Voluntary Life Insurance with Accidental Death and Dismemberment (AD&D)

SUMMARY OF BENEFITS

Sponsored by: **Front Burner Restaurants, LP**

Life Benefit	**Employee**	**Spouse**	**Dependent**
	Employee must elect coverage for Spouse or dependents to be eligible.		
Amount	Choice of $10,000 increments	Choice of $5,000 increments	Age 14 Days to 6 months: $250 6 months to age 19 (to age 25 if full-time student): $10,000 Newborn children to age 14 days are not eligible for a benefit
Minimum Amount	$10,000	$5,000	$10,000
Maximum Amount	$300,000, limited to 5 times your annual salary Employees age 70 and older, maximum benefit is $50,000	$150,000, limited to 50% of employee amount	$10,000
Guarantee Issue for Newly Eligible Employee	$150,000	$30,000	
Current Eligible Employees	You or your Spouse 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company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined, withdrawn, or pending for coverage.		

AD&D Benefit	**Employee**	**Spouse**
Amount	Optional coverage can be purchased by you for additional premium. Benefit amount equal to the life amount elected by you. Cost included in the schedule.	Same as employee

Benefit Reduction	**Employee**	**Spouse**
Benefits will reduce:	35% at age 65; Additional 25% of original amount at age 70; Additional 15% of original amount at age 75; Additional 15% of original amount at age 80; Benefits terminate at retirement	35% at Employee Age 65 Benefits terminate at Employee Retirement

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

Additional Benefits	
See Definition:	Accelerated Death Benefit
See Definition:	Portability
See Definition:	Conversion
See Definition:	Seat Belt, Airbag, and Common Carrier

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 The death benefit will be reduced by the amount withdrawn.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.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable
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 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.
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 for you 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.
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.
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	
***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**	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; reference ID: **ROCKFISH**	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.

Group Insurance products are issued by The Lincoln National Life Insurance Company (Ft. Wayne, IN), 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 (Syracuse, NY). Both are Lincoln Financial Group companies. Product availability and/or features may vary by state. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Each affiliate is solely responsible for its own financial and contractual obligations.

Bi-Weekly 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.

Bi-Weekly RATE Per $1000	AGE	$ 10,000	$ 20,000	$ 30,000	$ 40,000	$ 50,000	$ 60,000	$ 70,000	$ 80,000	$ 90,000	$ 100,000
0.0415	<25	$0.42	$0.83	$1.25	$1.66	$2.08	$2.49	$2.91	$3.32	$3.74	$4.15
0.0415	25-29	$0.42	$0.83	$1.25	$1.66	$2.08	$2.49	$2.91	$3.32	$3.74	$4.15
0.0462	30-34	$0.46	$0.92	$1.39	$1.85	$2.31	$2.77	$3.23	$3.70	$4.16	$4.62
0.0554	35-39	$0.55	$1.11	$1.66	$2.22	$2.77	$3.32	$3.88	$4.43	$4.99	$5.54
0.0877	40-44	$0.88	$1.75	$2.63	$3.51	$4.39	$5.26	$6.14	$7.02	$7.89	$8.77
0.1431	45-49	$1.43	$2.86	$4.29	$5.72	$7.16	$8.59	$10.02	$11.45	$12.88	$14.31
0.2723	50-54	$2.72	$5.45	$8.17	$10.89	$13.62	$16.34	$19.06	$21.78	$24.51	$27.23
0.4338	55-59	$4.34	$8.68	$13.01	$17.35	$21.69	$26.03	$30.37	$34.70	$39.04	$43.38
0.5123	60-64	$5.12	$10.25	$15.37	$20.49	$25.62	$30.74	$35.86	$40.98	$46.11	$51.23
0.9231	**65-69**	***$6,500***	***$13,000***	***$19,500***	***$26,000***	***$32,500***	***$39,000***	***$45,500***	***$52,000***	***$58,500***	***$65,000***
		$6.00	*$12.00*	*$18.00*	*$24.00*	*$30.00*	*$36.00*	*$42.00*	*$48.00*	*$54.00*	*$60.00*
1.7954	**70-74**	***$4,000***	***$8,000***	***$12,000***	***$16,000***	***$20,000***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$7.18	*$14.36*	*$21.54*	*$28.73*	*$35.91*	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
4.7908	**75-79**	***$2,500***	***$5,000***	***$7,500***	***$10,000***	***$12,500***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$11.98	*$23.95*	*$35.93*	*$47.91*	*$59.89*	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
10.9800	**80-84**	***$1,000***	***$2,000***	***$3,000***	***$4,000***	***$5,000***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$10.98	*$21.96*	*$32.94*	*$43.92*	*$54.90*	***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	Bi-Weekly Rate Per $1,000	X	Benefit In $1,000's	=	Bi-Weekly Cost
Example:	**35**	**0.0554**	**X**	**150**	**=**	**$ 8.31**
			X		**=**	

