
Group Short-Term Disability Insurance

SUMMARY OF BENEFITS

Sponsored by:

Effective date:

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

Eligibility All full-time active employees working 30 or more hours per week in an eligible class are eligible for coverage on the policy effective date.

Maximum Weekly Benefit 60% of weekly salary up to \$3,500 per month
- Can be purchased in \$100 increments

Maximum Benefit Duration 26 weeks

Elimination Period Benefits begin on:
8th day for an accident
8th day for an illness

Benefit Reductions Your benefits may be reduced if:

- You are receiving benefits from any compulsory benefit, act, or law, such as a state disability plan.
- You are receiving sick leave pay from your employer.
-

Pre-Existing Condition 12/12

Enrollment You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again.

(Please see other side)

Understanding Your Benefits

Total Disability	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
Partial Disability	You are considered partially disabled if you are unable, due to an injury or illness, to perform 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 as well as 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 two weeks of returning to work, you will begin receiving benefits again immediately.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the 12 months prior to the 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 12 months following the coverage effective date, unless no treatment was received for the specified consecutive months after 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.• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.• You are receiving payment under a salary continuance or retirement plan sponsored by the group policyholder.
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 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 the insured earns or receives from any form of employment.
Benefit Termination	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

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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**Lincoln Short Term Disability Insurance
Annual Income Requirements / Plan Premium
7/7 Elimination 6 Month Benefit**

Monthly Disability Income Benefit	Annual Income Required for "60%" Benefit Amount	Hourly Wage Based on 40 Hour Work Week	18 - 39 Semi-Monthly Premium	40 - 49 Semi-Monthly Premium	50 - 59 Semi-Monthly Premium	60 - 64 Semi-Monthly Premium
\$300	\$6,000	\$2.88	\$3.23	\$3.80	\$5.34	\$5.54
\$400	\$8,000	\$3.85	\$4.30	\$5.06	\$7.12	\$7.38
\$500	\$10,000	\$4.81	\$5.38	\$6.33	\$8.90	\$9.23
\$600	\$12,000	\$5.77	\$6.45	\$7.59	\$10.68	\$11.07
\$700	\$14,000	\$6.73	\$7.53	\$8.86	\$12.46	\$12.92
\$800	\$16,000	\$7.69	\$8.60	\$10.12	\$14.24	\$14.76
\$900	\$18,000	\$8.65	\$9.68	\$11.39	\$16.02	\$16.61
\$1,000	\$20,000	\$9.62	\$10.75	\$12.65	\$17.80	\$18.45
\$1,100	\$22,000	\$10.58	\$11.83	\$13.92	\$19.58	\$20.30
\$1,200	\$24,000	\$11.54	\$12.90	\$15.18	\$21.36	\$22.14
\$1,300	\$26,000	\$12.50	\$13.98	\$16.45	\$23.14	\$23.99
\$1,400	\$28,000	\$13.46	\$15.05	\$17.71	\$24.92	\$25.83
\$1,500	\$30,000	\$14.42	\$16.13	\$18.98	\$26.70	\$27.68
\$1,600	\$32,000	\$15.38	\$17.20	\$20.24	\$28.48	\$29.52
\$1,700	\$34,000	\$16.35	\$18.28	\$21.51	\$30.26	\$31.37
\$1,800	\$36,000	\$17.31	\$19.35	\$22.77	\$32.04	\$33.21
\$1,900	\$38,000	\$18.27	\$20.43	\$24.04	\$33.82	\$35.06
\$2,000	\$40,000	\$19.23	\$21.50	\$25.30	\$35.60	\$36.90
\$2,100	\$42,000	\$20.19	\$22.58	\$26.57	\$37.38	\$38.75
\$2,200	\$44,000	\$21.15	\$23.65	\$27.83	\$39.16	\$40.59
\$2,300	\$46,000	\$22.12	\$24.73	\$29.10	\$40.94	\$42.44
\$2,400	\$48,000	\$23.08	\$25.80	\$30.36	\$42.72	\$44.28
\$2,500	\$50,000	\$24.04	\$26.88	\$31.63	\$44.50	\$46.13

Values of this plan include:

1. **Guaranteed Issue product.** No underwriting at time of application.
2. Plan pays beginning at 8th day for accident and 8th day for sicknesses, and will **provide benefits for up to 6 months.**