



## What is it?

Short-term disability coverage pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

## Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability plan provides money that can help you pay your bills.

## Your short-term disability coverage

<b>Eligibility description</b>	All full-time and regular part-time employees
<b>Contribution</b>	You pay the cost of your coverage
<b>Coverage amount</b>	60% of your weekly earnings up to a maximum of \$1,000
<b>Maximum benefit</b>	13 weeks
<b>Accident elimination period</b>	7 days
<b>Illness elimination period</b>	7 days
<b>Recurrent disability benefits</b>	If you become disabled for the same condition within two weeks following your prior disability, your benefits will continue under the same claim
<b>Evidence of insurability (EOI):</b> A health statement requiring you to answer a few medical history questions.	Health statement may be required.
<b>Preexisting condition(s):</b> Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months lookback; 12 months after effective date of coverage
<b>Premium waived if disabled:</b> Premium won't need to be paid when you're receiving benefits.	Yes



## Short-term disability rate information

Age range	Premium monthly rate per \$10
0-24	\$0.228
25-29	\$0.228
30-34	\$0.228
35-39	\$0.325
40-44	\$0.325
45-49	\$0.314
50-54	\$0.499
55-59	\$0.499
60-64	\$0.531
65-69	\$0.531
70-200	\$0.531

## Exclusions and limitations

Like any insurance, this short-term disability insurance policy does have exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot

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

Your benefits may be reduced if you're eligible to receive income or 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.

©2024 Lincoln National Corporation

[LincolnFinancial.com](http://LincolnFinancial.com)

Lincoln Financial is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-6447206-030124

PDF 4/24 Z01

Order code: GP-STDEP-FLI001

This is not intended as a complete description of the coverage offered. Controlling provisions are provided in the plan document, and this summary does not modify those provisions or the coverage in any way. This is not a binding contract. A booklet of coverage will be made available to you that describes the benefits in greater detail. Refer to your booklet for your maximum benefit amounts. Should there be a difference between this summary and the plan document, the plan document will govern.

Insurance products 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. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.