

Marksman Security Corporation

Benefits At-A-Glance

All eligible Marksman and Meta employees

Voluntary STD (paid by you through payroll deduction)

Weekly benefit amount	60% of your weekly salary, limited to \$1,000 per week
Maximum coverage period	13 weeks

Voluntary Short-Term Disability Insurance

The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 13 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for Marksman Security Corporation employees
- Offers a fast, no-hassle claims process

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- Benefits are payable after a period of 14 calendar days due to injury or sickness.

Partial Disability Benefits

- Partial disability benefits can be payable if your earnings are between 20% and 80% of your pre-disability earnings.

Successive Disability Benefits

- If you become disabled for the same condition within 14 days following your prior disability, your benefits will continue under the same claim.

Maximum Coverage Period

- This is the number of weeks you can collect disability benefits (also known as the benefit duration).

Evidence of Insurance

- 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 short-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
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are 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

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

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 policy, the policy will govern.

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Voluntary Short-Term Disability Premium Calculate Your Premium

Use the employee voluntary short-term disability premium rate table provided to 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 weekly covered earnings are equal to the maximum weekly benefit divided by the benefit percentage.

Calculation Example		Example	You
Step 1	Enter the monthly rate per \$10 of weekly benefit.	\$0.716	
Step 2	Enter your weekly earnings. <i>Divide your annual earnings by 52.</i>	\$681	
Step 3	If your weekly earnings are greater than the maximum weekly covered earnings of \$1,667, indicate \$1,667. Otherwise, indicate the amount from Step 2.	\$681	
Step 4	Calculate your weekly benefit. <i>Multiply Step 3 by 0.60.</i>	\$409	
Step 5	Enter your weekly benefit in increments of \$10. <i>To calculate, divide the amount in Step 4 by 10.</i>	\$40.90	
Step 6	Calculate your monthly cost. <i>Multiply Step 1 by Step 5.</i>	\$29.28	

Age Range	Premium Rate
0 - 29	\$0.795
30 - 39	\$0.716
40 - 49	\$0.500
50 - 59	\$0.746
60 - 69	\$1.102
70 +	\$1.306

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

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Please see prior page for product information.

Voluntary Short-term Disability Insurance Premium Calculation