



What is it?

Salary Continuation coverage pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability plan provides money that can help you pay your bills.

Your Salary Continuation coverage

Eligibility description	All benefits eligible regular Workmates excluding California employees
Contribution	Your employer pays the cost of your coverage.
Coverage amount	You will receive 100% of your earnings for 12 weeks, followed by 70% of your earnings for 14 weeks, followed by 60% of your earnings thereafter.
Maximum benefit period	365 days
Accident elimination period	7 days. For benefits due to accident, benefits will be paid retroactively to day one if you are out for seven consecutive days
Illness elimination period	7 days. For benefits due to illness, benefits will be paid retroactively to day one if you are out for seven consecutive days
Recurrent disability benefits	If you become disabled for the same condition within 60 days following your prior disability, your benefits will continue under the same claim.
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions.	Not required
Preexisting condition(s): Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not applicable



Exclusions and limitations

Like any coverage, this Salary Continuation coverage plan does have some exclusions. You won't receive benefits if:

- Your disability is the result of an act of war
- Your disability occurs while you're committing a felony or participating in a riot

Your benefits may be reduced if you're eligible to receive benefits from:

- Sick pay from your employer
- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation

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

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This is not intended as a complete description of the coverage offered. Controlling provisions are provided in the plan document, and this summary does not modify those provisions or the coverage in any way. This is not a binding contract. A booklet of coverage will be made available to you that describes the benefits in greater detail. Refer to your booklet for your maximum benefit amounts. Should there be a difference between this summary and the plan document, the plan document will govern.

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