are both Insured Employees, their child may be covered as Dependents of either the husband or wife (but not both at the same time).

The term "Dependent" does not include anyone serving on active duty in the armed forces of any state or country; except for duty of 30 days or less for training in the Reserves or National Guard.

ELIGIBILITY. You become eligible for the Family Plan on the latest of:

- (1) the date you become eligible for Personal Voluntary Accidental Death and Dismemberment Insurance;
- (2) the effective date of this section; or
- (3) the date you first acquire a Dependent (as defined by the Policy).

If you acquire a new Dependent while insured under the Family Plan, insurance will become effective as follows.

- (1) Insurance for your spouse, stepchild or foster child will take effect on the later of:
  - (a) the date you are married or take custody of the child; or
  - (b) the 10th day following final discharge from the hospital, if that Dependent is confined in a hospital on the date insurance would otherwise take effect.
- (2) Insurance for your newborn natural child will take effect at birth and will continue for 31 days. Insurance will continue beyond 31 days only if any additional required premium is paid by the 31st day following birth.



INDIVIDUAL TERMINATION OF INSURANCE. The Family Plan will cease for all your Dependents on the earliest of:

- (1) the date your Personal Voluntary Accidental Death and Dismemberment Insurance terminates;
- (2) the date the Family Plan is discontinued under the Policy;
- (3) the date you cease to be in a class eligible for the Family Plan;
- (4) the date you request that the Family Plan be terminated; or
- (5) the last day of the premium paying period for which you have made any required contribution toward the cost of the Family Plan.

Insurance for a particular Dependent will cease on the earliest of:

- (1) the date the Dependent ceases to be an eligible Dependent (as defined by the Policy);
- (2) the 31st day after the birth of a newborn child or acquisition of an adopted child; unless any additional premium is paid within that 31-day period; or
- (3) the day the Dependent enters the armed services of any state or country on active duty; except for duty of 30 days or less for training in the Reserves or National Guard. (If you send proof of military service, the Company will refund any unearned premium).

Termination of one Dependent's insurance due to a status change will not affect the insurance for any other family members who remain eligible Dependents.

CONTINUATION OF INSURANCE FOR A HANDICAPPED CHILD. Voluntary Accidental Death and Dismemberment Insurance may be continued for an unmarried child who is:

- (1) incapable of self-sustaining employment because of mental retardation or physical handicap;
- (2) chiefly dependent on you for support; and
- (3) insured under the Policy on the date coverage would otherwise end due to the child's age.

Insurance may be continued so long as the child remains disabled and dependent on you for support. Proof of the child's disability must be sent to the Company:

- (1) within 60 days of the date coverage would otherwise end due to the child's age; and
- (2) as the Company may require after that.

You must continue to be covered for Personal Voluntary Accidental Death and Dismemberment Insurance under the Policy. You must also continue to pay the required premium. The premium rate for the handicapped child will be that for an Insured Employee of like age and sex (not the Dependent rate).

## VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

**DEATH OR DISMEMBERMENT BENEFIT.** The Company will pay the benefit listed below, if:

- (1) you or your Dependent sustains a covered accidental bodily injury while insured under this provision; and
- (2) that injury directly causes one of the following losses within 365 days after the date of the accident.

The loss must result directly from the injury and from no other causes.

### LOSS

### BENEFIT

Loss of Life	Principal Sum
Loss of One Member (Hand, Foot or Eye)	1/2 Principal Sum
Loss of Two or More Members	Principal Sum
Loss of Thumb and Index Finger	1/4 Principal Sum
Loss of Both Speech and Hearing in Both Ears	Principal Sum
Loss of Either Speech or Hearing in Both Ears	1/2 Principal Sum
Loss of Hearing in One Ear	1/4 Principal Sum
Quadriplegia (Paralysis of Both Arms and Both Legs)	Principal Sum
Paraplegia (Paralysis of Both Legs)	1/2 Principal Sum
Hemiplegia (Paralysis of Arm and Leg of Same Side)	1/2 Principal Sum

The Principal Sum for your class is shown in the Schedule of Insurance. Under a Family Plan, the Principal Sum which applies to each Dependent is also shown. The Principal Sum for a Dependent is based upon family make-up at the time of the loss.

**MAXIMUM PER PERSON.** If you or your Dependent sustains more than one loss resulting from the same accident, the benefit:

- (1) will be the one largest amount listed; and
- (2) will not exceed the Principal Sum for all of that person's losses combined.

