



Group Short-Term Disability Insurance

SUMMARY OF BENEFITS

Sponsored by: Stottler Henke Associates, Inc.

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

STD Benefit

| | Weekly Benefit | Elimination Period | Maximum Duration |
|--|---|---|-------------------------|
| Off-The-Job Short Term Disability Benefit | 60% of weekly salary up to \$2,500 per week | Benefits begin on: Accident: 15th day Illness: 15th day | 11 weeks |

Integration of Benefits

Your benefits may be reduced by benefits received from state disability or temporary worker's compensation programs. The total of all benefits received from this policy, state disability plans, temporary worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.

Additional Benefits

Rehab Assistance - 5% Rehab Incentive
Survivor Income - 3 Weeks
C-Section Benefit - 8 weeks
See your Schedule of Benefits on your Certificate for more information

Enrolling for Coverage

Eligibility: All employees in an eligible class.

Understanding Your Benefits

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| Total Disability | Due to an injury or illness, you are unable to perform with reasonable continuity the substantial and material acts necessary in your own occupation. |
| Partial Disability | Partial Disability means that you are not totally disabled and that while actually working in your own occupation, as a result of sickness or injury, you are unable to earn 80% or more of your basic weekly earnings. Benefits may be payable if the requirements that are outlined in your Certificate of Coverage are met. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits. See Certificate of Coverage for details. |
| Continuation of Disability | If you return to work full-time but become disabled from the same disability within 2 weeks of returning to work, you will begin receiving benefits again immediately. |
| Benefit Exclusions | You will not receive benefits in the following circumstances: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• Your disability is the result of war, declared or undeclared, or any act of war. |
| Benefit Reductions | Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan;• Any Social Security, or similar plan or act, benefits;• Earnings the insured earns or receives from any form of employment;• You are receiving sick leave pay from your employer.• Disability income benefits received under state disability benefit laws. |
| Rehabilitation Assistance Benefit | Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed. |
| Survivor Income | A benefit may be paid to your survivor for additional months if you should die while you were eligible to receive benefits under this policy. |
| Coverage Termination | 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; reference ID: **STOTTLERH**

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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