

LINCOLN'S BENEFITS AT A GLANCE

Life Insurance / Accidental Death & Dismemberment

Lincoln Financial

Aim provides our employees the security of knowing that they will have life insurance coverage in the amount of \$40,000. (For Premium Drivers, this coverage is shared: \$20,000 by Aim, \$20,000 by Premium.) In addition, Aim provides up to \$40,000 for accidental injuries or death.

PLAN FEATURES:

- ✓ **Portability:** allows eligible employees to continue low cost protection if they no longer work for AIM NationalLease.
- ✓ **Conversion:** an employee can convert this policy to an individual policy (subject to the terms of the employer's contract).
- ✓ **Guarantee Issue:** Basic benefit up to \$200,000.00.
- ✓ **Living Benefit Rider:** pays a terminally ill employee 75% of life insurance benefit up to \$250,000.00.
- ✓ **Bereavement Counseling.**

AGE REDUCTION:

- ✓ **Coverage amounts** for the employee reduce 50% at age 70.

LIFE GENERAL LIMITATIONS & EXCLUSIONS

- ✓ **Benefits are not payable** for any death caused by 1) war or any act of war, declared or undeclared (including services in the armed forces); 2) committing a felony or taking part in a riot or civil disorder; and 3) intentionally injuring yourself or attempting suicide while sane or insane. No benefits are payable for any period during which you are confined to a correctional facility, you are not under the care of a doctor and your loss of earnings is not solely due to disability.
- ✓ **Coverage Terminates** (a) at midnight on an employee's last day of employment or (b) when an employee has been unable to work for a period of six months. At these times, the employee may choose to convert this policy to an individual policy.

Voluntary Long Term Disability

Lincoln Financial

Long Term Disability replaces a portion of earnings lost when you are disabled for an extended period of time due to an accident or illness. This income will help you pay expenses like rent, mortgage, utilities and credit card bills so you can concentrate on getting back on your feet.

PLAN FEATURES:

- ✓ This **plan covers 60%** of your current monthly salary, up to \$4,000, if you suffer from a disabling accident or illness.
- ✓ **Benefit payments** will begin after you have been unable to work for 180 days (6 months) due to an accident or illness.
- ✓ You will receive **benefit payments up to age 65, Own Occupation 12 months** while you are disabled.
- ✓ You will receive your **benefit payments monthly.**
- ✓ **Benefit payments** will be reduced by any Social Security disability benefits that you or your family members are eligible to receive; benefits will also be reduced by other forms of income you receive.
- ✓ **Benefit payments** will be reduced by any benefits you receive through Worker's Compensation for a work-related injury.
- ✓ A **Specific Indemnity Benefit Provision** guarantees a minimum number of monthly benefit payments if you are disabled due to an accidental dismemberment.
- ✓ A **Child Care Benefit** permits an allowance of up to \$250.00 / month to be used as a credit to 100% Work Incentive Benefit.

PLAN EXCLUSIONS / LIMITATIONS:

- ✓ **Self-Reported Condition Limitation:** will only receive benefits for 24 months for self-reported injuries.
- ✓ **Mental / Nervous Claims:** will only receive benefits for 24 months for mental / nervous claims.
- ✓ **Benefits are not payable** for any disability caused by 1) war or any act of war (including services in the armed forces); 2) committing a felony or taking part in a riot or civil disorder; and 3) intentionally injuring yourself or attempting suicide while sane or insane. No benefits are payable for any period during which you are confined to a correctional facility, you are not under the care of a doctor and your loss of earnings is not solely due to disability.

Supplemental Life Insurance

Lincoln Financial

As our employee, you have a \$40,000.00 of life insurance that will support your loved ones should you die unexpectedly. This may not be enough. Therefore, Aim is offering voluntary supplemental life insurance that allows you to elect up to an additional \$100,000 in life insurance to ensure the financial security of your loved ones. Supplemental life gives you the opportunity to choose a life insurance benefit YOU want at a price you can afford. You may also purchase \$10,000 for your spouse and \$10,000 for your dependent children. It is up to you to determine how much life insurance you need.

If you are currently eligible for benefits, but not currently participating in the Voluntary Additional Life Insurance Plan, Lincoln Financial will require you to complete the enclosed "evidence of insurability" form. This means your attempt to obtain this additional life insurance could be refused or restricted if Lincoln Financial decides you are not insurable (i.e. not as young and healthy as an astronaut).

