



**Group Long-Term Disability Insurance  
Specialty Worksite**

**SUMMARY OF BENEFITS**

**Sponsored by: Landrum Professional Employer Services**

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit				
	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
<b>Employee Paid Plan</b>	60% of monthly salary up to \$6,000 per month	Later of Age 65 or Social Security Normal Retirement Age	24 Months	180 Days
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 12 months prior to your effective date under this policy until you have been covered under the policy for 24 months, or you remain treatment free for a period of 12 consecutive months.			
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.			
<b>Benefit Limitations</b>	Mental Illness: 24 Months Substance Abuse: No Limit Specified Illness: No Limit			

**Enrolling for Coverage**

**Eligibility:** All employees in an eligible class.  
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.

<b>Weekly Premium Calculation**</b>			Attained Age	Premium Factor
		EXAMPLE		
List your monthly earnings (*Maximum covered payroll is \$10,000 Monthly)	\$ _____	Age 35 \$2,643	<u>0 - 29</u>	<u>0.00076</u>
			30 - 34	0.00111
			35 - 39	0.00162
			40 - 44	0.00233
			45 - 49	0.00406
			50 - 54	0.00528
			55 - 59	0.00745
			60 - 64	0.00651
			65 - 69	0.00397
			70 - 74	0.00268
			75 - 99	0.00291
Multiply by your premium factor	_____	0.00162		
Your Estimated Weekly Premium**	\$ _____	\$4.28		
**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.				

<b>Bi-Weekly Premium Calculation**</b>			Attained Age	Premium Factor
		EXAMPLE		
List your monthly earnings (*Maximum covered payroll is \$10,000 Monthly)	\$ _____	Age 35 \$2,643	<u>0 - 29</u>	<u>0.00152</u>
			30 - 34	0.00222
			35 - 39	0.00323
			40 - 44	0.00466
			45 - 49	0.00812
			50 - 54	0.01057
			55 - 59	0.01491
			60 - 64	0.01302
			65 - 69	0.00794
			70 - 74	0.00535
			75 - 99	0.00582
Multiply by your premium factor	_____	0.00323		
Your Estimated Bi-Weekly Premium**	\$ _____	\$8.54		
**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.				

<b>Semi-Monthly Premium Calculation**</b>			Attained Age	Premium Factor
		EXAMPLE		
List your monthly earnings (*Maximum covered payroll is \$10,000 Monthly)	\$ _____	Age 35 \$2,643	<u>0 - 29</u>	<u>0.00165</u>
			30 - 34	0.00240
			35 - 39	0.00350
			40 - 44	0.00505
			45 - 49	0.00880
			50 - 54	0.01145
			55 - 59	0.01615
			60 - 64	0.01410
			65 - 69	0.00860
			70 - 74	0.00580
			75 - 99	0.00630
Multiply by your premium factor	_____	0.00350		
Your Estimated Semi-Monthly Premium**	\$ _____	\$9.25		
**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.				

## Understanding Your Benefits

<b>Elimination Period</b>	The number of days you must be disabled prior to collecting disability benefits.
<b>Own Occupation</b>	The occupation, trade, or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training. See Certificate of Coverage for details.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform one or more of 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 and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability. See Certificate of Coverage for details.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your 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.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• You were involved in a felony commission, act of war, or participation in a riot.</li><li>• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any compulsory benefit act or law (such as state disability plans);</li><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings from any form of employment;</li><li>• Workers compensation;</li><li>• Salary continuance or employer contributions to an employer sponsored retirement plan.</li></ul>
<b>Coverage Termination</b>	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

## Additional Benefits

Survivor Income Benefit, EmployeeConnect - Employee Assistance Program and Waiver of Premium

**See your Schedule of Benefits on your Certificate for more information**

**For assistance or additional information Contact Lincoln Financial Group at**

(800) 423-2765; reference ID: **LANDRUMPRO**

[www.LincolnFinancial.com](http://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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