

Rates Effective: May 1, 2017 - December 31, 2024

Lincoln Financial Salary Protection Plan Accident and Sickness Protect Yourself to Social Security Normal Retirement Age								
Annual Earnings	Monthly Earnings	Monthly Benefit	Sickness 4 Accident 0	Sickness 14 Accident 14	Sickness 30 Accident 30	Sickness 60 Accident 60	Sickness 90 Accident 90	Sickness 180 Accident 180
1,800	150	100	3.20	2.57	2.11	1.30	1.12	0.87
3,600	300	200	6.40	5.14	4.22	2.60	2.24	1.74
5,400	450	300	9.60	7.71	6.33	3.90	3.36	2.61
7,200	600	400	12.80	10.28	8.44	5.20	4.48	3.48
9,000	750	500	16.00	12.85	10.55	6.50	5.60	4.35
10,800	900	600	19.20	15.42	12.66	7.80	6.72	5.22
12,600	1,050	700	22.40	17.99	14.77	9.10	7.84	6.09
14,400	1,200	800	25.60	20.56	16.88	10.40	8.96	6.96
16,200	1,350	900	28.80	23.13	18.99	11.70	10.08	7.83
18,000	1,500	1,000	32.00	25.70	21.10	13.00	11.20	8.70
19,800	1,650	1,100	35.20	28.27	23.21	14.30	12.32	9.57
21,600	1,800	1,200	38.40	30.84	25.32	15.60	13.44	10.44
23,400	1,950	1,300	41.60	33.41	27.43	16.90	14.56	11.31
25,200	2,100	1,400	44.80	35.98	29.54	18.20	15.68	12.18
27,000	2,250	1,500	48.00	38.55	31.65	19.50	16.80	13.05
28,800	2,400	1,600	51.20	41.12	33.76	20.80	17.92	13.92
30,600	2,550	1,700	54.40	43.69	35.87	22.10	19.04	14.79
32,400	2,700	1,800	57.60	46.26	37.98	23.40	20.16	15.66
34,200	2,850	1,900	60.80	48.83	40.09	24.70	21.28	16.53
36,000	3,000	2,000	64.00	51.40	42.20	26.00	22.40	17.40
37,800	3,150	2,100	67.20	53.97	44.31	27.30	23.52	18.27
38,600	3,217	2,200	70.40	56.54	46.42	28.60	24.64	19.14
41,400	3,450	2,300	73.60	59.11	48.53	29.90	25.76	20.01
43,200	3,600	2,400	76.80	61.68	50.64	31.20	26.88	20.88
45,000	3,750	2,500	80.00	64.25	52.75	32.50	28.00	21.75
46,800	3,900	2,600	83.20	66.82	54.86	33.80	29.12	22.62
48,600	4,050	2,700	86.40	69.39	56.97	35.10	30.24	23.49
50,400	4,200	2,800	89.60	71.96	59.08	36.40	31.36	24.36
52,200	4,350	2,900	92.80	74.53	61.19	37.70	32.48	25.23
54,000	4,500	3,000	96.00	77.10	63.30	39.00	33.60	26.10
55,800	4,650	3,100	99.20	79.67	65.41	40.30	34.72	26.97
58,600	4,883	3,200	102.40	82.24	67.52	41.60	35.84	27.84
59,400	4,950	3,300	105.60	84.81	69.63	42.90	36.96	28.71
61,200	5,100	3,400	108.80	87.38	71.74	44.20	38.08	29.58
63,000	5,250	3,500	112.00	89.95	73.85	45.50	39.20	30.45
64,800	5,400	3,600	115.20	92.52	75.96	46.80	40.32	31.32
66,600	5,550	3,700	118.40	95.09	78.07	48.10	41.44	32.19
68,400	5,700	3,800	121.60	97.66	80.18	49.40	42.56	33.06
70,200	5,850	3,900	124.80	100.23	82.29	50.70	43.68	33.93
72,000	6,000	4,000	128.00	102.80	84.40	52.00	44.80	34.80

0/4, 14/14, and 30/30 options start to pay benefits on the 1st day of hospitalization.

Plan Features Included: Employee Assistance Program, Travel Assist Benefit, Beneficiary Connect Support

**Lincoln Financial Salary Protection Plan
Accident and Sickness
Protect Yourself to Social Security Normal Retirement Age**

