Lincoln Financial Group®

# Paradigm Manufacturing Inc

## Benefits At-A-Glance

All Executive Employees

## Voluntary Short-term Disability Insurance

### The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 11 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for employees
- 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

## Voluntary Short-term Disability

| | |
|---|---|
| Weekly benefit amount | 60% of your weekly salary, limited to $3,500 per week |
| Sickness elimination period | 14 days |
| Accident elimination period | 14 days |
| Maximum coverage period | 11 weeks |

**Sickness Elimination Period:** You must be out of work for 14 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 15.

**Accident Elimination Period:** You must be out of work for 14 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 15.

**Recurrent Disability Benefits**

If you become disabled for the same condition within 14 days following your prior disability, your benefits will continue under the same claim.

| Additional Plan Benefits | |
|---|---|
| Benefits Integration | Included |
| Rehabilitation Assistance | Included |
| Family Income Benefit | Included |
| Portability | Included |
| Premium Waiver | Included |

### Evidence of Insurability

- When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

### Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months, unless you received no treatment of the condition for six consecutive months after your effective date.

## 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
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- Sick pay from your employer
- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation

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

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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# Voluntary Short-term Disability Premium
# Here's how little you pay with group rates.

Use the employee voluntary short-term disability premium rate table provided to below to calculate your cost and benefit. The following example calculates the monthly cost for a 36-year-old employee with annual earnings of $35,400.

Note: The maximum weekly covered earnings are equal to the maximum weekly benefit divided by the benefit percentage.

| Calculation Example | | Example | You |
|---|---|---|---|
| Step 1 | Enter the monthly rate per $10 of weekly benefit. | $0.573 | |
| Step 2 | Enter your weekly earnings. *Divide your annual earnings by 52.* | $681 | |
| Step 3 | If your weekly earnings are greater than the **maximum weekly covered earnings** of $5833, indicate $5833. Otherwise, indicate the amount from Step 2. | $681 | |
| Step 4 | Calculate your weekly benefit. *Multiply Step 3 by 0.60.* | $409 | |
| Step 5 | Enter your weekly benefit in increments of $10. *To calculate, divide the amount in Step 4 by 10.* | 40.9 | |
| Step 6 | Calculate your monthly cost. *Multiply Step 1 by Step 5.* | $23.44 | |

| Age Range | Premium Rate |
|---|---|
| 0 - 39 | $0.573 |
| 40 - 44 | $0.598 |
| 45 - 49 | $0.615 |
| 50 - 54 | $0.626 |
| 55 - 59 | $0.641 |
| 60 - 64 | $0.694 |
| 65 - 69 | $0.719 |
| 70 + | $0.748 |

This worksheet allows you to approximate your monthly contributions for voluntary short-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.