



**Group Short-Term Disability Insurance
Voluntary**

SUMMARY OF BENEFITS

Sponsored by: Transport Workers Union Local 556

Class 3 - All Active Full-time Employees who are members of the Group Policyholder and who have elected the 1/15/13 plan

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

STD Benefit			
	Weekly Benefit	Elimination Period	Maximum Duration
	Any \$100 increment, with a minimum of \$100 of coverage Maximum of \$1,200 per week, not to exceed 60% of salary.	Benefits begin on: Accident: 1st day Illness: 15th day	13 weeks
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 6 months prior to your effective date under this policy until you have been covered under the policy for 12 months.		
Integration of Benefits	Your benefits will be reduced by income received from your employer's sick pay plan and benefits received from any state disability or worker's compensation program.		
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.		
Additional Benefits			
	Rehab Assistance - 5% C-Section Benefit - 8 weeks See your Schedule of Benefits on your Certificate for more information		
Enrolling for Coverage			
Eligibility:	All full-time active employees working a minimum of 120 flight hours per year in an eligible class are eligible for coverage on the policy effective date. You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.		

Understanding Your Benefits

Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
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 as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 12 weeks of returning to work, you will begin receiving benefits again immediately.
Pre-Existing Condition	Any sickness or injury for which you have 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: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• 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 the insured earns or receives from any form of employment;• Disability income benefits received under state disability benefit laws.
Rehabilitation Assistance Benefit	Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed.
Coverage Termination	This 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: **SWAIRLINE2**

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 detail. Should there be a difference between this summary and the policy, the policy will govern.

©2008 Lincoln National Corporation

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). Both are Lincoln Financial Group companies. Product availability and/or features may vary by state. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. **Each affiliate is solely responsible for its own financial and contractual obligations.**