

LINCOLN FINANCIAL GROUP
SUMMARY OF GROUP SHORT-TERM DISABILITY INSURANCE



EFFECTIVE DATE	January 1, 2008
ELIGIBILITY	All full-time active employees hired prior to January 1, 2008 and working 30 or more hours per week are eligible for short-term disability (STD) coverage on the effective date of this policy. A delayed effective date will apply if the employee is not actively at work on the date 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 70% of your basic weekly income to a maximum benefit of \$1,000. This benefit may be reduced by income or benefits from certain other income sources listed in your certificate.
DEFINITION OF TOTAL DISABILITY	Total Disability is defined as the inability to perform each of the main duties of your regular occupation due to injury or sickness.
ELIMINATION PERIOD	Benefits begin on the 15th day for disability due to an accident. Benefits begin on the 15th day for disability due to an illness.
BENEFIT DURATION	The maximum benefit duration is 11 weeks.
PARTIAL DISABILITY BENEFITS	Partial Disability means that, due to sickness or injury, the insured is unable to perform one or more of the main duties of his or her regular occupation, or is unable to perform such duties on a full-time basis. Lincoln Financial does not require that the employee be totally disabled prior to receiving partial benefits. A disabled employee can satisfy the Elimination Period with days of total disability, partial disability or a combination of both. An employee may qualify for a partial disability benefit if he or she is partially disabled and is earning at least 20% of his or her pre-disability income. Partial benefits are payable until either the maximum benefit duration is reached, the employee is no longer partially disabled or earning more than 99% of basic weekly earnings, is able to engage in partial disability employment or full-time employment, but chooses not to, or fails to take a medical exam or provide additional information requested by Lincoln Financial.
EXCLUSIONS	Lincoln Financial standard plans do not pay STD benefits for any period of disability: <ul style="list-style-type: none">• Which is the result of self-inflicted injury;• During which the insured employee is not under the regular care of a doctor;• Which is the result of a sickness or injury covered by worker's compensation;• Which is due to a job-related sickness or injury; or• During which the insured employee receives payment under a salary continuance or retirement plan sponsored by the group policyholder.
GUARANTEE ISSUE	This coverage is extended to you without requiring evidence of insurability.
PREGNANCY	Pregnancy is treated as an illness. The definition of disability must be satisfied and the Elimination Period completed before benefits would begin.
NON-OCCUPATIONAL	STD insurance only covers non-occupational injury or sickness. Worker's compensation normally covers an employee's work-related accident, injury or illness.
STD PRE-EXISTING CONDITION	Benefits will not be paid for any disability for which you received medical treatment, care or consultation, including diagnostic measures or took prescribed drugs or medications during the 3 months preceding your effective date under this policy. A disability arising from any such injury or sickness will be covered only if it begins 6 months after the effective date of this policy.

TERMINATION AND COST

STD insurance coverage will terminate at retirement.

The cost of this coverage is paid entirely by you. To calculate your cost, please use the example below:

Weekly Premium Calculation

John Doe earns \$500 per week.

$$\$500 \times .01147 = \$5.73 \text{ Weekly premium}$$

$$\begin{array}{ccccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{.01147} & = & \$ & \underline{\hspace{2cm}} \\ & \text{Your Weekly Salary*} & & \text{Premium Factor} & & & \text{Your Weekly Cost} \end{array}$$

*Maximum covered payroll is \$1,428.57

This is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you shortly, which describes the benefits in greater detail. Should there be differences between this summary and the contract, the contract will govern.

Group insurance is issued and underwritten by The Lincoln National Life Insurance Company, Fort Wayne, IN, a Lincoln Financial Group company. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates