



**Lincoln Mutual**  
*Life & Casualty Insurance Company*

# *2/9 Life*

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*Life Insurance Benefits  
for Employer Groups with 2-9  
Eligible Employees*



NORTH DAKOTA GROUP  
LIFE & DISABILITY

# *Lincoln Mutual's 2/9 Life Insurance*

*Designed for employer groups  
with 2 to 9 eligible employees.  
It's a competitive, high-value  
plan that includes term life,  
accidental death and  
dismemberment, short-term  
disability and dependent life  
benefits.*

## *2/9 Plan Highlights*

- *2 Year Initial Rate Guarantee*
- *Toll-free Customer Service Phone & Fax*
- *Total Flexibility in Plan Design*
- *Excellent Personalized Service*
- *Enhanced Benefit Riders*
- *Hassle-Free Claims Service*



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## General Provisions

- Employer groups with 2-9 eligible employees.
  - Minimum 25% employer contribution.
  - Employees actively at work a minimum of 30 hours per week with regular deductions for payroll taxes from salary or wages.
  - Eligible employees on the initial effective date of coverage. Enrollment after the initial effective date subject to policy provisions.
  - 75% of eligible employee participation required when employees contribute.
  - 100% of eligible employee participation required when employer contributes 100% of the cost of the plan.
  - Benefits terminate at retirement.
- Weekly benefit is subject to a maximum of 66 2/3% of weekly salary, but may not exceed \$300.
  - Weekly benefit amounts in excess of \$200 are subject to evidence of insurability satisfactory to Lincoln Mutual Life.
  - Weekly salary does not include bonuses, overtime pay, commissions or any extra compensation.

## General Description of Coverage Life

- Benefits are payable upon death regardless of cause.
- Coverage is continued without premium payment during total disability commencing prior to age 60.
- Full conversion privilege without medical evidence upon termination of employment.
- Benefits will reduce by 35% at age 65 and further reduce to 50% of the original amount at age 70.
- Amounts in excess of \$10,000 are subject to evidence of insurability satisfactory to Lincoln Mutual Life.
- Maximum Benefit is \$100,000.

## Short Term Disability Insurance (STD) Option

- Benefits for non-occupational disabilities payable first day for accidents and eighth day for sickness or pregnancy.
- Choice of two benefit durations: 13 or 26 weeks.

## Accidental Death and Dismemberment (AD&D)

- 24 hour coverage on and off the job.
- Principal sum equals the life insurance benefit.
- Principal sum payable for loss of life or any two members: hands, feet or eyes.
- One half the principal sum payable for loss of any one member.
- Exclusions: acts of war; suicide or self-inflicted injury; bodily or mental infirmity or disease; ptomaine or bacterial infection; air travel, except as a passenger on a commercial flight; narcotics, except those prescribed by a physician voluntarily taken or inhaled; or voluntary poisoning.

## Dependent Life Insurance Option

- Available in conjunction with employee group life insurance. Once elected, the plan automatically covers additional dependents when they become eligible.
- Provides a life insurance benefit for your spouse and eligible children.
- Eligible dependents: Spouse under age 70, children age 15 days to 21 years (23 years if full-time student and dependent upon the insured for support).
- Dependents may not be confined in a hospital when coverage begins.
- Full conversion available upon termination of employee's insurance or when dependent reaches the limiting age. If Dependent Life Insurance is offered, 75% of all eligible employees with dependents must be enrolled.

# Premium Computation Sheet

for \_\_\_\_\_

- Col. 1.** Fill in employee's name.
- Col. 2.** Fill in employee's age.
- Col. 3.** Indicate amount of Life/AD&D Insurance selected.
- Col. 4.** Choose proper rate from rate table.

- Col. 5.** Multiply Column (3) by Column (4) = Life/AD&D cost (5).
- Col. 6.** Indicate amount of Short-Term Disability selected.
- Col. 7.** Choose proper rate from rate table.

- Col. 8.** Multiply Column (6) by Column (7) = STD cost (8).
- Col. 9.** Indicate Dependent Life cost.
- Col. 10.** Add Columns (5), (8), and (9) = Total Monthly Cost.

(1) Name	(2) Age	(3) Life/AD&D Volume (omit 000's)	(4) Life/ AD&D Rate	(5) Life / AD&D Cost	(6) STD Amount	(7) STD Rate	(8) STD Cost	(9) Dep. Life Cost	(10) Total Monthly Cost
1									
2									
3									
4									
5									
6									
7									
8									
9									
<b>GRAND TOTAL</b>									

### Monthly Life/AD&D Rates (Per \$1,000 of Benefits)

Age	Rate
16-29	.19
30-34	.23
35-39	.23
40-44	.39
45-49	.55
50-54	.81
55-59	1.48
60-64	2.20
65-69	3.66
70+	5.87

### Monthly Dependent Life Rate (Per Family)

\$2,000 Spouse – \$1,000 Child – \$1.00  
 \$5,000 Spouse – \$2,000 Child – \$3.10

### Monthly Short Term Disability Rates (Per \$10.00 of Benefits)

Age	1-8-13	1-8-26
	Rate	Rate
16-29	.38	.45
30-34	.42	.50
35-39	.49	.58
40-44	.62	.74
45-49	.72	.86
50-54	.90	1.07
55-59	1.08	1.29
60-64	1.27	1.51
65-69	1.82	2.17
70+	3.14	3.77

