Lincoln Financial Group®

You're In Charge®

Group Long-Term Disability Insurance

SUMMARY OF BENEFITS

Sponsored by: **YMCA of the Fox Cities**

All active full time employees excluding those classified as leadership team employees working a minimum of 35 hours per week

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit

	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
Employer Paid Plan	60% of monthly salary up to $5,000 per month	Later of Age 65 or Social Security Normal Retirement Age	24 Months	90 Days

Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.
Benefit Limitations	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: 24 Months

Enrolling for Coverage

Eligibility:	All employees in an eligible class

Additional Benefits

Progressive Income Benefit, Family Care Expense Benefit, Survivor Income Benefit, EmployeeConnect - Employee Assistance Plan and Waiver of Premium

See your Schedule of Benefits on your Certificate for more information

Understanding Your Benefits

Elimination Period	The number of days you must be disabled prior to collecting disability benefits.
Own Occupation	The occupation, trade, or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training. See Certificate of Coverage for details.
Partial Disability	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability. See Certificate of Coverage for details.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
Benefit Duration Reduction	Your benefit duration may be reduced if you become disabled after age 65.
Pre-Existing Condition	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your 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 the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: • Your disability is the result of a self-inflicted injury. • You are not under the regular care of a doctor when requesting disability benefits. • You were involved in a felony commission, act of war, or participation in a riot. • You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: • Any compulsory benefit act or law (such as state disability plans); • Any governmental retirement system earned as a result of working for the current policyholder; • Any disability or retirement benefit received under a retirement plan; • Any Social Security, or similar plan or act, benefits; • Earnings from any form of employment; • Workers compensation; • Salary continuance or employer contributions to an employer sponsored retirement plan.
Coverage Termination	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information Contact Lincoln Financial Group at	
(800) 423-2765; reference ID: **YMCAOFFOX2**	www.LincolnFinancial.com

NOTE: 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 details. Should there be a difference between this summary and the contract, the contract will govern.

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