To determine the amount of life insurance appropriate for you, calculate A., B., and C. below:

- A. Current household assets and income **without you**
- ✓ Spouse's annual income multiplied by the number of years to age 65
 - ✓ Cash savings, bonds, stocks, securities (current value)
 - ✓ Company savings plan, 401(K), 403(b), etc.
 - ✓ Cash value of life insurance (including \$40,000.00 from Aim)
 - ✓ Other assets or income other than your own (e.g., equity in your home if you plan to sell or borrow against it for cash)
- B. Necessities
- ✓ Home expenses:
 - ✓ Remaining mortgage, or
 - ✓ Rent (basic rule is 120 months), and
 - ✓ Annual household expenses including taxes, utilities, food, clothing, insurance, repairs, etc.
 - ✓ Child care multiplied by the number of years you are expected to pay for it
 - ✓ Health expenses: health insurance premiums or medical expenses not covered by insurance
 - ✓ Debt: car payments, credit cards, etc.
- C. Any extras
- ✓ Tuition: four years of college per child
 - ✓ Wedding
 - ✓ New residence
 - ✓ Elder care (often for a parent) multiplied by a certain number of years
 - ✓ Attorney fees, probate fees, estate taxes
 - ✓ Funeral expenses (\$5,000 - \$10,000)
 - ✓ Money for your spouse's retirement fund
 - ✓ Emergency Fund

B-A = the amount of life insurance you should have for your basic necessities.

(B+C) - A = the amount of life insurance you should have if you have any extras

INDIVIDUAL ELECTIONS:

- ✓ You may elect one of the following 4 options: \$25,000; \$50,000; \$75,000; \$100,000
- ✓ A spouse is eligible for a \$10,000 benefit.
- ✓ **Dependent child(ren)** age six months to 19 (or 23 if full time student) are eligible for \$10,000; age 14 days to six months are eligible for \$500; birth to 14 days are not eligible for benefits

PLAN FEATURES:

- ✓ **Waiver of Premium to age 60:** if an employee becomes totally and permanently disabled prior to age 60, his/her life insurance will continue in force without further payment of premium on a yearly basis subject to periodic submission of evidence of total and permanent disability.
- ✓ **Conversion:** an employee can convert this policy to an individual policy (subject to the terms of the employer's contract).
- ✓ **Living Benefit Rider:** pays a terminally ill employee 75% of life insurance benefit up to \$250,000.00.

VOLUNTARY LIFE GENERAL LIMITATIONS & EXCLUSIONS

- ✓ **Suicide:** we pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two-year limitation also applies to any increase in benefits. This exclusion may vary according to state law.
- ✓ **Coverage Terminates when**
 - ✓ Employment with the company terminates, coverage will terminate at midnight on the employee's last date worked or
 - ✓ An employee's approved Family and/or Medical leave has expired. At this time, the employee may choose to convert this policy to an individual policy.

AGE REDUCTION:

- ✓ **Coverage amounts** for the employee reduce 35% at age 65, an additional 25% at age 70, an additional 15% at age 75 and terminated upon retirement.
- ✓ **Coverage amounts** for the spouse reduce 35% upon the employee's attainment of age 65 and terminate upon the spouse's attainment of age 70.

If you are interested in the Voluntary Additional Life Insurance Coverage, you must complete the enclosed Lincoln Financial Enrollment Form and the Evidence of Insurability form. Please note, Lincoln Financial reserves the right to refuse or restrict coverage if you are a late enrollee and they decide you are not insurable.

Once your initial enrollment period has expired, you may only increase your Supplemental Life insurance by increments of \$25,000 per year. (i.e. if you aren't currently participating in the plan, you can only purchase \$25,000 thousand this year. If you currently have \$50,000, you can only go up to \$75,000.)

Voluntary Life Insurance Pricing

WEEKLY EMPLOYEE COST					
Coverage	\$25,000	\$50,000	\$75,000	\$100,000	
Under 30	0.46	0.93	1.39	1.85	
30 - 34	0.52	1.04	1.56	2.08	
35 - 39	0.69	1.39	2.08	2.77	
40 - 44	1.21	2.43	3.64	4.85	
45 - 49	2.25	4.50	6.75	9.00	
50 - 54	3.46	6.93	10.39	13.85	
55 - 59	5.83	11.66	17.48	23.31	
60 - 64	8.19	16.39	24.58	32.77	
WEEKLY DEPENDENT COVERAGE					
This includes \$10,000 in coverage for your spouse and any dependents					
Coverage	\$10,000				\$.44 per week

- If you are paid bi-weekly, double the price to determine the amount deducted per pay.

Voluntary Short Term Disability Insurance

Lincoln Financial

If it would be financially difficult or impossible for your household to support itself for a few months without a paycheck, you should strongly consider enrolling in the voluntary short-term disability plan. Having short-term disability coverage would provide income for your household (60% of your normal paycheck, up to \$500.00 / week). This income would help you pay your household cost-of-living expenses like rent, mortgage, utilities, food, car payments, credit card bills etc. so you can concentrate on getting back on your feet and earning your full paycheck again.

Please Note:

- ✓ **New York employees are provided STD by the state but may wish to purchase Lincoln Financial STD to supplement the maximum \$170.00 coverage provided by the state.**
- ✓ **Premium Transportation Services employees are not eligible for this benefit. You are provided 13 weeks of short-term disability by Premium at no cost to you.**

PLAN FEATURES:

- ✓ **This plan covers 60%** of your current weekly salary if you suffer from a disabling accident or illness that is not work-related.
- ✓ **The maximum weekly benefit** covered under this plan is \$500.00.
- ✓ **Benefit payments** will begin from the 15th day of injury/illness for a maximum benefit duration of 26 weeks.
- ✓ **Benefit payments** will be reduced by any Social Security disability benefits that you or your family members are eligible to receive; benefits will also be reduced by other forms of income you receive (i.e. New York State Disability).
- ✓ **Evidence of insurability** is required for late enrollees.
- ✓ Lincoln Financial will **waive your premium** payment for this plan while you are disabled.