# MIDWEST EMPLOYERS' Business Insurance Group Trust Subscription and Transmittal Form

The undersigned Employer subscribes to and adopts the terms of the Trust Agreement which establishes the Midwest Employers Group Trust, hereinafter called the "MEG TRUST":  
It is understood that said Agreement provides in part that:

1. An Employer shall contribute to the MEG TRUST such amounts as may be required for the purpose of providing and maintaining group insurance for the benefit of its employees under the group insurance policies issued to the MEG TRUST;
2. An Employer shall be bound by the Agreements, Rules and Regulations promulgated for the sound and efficient administration of the MEG TRUST;
3. An Employer shall furnish to the administrator of the MEG TRUST any information required in connection with the administration of the MEG TRUST;
4. Any insurance provided pursuant to this Application is subject to the terms of the Policy issued to the MEG TRUST;
5. Each Participating Employer establishes an employee welfare benefit plan, as defined in Section 3 of the Employee Retirement Income Security Act of 1974, as amended (ERISA) on behalf of its employees, if any. As administrator of the each employer is responsible for complying with the applicable requirements of ERISA.

Should the undersigned fail to qualify as an eligible Employer unit as defined in said Agreement, any monies paid by, or on account of, the undersigned for the purpose specified above shall be returned and there shall be no further obligation on the part of the MEG TRUST in connection therewith.

## PLAN OF INSURANCE

### I. GROUP LIFE AND AD&D INSURANCE

NO.

#### A. SCHEDULE *(select one)*

- one times base annual earnings rounded up to the next \$1,000
- two times base annual earnings rounded up to the next \$1,000
- \$ \_\_\_\_\_ per employee
- all employees according to the following occupational schedule

Class	Job Title, as shown on the enrollment card	Life & AD&D Benefit Amount	Optional Disability Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

#### B. GENERAL PROVISIONS FOR LIFE & AD&D

- Eligibility: All full-time employees who work a minimum of 30 hours per week and are actively at work on the effective date
- Maximum insurance amount per employee is \$100,000
- All amounts in excess of \$10,000 are subject to evidence of insurability satisfactory to Lincoln Mutual
- Insurance amounts reduce 35% at age 65, and further reduce by 50% of the original amount at age 70
- Benefits terminate at retirement.

### II. DEPENDENT LIFE *(optional)*

#### PLAN I

- \$5,000 Spouse
  - \$100 Child, 15 days to 6 months
  - \$2,000 Child, 6 months to age 21\*
- \*To age 23 for full-time college students.

#### PLAN II

- \$2,000 Spouse
- \$100 Child, 15 days to 6 months
- \$1,000 Child, 6 months to age 21\*

### III. SHORT TERM DISABILITY INSURANCE *(optional)*

#### A. BENEFIT DURATION: *(Select one)*

- 13 weeks or  26 weeks *(applicable to all classes)*

#### B. BENEFIT AMOUNT: *(Select one)*

- Percentage of salary:  66 2/3%  60% to a maximum of \$\_\_\_\_\_ a week
- Flat Amount of \$\_\_\_\_\_ per week for each employee *(not to exceed 66 2/3% of weekly salary)*
- Class Defined Plan *(see Optional Disability Amount above)*

#### C. GENERAL PROVISIONS FOR STD

- Eligibility: same as for Life Insurance
- Benefits payable on first day of accident, or eighth day for sickness or pregnancy
- Maximum payable per week is \$300
- Amounts in excess of \$200 per week are subject to evidence of insurability satisfactory to Lincoln Mutual
- Full maternity is included
- Benefits payable for non-occupational disabilities only
- Benefits terminate at retirement.

## SUBSCRIBER INFORMATION

Employer Name \_\_\_\_\_ Nature of Business \_\_\_\_\_

Employer Address \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Total number of full-time employees \_\_\_\_\_

Total number of employees with eligible dependents \_\_\_\_\_

Employer will  Pay entire cost  share cost with employees *(List employer contribution below)*

Life/AD&D \_\_\_\_\_% STD \_\_\_\_\_% Dependent Life \_\_\_\_\_%

Employee Waiting period shall be:  None  One Months  Two Months  Three Months

Premium is payable:  monthly  quarterly  semi-annually  annually

The employee will be eligible for coverage on the day following completion of the waiting period.

PROPOSED EFFECTIVE DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

### FOR HOME OFFICE USE ONLY

Effective Date \_\_\_\_\_

*A Group Benefits Program can  
be tailored to accommodate  
your company and its employees.*

*To receive a "Quick Quote," contact your  
local Lincoln Mutual Representative*

**Fargo Office**

4510 13th Avenue S.  
Telephone (701) 282-1149

**Jamestown Office**

Meidinger Square - 311 1st Ave. S.  
Telephone (701) 252-6101

**Bismarck Office**

Tuscany Square - 107 W. Main  
Telephone (701) 223-6348

**Dickinson Office**

150 West Villard, Suite 2  
Telephone (701) 225-8092

**Grand Forks Office**

2810 19th Avenue S.  
Telephone (701) 795-5340

**Devils Lake Office**

WDAZ Building - Hwy. 2  
Telephone (701) 662-8613

**Minot Office**

1600 South Broadway  
Telephone (701) 858-5000

**Williston Office**

1137 2nd Ave. W., Suite 105  
Telephone (701) 572-4535



\*Independent Licensees of the Blue Cross Blue Shield Association

Noridian Mutual Insurance Company