

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

REGIONAL GROUP SALES OFFICE

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SERVICE OFFICE

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Omaha, Nebraska 68114
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Facsimile Cover Sheet

To:	Company:	M AND O AGENCIES INC
Phone: (520) 836-7483	Fax:	(520) 836-6681
From: Sean Barrett	Date:	2/12/2018
RE: CITY OF MARICOPA Maricopa, AZ 85138		

Total number of pages (Including this cover sheet): 6

COMMENTS:

Group Insurance products are issued by The Lincoln National Life Insurance Company, which is not licensed and does not solicit business in New York. In New York, group insurance products are issued by Lincoln Life & Annuity Company of New York.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Each affiliate is solely and independently responsible for its own financial and contractual obligations.

Lincoln Financial Group is pleased to offer the Lincoln VisionConnect Plan. With over 55,000 provider locations, Lincoln VisionConnect Plan allows you to access a wide selection of highly qualified providers. Ask your local representative how our Vision Plan can benefit your employees.



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**The Lincoln National Life
Insurance Company**

8801 Indian Hills Drive
Omaha, NE 68114-4066
toll free (800) 423-2765
www.LFG.com

February 12, 2018

M AND O AGENCIES INC
1119 E Cottonwood Ln
Casa Grande, AZ 85122

RE: City of Maricopa

Dear Producer:

This letter and the enclosed exhibits set out our proposal for the above group. The rates are based on those benefits shown in the proposal using standard benefit provisions.

The Weekly Income rates are net of commission. You may be eligible for the group broker bonus program in effect for the plan year. If you need additional information to satisfy any applicable producer disclosure obligations, please contact me.

Lincoln Financial Group requires all producers receiving quotes for the purpose of soliciting, negotiating or selling group insurance products hold valid licenses, as required by state regulations, and obtain all necessary appointments with Lincoln Financial Group prior to the solicitation or sale of group insurance.

For appointment forms, please access our Web site at www.LFG.com. The Application for Licensing Appointment can be printed, completed and returned to the address contained in the form. If you do not have access to our Web site, please contact the Licensing Department at bplicensing@LFG.com.

I appreciate the opportunity to bid on this group. If you have questions about the plan or would like to review some alternate quotes, please call me. I look forward to writing this case for you.

Sincerely,

Sean Barrett
Acct Exec, Intermediary Sales

Enclosure

WHY CHOOSE THE LINCOLN NATIONAL LIFE INSURANCE COMPANY?

Lincoln Financial Group maintains:

- **Strong financial history**
- **Some of the highest ratings in the industry**
 - AA- "Very Strong" Standard & Poor Rating
 - A+ "Superior" A.M. Best Company Rating
 - A+ "Very Strong" Fitch Rating
- **“Direct to Home Office Service” through group sales offices located nationwide**
- **One-stop shopping for comprehensive group benefits**
 - True group products including Life and AD&D, Short-Term Disability, Long-Term Disability(with optional Critical Illness coverage), Dental, Vision and Employee Assistance Programs
 - WORKSITE1 Voluntary products including Life and AD&D, STD, LTD, Dental and Vision
 - ✓ **Featuring Voluntary enrollment form customization**
- **Real Time Online Benefit Administration with Online Services**
 - Submit claims and check their status online
 - Change member information online
 - Enroll and terminate members and coverages online
 - Utilize Virtual Billing capabilities to add or terminate members, then recalculate the bill to reflect the actual amount owed, and pay the bill online
 - View and print group forms, administration guidelines, contracts and certificates online
 - Apply for group insurance coverage electronically with e-App
 - Continuous enhancements are being made to our Online Service capabilities to better serve both your needs and your clients' needs
- **Interactive Voice Response (IVR) System allows service 24 hours a day, 7 days a week**
 - Use IVR to check on the status of claims, members and premium payments all hours of the day, everyday.
- **Lincoln DentalConnect Plan**
 - Our Lincoln DentalConnect Plan brings many distinct advantages including an expanded nationwide network with access to more than 549,324 provider locations.

WHAT THIS MEANS FOR YOU...

