

SUMMARY OF BENEFITS

Sponsored by: A&M Transportation, Inc.

Life Demetit	Freedom	Omenue (Demoestie	Demondent						
Life Benefit	Employee	Spouse/Domestic Partner	Dependent						
	Employee must elect coverage for Spouse/Domestic Partner or dependents to be eligible.								
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments	Age 1 Day to 6 months: \$250 6 months to age 26: \$10,000						
Minimum Amount	\$10,000	\$5,000	\$10,000						
Maximum Amount	\$150,000, limited to 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000	\$75,000, limited to 50% of employee amount	\$10,000						
Guarantee Issue for Newly Eligible Employee	\$100,000	\$50,000							
Current Eligible Employees	You or your Spouse/Domestic Partner may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse/Domestic Partner have not been previously declined, withdrawn, or pending for coverage.								
Benefit Reduction	Employee	Spouse/Domestic Partner							
Benefits will	33% at age 70;	33% at Spouse Age 70;							
reduce:	Additional 23% of original amount at age 75; Benefits terminate at retirement	Additional 23% of original amount at Spouse Age 75							
		Benefits terminate at Employee Retirement							
Eligibility	Employee	Spouse/Domestic Partner	and Dependents						
	All employees in an eligible class.	Cannot be in a period of limit takes effect.	ited activity on the day coverage						
Additional Ben	efits								
See Definition:	Accelerated Death Benefit								
See Definition:	Portability								
See Definition:	Conversion								

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 The death benefit will be reduced by the amount withdrawn.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	Benefit provided to the designated beneficiary upon the death of the insured. The benefit 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							
LifeKeys SM	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.						
TravelConnect SM							
For assistance or additional information Contact Lincoln Financial Group at							
(800) 423-276	65; reference ID: AMTRANSPO2 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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Monthly **Employee Premium** Life Premium for sample benefit amounts

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

Monthly RATE	AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$ 60,000	\$70,000	\$80,000	\$90,000	\$100,000
0.119	<25	\$1.19	\$2.38	\$3.57	\$4.76	\$5.95	\$7.14	\$8.33	\$9.52	\$10.71	\$11.90
0.119	25-29	\$1.19	\$2.38	\$3.57	\$4.76	\$5.95	\$7.14	\$8.33	\$9.52	\$10.71	\$11.90
0.129	30-34	\$1.29	\$2.58	\$3.87	\$5.16	\$6.45	\$7.74	\$9.03	\$10.32	\$11.61	\$12.90
0.159	35-39	\$1.59	\$3.18	\$4.77	\$6.36	\$7.95	\$9.54	\$11.13	\$12.72	\$14.31	\$15.90
0.239	40-44	\$2.39	\$4.78	\$7.17	\$9.56	\$11.95	\$14.34	\$16.73	\$19.12	\$21.51	\$23.90
0.289	45-49	\$2.89	\$5.78	\$8.67	\$11.56	\$14.45	\$17.34	\$20.23	\$23.12	\$26.01	\$28.90
0.739	50-54	\$7.39	\$14.78	\$22.17	\$29.56	\$36.95	\$44.34	\$51.73	\$59.12	\$66.51	\$73.90
1.199	55-59	\$11.99	\$23.98	\$35.97	\$47.96	\$59.95	\$71.94	\$83.93	\$95.92	\$107.91	\$119.90
1.499	60-64	\$14.99	\$29.98	\$44.97	\$59.96	\$74.95	\$89.94	\$104.93	\$119.92	\$134.91	\$149.90
1.680	65-69	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
		\$16.80	\$33.60	\$50.40	\$67.20	\$84.00	\$100.80	\$117.60	\$134.40	\$151.20	\$168.00
2.381	70-74	\$6,700	\$13,400	\$20,100	\$26,800	\$33,500	N/A	N/A	N/A	N/A	N/A
		\$15.95	\$31.91	\$47.86	\$63.81	\$79.76	N/A	N/A	N/A	N/A	N/A
5.587	75-79	\$4,400	\$8,800	\$13,200	\$17,600	\$22,000	N/A	N/A	N/A	N/A	N/A
		\$24.58	\$49.17	\$73.75	\$98.33	\$122.91	N/A	N/A	N/A	N/A	N/A
5.587	80+	\$4,400	\$8,800	\$13,200	\$17,600	\$22,000	N/A	N/A	N/A	N/A	N/A
		\$24.58	\$49.17	\$73.75	\$98.33	\$122.91	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 \$

