

Voluntary Short-term Disability Insurance

The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 26 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for employees
- Provides a partial cash benefit if you can only do part of your job or work part time
- Offers a fast, no-hassle claims process

Voluntary Short-term Disability

Weekly benefit amount	60% of your weekly salary, limited to \$3,000 per week
Sickness elimination period	14 days
Accident elimination period	14 days
Maximum benefit period	26 weeks

Sickness Elimination Period: You must be out of work for 14 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 15.

Accident Elimination Period: You must be out of work for 14 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 15.

Recurrent Disability Benefits

- If you become disabled for the same condition within 14 days following your prior disability, your benefits will continue under the same claim.

Additional Plan Benefits	
Family Income (Survivor) Benefit	Included
Vocational Rehabilitation Services	Included
Portability	Included
Premium Waiver	Included

Evidence of Insurability

- When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

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 detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

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Benefit Exclusions, Reductions and Limitations

Like any insurance, this short-term disability insurance policy does have some exclusions. You will not receive benefits if:

- your disability is the result of a self-inflicted injury, suicide attempt or act of war
- your disability occurs while you are committing a felony (or while you are incarcerated for committing a felony) or participating in a riot
- you are not under the regular care of a physician
- you receive payment under your employer's sick leave or salary continuance plan
- your disability is caused by, contributed to by or results from a pre-existing condition

Your benefits may be reduced if you are eligible to receive income/benefits from:

- state disability or no fault insurance
- a retirement plan
- Social Security
- any form of employment
- Workers' Compensation
- salary continuance plan
- sick leave
- state Paid Family Leave benefits
- any other group insurance plan
- unemployment
- recovery from third party

State variations apply.



Voluntary Short-term Disability Premium

Here's how little you pay with group rates.

Use the employee voluntary short-term disability premium rate table provided to below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of \$35,400.

Note: The maximum weekly covered earnings are equal to the maximum weekly benefit divided by the benefit percentage.

Calculation Example		Example	You
Step 1	Enter the monthly premium rate per \$10 of weekly benefit.	\$0.712	
Step 2	Enter your weekly earnings. <i>Divide your annual earnings by 52.</i>	\$681	
Step 3	If your weekly earnings are greater than the maximum weekly covered earnings of \$5,000, indicate \$5,000. Otherwise, indicate the amount from Step 2.	\$681	
Step 4	Calculate your weekly benefit. Multiply Step 3 by 0.60.	\$408	
Step 5	Enter your weekly benefit in increments of \$10. <i>To calculate, divide the amount in Step 4 by 10.</i>	40.8	
Step 6	Calculate your cost. Multiply Step 1 by Step 5.	\$29.08	

This worksheet allows you to approximate your monthly contributions for voluntary short-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.