

Full-Time Employees electing the 30 day elimination period of Region 16 Education Service Center

Benefits At-A-Glance

Short-term Disability Insurance

Option One

The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 25 weeks due to injury, illness, surgery, or recovery from childbirth
- Provides a partial cash benefit if you can only do part of your job or work part time
- Offers a fast, no-hassle claims process

Short-term Disability

Weekly benefit amount	60% of your weekly salary, limited to \$1,500 per week
Sickness elimination period	30 days
Accident elimination period	30 days
First day hospitalization	0 days
Maximum coverage period	25 weeks

Sickness Elimination Period

- You must be out of work for 30 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 31.

Accident Elimination Period

- You must be out of work for 30 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 31.

First Day Hospitalization

- The elimination period is reduced if you are hospitalized due to an illness or accidental injury. You can begin collecting benefits on the first day of hospitalization.

No Benefits Reduction

- Your short-term disability benefits can coordinate with income from other sources, such as any state disability benefits, continued income or sick pay from your employer, or Workers' Compensation, during your disability—your benefit will not be reduced by this other income.

Additional Plan Benefits	
5% Rehabilitation Assistance	Included
Family Income Benefit	Included

Benefit Exclusions & Reductions

Like any insurance, this short-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

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

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.

Insurance products (policy series GL1101) 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. Product availability and/or features may vary by state. Limitations and exclusions apply.