**TO WHOM PAYABLE.** Benefits for your loss of life will be paid to your Beneficiary. If you did not name a Beneficiary, or no named Beneficiary survives you; then your death benefit will be paid to your estate. If your Beneficiary is a minor, or the Company believes your Beneficiary lacks legal capacity; then up to \$1,000 may be paid to someone else in accord with the Facility of Payment section of the Policy. Under a Family Plan, benefits for a Dependent's loss of life will be payable to you. Any other benefits will be paid to the Insured Person.

**VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE  
CONTINUED**

**DEFINITIONS.** "Beneficiary" means the person(s) named on your enrollment form. You may change the Beneficiary by filing a written notice of the change with the Company at its Group Insurance Service Office.

"Loss of a Member" includes the following:

- (1) "Loss of Hand or Foot," which means complete severance through or above the wrist or ankle joint. (In South Carolina, "Loss of Hand" can also mean the loss of four whole fingers from one hand.)
- (2) "Loss of an Eye," which means total and irrevocable loss of sight in that eye.

"Loss of Thumb and Index Finger" means severance of the thumb and index finger of the same hand, through or above the joint closest to the wrist. (In California, it can also mean loss by complete severance of at least one whole phalanx of each.)

"Loss of Speech" means total and irrevocable loss of audible communication.

"Loss of Hearing" means permanent and total deafness in that ear. The deafness cannot be corrected to any functional degree by any aid or device.

"Paralysis" means complete and irreversible loss or use of an arm or leg (without severance).

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Voluntary Accidental Death and Dismemberment Insurance Exclusions section.

**VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT  
INSURANCE--CONTINUED**

**FELONIOUS ASSAULT BENEFIT.** The Company will pay an additional 25% of your Principal Sum, if:

- (1) you suffer a loss for which an Accidental Death and Dismemberment benefit is payable;
- (2) the injury or death takes place while you are on the business of, or on any premises of, the Group Policyholder or Employer; and
- (3) the injury or death is the direct result of:
  - (a) a robbery, holdup, or attempted robbery or holdup;
  - (b) a kidnapping during a holdup; or
  - (c) a felonious assault.

**DEFINITION.** "Felonious Assault" means one inflicted by persons other than fellow employees or members of your family or household.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Voluntary Accidental Death and Dismemberment Insurance Exclusions which follow.

**VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE  
CONTINUED**

**EDUCATION BENEFIT.** The Company will pay an Education Benefit to each of your eligible Dependent Children, if you:

- (1) are injured in a covered accident while insured under the Family Plan;
- (2) die as a direct result of such injuries within 365 days after the accident; and
- (3) are survived by one or more Dependent Children who are eligible for the benefit.

To be eligible for the Education Benefit, a Dependent Child must:

- (1) be insured by this provision on the date of the accident; and
- (2) be enrolled as a Full-Time Student on the date of the accident or within 365 days after that date.

This benefit will be paid in addition to all other benefits payable under the Policy. The benefit will equal 2% of your Principal Sum, subject to a maximum of \$2,000 for each eligible Dependent Child each year. The benefit will be paid for up to 4 consecutive years. The first payment will be made:

- (1) on the date the benefit for accidental loss of life is paid; or
- (2) when the Company receives proof that your eligible Dependent Child meets the above requirements, if later.

The second, third and fourth payments will be made when the Company receives proof that the eligible Dependent Child continues to be a Full-Time Student during each additional year.

**SPOUSE TRAINING BENEFIT.** The Company will pay a Spouse Training Benefit to your surviving Spouse, if you:

- (1) are injured in a covered accident while insured under the Family Plan;
- (2) die as a direct result of such injuries within 365 days after the accident; and
- (3) are survived by a Spouse who is eligible for the benefit.

To be eligible for the Spouse Training Benefit, your Spouse must:

- (1) be insured by this provision on the date of the accident; and
- (2) be enrolled as a Full-Time Student on the date of the accident or within 365 days after that date.

This benefit will be paid in addition to all other benefits payable under the Policy. The benefit will equal 5% of your Principal Sum; subject to a maximum of \$5,000. The benefit will be paid for one year. Payment will be made:

- (1) on the date the benefit for accidental loss of life is paid; or
- (2) when the Company receives proof that your Spouse meets the above requirements, if later.

