



What is it?

Short-term disability coverage 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 plan provides money that can help you pay your bills.

Your short-term disability coverage

Eligibility description	All full-time active US employees
Contribution	Your employer pays the cost of your coverage
Coverage amount	You will receive a percentage of your weekly earnings, based on months of service, as shown below: 3 – 11 months: 60% for 25 weeks 12 – 59 months: 100% for the first 6 weeks followed by 60% thereafter 60 – 119 months: 100% for the first 16 weeks followed by 60% thereafter More than 120 months: 100% for 25 weeks
Maximum benefit period	26 weeks
Accident elimination period	7 days
Illness elimination period	7 days
Recurrent disability benefits	If you become disabled for the same condition within 30 days 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.	Not applicable
Preexisting condition(s): 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.	Not applicable



Exclusions and limitations

Like any coverage, this short-term disability coverage plan does have some 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

Your benefits may be reduced if you're 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 plan document. State variations apply.

©2024 Lincoln National Corporation

LincolnFinancial.com

Lincoln Financial® is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-6454383-030524

PDF 5/24 Z01

Order code: GP-STDEA-FLI001

This is not intended as a complete description of the coverage offered. Controlling provisions are provided in the plan document, and this summary does not modify those provisions or the coverage in any way. This is not a binding contract. A booklet of coverage will be made available to you that describes the benefits in greater detail. Refer to your booklet for your maximum benefit amounts. Should there be a difference between this summary and the plan document, the plan document will govern.

Administrative Services Only products are funded entirely by the employer. Lincoln Financial® provides administrative and/or claims payment services only.