The Lincoln Financial Group companies:

- have a long history of strength and stability, offering you superior products – and the service to back them up.
- focus on making life easier for the customer by doing business the way the customer wants to do business – via the Web, telephone, IVR, e-mail or fax.
- are committed to superior service, combined with a guaranteed commitment to technology, which means less hassle for you!

City of Maricopa

SCHEDULE OF INSURANCE

Option 1.02

Proposed Effective Date: January 01, 2018

<u>CLASSIFICATION</u>	<u>AMOUNT OF BENEFIT</u>
	Weekly Income
Class 1 All Full-Time Employees excluding Council Members	1000

Minimum Hours: 30, unless otherwise agreed upon.

The Weekly Income benefit for Class 1 will be payable to the Maximum shown above, from the 21st day for accident or 21st day for sickness and for a maximum benefit duration of 24 weeks. The weekly benefit will not exceed 60% of the Insured Person's weekly earnings, excluding overtime pay, bonuses and commissions. 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.

SCHEDULE OF RATES AND COSTS

<u>Coverage</u>	<u>Number of Employees</u>	<u>Volume</u>	<u>Rate</u>	<u>Monthly Premium</u>
Weekly Income	238	170,096	\$.25/per \$10 of weekly benefit	\$4,252.40
			Total Premium	\$4,252.40

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

The above rates are guaranteed for One Year from the effective date of coverage.

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.

Lincoln Financial Group® Privacy Practices Notice

The Lincoln Financial Group companies are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. We do not sell your personal information to third parties. This Notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. You do not need to take any action because of this Notice, but you do have certain rights as described below.

Information We May Collect And Use

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; to analyze in order to enhance our products and services; or to tell you about our products or services we believe you may want and use; and as otherwise permitted by law. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you:** When you submit your application or other forms, you give us information such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions:** We maintain information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.
- **Information from outside our family of companies:** If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information, such as medical information from other individuals or businesses.
- **Information from your employer:** If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

How We Use Your Personal Information

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; to analyze in order to enhance our products and services; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information we obtain from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials, and to other non-affiliated or affiliated parties as permitted by law. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

Security of Information

We have an important responsibility to keep your information safe. We use safeguards to protect your information from unauthorized disclosure. Our employees are authorized to access your information only when they need it to provide you with products, services, or to maintain your accounts. Employees who have access to your personal information are required to keep it confidential. Employees are trained on the importance of data privacy.

Your Rights Regarding Your Personal Information

Access: We want to make sure we have accurate information about you. Upon written request we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you request a copy of the information, we may charge you a fee for copying and mailing costs. In very limited circumstances, your request may be denied. You may then request that the denial be reviewed.

Accuracy of Information: If you feel the personal information we have about you is inaccurate or incomplete, you may ask us to amend the information. Your request must be in writing and must include the reason you are requesting the change. We will respond within 30 business days. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years. If your requested change is denied, we will provide you with reasons for the denial. You may write to request the denial be reviewed. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request.

Accounting of Disclosures: If applicable, you may request an accounting of disclosures made of your medical information, except for disclosures:

- For purposes of payment activities or company operations;
- To the individual who is the subject of the personal information or to that individual's personal representative;
- To persons involved in your health care;
- For notification for disaster relief purposes;
- For national security or intelligence purposes;
- To law enforcement officials or correctional institutions; or
- For which an authorization is required.

You may request an accounting of disclosures for a time period of less than two years from the date of your request.

You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate, or terminate your coverage.

Your state may provide for additional privacy protections under applicable laws. We will protect your information in accordance with these additional protections.

Questions about your personal medical information should be directed to:

Lincoln Financial Group
Attn: Enterprise Compliance and Ethics
Corporate Privacy Office, 7C-01
1300 S. Clinton St.
Fort Wayne, IN 46802

Please include all policy/contract/account numbers with your correspondence.

*This information applies to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Financial Group Trust Company Inc.
Lincoln Investment Advisors Corporation
Lincoln Financial Distributors, Inc.

Lincoln Life & Annuity Company of New York
Lincoln Retirement Services Company, LLC
Lincoln Variable Insurance Products Trust
The Lincoln National Life Insurance Company