**ALTERNATE BENEFIT.** If Family Plan coverage is in force at the time of the accident, but there is no surviving Dependent who is or could become eligible for the Education Benefit or the Spouse Training Benefit; then the Company will pay an additional benefit of \$1,000 to your named Beneficiary or estate. Payment will be in addition to all other Policy benefits.

**DEFINITION.** "Full-Time Student" means the Dependent:

- (1) is attending a licensed or accredited college, university or vocational school (beyond the 12th grade);
- (2) is considered a full-time student based upon that school's standards; and
- (3) incurs expense for tuition, fees, books, room and board, transportation and any other costs paid to or certified by that school.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Voluntary Accidental Death and Dismemberment Insurance Exclusions section.

**VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE  
CONTINUED**

**COMMON DISASTER BENEFIT.** The Company will pay a Common Disaster Benefit if both you and your covered Spouse:

- (1) are injured in a Common Accident while insured under the Family Plan; and
- (2) lose your lives as a direct result of such injuries within 365 days after the Common Accident.

The Common Disaster Benefit increases your Spouse's benefit for accidental loss of life to equal your Principal Sum; subject to a maximum of \$250,000 for your Spouse's and your loss of life combined.

Your Spouse's benefit for accidental loss of life will be paid in lieu of any other benefits for his or her loss of member(s), speech, hearing or paralysis as a result of the same accident.

**DEFINITION.** "Common Accident" means:

- (1) the same covered accident; or
- (2) separate covered accidents that occur within the same 24-hour period.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Voluntary Accidental Death and Dismemberment Insurance Exclusions section.

**VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE  
CONTINUED**

**CHILD CARE BENEFIT.** The Company will pay a Child Care Benefit to each of your eligible Dependent Children, if you:

- (1) are injured in a covered accident while insured under the Family Plan;
- (2) die as a direct result of such injuries within 365 days after the accident; and
- (3) are survived by one or more Dependent Children who are eligible for the benefit.

To be eligible for the Child Care Benefit, a Dependent Child must:

- (1) be insured by this provision and under age 13 on the date of the accident; and
- (2) attend a licensed child care center on a full-time basis on the date of the accident or within 365 days after that date.

The Child Care Benefit is paid in addition to all other Policy benefits. The benefit will equal 2% of your Principal Sum; subject to a maximum of \$2,000 for each eligible Dependent Child each year. The benefit will be paid:

- (1) for up to 4 consecutive years; or
- (2) until the Dependent Child's 13<sup>th</sup> birthday (whichever occurs first).

The first payment will be made:

- (1) on the date the benefit for accidental loss of life is paid; or
- (2) when the Company receives proof that your eligible Dependent Child meets the above requirements, if later.

The second, third and fourth payments will be made when the Company receives proof that your eligible Dependent Child continues to attend a licensed child care center on a full-time basis during each additional year.

**DEFINITION.** "Child Care Center" means any facility (other than a family day care home) which:

- (1) is licensed as such by the state; and
- (2) provides non-medical care and supervision for children in a group setting; and
- (3) cares for children at least 6 but less than 24 hours per day.

**EXCLUSIONS.** Benefits will not be paid:

- (1) when the Dependent Child's care is provided by (or at a facility operated by) the child's grandparent, parent, aunt, uncle or sibling; or
- (2) for any loss excluded under the Voluntary Accidental Death and Dismemberment Insurance Exclusions section.

**VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE  
CONTINUED**

**MONTHLY COMA BENEFIT.** The Company will pay a Monthly Coma Benefit, while you or your covered Dependent remains in a continuous coma; provided:

- (1) the coma is caused by an Injury sustained while insured under the Policy;
- (2) the coma begins within 365 days after the date of the accident; and
- (3) you remain in the coma for at least 31 days in a row.

The coma must result directly from the Injury and from no other causes.

This Monthly Coma Benefit:

- (1) will be payable for each month the person is in a continuous coma; but
- (2) in no event will more than 36 months of benefits be paid.

No Monthly Coma Benefit will be paid after the coma ends; whether by death, recovery, or any other change of condition. If, when the coma ends, benefits are due for a period of less than a month; then payment will be prorated. The daily rate will equal 1/30 of the Monthly Coma Benefit.

**AMOUNT.** The Monthly Coma Benefit will equal 1% of the difference between:

- (1) the Principal Sum that would be payable for your or your Dependent's accidental death; and
- (2) the amount of any benefits paid or payable under the Policy for that person's other Scheduled Losses as a result of the same accident.

