

## Voluntary Short-Term Disability Insurance

### SUMMARY OF BENEFITS

**Sponsored by: Embrace Home Loans, Inc.**

#### ALL FULL-TIME NON-RI EMPLOYEES

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

<b>Eligibility</b>	All full-time active employees working 35 or more hours per week in an eligible class are eligible for coverage on the policy effective date.
<b>Maximum Weekly Benefit</b>	60% of weekly salary up to \$1500 per week *Minimum Weekly Benefit = \$50
<b>Maximum Benefit Duration</b>	13 weeks
<b>Elimination Period</b>	Benefits begin on: 8 days for an accident 8 days for an illness
<b>Benefit Reductions</b>	Your benefits may be reduced if: <ul style="list-style-type: none"> <li>• You are receiving benefits from any compulsory benefit, act, or law, such as a state disability plan.</li> <li>• You are receiving sick leave pay from your employer.</li> </ul>
<b>Pre-Existing Condition</b>	No treatment for 12 months prior to the coverage effective date unless it begins after you have performed your regular occupation on a full-time basis for 12 months following the coverage effective date.

**EXAMPLE**  
John Doe, Age 33

List your Weekly earnings (*Maximum covered payroll is \$2,500.00 Weekly)	\$ _____	\$1,500.00
Multiply Weekly Earnings by .60 and then divide by 10.	_____	90
Multiply by rate (see chart below) Your Estimated Monthly Premium	\$ _____	90 x .42 = \$37.80

<u>Age</u>	<u>Rate/\$10.00 of Weekly Benefit</u>
Under 30	.44
30-34	.42
35-39	.40
40-44	.38
45-49	.41
50-54	.47
55-59	.58
60-64	.69
65-69	.79
70-74	.86
75+	.95

## Understanding Your Benefits

<b>Total Disability</b>	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.
<b>Partial Disability</b>	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.
<b>Continuation of Disability</b>	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.
<b>Pre-Existing Condition</b>	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.
<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>• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.</li><li>• You are receiving payment under a salary continuance or retirement plan sponsored by the group policyholder.</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 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 the insured earns or receives from any form of employment.</li></ul>
<b>Benefit Termination</b>	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](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.

©2008 Lincoln National Corporation

Group Insurance products are issued by The Lincoln National Life Insurance Company (Ft. Wayne, IN), which is not licensed and does not solicit business in New York. In New York, group insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group companies. Product availability and/or features may vary by state. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Each affiliate is solely responsible for its own financial and contractual obligations.