

### Voluntary Long Term Disability – Weekly Premium Calculation

#### Option 1

#### Duration 2 Years

#### Weekly Premium Calculation

John Doe is 35 and earns \$2,500 per month.

$\$2,500 \times .00102 = \$2.55$  Weekly premium

Attained Age	Premium Factors
Less than 30	.00062
30 – 34	.00078
35 – 39	.00102
40 – 44	.00122
45 – 49	.00217
50 – 54	.00323
55 – 59	.00565
60 – 64	.00833
65 – 69	.00875
70 – 74	.00519
75 - 80	.00563

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Your Monthly Salary\* Premium Factor Your Weekly Cost

\*Maximum covered payroll is \$8,333 monthly

#### Option 2

#### Duration 5 Years

#### Weekly Premium Calculation

John Doe is 35 and earns \$2,500 per month.

$\$2,500 \times .00171 = \$4.28$  Weekly premium

Attained Age	Premium Factors
Less than 30	.00095
30 – 34	.00122
35 – 39	.00171
40 – 44	.00212
45 – 49	.00402
50 – 54	.00602
55 – 59	.01082
60 – 64	.01662
65 – 69	.01308
70 – 74	.00505
75 - 80	.00549

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Your Monthly Salary\* Premium Factor Your Weekly Cost

\*Maximum covered payroll is \$8,333 monthly

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## Voluntary Long-Term Disability Insurance

### SUMMARY OF BENEFITS

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Sponsored by: **Decision HR**

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

<b>Eligibility</b>	All full-time active employees working <b>25</b> or more hours per week in an eligible class are eligible for coverage on the policy effective date.
<b>Maximum Monthly Benefit</b>	<b>60%</b> of salary up to <b>\$5,000</b> per month
<b>Maximum Benefit Duration</b>	<b>Option 1: 2 years</b> <b>Option 2: 5 years</b>
<b>Own Occupation Period</b>	<b>24 Months</b>
<b>Elimination Period</b>	<b>90 days</b> The number of days you must be disabled prior to collecting disability benefits.
<b>Accumulation of Elimination Days</b>	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability. If you are working on a partial basis, you will have <b>2x</b> the elimination period days to satisfy the total of <b>90</b> days.
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within the past <b>12</b> months until you have been covered under this plan for <b>24</b> months, or if you remain treatment free for a period of <b>12</b> consecutive months.
<b>Enrollment</b>	<b>You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again, or may be responsible for the cost of required examinations.</b>
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.
<b>Survivor Income Benefit</b>	A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying disability payments.
<b>EmployeeConnect<sup>SM</sup></b>	Access to an employee assistance program for the employee or an immediate household family member who may be experiencing personal or workplace issues.
<b>Benefit Limitations</b>	<b>Mental Illness: 24 months</b> <b>Substance Abuse: No Limit</b> <b>Specified Illness: No Limit</b>
<b>Portability</b>	<b>If your employment is terminated for any reason other than retirement, disability, or a leave of absence, you can keep your current LTD coverage at the same rate for up to 12 months. Your current coverage must have been in force for at least 12 months.</b>
<b>Weekly Premium Calculation</b>	

(Please see other side)

## Understanding Your Benefits

<b>Own Occupation</b>	The occupation trade or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
<b>Total Disability</b>	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
<b>Partial Disability</b>	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within six months of returning to work, you will begin receiving benefits again immediately.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified 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 the specified months following the coverage effective date, unless no treatment was received for the specified consecutive months after the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• You were involved in a felony commission, act or war, or participation in a riot.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any compulsory benefit act or law (such as state disability plans);</li><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings the insured earns or receives from any form of employment;</li><li>• Workers compensation;</li><li>• Salary continuance or employer contributions to an employer sponsored retirement plan.</li></ul>
<b>Benefit Termination</b>	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

### For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

NOTE: 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 details. Should there be a difference between this summary and the contract, the contract will govern.

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