In no event will the total benefits payable for all of a person's Scheduled Losses resulting from the same accident exceed the Principal Sum, which would be payable for that person's accidental death.

**SUBSEQUENT LOSS.** If, you or your Dependent later suffers another Scheduled Loss covered by the Policy, due to the same accident that caused the coma; then the benefit paid for the later loss will equal:

- (1) the benefit stated in the Schedule of Insurance; reduced by
- (2) the total amount of benefits paid, including the Monthly Coma Benefits paid, for the same person's Scheduled Losses as a result of that accident.

If the person continues to qualify for a Monthly Coma Benefit after such other loss; then the amount of the Monthly Coma Benefit will be redetermined, as shown above.

**PROOF.** You or your Beneficiary is responsible for providing the Company proof of the continuing comatose condition. The Company retains the right to investigate, to determine whether the coma exists and continues.

**TO WHOM PAYABLE.** The Monthly Coma Benefit for you will be paid in accord with the Beneficiary section. If you are insured under the Family Plan, the Monthly Coma Benefit for your covered Dependent will be paid to you.

**"Coma"** means being in a state of complete mental unresponsiveness, with no evidence of appropriate responses to stimulation.

**"Scheduled Loss"** means any of the following losses, if covered under the Policy: loss of life, member(s), speech or hearing, paralysis, permanent total disability, coma or common disaster. It does not include any additional seat belt, felonious assault, child care, education, spouse training, spouse critical period, monthly survivors or monthly in-hospital benefits which may be included under the Policy.

**EXCLUSIONS.** Benefits will not be paid:

- (1) when the person remains in a coma for less than 31 days in a row; or
- (2) for any loss excluded under the Voluntary Accidental Death and Dismemberment Exclusions section.



**VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)  
INSURANCE--CONTINUED**

**EXCLUSIONS.** No benefit will be paid for loss resulting from:

- (1) intentionally self-inflicted injury or attempted injury, while sane;
- (2) war or any act of war (whether declared or undeclared);
- (3) any accident occurring while you or your covered Dependent is serving on full-time active duty in the armed forces of any state or country (except for duty of 30 days or less for training in the Reserves or National Guard);
- (4) travel or flight in (or boarding or leaving) any aircraft or device which can fly above the earth's surface, if:
  - (a) the aircraft or device is being used for tests, experimental purposes, or travel beyond the earth's atmosphere (or is designed for such travel);
  - (b) the aircraft or device is being used by or for any military authority (except for aircraft flown by the U.S. Military Aircraft Command or similar service of any country);
  - (c) the aircraft or device is other than a chartered aircraft; and it is being used by or for the Group Policyholder, Employer or its subsidiary or affiliate (whether it is owned, leased, operated or controlled as defined below);
  - (d) you or your covered Dependent is serving as a pilot, crew member or student taking a flying lesson (and is not riding as a passenger); or
  - (e) you or your covered Dependent is hang-gliding or parachuting (except where a parachute jump must be made for self-preservation);
- (5) you or your covered Dependent's commission of a felony;
- (6) sickness, disease or bodily infirmity; except for:
  - (a) a bacterial infection resulting from an accidental cut or wound; or
  - (b) the accidental ingestion of a poisonous substance; or
- (7) you or your covered Dependent's driving a motor vehicle while intoxicated, impaired or under the influence of drugs (except for drugs taken as prescribed by a licensed physician).

**DEFINITIONS.** As used in this section, "Owned Aircraft" means one the Group Policyholder or Employer holds legal or equitable title to; and can use, alter or sell as desired.

"Leased Aircraft" means one the Group Policyholder or Employer does not own, but can use as desired for the term of a written lease. The time will be longer than a few days or one or two trips. The aircraft cannot be altered or sold without the owner's consent.

"Operated or Controlled Aircraft" means one the Group Policyholder or Employer does not own; but has leased, rented or borrowed and can use as desired for more than 10 straight days. It cannot be altered or sold without the owner's consent.

"Chartered Aircraft" means one the Group Policyholder or Employer does not own; but has hired for one purpose, one trip or general use. The time may not exceed 10 straight days or 15 days in any one year. One or more aircraft hired on a regular or frequent basis are not chartered.

"Intoxicated", "Impaired", or "Under the Influence of Drugs" shall be as defined by the jurisdiction where the accident occurs. The exclusion will apply whether or not the driver is convicted.