Dependent Children Benefit	**$ 10,000**
Bi-Weekly Rate:	$ 0.92

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

Bi-Weekly Spouse Premium
Life Premium for sample benefit amounts

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

Bi-Weekly RATE Per $1000	AGE	$ 5,000	$ 10,000	$ 15,000	$ 20,000	$ 25,000	$ 30,000	$ 35,000	$ 40,000	$ 45,000	$ 50,000
0.0415	<25	$0.21	$0.42	$0.62	$0.83	$1.04	$1.25	$1.45	$1.66	$1.87	$2.08
0.0415	25-29	$0.21	$0.42	$0.62	$0.83	$1.04	$1.25	$1.45	$1.66	$1.87	$2.08
0.0462	30-34	$0.23	$0.46	$0.69	$0.92	$1.16	$1.39	$1.62	$1.85	$2.08	$2.31
0.0554	35-39	$0.28	$0.55	$0.83	$1.11	$1.39	$1.66	$1.94	$2.22	$2.49	$2.77
0.0877	40-44	$0.44	$0.88	$1.32	$1.75	$2.19	$2.63	$3.07	$3.51	$3.95	$4.39
0.1431	45-49	$0.72	$1.43	$2.15	$2.86	$3.58	$4.29	$5.01	$5.72	$6.44	$7.16
0.2723	50-54	$1.36	$2.72	$4.08	$5.45	$6.81	$8.17	$9.53	$10.89	$12.25	$13.62
0.4338	55-59	$2.17	$4.34	$6.51	$8.68	$10.85	$13.01	$15.18	$17.35	$19.52	$21.69
0.5123	60-64	$2.56	$5.12	$7.68	$10.25	$12.81	$15.37	$17.93	$20.49	$23.05	$25.62
0.9231	**65-69**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***$19,500***	***$22,750***	***$26,000***	***$29,250***	***$32,500***
		$3.00	*$6.00*	*$9.00*	*$12.00*	*$15.00*	*$18.00*	*$21.00*	*$24.00*	*$27.00*	*$30.00*
1.7954	**70-74**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$5.84	*$11.67*	*$17.51*	*$23.34*	*$29.18*	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
4.7908	**75-79**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$15.57	*$31.14*	*$46.71*	*$62.28*	*$77.85*	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
10.9800	**80-84**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$35.69	*$71.37*	*$107.06*	*$142.74*	*$178.43*	***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	Bi-Weekly Rate Per $1,000	X	Benefit In $1,000's	=	Bi-Weekly Cost
Example:	**35**	**0.0554**	**X**	**75**	**=**	**$ 4.16**
			X		**=**	

Dependent Children Benefit	**$ 10,000**
Bi-Weekly Rate:	$ 0.92

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

Bi-Weekly Employee Premium
Life and Accidental Death and Dismemberment 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.

