Lincoln Financial Group®

Big 5 Corp.

Benefits At-A-Glance

All Full-Time Employees Electing Benefit Options With Guaranteed Overtime

Voluntary Term Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Big 5 Corp. employee's
- 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	
Newly hired employee guaranteed coverage amount	$300,000
Coverage choices	Choose from 1 times, 2 times, 3 times, 4 times, and 5 times your annual salary ($10,000 minimum and $750,000 maximum)
Spouse	
Newly hired employee guaranteed coverage amount	$50,000
Coverage choices	Choose from 0.5 times, 1 times, 1.5 times, 2 times, and 2.5 times the employee's annual salary, limited to 50% of the employee coverage amount ($5,000 minimum and $250,000 maximum)
Dependent Children	
6 months to age 26 guaranteed coverage amount	$10,000
Age 14 days to 6 months guaranteed coverage amount	$250

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose 1 times, 2 times, 3 times, 4 times, or 5 times your annual salary ($300,000 maximum) without providing evidence of insurability if you are under age 60.
- 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 Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary ($750,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- The maximum coverage amount for employees 70 and older who are electing coverage for the first time is $50,000.
- Your coverage amount will reduce by 33% when you reach age 70 and an additional 33% of the original amount when you reach age 75.

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 0.5 times, 1 times, 1.5 times, 2 times, or 2.5 times the employee annual salary ($50,000 maximum) limited to 50% of your coverage amount for your spouse without providing 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 Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount ($250,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 33% when a spouse reaches age 70 and an additional 33% when a spouse reaches age 75.

Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: $10,000

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: BIG5CORP.

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. *TravelConnect*® travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) 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. Product availability and/or features may vary by state. Limitations and exclusions apply.

Lincoln Financial Group®

Monthly Voluntary Life Insurance Premium
Here's how little you pay with group rates.

_____ __ Age Range	Life Premium Rate Factor
0 - 24	0.0000700
25 - 29	0.0000700
30 - 34	0.0000700
35 - 39	0.0000800
40 - 44	0.0001200
45 - 49	0.0002000
50 - 54	0.0003300
55 - 59	0.0005000
60 - 64	0.0007700
65 - 69	0.0013400
70 - 74	0.0039500
75 - 99	0.0039500
80 - 99	0.0000000

Group Rates for You

The estimated monthly premium for life insurance is determined in two steps:

Calculate the desired benefit amount: Multiply your annual salary by the desired coverage factor (1, 2, 3, 4, or 5) and limit that amount by $750,000.

$_____ X _____ = $_____
annual salary factor benefit amount

Calculate the monthly premium: Multiply the benefit amount by the _____ age-range premium rate.

$_____ X _____ = $_____
benefit amount premium rate monthly premium

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

Spouse Age Range	Life Premium Rate Factor
0 - 24	0.0000700
25 - 29	0.0000700
30 - 34	0.0000700
35 - 39	0.0000800
40 - 44	0.0001200
45 - 49	0.0002000
50 - 54	0.0003300
55 - 59	0.0005000
60 - 64	0.0007700
65 - 69	0.0013400
70 - 74	0.0039500
75 - 99	0.0039500
80 - 99	0.0000000

Group Rates for Your Spouse

The estimated monthly premium for life insurance is determined in two steps:

Calculate the desired benefit amount: Multiply the employee annual salary by the desired coverage factor (0.5, 1, 1.5, 2, or 2.5) and limit that amount by $250,000.

$_____ X _____ = $_____
annual salary factor benefit amount

Calculate the monthly premium: Multiply the benefit amount by the spouse age-range premium rate.

$_____ X _____ = $_____
benefit amount premium rate monthly premium

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

Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
$10,000	$2.00

Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

The Lincoln National Life Insurance Company

Please see prior page for product information.

Voluntary Life Insurance At-A-Glance

Note: You must be an active employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.