

TEAMSTERS LIFE INSURANCE TRUST FUND
ELIGIBILITY AND BENEFIT INSERT

PLAN C

LTI, INC.

June 16, 2007

The information below supplements the information provided on employer-paid coverage and the level of benefits provided in the Summary Plan Description. Keep this insert with your SPD. All provisions described in the Summary Plan Description apply, including all limits, exclusions, and claim procedure requirements.

Eligibility

If you are a regular or casual employee in a classification covered by the collective bargaining agreement between LTI, Inc. and Teamsters Union Local 231, you are eligible for employer-paid life insurance and accidental death and dismemberment benefits the month following every month you were compensated for 80 or more from LTI, Inc.

When Employer-Paid Coverage Ends

Employer-paid life insurance coverage ends 31 days (the "extension period") after the last day of the month following the last month you received compensation for 80 hours under the bargaining agreement referenced above.

Example You were compensated by your employer in both January and February
Personal for 80 hours and then took a personal leave or quit work so that you re-
Leave ceived no compensation during March. You are covered in February be-
Or cause you were compensated in January and you are covered in March
Quit Work because you were compensated in February. You are also covered by life
insurance during April because of the 31-day "extension period."

Unlike your life insurance coverage, your AD&D coverage ends on the last day of the month following the month you were last compensated for 80 hours. In the example above your AD&D coverage would end March 31st.

Self Pay Premium Rate

As described in the Summary Plan Description, if you lose employer-paid coverage for some reason other than termination or retirement you may continue group coverage by making self-payments. These self-payments must begin with the month employer-paid coverage ends without regard to the "extension period" (i.e. the beginning of the month following the month you last received compensation). Using the example above, self payments would begin for coverage starting April 1st.

The self-pay premium rate is \$.85 per \$1,000 of coverage based on the loss of life benefit. For employees working for the employer referenced above the rate is:

Regular employee self-pay rate **\$1.70 per month**

If you lose coverage because of termination or retirement, you can also continue coverage by converting your group policy to an individual plan, see SPD.

Summary of Benefits

The Standard Benefit Amount is \$2,000 for full time employees. The chart below shows the benefit for each type of loss covered by the Plan.

Nature of Loss Sustained	Benefit
Loss of life	\$2,000
Accidental death and dismemberment:	
Accidental death (in addition to life insurance benefit)	\$2,000
Loss of hand (permanently severed above wrist and below elbow)	\$1,000
Loss of foot (permanently severed above ankle and below knee)	\$1,000
Loss of sight in one eye (permanent uncorrectable acuity of 20/200 or worse or a field of vision of less than 20 degrees)	\$1,000
Loss of any combination of hand, foot or sight in one eye	\$2,000
Loss of sight in both eyes	\$2,000
Loss of life while disabled:	
Within the first 12 months of disability	\$2,000
Thereafter	\$1,000
Retiree death benefit	\$1,000