
Voluntary Group Disability Insurance

SUMMARY OF BENEFITS for FULL TIME STAFF OF ADVISORS

First 13 Weeks

- 60% of Weekly W-2 Salary to a maximum of **\$1,000** all Guarantee Issue
 - Benefits are paid out on a Weekly Basis

From 13th week to 2 ¼ Years

- 60% of Monthly W-2 Salary to a Maximum of **\$5,000** all Guarantee Issue
 - Benefits are paid out on a Monthly Basis

Elimination Period

This is the number of days you must be disabled before benefit payments start:
14 Day Accident / 14 Day Sickness

Maximum Benefit Duration

This is the maximum period of time that benefits will continue to be paid to you during a period of disability: **2 ¼ Years**

Limitations and Exclusions

Pre-existing Condition Exclusion. There is a 12/12 pre-existing conditions clause. This is a look back period to see if you were treatment-free 12 months prior to the effective date of your coverage. If you were not treatment free, the pre-existing condition is excluded from coverage if you are disabled within 12 months of first becoming insured.

Other Benefits Included

- Pregnancy, Alcoholism, Drug Addiction and Mental and Nervous conditions are covered.
- Partial Disability Benefits: You are not required to be Totally Disabled to qualify for benefits.
- **Progressive Income Benefit** pays additional 40% of W2 income, up to \$5,000 per month if you are unable to perform two or more Activities of Daily Living or suffer from a Cognitive Impairment until the date the Maximum Benefit Period ends.

Program Eligibility

- **All Full Time Staff of Advisors**; regularly scheduled to work at least 30 hours each week.
- Who have not previously declined or terminated coverage.
- Staff must be actively at work on the day coverage takes effect.
- Benefits terminate at retirement.
- All Late Entrants are required to complete satisfactory Evidence of Insurability information.

HSA Group Benefits



Full-time Staff Monthly Premium Sample

AGE	\$1,250 Monthly Benefit (\$25,000 in Income Protection)	\$2,500 Monthly Benefit (\$50,000 in Income Protection)	\$5,000 Monthly Benefit (\$100,000 in Income Protection)
< 30	\$14.49	\$28.98	\$57.96
30 - 34	\$14.27	\$28.54	\$57.08
35 - 39	\$14.05	\$28.10	\$56.20
40 - 44	\$14.04	\$28.08	\$56.16
45 - 49	\$17.99	\$35.99	\$71.98
50 - 54	\$22.53	\$45.05	\$90.10
55 - 59	\$33.59	\$67.17	\$134.34
60 - 64	\$46.10	\$92.19	\$184.39

Refer to Program Specifications for your maximum benefit amounts

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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