
Voluntary Short-Term Disability Insurance

Specialty Worksite

SUMMARY OF BENEFITS

Sponsored by: Atlanta ISD

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

Eligibility	All full-time active employees in an eligible class are eligible for coverage on the policy effective date.
Maximum Weekly Benefit	60% of weekly salary up to \$1000 per week
Maximum Benefit Duration	24 weeks
Elimination Period	Benefits begin on: 15 day(s) from an accident 15 day(s) from an illness
Rehabilitation Assistance Benefit	Employees who participate in an approved rehabilitation program are eligible to receive an additional 5% of benefit. Additionally, approved program costs may be reimbursed.
Survivor Income	A benefit may be paid to your survivor if you should die while you were eligible to receive benefits under this policy.
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.
Enrollment	You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.
Integration of Benefits	Your benefits will be reduced by benefits received from any state disability program. The total of all benefits received from this policy, state disability plans, and your employer's sick pay plan may not exceed 100% of your income prior to disability.
Portability	You may be able to port your coverage if you have been covered under the policy for 12 months and terminate due to reasons other than disability, retirement, or leave of absence.

COST**EXAMPLE**
John Doe, Age 33

List your Weekly earnings
(Maximum covered payroll is
\$1,666.67 Weekly)

\$ _____

\$610.00

Multiply by 60%
This is your Weekly benefit
amount.

\$ _____

\$366.00

Find your age and multiply by
your premium factor (see table)

.100

Estimated Monthly premium

\$ _____

\$36.60

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Attained Age	Premium Factors
0 - 24	.118
25 - 29	.113
30 - 34	.100
35 - 39	.071
40 - 44	.051
45 - 49	.055
50 - 54	.060
55 - 59	.064
60 - 64	.071
65 - 69	.077
70 - 99	.077

Understanding Your Benefits

Total Disability	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
Partial Disability	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.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within two weeks of returning to work, you will begin receiving benefits again immediately.
Pre-Existing Condition	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.
Benefit Exclusions	<p>You will not receive benefits in the following circumstances:</p> <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 covered under a worker's compensation plan and/or is due to a job related sickness or injury.
Benefit Reductions	<p>Your benefits may be reduced if you are receiving benefits from any of the following sources:</p> <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.• Disability income benefits received under state disability laws.
Benefit 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 or log on to 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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