Bi-Weekly RATE Per $1000	AGE	$ 10,000	$ 20,000	$ 30,000	$ 40,000	$ 50,000	$ 60,000	$ 70,000	$ 80,000	$ 90,000	$ 100,000
0.0623	<25	$0.62	$1.25	$1.87	$2.49	$3.12	$3.74	$4.36	$4.98	$5.61	$6.23
0.0623	25-29	$0.62	$1.25	$1.87	$2.49	$3.12	$3.74	$4.36	$4.98	$5.61	$6.23
0.0669	30-34	$0.67	$1.34	$2.01	$2.68	$3.35	$4.01	$4.68	$5.35	$6.02	$6.69
0.0762	35-39	$0.76	$1.52	$2.29	$3.05	$3.81	$4.57	$5.33	$6.10	$6.86	$7.62
0.1085	40-44	$1.09	$2.17	$3.26	$4.34	$5.43	$6.51	$7.60	$8.68	$9.77	$10.85
0.1638	45-49	$1.64	$3.28	$4.91	$6.55	$8.19	$9.83	$11.47	$13.10	$14.74	$16.38
0.2931	50-54	$2.93	$5.86	$8.79	$11.72	$14.66	$17.59	$20.52	$23.45	$26.38	$29.31
0.4546	55-59	$4.55	$9.09	$13.64	$18.18	$22.73	$27.28	$31.82	$36.37	$40.91	$45.46
0.5331	60-64	$5.33	$10.66	$15.99	$21.32	$26.66	$31.99	$37.32	$42.65	$47.98	$53.31
0.9438	**65-69**	***$6,500***	***$13,000***	***$19,500***	***$26,000***	***$32,500***	***$39,000***	***$45,500***	***$52,000***	***$58,500***	***$65,000***
		$6.13	*$12.27*	*$18.40*	*$24.54*	*$30.67*	*$36.81*	*$42.94*	*$49.08*	*$55.21*	*$61.35*
1.8162	**70-74**	***$4,000***	***$8,000***	***$12,000***	***$16,000***	***$20,000***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$7.26	*$14.53*	*$21.79*	*$29.06*	*$36.32*	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
4.8115	**75-79**	***$2,500***	***$5,000***	***$7,500***	***$10,000***	***$12,500***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$12.03	*$24.06*	*$36.09*	*$48.12*	*$60.14*	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
11.0008	**80-84**	***$1,000***	***$2,000***	***$3,000***	***$4,000***	***$5,000***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$11.00	*$22.00*	*$33.00*	*$44.00*	*$55.00*	***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	Bi-Weekly Rate Per $1,000	X	Benefit In $1,000's	=	Bi-Weekly Cost
Example:	**35**	**0.0762**	**X**	**150**	**=**	**$ 11.43**
			X		**=**	

Dependent Children Benefit	**$ 10,000**
Bi-Weekly Rate:	$ 0.92

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

Bi-Weekly Spouse Premium
Life and Accidental Death and Dismemberment Premium for sample benefit amounts

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

Bi-Weekly RATE Per $1000	AGE	$ 5,000	$ 10,000	$ 15,000	$ 20,000	$ 25,000	$ 30,000	$ 35,000	$ 40,000	$ 45,000	$ 50,000
0.0623	<25	$0.31	$0.62	$0.93	$1.25	$1.56	$1.87	$2.18	$2.49	$2.80	$3.12
0.0623	25-29	$0.31	$0.62	$0.93	$1.25	$1.56	$1.87	$2.18	$2.49	$2.80	$3.12
0.0669	30-34	$0.33	$0.67	$1.00	$1.34	$1.67	$2.01	$2.34	$2.68	$3.01	$3.35
0.0762	35-39	$0.38	$0.76	$1.14	$1.52	$1.91	$2.29	$2.67	$3.05	$3.43	$3.81
0.1085	40-44	$0.54	$1.09	$1.63	$2.17	$2.71	$3.26	$3.80	$4.34	$4.88	$5.43
0.1638	45-49	$0.82	$1.64	$2.46	$3.28	$4.10	$4.91	$5.73	$6.55	$7.37	$8.19
0.2931	50-54	$1.47	$2.93	$4.40	$5.86	$7.33	$8.79	$10.26	$11.72	$13.19	$14.66
0.4546	55-59	$2.27	$4.55	$6.82	$9.09	$11.37	$13.64	$15.91	$18.18	$20.46	$22.73
0.5331	60-64	$2.67	$5.33	$8.00	$10.66	$13.33	$15.99	$18.66	$21.32	$23.99	$26.66
0.9438	**65-69**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***$19,500***	***$22,750***	***$26,000***	***$29,250***	***$32,500***
		$3.07	*$6.13*	*$9.20*	*$12.27*	*$15.34*	*$18.40*	*$21.47*	*$24.54*	*$27.61*	*$30.67*
1.8162	**70-74**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$5.90	*$11.81*	*$17.71*	*$23.61*	*$29.51*	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
4.8115	**75-79**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$15.64	*$31.27*	*$46.91*	*$62.55*	*$78.19*	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
11.0008	**80-84**	***$3,250***	***$6,500***	***$9,750***	***$13,000***	***$16,250***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
		$35.75	*$71.51*	*$107.26*	*$143.01*	*$178.76*	***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	Bi-Weekly Rate Per $1,000	X	Benefit In $1,000's	=	Bi-Weekly Cost
Example:	**35**	**0.0762**	**X**	**75**	**=**	**$ 5.72**
			X		**=**	

Dependent Children Benefit **$ 10,000**
Bi-Weekly Rate: $ 0.92

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