Lincoln Financial

Priefert Manufacturing Co., Inc
Short-term disability insurance

What is it?

Short-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 short-term disability coverage

Eligibility description	All full-time employees
Contribution	You pay the cost of your coverage.
Coverage amount	60% of your weekly earnings to a maximum of $1,500 per week
Maximum benefit period	11 weeks
Accident elimination period	14 Days
Illness elimination period	14 Days
Recurrent disability benefits	If you become disabled for the same condition within 2 weeks following your prior disability, your benefits will continue under the same claim.
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions.	Health statement may be required.
Preexisting conditions: 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; 6 months after effective date of coverage
Premium waived if disabled: Premium won't need to be paid when you're receiving benefits.	Yes

Short-term disability rate information

Age range	Premium weekly rate per $10
0 – 34	$0.072
35 – 39	$0.085
40 – 44	$0.102
45 – 49	$0.113
50 – 54	$0.134
55 – 59	$0.168
60 – 64	$0.208
65 – 69	$0.228
70+	$0.228

Exclusions, limitations, and reductions

Like any insurance, this short-term disability insurance policy does have 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

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Your benefits may be reduced if you're eligible to receive income or benefits from:

- State disability or no-fault insurance
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance plan
- Sick leave
- State paid family leave benefits
- Any other group insurance plan
- Unemployment
- Recovery from third party

State variations apply.

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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 policy, the policy will govern.

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