



What is it?

Short-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your short-term disability coverage

Eligibility description	All full-time managers & hourly JMC employees
Contribution	You pay the cost of your coverage.
Coverage amount	60% of your weekly salary to a maximum of \$1,500 per week
Maximum payment period	13 weeks
Accident elimination period	14 Days
Illness elimination period	14 Days
Recurrent 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.
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions.	Health statement may be required.
Preexisting conditions: Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not applicable

Short-term disability rate information

Age range	Premium monthly rate per \$10
0 – 29	\$0.371
30 – 34	\$0.359
35 – 39	\$0.347
40 – 44	\$0.347
45 – 49	\$0.394
50 – 54	\$0.456
55 – 59	\$0.591
60+	\$0.715



Exclusions, limitations, and reductions

Like any insurance, this short-term disability insurance policy does have exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Your benefits may be reduced if you're eligible to receive income or benefits from:

- State disability or no-fault insurance
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance plan
- Sick leave
- State paid family leave benefits
- Any other group insurance plan
- Unemployment
- Recovery from third party

State variations apply.

©2024 Lincoln National Corporation

[LincolnFinancial.com](https://lincolnfir.com)

Lincoln Financial[®] is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-6447206-030124

PDF 4/24 Z01

Order code: GP-STDEP-FLI001

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.

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial[®] companies. Product availability and/or features may vary by state. Limitations and exclusions apply.