

Group Term Life Insurance

Life and AD&D

SUMMARY OF BENEFITS

Sponsored by: El Dorado County

All Active Full-Time Management Employees in Units EL, UD, SM

Coverage Benefit Amount

AD&D Will equal the Life Benefit

Amount \$60,000

Guarantee Issue \$60,000

Benefit Reduction Employee

Benefits will reduce: 35% at age 70
Benefits terminate at retirement

Additional Benefits Employee

See Understanding Your Benefits Page:
Accelerated Death Benefit
Seat Belt, Airbag, and Common Carrier
Conversion
Accident Plus

Enrolling for Coverage Employee

Eligibility: All employees in an eligible class.

(Please see other side)

Understanding Your Benefits

| | |
|--|--|
| Accelerated Death Benefit | Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy. |
| AD&D | Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations. |
| Conversion | If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination. |
| Guarantee Issue | For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense. |
| Seat Belt, Airbag, and Common Carrier | If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate. |
| Limited Activity | A period when a spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex. |
| Accident Plus | If loss occurs due to an accident, you may also receive the following Accident Plus benefits: Coma, Plegia, Repatriation, Education, Spouse Training, & Child Care. Refer to your certificate for more details. |
| Term Life | A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product. |

Additional Benefits

| | |
|-----------------------------------|--|
| LifeKeysSM | Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy. |
| TravelConnectSM | Travel assistance services for employees and eligible dependents traveling more than 100 miles from home. |

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 detail. Should there be a difference between this summary and the policy, the policy will govern.

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Group Term Life Insurance

Life and AD&D

SUMMARY OF BENEFITS

Sponsored by: El Dorado County

All Active Full-Time Management Employees in Units MA, UM, CC, CA

| Coverage | Benefit Amount |
|---------------------------------------|---|
| AD&D | Will equal the Life Benefit |
| Amount | \$40,000 |
| Guarantee Issue | \$40,000 |
| Benefit Reduction | Employee |
| Benefits will reduce: | 35% at age 70 Benefits terminate at retirement |
| Additional Benefits | Employee |
| See Understanding Your Benefits Page: | Accelerated Death Benefit Seat Belt, Airbag, and Common Carrier Conversion Accident Plus |
| Enrolling for Coverage | Employee |
| Eligibility: | All employees in an eligible class. |

(Please see other side)

Understanding Your Benefits

| | |
|--|--|
| Accelerated Death Benefit | Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy. |
| AD&D | Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations. |
| Conversion | If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination. |
| Guarantee Issue | For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense. |
| Seat Belt, Airbag, and Common Carrier | If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate. |
| Limited Activity | A period when a spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex. |
| Accident Plus | If loss occurs due to an accident, you may also receive the following Accident Plus benefits: Coma, Plegia, Repatriation, Education, Spouse Training, & Child Care. Refer to your certificate for more details. |
| Term Life | A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product. |

Additional Benefits

| | |
|-----------------------------------|--|
| LifeKeysSM | Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy. |
| TravelConnectSM | Travel assistance services for employees and eligible dependents traveling more than 100 miles from home. |

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Group Long-Term Disability Insurance

SUMMARY OF BENEFITS

Sponsored by: El Dorado County

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

All Active Full-Time Management Employees in Units EL, UD, MA, UM, CC and CA

| LTD Benefit | | | | | |
|-------------------------------|--|------------------------|---------------------------------|------------------------------|---------------------------|
| | Monthly Benefit | Maximum Benefit | Maximum Benefit Duration | Own Occupation Period | Elimination Period |
| Employer Paid Plan | 66.67% | \$4,000 | Later of age 65 or SSNRA | 24 Months | 180 Days |
| Pre-Existing Condition | You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months. | | | | |
| Waiver of Premium | You will not be required to pay premium during any time of approved total or partial disability. | | | | |
| Benefit Limitations | Mental Illness: 24 months Substance Abuse: 24 months Specified Illness: No Limit | | | | |

| Enrolling for Coverage | |
|-------------------------------|-------------------------------------|
| Eligibility: | All employees in an eligible class. |

(Please see other side)

Understanding Your Benefits

| | |
|-----------------------------------|---|
| Elimination Period | The number of days you must be disabled prior to collecting disability benefits. |
| Own Occupation | The trade or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles. |
| Total Disability | 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 | Due to an injury or illness, you are unable to perform each of 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 and 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 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period. |
| 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 received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your 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. |
| 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 of war, or participation in a riot.• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer. |
| 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 from any form of employment;• Workers compensation;• Salary continuance or employer contributions to an employer sponsored retirement plan. |
| Coverage Termination | Coverage will terminate when you terminate employment with this policyholder, or at your retirement. |

