Group Disability Options – Voluntary Short-Term Disability

Lincoln Financial

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

### VOLUNTARY SHORT-TERM DISABILITY

**INFORMATION**

- **Coverage Type**: Non-Occupational
- **Elimination Period**: 0 Days Accident, 7 days Sickness
- **Maximum Benefit Duration**: 13 Weeks
- **Weekly Gross Disability Benefit**: 60% of Weekly Earnings
- **Maximum Weekly Benefit**: $1,000
- **Pre-Existing Conditions Exclusion**: 12/12*

*You may not be eligible for benefits if you have received treatment for a condition within 12 months prior to your effective date under this policy until you have been covered under the policy for 12 months.

### Monthly Rate:

<table>
<thead>
<tr>
<th>Age Bands</th>
<th>Premium Factor</th>
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<tr>
<td>&lt; 30</td>
<td>0.0240</td>
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<tr>
<td>30-34</td>
<td>0.0246</td>
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<tr>
<td>35-39</td>
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<tr>
<td>40-44</td>
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<td>45-49</td>
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<td>55-59</td>
<td>0.0372</td>
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<td>60-64</td>
<td>0.0444</td>
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<td>65-69</td>
<td>0.0558</td>
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<tr>
<td>70-74</td>
<td>0.0666</td>
</tr>
<tr>
<td>75 +</td>
<td>0.0780</td>
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</tbody>
</table>

**FORMULA:**

Annual Salary / 52 weeks * Premium Factor = Your Monthly Cost

Maximum covered payroll is $1,667.00 weekly

You are considered a late enrollee if you waive coverage at your initial eligibility. You may elect coverage the first of any month, pending approval from Lincoln Financial Underwriting Department. Please refer to the Summary Plan Description for a more complete explanation of terms of coverage, limitations and exclusions.
Lincoln Financial Summary of
Voluntary Short-Term Disability Program Specifications

Employee Benefit Amount

Excellent opportunity to purchase group short-term disability insurance on a payroll deduction basis.
60% of your salary, rounded to the nearest dollar, up to $1,000/week.
$1,000 Guarantee Issue

Elimination Period

This is the number of continuous days you must be totally disabled before benefit payments start.
Benefits Begin: Day 1 Accident / Day 8 Sickness

Maximum Benefit Duration

This is the longest period of time that benefits will continue to be paid to you during a period of disability.
13 Weeks

Pre-Existing Exclusion

"Pre-existing condition" means any sickness or injury for which you have received medical treatment, consultation, care or services (including diagnostic measures or the taking of prescribed drugs or medicines) 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 12 months following the coverage effective date.

Other Benefits Included

Pregnancy, alcoholism, drug addiction, mental and nervous conditions are treated the same as any other sickness. Partial disability benefits.

Program Eligibility

All full-time employees regularly scheduled to work at least 30 hours each week. Employees must be actively at work on the day coverage takes effect. Benefits terminate when your employment ceases.

All late entrants are required to complete satisfactory Evidence of Insurability information.

Monthly Premium Calculation

John Doe is 35 and earns $500 per week.
$500 x .0246 = $12.30 Monthly premium

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<tr>
<th>Attained Age</th>
<th>Premium Factors</th>
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<tr>
<td>Less than 30</td>
<td>0.0240</td>
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<tr>
<td>30 – 34</td>
<td>0.0246</td>
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<td>35 – 39</td>
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<tr>
<td>75 – 80</td>
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Maximum covered payroll is $1,667 weekly

The Lincoln National Life Insurance Company
8801 Indian Hills Drive, Omaha, NE 68114
Summary Of Voluntary Short-Term Disability Insurance Benefit
Lincoln Financial

ELIGIBILITY
All full-time active employees working 30 or more hours per week are eligible for Short-Term Disability (STD) coverage. A delayed effective date will apply if the employee is not actively at work on the date that the insurance would otherwise take effect.

WEEKLY BENEFIT
If you are totally disabled beyond the elimination period due to a covered injury or sickness, you will be eligible to receive a weekly benefit of 60% of your basic weekly income to a maximum benefit of $1,000. This coverage is optional.

DEFINITION OF TOTAL DISABILITY
Total disability is defined as the inability to perform each of the main duties of your regular occupation on a full-time basis due to injury or sickness.

ELIMINATION PERIOD
Elimination period is the number of continuous days you must be totally disabled before benefit payments start.

BENEFIT DURATION
Maximum benefit duration is the longest period of time that benefits will continue to be paid to you during a period of disability.

GUARANTEE ISSUE
This coverage is extended to you without requiring evidence of insurability as long as you meet eligibility requirements and enroll during your eligibility period. If you do not apply for this coverage when you are initially eligible and you choose to apply at a later date, you will be responsible for any expenses associated with obtaining further medical information.

PARTIAL DISABILITY BENEFIT
Partial disability means that due to a non-work-related sickness or injury, you are unable to perform one or more of the main duties of your regular occupation or are unable to perform such duties on a full-time basis. You must be totally disabled prior to receiving partial benefit. To qualify for the benefit you must satisfy the elimination period and be earning less than 80% of your pre-disability salary. Partial disability benefits are reduced by earnings from any form of employment and end on the earliest of the date you cease to be partially disabled, the date your earnings exceed 85% of your pre-disability income or the date the maximum benefit duration ends.

PRE-EXISTING CONDITION
A pre-existing condition means any sickness or injury for which you have received medical treatment, consultation, care or services (including diagnostic measures or the taking of prescribed drugs or medicines) during the 12 months prior to the coverage effective date. A disability arising from any such injury or sickness will be covered only if it begins after you have been insured for 12 consecutive months.

PREGNANCY
Pregnancy is treated as an illness. The definition of disability must be satisfied and the elimination period completed before benefits would begin. The pre-existing condition exclusion applies as for any illness.

EXCLUSIONS
Lincoln Financial does not pay Short-Term Disability benefits for any period of disability:
- During which you are not under the regular care of a doctor;
- Which is the result of intentional, self-inflicted injury or attempted suicide;
- If disability is due to an injury or sickness covered by Worker’s Compensation or resulting from employment for wage and profit;
- While you receive payment under a salary continuance or retirement plan sponsored by your employer.

NON-OCCUPATIONAL
Short-Term Disability insurance covers only non-occupational injury or sickness. Worker’s Compensation normally covers an employee’s work-related accident, injury or sickness.

BENEFIT REDUCTION
The Short-Term Disability benefit duration will reduce by 50% at age 70 and will terminate at retirement.

This is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you describing the benefits in greater detail. 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).

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.