



**SUMMARY OF BENEFITS**

**Sponsored by: Washington County School District**

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

**STD Benefit**

Weekly Benefit	Elimination Period	Maximum Duration
60% of weekly salary up to \$1,200 per week	Benefits begin on: Accident: 15th day Illness: 15th day	24 weeks

**Pre-Existing Condition** You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 6 months.

**Integration of Benefits** Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.

**Waiver of Premium** You will not be required to pay premium during any time of approved total or partial disability.

**Additional Benefits**

- Portability
- Rehab Assistance - 5%
- Survivor Income - 3 Weeks
- C-Section Benefit - 8 weeks
- See your Schedule of Benefits on your Certificate for more information**

**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.

Semi-Monthly Premium Calculation**			Attained Age	Premium Factor
		EXAMPLE		
		Age 35	0 - 24	0.01260
			25 - 29	0.01260
			30 - 34	0.01140
List your weekly earnings (Maximum covered payroll is \$2,000 weekly )	\$ _____	\$610	35 - 39	0.01050
			40 - 44	0.01020
Multiply by the premium factor	_____	0.01050	45 - 49	0.01110
			50 - 54	0.01200
Your Estimated Semi-Monthly Premium	\$ _____	\$6.41	55 - 59	0.01410
			60 - 64	0.01650
			65 - 69	0.01890
			70 - 74	0.02250
			75 - 99	0.02250

\*\*This is an estimate of premium cost.  
Actual deductions may vary slightly due to rounding and payroll frequency.

## Understanding Your Benefits

<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
<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 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 2 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 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.
<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></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><li>• You are receiving sick leave pay from your employer.</li><li>• Disability income benefits received under state disability benefit laws.</li></ul>
<b>Rehabilitation Assistance Benefit</b>	Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed.
<b>Survivor Income</b>	A benefit may be paid to your survivor for additional months if you should die while you were eligible to receive benefits under this policy.
<b>Coverage 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; reference ID: **WASHSCHOL**

[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 detail. Should there be a difference between this summary and the policy, the policy will govern.

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