Annual Earnings	Monthly Earnings	Monthly Benefit	Sickness 4 Accident 0	Sickness 14 Accident 14	Sickness 30 Accident 30	Sickness 60 Accident 60	Sickness 90 Accident 90	Sickness 180 Accident 180
73,800	6,150	4,100	131.20	105.37	86.51	53.30	45.92	35.67
75,600	6,300	4,200	134.40	107.94	88.62	54.60	47.04	36.54
77,400	6,450	4,300	137.60	110.51	90.73	55.90	48.16	37.41
79,200	6,600	4,400	140.80	113.08	92.84	57.20	49.28	38.28
81,000	6,750	4,500	144.00	115.65	94.95	58.50	50.40	39.15
82,800	6,900	4,600	147.20	118.22	97.06	59.80	51.52	40.02
84,600	7,050	4,700	150.40	120.79	99.17	61.10	52.64	40.89
86,400	7,200	4,800	153.60	123.36	101.28	62.40	53.76	41.76
88,200	7,350	4,900	156.80	125.93	103.39	63.70	54.88	42.63
90,000	7,500	5,000	160.00	128.50	105.50	65.00	56.00	43.50
91,800	7,650	5,100	163.20	131.07	107.61	66.30	57.12	44.37
93,600	7,800	5,200	166.40	133.64	109.72	67.60	58.24	45.24
95,400	7,950	5,300	169.60	136.21	111.83	68.90	59.36	46.11
97,200	8,100	5,400	172.80	138.78	113.94	70.20	60.48	46.98
99,000	8,250	5,500	176.00	141.35	116.05	71.50	61.60	47.85
100,800	8,400	5,600	179.20	143.92	118.16	72.80	62.72	48.72
102,600	8,550	5,700	182.40	146.49	120.27	74.10	63.84	49.59
104,400	8,700	5,800	185.60	149.06	122.38	75.40	64.96	50.46
106,200	8,850	5,900	188.80	151.63	124.49	76.70	66.08	51.33
108,000	9,000	6,000	192.00	154.20	126.60	78.00	67.20	52.20
109,800	9,150	6,100	195.20	156.77	128.71	79.30	68.32	53.07
111,600	9,300	6,200	198.40	159.34	130.82	80.60	69.44	53.94
113,400	9,450	6,300	201.60	161.91	132.93	81.90	70.56	54.81
115,200	9,600	6,400	204.80	164.48	135.04	83.20	71.68	55.68
117,000	9,750	6,500	208.00	167.05	137.15	84.50	72.80	56.55
118,800	9,900	6,600	211.20	169.62	139.26	85.80	73.92	57.42
120,600	10,050	6,700	214.40	172.19	141.37	87.10	75.04	58.29
122,400	10,200	6,800	217.60	174.76	143.48	88.40	76.16	59.16
124,200	10,350	6,900	220.80	177.33	145.59	89.70	77.28	60.03
126,000	10,500	7,000	224.00	179.90	147.70	91.00	78.40	60.90
127,800	10,650	7,100	227.20	182.47	149.81	92.30	79.52	61.77
129,600	10,800	7,200	230.40	185.04	151.92	93.60	80.64	62.64
131,400	10,950	7,300	233.60	187.61	154.03	94.90	81.76	63.51
133,200	11,100	7,400	236.80	190.18	156.14	96.20	82.88	64.38
135,000	11,250	7,500	240.00	192.75	158.25	97.50	84.00	65.25
136,800	11,400	7,600	243.20	195.32	160.36	98.80	85.12	66.12
138,600	11,550	7,700	246.40	197.89	162.47	100.10	86.24	66.99
140,400	11,700	7,800	249.60	200.46	164.58	101.40	87.36	67.86
142,200	11,850	7,900	252.80	203.03	166.69	102.70	88.48	68.73
144,000	12,000	8,000	256.00	205.60	168.80	104.00	89.60	69.60

0/4, 14/14, and 30/30 options start to pay benefits on the 1st day of hospitalization.

Plan Features Included: Employee Assistance Program, Travel Assist Benefit, Beneficiary Connect Support

LONG TERM DISABILITY PROGRAM SPECIFICATIONS

Prepared For

SHARYLAND ISD

The Lincoln National Life Insurance Company
8801 Indian Hills Drive, Omaha, NE 68114

Employee Benefit Amount

Excellent opportunity to purchase group long term disability insurance on a payroll deduction basis.
You can choose in \$100 Increments up to 66 2/3% of your salary, up to the maximum \$8,000
\$8,000 Guarantee Issue

Elimination Period

This is the number of days you must be disabled due to the same or related sickness or injury before benefit payments start:
0/4; 14/14; 30/30; 60/60; 90/90; 180/180

Maximum Benefit Duration

This is the maximum period of time that benefits will continue to be paid to you during a period of disability:
Social Security Normal Retirement Age

Pre-Existing Exclusion

"Pre-existing condition" means any sickness or injury for which you have received medical treatment, consultation, care or services (including diagnostic measures or the taking of prescribed drugs or medicines) during the **3 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 **12 months following** the coverage effective date.

