

Voluntary Long-term Disability Insurance

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Features group rates for eligible employees
- Includes *EmployeeConnect*SM Plus services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Voluntary LTD

Monthly benefit amount	60% of your monthly salary, limited to \$5,000 per month
Elimination period	90 days
Coverage Period for Your Occupation	24 months
Maximum Coverage Period	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- The 90- day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

Coverage Period for Your Occupation

- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period.

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse. See contract for details on other specified illnesses.

Additional Plan Information

Progressive Income Benefit	Included
Family Care Expense Benefit	Included
Family Income Benefit	Included
Portability	Included
Progressive Income Benefit	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).

Benefit Exclusions & Reductions

Like any insurance, this long-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 disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot
- Your disability occurs while you are committing a felony or participating in a riot
- Your disability occurs while you are imprisoned for committing a felony
- Your disability occurs while you are residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

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
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

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.

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Voluntary Long-Term Disability Insurance

Calculate Your Premium

Use the employee voluntary long-term disability premium rate table provided 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 monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

Calculation Example		Example	You
Step 1	Enter the monthly rate per \$100 of monthly covered payroll.	\$0.410	
Step 2	Enter your monthly earnings. <i>Divide your annual earnings by 12.</i>	\$2,950	
Step 3	If your monthly earnings are greater than the maximum monthly covered earnings of \$8,333, indicate \$8,333. <i>Otherwise, indicate the amount from Step 2.</i>	\$2,950	
Step 4	Calculate your monthly benefit. <i>Multiply Step 3 by 0.50.</i>	\$1,475	
Step 5	Enter your monthly earnings in increments of \$100 of monthly covered payroll. <i>To calculate, divide the amount in Step 3 by \$100.</i>	29.5	
Step 6	Calculate your monthly cost. <i>Multiply Step 1 by Step 5</i>	\$12.10	

Age Range	Premium Rate
0 – 29	\$0.140
30 - 34	\$0.240
35 - 39	\$0.410
40 - 44	\$0.620
45 - 49	\$0.860
50 - 54	\$1.120
55 - 59	\$1.430
60 - 64	\$1.190
65 - 69	\$0.930
70 +	\$0.820

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