PLAN LIMITATIONS / EXCLUSIONS

- ✓ **This plan will limit benefits** to a maximum of 4 weeks for a disability caused by a pre-existing condition. A pre-existing condition is a sickness or injury you had within three months prior to being insured under this plan. However, your benefits will not be limited if your disability begins after you have been insured under this plan for 12 months. If this plan replaces an existing plan, we will credit the number of months you were covered under your previous plan and under our plan to determine whether you have met the requirement for 12 months.
- ✓ **Disability benefits are not payable** for any disability caused by 1) war or any act of war (including services in the armed forces); 2) committing a felony or taking part in a riot or civil disorder; and 3) intentionally injuring yourself or attempting suicide while sane or insane. No benefits are payable for any period during which you are confined to a correctional facility, you are not under the care of a doctor and your loss of earnings is not solely due to disability.
- ✓ **You will not receive benefits** for a work-related injury or disease. This will be covered under Worker's Compensation

STD Weekly Rates (please double for Bi-Weekly employees)

Annual Salary	Weekly Benefit	Monthly Cost	Weekly Cost
10,000.00	\$115.38	\$7.73	\$1.78
11,000.00	\$126.92	\$8.50	\$1.96
12,000.00	\$138.46	\$9.28	\$2.14
13,000.00	\$150.00	\$10.05	\$2.32
14,000.00	\$161.54	\$10.82	\$2.50
15,000.00	\$173.08	\$11.60	\$2.68
16,000.00	\$184.62	\$12.37	\$2.85
17,000.00	\$196.15	\$13.14	\$3.03
18,000.00	\$207.69	\$13.92	\$3.21
19,000.00	\$219.23	\$14.69	\$3.39
20,000.00	\$230.77	\$15.46	\$3.57
21,000.00	\$242.31	\$16.23	\$3.75
22,000.00	\$253.85	\$17.01	\$3.92

Annual Salary	Weekly Benefit	Monthly Cost	Weekly Cost
23,000.00	\$265.38	\$17.78	\$4.10
24,000.00	\$276.92	\$18.55	\$4.28
25,000.00	\$288.46	\$19.33	\$4.46
26,000.00	\$300.00	\$20.10	\$4.64
27,000.00	\$311.54	\$20.87	\$4.82
28,000.00	\$323.08	\$21.65	\$5.00
29,000.00	\$334.62	\$22.42	\$5.17
30,000.00	\$346.15	\$23.19	\$5.35
31,000.00	\$357.69	\$23.97	\$5.53
32,000.00	\$369.23	\$24.74	\$5.71
33,000.00	\$380.77	\$25.51	\$5.89
34,000.00	\$392.31	\$26.28	\$6.07
35,000.00	\$403.85	\$27.06	\$6.24

Annual Salary	Weekly Benefit	Monthly Cost	Weekly Cost
36,000.00	\$415.38	\$27.83	\$6.42
37,000.00	\$426.92	\$28.60	\$6.60
38,000.00	\$438.46	\$29.38	\$6.78
39,000.00	\$450.00	\$30.15	\$6.96
40,000.00	\$461.54	\$30.92	\$7.14
41,000.00	\$473.08	\$31.70	\$7.31
42,000.00	\$484.62	\$32.47	\$7.49
43,000.00	\$496.15	\$33.24	\$7.67
44,000.00	\$500.00	\$33.50	\$7.73
45,000.00	\$500.00	\$33.50	\$7.73
46,000.00	\$500.00	\$33.50	\$7.73
47,000.00	\$500.00	\$33.50	\$7.73
48,000.00	\$500.00	\$33.50	\$7.73

If you are interested in the Voluntary Short Term Disability Coverage, you must complete the enclosed Lincoln Financial Standard Life Insurance Company Enrollment Form and Evidence of Insurability forms. Lincoln Financial reserves the right to refuse or restrict coverage if they decide you are not insurable and you are a late enrollee.

Go into this site - www.vfgps.com. User and Login in use aim in both then click on - • [Health Care Expense Table](#)

Understanding Your Benefits

Total Disability	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
Partial Disability	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within six months of returning to work, you will begin receiving benefits again immediately.
Benefit Duration Reduction	Your benefit duration may be reduced if you become disabled after age 65.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date, unless no treatment was received for the specified consecutive months after the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• You were involved in a felony commission, act or war, or participation in a riot.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• Any compulsory benefit act or law (such as state disability plans);• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan;• Any Social Security, or similar plan or act, benefits;• Earnings the insured earns or receives from any form of employment;• Workers compensation;• Salary continuance or employer contributions to an employer sponsored retirement plan.
Benefit Termination	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: 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 details. Should there be a difference between this summary and the contract, the contract will govern.

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