Additional Benefits

Survivor Income Benefit

Conversion

EmployeeConnectSM

See your Schedule of Benefits on your Certificate for more information

For assistance or additional information

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Voluntary Life Insurance

SUMMARY OF BENEFITS

Sponsored by: **El Dorado County**

| Life Benefit | Employee | Spouse/Domestic Partner | Dependent |
|-----------------|--|---|--|
| Amount | Choice of \$10,000 increments Not to exceed 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000 | Choice of \$5,000 increments Employee must elect coverage for Spouse/Domestic Partner to be eligible. Not to exceed 5 times the employee's annual salary | \$250 Child: 14 days to 6 months \$10,000 Child: 6 months to age 19 (to age 25 if unmarried, & a full-time student) Newborn children to age 14 days are not eligible for a benefit Employee must elect coverage for dependents to be eligible. |
| Minimum Amount | \$10,000 | \$10,000 | \$10,000 |
| Maximum Amount | \$500,000 | \$500,000 | \$10,000 |
| Guarantee Issue | \$250,000 | \$50,000 | \$10,000 |

| Benefit Reduction | Employee | Spouse/Domestic Partner |
|-----------------------|---|---|
| Benefits will reduce: | 35% at age 70 An additional 15% of original amount at age 75 Benefits terminate at retirement | 35% at employee age 65 Benefits terminate at employee age 70 or retirement, whichever occurs first |

| Additional Benefits | |
|---------------------|---------------------------|
| See Definition: | Accelerated Death Benefit |
| See Definition: | Portability |
| See Definition: | Conversion |

| Eligibility | Employee | Spouse/Domestic Partner and Dependents |
|-------------|-------------------------------------|---|
| | All employees in an eligible class. | Cannot be in a period of limited activity on the day coverage takes effect. |

(Please see other side)

**Employee Monthly Premium
Life Premium for sample benefit amounts**

Employee and Spouse/Domestic Partner premiums are calculated separately.
Refer to Program Specifications for your maximum benefit amounts.
Benefits and premium amounts reflect age reductions.

| AGE | Monthly Rate per \$1,000 | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 |
|--------------|--------------------------|----------------|-----------------|-----------------|-----------------|-----------------|------------|------------|------------|------------|------------|
| <25 | 0.0400 | \$0.40 | \$0.80 | \$1.20 | \$1.60 | \$2.00 | \$2.40 | \$2.80 | \$3.20 | \$3.60 | \$4.00 |
| 25-29 | 0.0400 | \$0.40 | \$0.80 | \$1.20 | \$1.60 | \$2.00 | \$2.40 | \$2.80 | \$3.20 | \$3.60 | \$4.00 |
| 30-34 | 0.0600 | \$0.60 | \$1.20 | \$1.80 | \$2.40 | \$3.00 | \$3.60 | \$4.20 | \$4.80 | \$5.40 | \$6.00 |
| 35-39 | 0.0800 | \$0.80 | \$1.60 | \$2.40 | \$3.20 | \$4.00 | \$4.80 | \$5.60 | \$6.40 | \$7.20 | \$8.00 |
| 40-44 | 0.1300 | \$1.30 | \$2.60 | \$3.90 | \$5.20 | \$6.50 | \$7.80 | \$9.10 | \$10.40 | \$11.70 | \$13.00 |
| 45-49 | 0.2100 | \$2.10 | \$4.20 | \$6.30 | \$8.40 | \$10.50 | \$12.60 | \$14.70 | \$16.80 | \$18.90 | \$21.00 |
| 50-54 | 0.3800 | \$3.80 | \$7.60 | \$11.40 | \$15.20 | \$19.00 | \$22.80 | \$26.60 | \$30.40 | \$34.20 | \$38.00 |
| 55-59 | 0.6000 | \$6.00 | \$12.00 | \$18.00 | \$24.00 | \$30.00 | \$36.00 | \$42.00 | \$48.00 | \$54.00 | \$60.00 |
| 60-64 | 0.6300 | \$6.30 | \$12.60 | \$18.90 | \$25.20 | \$31.50 | \$37.80 | \$44.10 | \$50.40 | \$56.70 | \$63.00 |
| 65-69 | 1.1700 | \$11.70 | \$23.40 | \$35.10 | \$46.80 | \$58.50 | \$70.20 | \$81.90 | \$93.60 | \$105.30 | \$117.00 |
| 70-74 | 2.5000 | \$6,500 | \$13,000 | \$19,500 | \$26,000 | \$32,500 | N/A | N/A | N/A | N/A | N/A |
| | | \$16.25 | \$32.50 | \$48.75 | \$65.00 | \$81.25 | N/A | N/A | N/A | N/A | N/A |
| 75-79 | 2.5000 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | N/A | N/A | N/A | N/A | N/A |
| | | \$12.50 | \$25.00 | \$37.50 | \$50.00 | \$62.50 | N/A | N/A | N/A | N/A | N/A |
| 80+ | 2.5000 | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | N/A | N/A | N/A | N/A | N/A |
| | | \$12.50 | \$25.00 | \$37.50 | \$50.00 | \$62.50 | N/A | N/A | N/A | N/A | N/A |

