

Conga provides this valuable benefit at no cost to you.

All Active, Full-Time Employees

Short-Term Disability Insurance

Protect your paycheck when you can't work.

Many medical conditions can keep you out of work. Short-term disability insurance helps you meet your financial obligations while you're recovering from an injury, illness, surgery, or childbirth.

AT A GLANCE:

- A cash benefit of 60% of your weekly salary (up to \$2,500) when you are out of work for up to 26 weeks due to injury, illness, surgery, or recovery from childbirth
- A partial cash benefit if you can only do part of your job or work part time
- A prompt, responsive claims process

ADDITIONAL DETAILS

Elimination Period: Benefits are payable after a period of seven calendar days due to injury or sickness.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

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.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN. The Lincoln National Life Insurance Company does not solicit business in New York, nor is it licensed to do so. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



©2021 Lincoln National Corporation LCN-3757123-091221 EED-STD-FLI001_Z01

Employer Paid Short-Term Disability Insurance At-A-Glance



Supplemental Short-Term Disability Insurance

The Lincoln Shortterm Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 26 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for Conga employees
- Offers a fast, no-hassle claims process

Conga

Benefits At-A-Glance

All Active, Full-Time Employees Electing the Non-Taxable Option

Voluntary STD (paid by you through payroll deduction)	
Weekly benefit amount	60% of your weekly salary, limited to \$2,500 per week
Maximum coverage period	26 weeks

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- Benefits are payable after a period of seven calendar days due to injury or sickness.

Partial Disability Benefits

• Partial disability benefits can be payable if your earnings are between 20% and 80% of your pre-disability earnings.

Successive 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.

Maximum Coverage Period

• This is the number of weeks you can collect disability benefits (also known as the benefit duration).

Evidence of Insurance

 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).

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 is the result of cosmetic surgery, unless related to a disabling condition
- 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

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

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.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN. The Lincoln National Life Insurance Company does not solicit business in New York, nor is it licensed to do so. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



©2021 Lincoln National Corporation LCN-3757125-091221 EED-VLSTD-FLI001_Z01

Supplemental Short-term Disability Insurance At-A-Glance

Supplemental Short-Term Disability Premium Calculate Your Premium

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 an 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.	\$0.115	
Step 2	Enter your weekly earnings. <i>Divide your annual earnings by 52</i> .	\$681	
Step 3	If your weekly earnings are greater than the maximum weekly covered earnings of \$4,167, indicate \$4,167. Otherwise, indicate the amount from Step 2.	\$681	
Step 4	Calculate your weekly benefit. Multiply Step 3 by 0.60.	\$408	
Step 5	Enter your weekly benefit in increments of \$10. To calculate, divide the amount in Step 4 by 10.	40.8	
Step 6	Calculate your monthly cost. Multiply Step 1 by Step 5.	\$4.69	

Premium Rate \$0.115

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.