## DISAPPEARANCE BENEFIT

**BENEFIT.** The Company will pay a Disappearance Benefit if, while insured for Accidental Death and Dismemberment Insurance under the Policy, your or a covered Dependent's body has not been found within one year of a forced landing, stranding, sinking or wrecking of a conveyance in which you or a covered Dependent were an occupant. It shall be deemed, subject to all other terms and provisions of the Policy, that you or a covered Dependent have suffered a loss of life.

The Benefit amount payable will be as defined in the Death or Dismemberment Benefit section of the Policy.

**TO WHOM PAYABLE.** Benefits for your loss of life will be paid in accord with the Beneficiary section. Under a Family Plan, benefits for a Dependent's loss of life will be payable to you.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of the Policy.

## **EXPOSURE BENEFIT**

**BENEFIT.** The Company will pay an Exposure Benefit, if, while insured for Accidental Death and Dismemberment Insurance under the Policy, you or a covered Dependent:

- (1) are unavoidably exposed to the elements; and
- (2) as a result of such exposure suffer a loss for which benefits are otherwise payable.

The Benefit amount payable will be as defined in the Death or Dismemberment Benefit section of the Policy.

**TO WHOM PAYABLE.** Benefits for your loss of life will be paid in accord with the Beneficiary section. Under a Family Plan, benefits for a Dependent's loss of life will be payable to you. Any other benefits will be paid to you.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of the Policy.

## SAFE DRIVER BENEFIT

**BENEFIT.** If you die as a direct result of a covered auto accident, for which Accidental Death and Dismemberment Benefits are payable; then:

- (1) an additional Seat Belt Benefit will be payable, if you were wearing a properly fastened seat belt at the time of the accident; and
- (2) an additional Air Bag Benefit will be payable, if the auto was equipped with air bag(s).

The Seat Belt Benefit equals \$10,000 or 10% of the Principal Sum, whichever is less; and the Air Bag Benefit equals \$10,000 or 10% of the Principal Sum, whichever is less. The Seat Belt Benefit and the Air Bag Benefit will not be less than \$1,000. The Principal Sum is the amount payable because of the Insured Person's accidental death.

A copy of the police report must be submitted with the claim. The position of the seat belt or presence of an air bag must be certified by:

- (1) the official accident report; or
- (2) the coroner, traffic officer or other investigating officer.

Upon receipt of satisfactory written proof, the additional benefit will be paid in accord with the Beneficiary section.

**DEFINITIONS.** As used in this provision:

"Auto" means a 4-wheel passenger car, station wagon, jeep, pick-up truck or van-type car. It must be licensed for use on public highways. It includes a car owned or leased by the Employer.

"Intoxicated," "Impaired," or "Under the Influence of Drugs" shall be defined as by the jurisdiction where the accident occurs.

"Seat Belt" means a properly installed:

- (1) seat belt or lap and shoulder restraint; or
- (2) other restraint approved by the National Highway Traffic Safety Administration.

**LIMITATIONS.** Safe Driver Benefits will not be paid if:

- (1) the Accidental Death and Dismemberment Benefits is not paid under the Policy for your death; or
- (2) at the time of the accident, you or any other person who was driving the auto in which you were traveling:
  - (a) was driving without a valid drivers' license;
  - (b) was driving in excess of the legal speed limit; or
  - (c) was driving while intoxicated, impaired, or under the influence of drugs (except for drugs taken as prescribed by a Physician for the driver's use).

The above limitations will apply, whether or not the driver is convicted.

## COMMON CARRIER ACCIDENT BENEFIT

**BENEFIT.** The Company will increase your or your covered Dependent's Death or Dismemberment Benefit to two times the amount otherwise payable, not to exceed \$1,000,000; provided you or your covered Dependent suffers a covered loss from a Common Carrier Accident while insured for Accidental Death and Dismemberment Insurance under the Policy.

**MAXIMUM PER PERSON.** If you or your covered Dependent sustains more than one loss resulting from the same accident, then the benefit:

- (1) will not exceed two times your or your covered Dependent's Principal Sum for all of that person's covered losses combined; and
- (2) will not exceed an overall maximum of \$1,000,000.

The loss must result directly from the Common Carrier Accident and from no other causes.

**TO WHOM PAYABLE.** Benefits for your loss of life will be paid in accord with the Beneficiary section. If you are insured under the Family Plan, benefits for your covered Dependent's loss will be paid to you. Any other benefits will be paid to you.