100,000

	Age	Rate Monthly Per \$1,000	x	Benefit In \$1,000's	=	Monthly Cost
Exam ple :	35	0.159	Х	150	=	\$ 23.85
			Х		=	
Dependent						

Children \$10,000 Benefit Amt Monthly Rate: 2.00 \$

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

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

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

Monthly RATE	AGE	\$ 5,000	\$10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.119	<25	\$0.60	\$1.19	\$1.79	\$2.38	\$2.98	\$3.57	\$4.17	\$4.76	\$5.36	\$5.95
0.119	25-29	\$0.60	\$1.19	\$1.79	\$2.38	\$2.98	\$3.57	\$4.17	\$4.76	\$5.36	\$5.95
0.129	30-34	\$0.65	\$1.29	\$1.94	\$2.58	\$3.23	\$3.87	\$4.52	\$5.16	\$5.81	\$6.45
0.159	35-39	\$0.80	\$1.59	\$2.39	\$3.18	\$3.98	\$4.77	\$5.57	\$6.36	\$7.16	\$7.95
0.239	40-44	\$1.20	\$2.39	\$3.59	\$4.78	\$5.98	\$7.17	\$8.37	\$9.56	\$10.76	\$11.95
0.289	45-49	\$1.45	\$2.89	\$4.34	\$5.78	\$7.23	\$8.67	\$10.12	\$11.56	\$13.01	\$14.45
0.739	50-54	\$3.70	\$7.39	\$11.09	\$14.78	\$18.48	\$22.17	\$25.87	\$29.56	\$33.26	\$36.95
1.199	55-59	\$6.00	\$11.99	\$17.99	\$23.98	\$29.98	\$35.97	\$41.97	\$47.96	\$53.96	\$59.95
1.499	60-64	\$7.50	\$14.99	\$22.49	\$29.98	\$37.48	\$44.97	\$52.47	\$59.96	\$67.46	\$74.95
1.680	65-69	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
		\$8.40	\$16.80	\$25.20	\$33.60	\$42.00	\$50.40	\$58.80	\$67.20	\$75.60	\$84.00
2.381	70-74	\$3,350	\$6,700	\$10,050	\$13,400	\$16,750	\$20,100	\$23,450	\$26,800	\$30,150	\$33,500
		\$7.98	\$15.95	\$23.93	\$31.91	\$39.88	\$47.86	\$55.83	\$63.81	\$71.79	\$79.76
5.587	75-79	\$2,200	\$4,400	\$6,600	\$8,800	\$11,000	\$13,200	\$15,400	\$17,600	\$19,800	\$22,000
		\$12.29	\$24.58	\$36.87	\$49.17	\$61.46	\$73.75	\$86.04	\$98.33	\$110.62	\$122.91
5.587	80+	\$2,200	\$4,400	\$6,600	\$8,800	\$11,000	\$13,200	\$15,400	\$17,600	\$19,800	\$22,000
		\$12.29	\$24.58	\$36.87	\$49.17	\$61.46	\$73.75	\$86.04	\$98.33	\$110.62	\$122.91

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

Example:

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

	Age	Monthly	Rate Per \$1,000	x	Benefit In \$1,000's	=	Monthly	Cost
Example:	35	0.1	59	Х	75	=	\$	11.93
				Х		=		
			_					

Dependent			
Children	\$ 10,000		
Benefit Amt			
Monthly Rate:	\$ 2.00		

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