

**Voluntary Short Term  
Disability Insurance**

**Full-Time Employees working a minimum of  
15 hours excluding RPC Members electing the  
1/8/26 Plan Option of Montgomery County  
Government**

**Benefits At-A-Glance**

**The Lincoln Short-term 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
- Provides a partial cash benefit if you can only do part of your job or work part time
- Features group rates for Montgomery County Government employees
- Offers a fast, no-hassle claims process

Short-term Disability	
Weekly benefit amount	Up to 60% of your weekly salary (\$100 minimum, \$1,000 maximum) per week, in a \$50 increment
Sickness elimination period	7 days
Accident elimination period	0 day
Maximum coverage period	26 weeks

**Sickness Elimination Period**

- You must be out of work for 7 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 8.

**Accident Elimination Period**

- You must be out of work for 0 day due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 1.

**Pre-existing Condition**

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 12 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

**Benefits Integration**

- Your short-term disability benefits can coordinate with income from other sources, such as continued income or sick pay from your employer, during your disability.
- This allows you to receive up to 100% of your pre-disability income.

Additional Plan Benefits	
5% Rehabilitation Assistance	Included
Premium Waiver	Included
Family Income Benefit	Included
Portability	Included

### Open Enrollment

- When you are first offered this coverage (and during approved open enrollment periods), you can take advantage of this important coverage with no health examination.

## 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
- You are not under the regular care of a doctor when you request disability benefits

Your benefits may be reduced if you are eligible to receive benefits from:

- 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.

### Questions? Call 800-423-2765 and mention Group ID: MCGOVT2.

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 contract, the contract will govern.

Insurance products (policy series GL1101) 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. Product availability and/or features may vary by state. Limitations and exclusions apply.



## Voluntary Short Term Disability Premium Here's how little you pay with group rates.

Your estimated monthly premium can be calculated in three easy steps:

1. Multiply your weekly salary (up to \$1,667) by 0.6. If your weekly salary exceeds \$1,667, multiply \$1,667 by 0.6.	$\frac{\$ \text{ weekly salary}}{\times 0.6} = \text{maximum limit}$
2. Select a coverage amount in a \$50 increment that does not exceed the max limit.	$\frac{\$ \text{ coverage amount}}{\times \text{premium rate}} = \$ \text{ monthly premium}$
3. Multiply this amount by your age-range premium rate from the table.	

Age Range	Premium Rate
0 - 24	0.09600
25 - 29	0.09600
30 - 34	0.08400
35 - 39	0.08400
40 - 44	0.08400
45 - 49	0.08400
50 - 54	0.08400
55 - 59	0.10800
60 - 64	0.15400
65 - 69	0.15400
70 - 99	0.15400

The Lincoln National Life Insurance Company  
Please see prior page for product information.

Voluntary Short-term Disability Insurance Premium Calculation