



## What is it?

Long-term disability insurance 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 policy provides money that can help you pay your bills.

## Your long-term disability coverage

| Long-term disability                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|----------|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|-------------|-----------|
| <b>Eligibility description</b>                                                                                                                                                                                | All other full-time employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| <b>Contributions</b>                                                                                                                                                                                          | Your employer pays the cost of your coverage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| <b>Coverage amount</b>                                                                                                                                                                                        | 60% of your monthly earnings up to a maximum of \$3,750 per month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| <b>Maximum benefit</b>                                                                                                                                                                                        | <p>Social Security Normal Retirement Age (SSNRA) or maximum benefit period outlined below, whichever is later:</p> <table> <tr> <th>Age at disability</th><th>Maximum benefit period</th></tr> <tr> <td>Under 60</td><td>To age 65</td></tr> <tr> <td>60</td><td>60 months</td></tr> <tr> <td>61</td><td>48 months</td></tr> <tr> <td>62</td><td>42 months</td></tr> <tr> <td>63</td><td>36 months</td></tr> <tr> <td>64</td><td>30 months</td></tr> <tr> <td>65</td><td>24 months</td></tr> <tr> <td>66</td><td>21 months</td></tr> <tr> <td>67</td><td>18 months</td></tr> <tr> <td>68</td><td>15 months</td></tr> <tr> <td>69 and over</td><td>12 months</td></tr> </table> | Age at disability | Maximum benefit period | Under 60 | To age 65 | 60 | 60 months | 61 | 48 months | 62 | 42 months | 63 | 36 months | 64 | 30 months | 65 | 24 months | 66 | 21 months | 67 | 18 months | 68 | 15 months | 69 and over | 12 months |
| Age at disability                                                                                                                                                                                             | Maximum benefit period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| Under 60                                                                                                                                                                                                      | To age 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| 60                                                                                                                                                                                                            | 60 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| 61                                                                                                                                                                                                            | 48 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| 62                                                                                                                                                                                                            | 42 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| 63                                                                                                                                                                                                            | 36 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| 64                                                                                                                                                                                                            | 30 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| 65                                                                                                                                                                                                            | 24 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| 66                                                                                                                                                                                                            | 21 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| 67                                                                                                                                                                                                            | 18 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| 68                                                                                                                                                                                                            | 15 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| 69 and over                                                                                                                                                                                                   | 12 months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| <b>Elimination period</b>                                                                                                                                                                                     | 180 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| <b>Evidence of insurability (EOI):</b> A health statement requiring you to answer a few medical history questions.                                                                                            | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |
| <b>EmployeeConnect<sup>SM</sup> services:</b> Gives you and your family confidential access to counselors, along with personal, legal, and financial assistance.                                              | Included                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                        |          |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |    |           |             |           |



## Exclusions, limitations, and reductions

Like any insurance, this long-term disability insurance policy does have some 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
- Your disability occurs while you're imprisoned for committing a felony
- Your disability occurs while you're 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're 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.

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LCN-6459796-030624

PDF 5/24 Z01

Order code: GP-LTDEP-FLI001

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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