### DEFINITIONS.

**"Common Carrier Accident"** means a covered accidental bodily injury, which is sustained while riding as a fare paying passenger (not a pilot, operator or crew member) in or on, boarding or getting off from a Common Carrier.

**"Common Carrier"** means any land, air or water conveyance operated under a license to transport passengers for hire.

**EXCLUSIONS.** Benefits will not be payable for any loss excluded under the Accidental Death and Dismemberment Insurance Exclusions or Limitations section of the Policy.

**CLAIMS PROCEDURES  
FOR LIFE OR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

**NOTE: The Policy may include an Extension of Death Benefit, an Accelerated Death Benefit or a Living Benefit. If so, please refer to that section for special claim procedures.**

**NOTICE AND PROOF OF CLAIM**

**Notice of Claim.** Written notice of an accidental death or dismemberment (AD&D) claim must be given within 20 days after the loss occurs; or as soon as reasonably possible after that.\* The notice must be sent to the Company's Group Insurance Service Office. It should include your name, address and Policy number.

**Claim Forms.** When notice of claim is received, the Company will send claim forms for filing the required proof. If the Company does not send the forms within 15 days; then you or your Beneficiary (the claimant) may send the Company written proof of claim in a letter. It should state the nature, date and cause of the loss.

**Proof of Claim.** The Company must be given written proof of an AD&D claim within 90 days after the date of the loss; or as soon as reasonably possible after that.\* Proof of claim must be provided at the claimant's own expense. It must show the nature, date and cause of the loss. In addition to the information requested on the claim form, documentation must include:

- (1) A certified copy of the death certificate, for proof of death.
- (2) A copy of any police report, for proof of accidental death or dismemberment.
- (3) A signed authorization for the Company to obtain more information.
- (4) Any other items the Company may reasonably require in support of the claim.

\* **Exception:** Failure to give notice or furnish proof of claim within the required time period will not invalidate or reduce the claim; if it is shown that it was done as soon as reasonably possible. These time limits will not apply to a life insurance claim, or to any claim while the claimant lacks legal capacity.

**EXAM OR AUTOPSY.** At anytime while a claim is pending, the Company may have you examined:

- (1) by a Physician of the Company's choice;
- (2) as often as reasonably required.

If you fail to cooperate with an examiner or fail to take an exam, without good cause; then the Company may deny benefits, until the exam is completed. In case of death, the Company may also have an autopsy done, where it is not forbidden by law. Any such exam or autopsy will be at the Company's expense.

**TIME OF PAYMENT OF CLAIMS.** Any benefits payable under the Policy will be paid:

- (1) immediately after the Company receives complete proof of claim and confirms liability; and
- (2) for an AD&D claim, in no event more than 30 days after the Company receives acceptable proof of claim.

**TO WHOM PAYABLE**

**Death.** Any benefits payable for your death will be paid in accord with the Beneficiary, Facility of Payment and Settlement Options sections of the Policy. If the Policy includes Dependent Life Insurance; then any benefits payable for an insured Dependent's death will be paid to:

- (1) you, if you survive that Dependent; or
- (2) your Beneficiary, or in accord with the Facility of Payment section; if you do not survive that Dependent.

**Dismemberment.** If the Policy includes Accidental Death and Dismemberment Benefits; then any benefit, other than your death benefit, will be paid to you.

## CLAIMS PROCEDURES (Continued)

**NOTICE OF CLAIM DECISION.** The Company will send the claimant a written notice of its claim decision. If the Company denies any part of the claim; then the written notice will explain:

- (1) the reason for the denial, under the terms of the Policy and any internal guidelines;
- (2) how the claimant may request a review of the Company's decision; and
- (3) whether more information is needed to support the claim.

The Company will send this notice:

- (1) within 15 days after resolving the claim;
- (2) within 30 days after receiving acceptable proof of claim; and
- (3) if reasonably possible, within:
  - (a) 90 days after receiving the first proof of a death or dismemberment claim; or
  - (b) 45 days after receiving the first proof of a claim for any Extension of Death Benefit available under the Policy.

**Delay Notice.** If the Company needs more than 15 days to process a claim, in a special case; then an extension will be permitted. If needed, the Company will send the claimant a written delay notice:

- (1) by the 15<sup>th</sup> day after receiving the first proof of claim; and
- (2) every 30 days after that, until the claim is resolved.

The notice will explain the special circumstances which require the delay, and when a decision can be expected. In any event, the Company must send written notice of its decision within:

- (1) 180 days after receiving the first proof of a death or dismemberment claim; or
- (2) 105 days after receiving the first proof of a claim for any Extension of Death Benefit available under the Policy.

If the Company fails to do so; then there is a right to an immediate review, as if the claim was denied.

**Exception:** If the Company needs more information from the claimant to process a claim; then it must be supplied within 45 days after the Company requests it. The resulting delay will not count towards the above time limits for claim processing.

**REVIEW PROCEDURE.** The claimant may request a claim review, within:

- (1) 60 days after receiving a denial notice of a death or dismemberment claim; or
- (2) 180 days after receiving a denial notice of a claim for any Extension of Death Benefit available under the Policy.

To request a review, the claimant must send the Company a written request, and any written comments or other items to support the claim. The claimant may review certain non-privileged information relating to the request for review.

**Notice of Decision.** The Company will review the claim and send the claimant a written notice of its decision. The notice will explain the reasons for the Company's decision, under the terms of the Policy and any internal guidelines. If the Company upholds the denial of all or part of the claim; then the notice will also describe:

- (1) any further appeal procedures available under the Policy;
- (2) the right to access relevant claim information; and
- (3) the right to request a state insurance department review, or to bring legal action.

For a death or dismemberment claim, the notice will be sent within 60 days after the Company receives the request for review; or within 120 days, if a special case requires more time. For a claim for any Extension of Death Benefit available under the Policy, the notice will be sent within 45 days after the Company receives the request for review; or within 90 days, if a special case requires more time.

## **CLAIMS PROCEDURES (Continued)**

**Delay Notice.** If the Company needs more time to process an appeal, in a special case; then it will send the claimant a written delay notice, by the 30th day after receiving the request for review. The notice will explain:

- (1) the special circumstances which require the delay;
- (2) whether more information is needed to review the claim; and
- (3) when a decision can be expected.

**Exception:** If the Company needs more information from the claimant to process an appeal; then it must be supplied within 45 days after the Company requests it. The resulting delay will not count towards the above time limits for appeal processing.

**Claims Subject to ERISA** (Employee Retirement Income Security Act of 1974). Before bringing a civil legal action under the federal labor law known as ERISA, an employee benefit plan participant or beneficiary must exhaust available administrative remedies. Under the Policy, the claimant must first seek two administrative reviews of the adverse claim decision, in accord with this section. If an ERISA claimant brings legal action under Section 502(a) of ERISA after the required reviews; then the Company will waive any right to assert that he or she failed to exhaust administrative remedies.

**RIGHT OF RECOVERY.** If benefits have been overpaid on any claim; then full reimbursement to the Company is required within 60 days. If reimbursement is not made; then the Company has the right to:

- (1) reduce future benefits until full reimbursement is made; and
- (2) recover such overpayments from you, or from your Beneficiary or estate.

Such reimbursement is required whether the overpayment is due to fraud, the Company's error in processing a claim, or any other reason.

**LEGAL ACTIONS.** No legal action to recover any AD&D benefits may be brought until 60 days after the required written proof of claim has been given. No such legal action may be brought:

- (1) more than three years after the date written proof of claim is required for an AD&D claim; or
- (2) more than ten years after the date written proof of claim is required for a life insurance claim.





NOTICE CONCERNING COVERAGE  
LIMITATIONS AND EXCLUSIONS UNDER THE LIFE AND  
HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of Missouri who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state, to write these types of insurance are members of the Missouri Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And as noted below this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The Missouri Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Missouri. You should not rely on coverage by the Missouri Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy. Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus. Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy. **YOU MAY CONTACT EITHER THE ASSOCIATION OR THE MISSOURI DEPARTMENT OF INSURANCE AT THE FOLLOWING ADDRESSES SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE.**

The Missouri Life and Health Insurance Guaranty Association  
994 Diamond Ridge, Suite 102  
Jefferson City, MO 65109

Missouri Department of Insurance  
P.O. Box 690  
Jefferson City, MO 65102-0690

The state law that provides for this safety-net coverage is called the Missouri Life and Health Insurance Guaranty Association Act. Included is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

Generally, persons will be protected by the Life and Health Insurance Guaranty Association if they live in this state, and hold a life or health insurance contract, or an annuity, or a certificate under a group policy or contract. However, not all individuals with a right to recover under life or health insurance policies or annuities are protected by the Act. A person is not protected when:

1. The person is eligible for protection under the laws of another state;
2. The person purchased the insurance from a company that was not authorized to do business in this state;
3. The policy is issued by an organization which is not a member insurer of the association; or
4. The person does not live in this state, except under limited circumstances.