Other Benefits Included

Pregnancy, Alcoholism, Drug Addiction and Mental and Nervous conditions are covered
Partial Disability Benefits
Family Income Benefit
Waiver of Premium
Conversion
1st Day Hospitalization Benefits
Travel Assistance Coverage
Employee Assistance Coverage
Beneficiary Connect Services

Program Eligibility

All full-time employees regularly scheduled to work at least **20** hours each week.
Employees must be actively at work on the day coverage takes effect.
Benefits terminate at retirement.

Program Effective Date

May 01, 2013

All Late Entrants are required to complete satisfactory Evidence of Insurability information.

SUMMARY OF LONG TERM DISABILITY INSURANCE BENEFITS

Sharyland ISD

ELIGIBILITY	All full-time active employees working 20 or more hours per week are eligible for Long Term Disability coverage on the policy effective date. A delayed effective date will apply if the employee is not actively at work on the date that the insurance would otherwise take effect.
MONTHLY BENEFIT	If you are Totally Disabled beyond the elimination period due to a covered injury or sickness, you will be eligible to receive a monthly benefit up to 66 2/3% of your basic monthly income to a maximum benefit of \$8,000 . This benefit may be reduced by income or benefits from certain other income sources listed in your certificate. This coverage is optional.
DEFINITION OF TOTAL DISABILITY	Total Disability is defined as the inability to perform each of the main duties of your regular occupation on a full-time basis due to injury or sickness. Your "own" occupation is covered for 24 months. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably fitted, based on your experience, education or training.
ELIMINATION PERIOD	Elimination Period is the number of continuous days you must be totally disabled before benefit payments start. The Elimination Period is waived on Recurrent Disabilities. You can return to your regular occupation for up to six months without having to satisfy a new Elimination Period if there is a recurrence of the prior disability.
BENEFIT DURATION	Maximum Benefit Duration is the longest period of time that benefits will continue to be paid to you during a period of disability.
PARTIAL DISABILITY BENEFITS	Partial Disability means that due to a non-work-related sickness or injury, you are unable to perform one or more of the main duties of your regular occupation or are unable to perform such duties on a full-time basis. Lincoln Financial does not require that the employee be totally disabled prior to receiving partial benefits. To qualify for the benefit you must satisfy the elimination period. Partial disability benefits are reduced by earnings from any form of employment and end on the earliest of the date you cease to be partially disabled, the date your earnings exceed 85% of your pre-disability income or the date the maximum benefit duration ends.
EXCLUSIONS	<p>Lincoln Financial does not pay Long Term Disability benefits for any period of disability:</p> <ul style="list-style-type: none">- Which is the result of self-inflicted injury or attempted suicide;- During which you are not under the regular care of a doctor;- Due to active participation in a riot or in the commission of a felony;- Due to war, declared or undeclared, or any act of armed aggression; or <p>When a disability is due to mental illness, Lincoln Financial's standard contract considers benefits payable for up to a maximum period of 24 months. However, if the insured employee is confined to a hospital at the end of the 24-month period, benefits will continue up to the specified maximum benefit duration.</p>
PRE-EXISTING CONDITION EXCLUSION	<p>Pre-existing Condition means any sickness or injury for which you have received medical treatment, consultation, care or services (including diagnostic measures or the taking of prescribed drugs or medicines) during the 3 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 12 months following the coverage effective date.</p>
GUARANTEE ISSUE	This coverage is extended to you without requiring evidence of insurability as long as you meet eligibility requirements and enroll during your eligibility period. If you do not apply for this coverage when you are initially eligible and you choose to apply at a later date, you will be responsible for any expenses associated with obtaining further medical information.
MAXIMUM BENEFIT	The Maximum Benefit Period is the longest period of time that benefits will continue to be paid as

PREGNANCY	Pregnancy is treated as an illness. The definition of disability must be satisfied and the elimination period completed before benefits would begin.
BENEFIT INTEGRATION	<p>The Long Term Disability benefits are reduced by any other income you are eligible for under: Primary & Family Social Security Disability or Retirement or any similar plan or act;</p> <ul style="list-style-type: none"> - Worker's Compensation Law, occupational disease law or any similar law; - State Disability Plans or any compulsory benefit act or law; - Other group disability plans - Disability or retirement benefits through your employer; and - Any form of employment (full or part-time).
FAMILY INCOME BENEFIT	A family Income Benefit is paid in the event of your untimely death. A lump sum benefit equal to 3 times your last monthly long term disability benefit is paid to your surviving spouse or children if you should die. To qualify, you must have been disabled for 180 days and have been receiving long-term disability benefits under terms of the policy.
WAIVER OF PREMIUM	Premiums due during a total or partial disability period are waived after benefits become payable and for as long as they continue.

This is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you, which describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Group insurance products are issued by The Lincoln National Life Insurance Company (Ft. Wayne, IN), **which is not licensed and does not solicit business in New York**. In New York, group insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY).

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. **Affiliates are separately responsible for their own financial and contractual obligations.**