

Waco Boom

SCHEDULE OF INSURANCE

Option 1.00

Proposed Effective Date: January 01, 2020

<u>CLASSIFICATION</u>	<u>AMOUNT OF BENEFIT</u>
	Weekly Income
Class 1 All Active Full-time Employees	800

Minimum Hours: 30, unless otherwise agreed upon.

The Weekly Income benefit for Class 1 will be payable to the Maximum shown above, from the 1st day for accident or 8th day for sickness and for a maximum benefit duration of 26 weeks. The weekly benefit will not exceed 60% of the Insured Person's weekly earnings, including commissions and excluding overtime pay and bonuses. This plan provides 100% backdoor integration with the Employer's Sick Leave or Salary Continuance Plan.

<i>Additional Features</i>	<i>Benefit</i>
Survivor Income (Family Income) Benefit	3 week(s) gross benefit
Rehabilitation Assistance Benefit	5%; program reimbursement; reasonable accommodation
C-Section Benefit	8 week(s)

This plan does not replace any state mandated disability program.

The rates assume the Weekly Income coverage is on a non-contributory basis and 100% participation is required.

The rates are guaranteed for Two Years from the effective date of coverage.

Lincoln Financial Group will match the policyholder's share of FICA taxes on payments made to disabled employees and send W2's directly to the employee's home.

INITIAL ENROLLMENT PERIOD (Option 1.00):

On the effective date, eligible employees will be allowed to elect coverage. The Pre-Existing Condition Exclusion will apply on any new coverage election.

This proposal describes certain insurance coverages available from us and should under no circumstances be construed as a contract or offer to contract for such coverages. An application must be completed and submitted to our Service Office, before a group will be considered for coverage.

The proposal is based on preliminary census data received by Lincoln Financial Group. Actual costs will be based on the final enrollment data of employees insured under the plan on its effective date. Rates quoted for the proposed benefits shown are effective for 90 days from the date shown on the proposal. A complete listing of the terms, conditions, and limitations, that will apply to your coverage, if issued, is available upon request.

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Long-Term Disability (LTD) Benefits & Cost Summary

Proposed Effective Date: January 01, 2020 Option 1.00
Class 1: All Active Full-time Employees
Minimum Hours: 30, unless otherwise agreed upon.

The Premier Plan is our traditional full-featured Long-Term Disability benefit plan. The Premier Plan provides the most comprehensive LTD plan of benefits, which are outlined below:

SCHEDULE OF BENEFITS

PREMIER PLAN

Long Term Disability Benefit	60%
Progressive Income Benefit (qualification requirements apply)	10%
Total Available Benefit	70%
Maximum Monthly Benefit	\$5,000
Social Security Integration	Primary & Family
Minimum Monthly Benefit	Greater of \$100 or 10% of Benefit
Elimination Period	180 Days
- Accumulation of Elimination Period	2X Elimination Period
Maximum Benefit Period	Later of Age 65 or SSNRA
Pre-existing Condition Exclusion	3/12
Specified Illness/Injury Limits	
- Mental/Nervous & Substance Abuse	24 Months
- Other Limits (Specified Illnesses)	No Limit
Premium Contributions	Non-Contributory
Minimum Participation	100%

DEFINITION OF DISABILITY

Own Occupation Coverage Period	24 Months
Following Own Occupation Period	Any Occupation
Zero Day Residual	Included
Return to Work Incentive	SSNRA
Partial Disability Formula	Residual w/ Progressive
- Income Test first 24 Months	99%
- Income Test after 24 Months	85%

ADDITIONAL FEATURES

PIB Maximum	\$5,000
Reasonable Accommodation	Included
Vocational Rehabilitation	Voluntary
Survivor Income Benefit	3 Months
Subrogation/Third Party Reimburs.	Not Included
Conversion Option	Included
COLA	Not Included
Spouse Disability	Not Included
-Maximum Period	Not Included
Retirement Income Protection	Not Included
Medical Premium Benefit	Not Included
-Maximum Period	Not Included
Family Care	\$250
-Maximum Period	12 Months