Additionally, the Association may not provide coverage for the entire amount a person expects to receive from the policy. The Association does not provide coverage for any portion of the policy where the person has assumed the risk, for any policy of reinsurance (unless an assumption certificate was issued), for interest rates that exceed a specified average rate, for employers' plans that are self-funded, for parts of plans that provide dividends or credits in connection with the administration of policy, or for unallocated annuity contracts (which are generally issued to pension plan trustees).

The Act also limits the amount the Association is obligated to pay persons on various policies. The Association does not pay more than the contractual obligation of the insurance company. The Association does not have to pay more than three hundred thousand dollars (\$300,000) in death benefits for any one life regardless of the number of policies that insure that life. The Association does not have to pay amounts over one hundred thousand dollars (\$100,000) in cash surrender or withdrawal benefits on one life regardless of the number of policies insuring that individual. For health insurance benefits, the Association is not obligated to pay over one hundred thousand dollars (\$100,000) including net cash surrender and withdrawal benefits. On an annuity contract, the Association is not liable for over one hundred thousand dollars (\$100,000) in present value. Finally, the Association is never obligated to pay more than a total of three hundred thousand dollars (\$300,000) for any one insured for any combination of insurance benefits.

The Lincoln Financial Group companies\* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. We do not sell your personal information to third parties. This Notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. You do not need to take any action because of this Notice, but you do have certain rights as described below.

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### Information We May Collect And Use

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; to analyze in order to enhance our products and services; or to tell you about our products or services we believe you may want and use; and as otherwise permitted by law. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you:** When you submit your application or other forms, you give us information such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions:** We maintain information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.
- **Information from outside our family of companies:** If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information, such as medical information from other individuals or businesses.
- **Information from your employer:** If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

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### How We Use Your Personal Information

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; to analyze in order to enhance our products and services; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information we obtain from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials, and to other non-affiliated or affiliated parties as permitted by law. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

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## Security of Information

We have an important responsibility to keep your information safe. We use safeguards to protect your information from unauthorized disclosure. Our employees are authorized to access your information only when they need it to provide you with products, services, or to maintain your accounts. Employees who have access to your personal information are required to keep it confidential. Employees are trained on the importance of data privacy.

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## Your Rights Regarding Your Personal Information

**Access:** We want to make sure we have accurate information about you. Upon written request we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you request a copy of the information, we may charge you a fee for copying and mailing costs. In very limited circumstances, your request may be denied. You may then request that the denial be reviewed.

**Accuracy of Information:** If you feel the personal information we have about you is inaccurate or incomplete, you may ask us to amend the information. Your request must be in writing and must include the reason you are requesting the change. We will respond within 30 business days. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years. If your requested change is denied, we will provide you with reasons for the denial. You may write to request the denial be reviewed. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request.

**Accounting of Disclosures:** If applicable, you may request an accounting of disclosures made of your medical information, except for disclosures:

- For purposes of payment activities or company operations;
- To the individual who is the subject of the personal information or to that individual's personal representative;
- To persons involved in your health care;
- For notification for disaster relief purposes;
- For national security or intelligence purposes;
- To law enforcement officials or correctional institutions; or
- For which an authorization is required.

You may request an accounting of disclosures for a time period of less than two years from the date of your request.

You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate, or terminate your coverage.

Your state may provide for additional privacy protections under applicable laws. We will protect your information in accordance with these additional protections.

Questions about your personal information should be directed to:

Lincoln Financial Group  
Attn: Enterprise Compliance and Ethics  
Corporate Privacy Office, 7C-01  
1300 S. Clinton St.  
Fort Wayne, IN 46802

**Please include all policy/contract/account numbers with your correspondence.**

\*This information applies to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company  
Lincoln Financial Group Trust Company, Inc.  
Lincoln Investment Advisors Corporation  
Lincoln Financial Distributors, Inc.

Lincoln Life & Annuity Company of New York  
Lincoln Retirement Services Company, LLC  
Lincoln Variable Insurance Products Trust  
The Lincoln National Life Insurance Company