

Full-Time Employees of The University of Tennessee

Benefits At-A-Glance

Voluntary Long Term Disability Insurance

The Lincoln Long-term Disability Insurance Premier Plan:

- Provides a cash benefit after you are out of work for 120 days or more due to injury, illness, or surgery
- Features group rates for The University of Tennessee employees
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Long-term Disability

Monthly benefit amount	66.67% of your monthly salary, limited to \$8,000 per month
Elimination period	120 days
Coverage period for your occupation	36 months
Maximum coverage period	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- The 120-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 (benefit duration).

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.

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 3 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.

Additional Plan Benefits	
Premium Waiver	Included
Progressive Income Benefit	Included
Family Care Expense Benefit	Included
Cost of Living Increase	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.
- If you decline this coverage now and wish to enroll later, a health examination may be required.

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 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

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

Voluntary Long Term Disability Insurance Here's how little you pay with group rates.

Your estimated monthly premium is determined by multiplying your monthly salary amount (up to \$11,999) by the premium rate: 0.00191. If your monthly salary exceeds \$11,999, multiply \$11,999 by 0.00191.

$$\begin{array}{r}
 \$ \\
 \hline
 \text{monthly salary} \\
 \times \quad 0.00191 \\
 \hline
 \text{premium rate} \\
 \hline
 =\$ \\
 \hline
 \text{monthly premium}
 \end{array}$$

Questions? Call 800-423-2765 and mention Group ID: UOFTENN2.

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.

EmployeeConnectSM services are provided by ComPsych[®] Corporation, Chicago, IL. ComPsych[®] and GuidanceResources[®] are registered trademarks of ComPsych[®] Corporation. ComPsych[®] is not a Lincoln Financial Group[®] company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL3001) 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.

