



## AWP, Inc. dba Area Wide Protective

### Benefits At-A-Glance

All Full-Time and Part-Time Direct and Indirect Labor Team Members

#### Voluntary LTD

|                                     |   |
|-------------------------------------|---|
| Monthly benefit amount              | 60% of Salary limited to \$5,000 (\$50 minimum)                                   |
| Elimination period                  | 90 days   |
| Coverage Period for Your Occupation | 24 Months   |
| Maximum Coverage Period             | Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later |

#### Voluntary Long-term Disability Insurance

#### The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Features group rates for eligible employees
- Includes *EmployeeConnect*<sup>SM</sup> services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

#### Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- The 90 day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

#### Coverage Period for Your Occupation

- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period.

#### Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse. See contract for details on other specified illnesses.

## Additional Plan Information

|                             |          |
|-----------------------------|----------|
| Premium Waiver              | Included |
| Progressive Income Benefit  | Included |
| Family Care Expense Benefit | Included |
| Family Income Benefit       | Included |
| Portability                 | Included |

### Evidence of Insurability

- When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

### 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 three 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.

## Benefit Exclusions & Reductions

Like any insurance, this long-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 disability occurs while you are committing a felony or misdemeanor or participating in a riot
- Your disability occurs while you are committing a felony or participating in a riot
- Your disability occurs while you are imprisoned for committing a felony
- Your disability occurs while you are residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

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
- Salary continuance
- Sick leave

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

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.

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# Voluntary Long-Term Disability Insurance

## Calculate Your Premium

Use the employee voluntary long-term disability premium rate table provided below to calculate your cost and benefit. The following example calculates the monthly cost for a 36-year-old employee with annual earnings of \$35,400.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

| Calculation Example |  | Example | You |
|---------------------|--|---------|-----|
| Step 1              | Enter the monthly rate per \$100 of monthly covered payroll.   | \$0.680 |     |
| Step 2              | Enter your monthly earnings. <i>Divide your annual earnings by 12.</i>   | \$2,950 |     |
| Step 3              | If your monthly earnings are greater than the <b>maximum monthly covered earnings</b> of \$8,333, indicate \$8,333. <i>Otherwise, indicate the amount from Step 2.</i> | \$2,950 |     |
| Step 4              | Calculate your monthly benefit. <i>Multiply Step 3 by 0.60.</i>  | \$1,770 |     |
| Step 5              | Enter your monthly earnings in increments of \$100 of monthly covered payroll. <i>To calculate, divide the amount in Step 3 by \$100.</i>                              | 29.5    |     |
| Step 6              | Calculate your monthly cost. <i>Multiply Step 1 by Step 5</i>  | \$20.06 |     |

| Age Range | Premium Rate |
|-----------|--------------|
| 0 - 29    | 0.230        |
| 30 - 34   | 0.390        |
| 35 - 39   | 0.680        |
| 40 - 44   | 1.180        |
| 45 - 49   | 1.730        |
| 50 - 54   | 2.450        |
| 55 - 59   | 3.480        |
| 60 - 64   | 4.120        |
| 65 - 69   | 3.520        |
| 70 +      | 2.260        |

This worksheet allows you to approximate your monthly contributions for voluntary long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.