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$100,000.

| Age | Monthly Rate Per \$1,000 | X | Benefit In \$1,000's | = | Monthly Cost |
|--------------------|--------------------------|----------|----------------------|----------|----------------|
| Example: 35 | .08 | X | 150 | = | \$12.00 |
| | | X | | = | |

Dependent Children Rate = \$2.00 monthly

Premium covers all dependent children regardless of the number of children.

**Spouse/Domestic Partner Monthly Premium
Life Premium for sample benefit amounts**

Employee and Spouse/Domestic Partner premiums are calculated separately.
Spouse/Domestic Partner premiums will be calculated based on the Employee's age.
Refer to Program Specifications for your maximum benefit amounts.
Benefits and premium amounts reflect age reductions.

| AGE | Monthly Rate per \$1,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
|-------|--------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <25 | 0.0400 | \$0.40 | \$0.60 | \$0.80 | \$1.00 | \$1.20 | \$1.40 | \$1.60 | \$1.80 | \$2.00 |
| 25-29 | 0.0400 | \$0.40 | \$0.60 | \$0.80 | \$1.00 | \$1.20 | \$1.40 | \$1.60 | \$1.80 | \$2.00 |
| 30-34 | 0.0600 | \$0.60 | \$0.90 | \$1.20 | \$1.50 | \$1.80 | \$2.10 | \$2.40 | \$2.70 | \$3.00 |
| 35-39 | 0.0800 | \$0.80 | \$1.20 | \$1.60 | \$2.00 | \$2.40 | \$2.80 | \$3.20 | \$3.60 | \$4.00 |
| 40-44 | 0.1300 | \$1.30 | \$1.95 | \$2.60 | \$3.25 | \$3.90 | \$4.55 | \$5.20 | \$5.85 | \$6.50 |
| 45-49 | 0.2100 | \$2.10 | \$3.15 | \$4.20 | \$5.25 | \$6.30 | \$7.35 | \$8.40 | \$9.45 | \$10.50 |
| 50-54 | 0.3800 | \$3.80 | \$5.70 | \$7.60 | \$9.50 | \$11.40 | \$13.30 | \$15.20 | \$17.10 | \$19.00 |
| 55-59 | 0.6000 | \$6.00 | \$9.00 | \$12.00 | \$15.00 | \$18.00 | \$21.00 | \$24.00 | \$27.00 | \$30.00 |
| 60-64 | 0.6300 | \$6.30 | \$9.45 | \$12.60 | \$15.75 | \$18.90 | \$22.05 | \$25.20 | \$28.35 | \$31.50 |
| 65-69 | 1.1700 | \$6,500 | \$9,750 | \$13,000 | \$16,250 | \$19,500 | \$22,750 | \$26,000 | \$29,250 | \$32,500 |
| | | \$7.61 | \$11.41 | \$15.21 | \$19.01 | \$22.82 | \$26.62 | \$30.42 | \$34.22 | \$38.03 |
| 70+ | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:
Use this formula to calculate premium for benefit amounts over \$50,000.

| Age | Monthly Rate Per \$1,000 | X | Benefit In \$1,000's | = | Monthly Cost |
|-------------|--------------------------|---|----------------------|---|--------------|
| Example: 35 | .08 | X | 75 | = | \$6.00 |
| | | X | | = | |

Dependent Children Rate = \$2.00 monthly

Premium covers all dependent children regardless of the number of children.

Definitions

| | |
|----------------------------------|--|
| Accelerated Death Benefit | Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option. |
| Conversion | If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination. |
| Guarantee Issue | For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense. |
| Limited Activity | A period when a Spouse/Domestic Partner or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex. |
| Portability | If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination. |
| Term Life | Coverage provided to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product. |
| Exclusion: Suicide | Benefits will not be paid if the death results from suicide within 2 years after coverage is effective. May apply if employee contributes toward the premium. |

Additional Benefits

| | |
|-----------------------------------|--|
| LifeKeysSM | Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy. |
| TravelConnectSM | Travel assistance services for employees and eligible dependents traveling more than 100 miles from home. |

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