

Voluntary Short-Term Disability Insurance

SUMMARY OF BENEFITS

Sponsored by: The Pantheos Group, LLC

Effective date: January 01, 2010

All active full time employees of the PEO

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

- Eligibility** All full-time active employees working 30 or more hours per week in an eligible class are eligible for coverage on the policy effective date.
- Maximum Weekly Benefit** Choice of \$50 Increments up to \$1000 per week not to exceed 60%.
\$1,000 of coverage on a guaranteed acceptance basis.
- Maximum Benefit Duration** 13 weeks
- Elimination Period** Benefits begin on:
1 days for an accident
8 days for an illness
- Pre-Existing Condition** You may not be eligible for benefits if you have received treatment for a condition within the past 12 months until you have been covered under this plan for 12 months.
- Enrollment** You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again.

COST

		Example John Doe, Age 33		
List your weekly earnings (Maximum covered payroll is \$1,666.67 weekly)	\$ _____	\$610	Attained Age	Premium Factors
Multiply by 60%	\$ _____	\$366.00	<30	0.046
Based on the amount shown on line 2 (above), determine the coverage you want, not to exceed the number on line 2	(Round down to the next lower \$50 increment)	(\$366 rounds down to \$350)	30 – 34	0.046
Write the total amount of coverage you have elected	\$ _____	\$350	35 – 39	0.046
Find your age and factor and multiply	_____	0.046	40 – 44	0.046
Estimated Monthly premium	\$ _____	\$16.10	45 – 49	0.053
			50 – 54	0.062
			55 – 59	0.081
			60 – 64	0.098
			65 – 69	0.112
			70 – 74	0.123
			75 - 80	0.134

Understanding Your Benefits

Total Disability	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.
Partial Disability	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.
Continuation of Disability	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.
Pre-Existing Condition	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.
Benefit Exclusions	You will not receive benefits in the following circumstances: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.• You are receiving payment under a salary continuance or retirement plan sponsored by the group policyholder.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan;• Any Social Security, or similar plan or act, benefits;• Earnings the insured earns or receives from any form of employment.
Benefit Termination	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

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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