

Voluntary Short Term Disability Insurance

All Full-Time Employees excluding Commissioned Employees electing the 24 week benefit duration

Benefits At-A-Glance

The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 24 weeks due to injury, illness, surgery, or recovery from childbirth
- Provides a partial cash benefit if you can only do part of your job or work part time
- Features group rates for Landrum Professional Employer Services, Inc. employees
- Offers a fast, no-hassle claims process

Short-term Disability	
Weekly benefit amount	60% of your weekly salary, limited to \$1,200 per week
Sickness elimination period	14 days
Accident elimination period	14 days
Maximum coverage period	24 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.

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 6 months.

Benefits Integration

- Your short-term disability benefit can coordinate with other sources of income, such as state disability benefits, continued income or sick pay from your employer, or Workers' Compensation. The combined benefit cannot be more than 80% of your pre-disability income.

Additional Plan Benefits	
5% Rehabilitation Assistance	Included
24-hour Coverage	Included
Premium Waiver	Included
Family Income Benefit	Included
Portability	Included

Open Enrollment

- When you are first offered this coverage (and during approved open enrollment periods), you can take advantage of this important coverage.
- If you decline this coverage now and wish to enroll later, a health examination may be required.

Benefit Exclusions & Reductions

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 or act of war
- You are not under the regular care of a doctor when you request disability benefits

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

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

Questions? Call 800-423-2765 and mention Group ID: LANDRUMPRO.

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 contract, the contract will govern.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



Voluntary Short Term Disability Premium

Here's how little you pay with group rates.

Your estimated monthly premium is determined by multiplying your weekly salary amount (up to \$2,000) by your age-range premium factor. If your weekly salary exceeds \$2,000, multiply \$2,000 by your premium factor.

$$\begin{array}{r}
 \$ \text{ _____} \\
 \text{weekly salary} \\
 \times \\
 \text{_____} \\
 \text{premium factor} \\
 \hline
 =\$ \text{ _____} \\
 \text{monthly premium}
 \end{array}$$

Age Range	Premium Factor
0 - 24	0.04800
25 - 29	0.04800
30 - 34	0.04500
35 - 39	0.04200
40 - 44	0.04260
45 - 49	0.04800
50 - 54	0.05340
55 - 59	0.06480
60 - 64	0.07800
65 - 69	0.08880
70 - 99	0.10620

The Lincoln National Life Insurance Company
 Please see prior page for product information.

Voluntary Short-term Disability Insurance Premium Calculation