

SCHEDULE OF BENEFITS

POLICYHOLDER: Lincolnway Area Affiliation of Participating School Districts Employee Benefit Trust Fund

PARTICIPATING EMPLOYER: Will County S.D. #92

POLICY NUMBER: F022645-0001

EFFECTIVE DATE: July 1, 2018 (Revised- Effective 9/1/2018)

ANNUAL ENROLLMENT PERIOD: 8/1-8/31

ELIGIBILITY: Division 24 All other active, full-time Employees of the Participating Employer working in the United States of America who are Actively at Work for the Participating Employer and who have completed the Eligibility Waiting Period, if any. A full-time Employee is one who regularly works a minimum of 20 hours per week for the Participating Employer. Part-time, seasonal and temporary Employees of the Participating Employer are not eligible.

Eligibility Waiting Period:	Current <i>Employees:</i>	None
	New <i>Employees:</i>	None
Policyholder Contribution:	Basic Life & AD&D	100% of premium
	<i>Supplemental Dependent Life</i>	0% of premium
	<i>Supplemental Life & AD&D</i>	0% of premium

GROUP TERM LIFE INSURANCE

Employee Basic Life Benefit Amount \$30,000

Employee Supplemental Life Benefit Amount Incremental selection from a minimum of \$25,000 to a maximum of \$100,000 in increments of \$25,000, not to exceed 5 times annual earnings

Annual Earnings means *Your* gross annual income from the Participating Employer. It includes *Your* total income before taxes and any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. *Annual Earnings* does not include income received from commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than the Participating Employer.

Guarantee Issue Benefit Limit

Employee Basic: \$30,000

Employee Supplemental: the lesser of \$100,000 or 3 times annual earnings

Spouse Supplemental: \$20,000

Amounts in excess of the Guarantee Issue Benefit Limit are subject to satisfactory *Evidence of Insurability*

Reduction of Benefits

Employee Basic and Employee Supplemental Group Term Life benefits reduce by 50% on the July 1st coincident with or next following the employee's attainment of age 70. Spouse coverage terminates at age 70.

Waiver of Premium

Waiver Eligibility Totally Disabled prior to age 60 without interruption from the last date worked for at least 6 months

Insured Eligibility *Employee*

Maximum Waiver of Premium Duration age 65

Accelerated Death Benefit (ADB)

Benefit Amount 75% (75% is maximum in Illinois) Basic and *Supplemental* Term Life Insurance In force

Insured Eligibility *Employee*

Minimum Covered Life Insurance Amount \$15,000

Maximum ADB Payment \$500,000

Minimum ADB Payment \$7,500

Portability

Benefit Eligibility Basic and *Supplemental* Life and AD&D

Insured Eligibility *Employee & Spouse*

Portability Benefit Duration Age 70

DEPENDENT TERM LIFE INSURANCE

Spouse Benefit Amount *Supplemental: An elected amount in increments of \$10,000 up to a maximum of \$50,000, not to exceed 50% the Employee's Life amount*

Child(ren) Benefit Amount *Supplemental:*

\$0 - Age live birth to 15 days

\$500 - age 15 days to 6 months

\$5,000 - age 6 months to 26 years

GROUP ACCIDENTAL DEATH & DISMEMBERMENT

Employee Basic AD&D Coverage Amount \$30,000

Employee Supplemental AD&D Coverage Amount Equal to Your *Supplemental* Life Benefit Amount

Reduction of Benefits

Employee Basic and Employee Supplemental Accidental Death and Dismemberment benefits reduce by 50% on the July 1st coincident with or next following the employee's attainment of age 70.

Seat Belt Benefit

10% of *Employee* Coverage Amount, to a maximum of \$25,000

Air Bag Benefit

5% of *Employee* Coverage Amount to a maximum of \$15,000

Repatriation Benefit

Actual costs to a maximum of \$2,000

Education Benefit

Benefit Amount 5% of *Employee Coverage Amount*, to a maximum of \$3,000 per year

Maximum Benefit Duration Benefit payable for a maximum of four (4) years

Eligible Dependents Age live birth to age 19 years (23 if a full-time student)

Day Care Benefit Amount

Benefit Amount 3% of *Employee Coverage Amount* to a maximum of \$2,000 per year

Maximum Benefit Duration Six (6) Years