The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 24 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for University of California employees. A premium estimator can be found on UCnet to assist you in determining your monthly cost for this benefit
- Offers a fast, no-hassle claims process

Voluntary STD (partially paid by you through payroll deduction)

| Weekly benefit amount | 60% of your weekly salary when you are out of work due to injury, illness, surgery, or recovery from childbirth. The maximum monthly benefit is $15,000. This benefit is partially taxable as both you and the University of California share in the cost of this benefit |

- **Monthly Cost:** The Voluntary STD insurance premium requires employee contributions. A premium estimator can be found on UCnet.
  - to assist you in determining your monthly cost for this benefit.
- **Benefit Elimination Period:** This is the number of days you must be disabled before you can collect disability benefits. The period for which a benefit is payable will commence on the latest of the following:
  - a) on the 15th day of continuous Disability resulting from Injury or Sickness.
  - b) exhaustion of accumulated sick leave (must exhaust 30 calendar days which equate to 22 working days not including paid holidays); or
  - c) earnings cease
- **Maximum Coverage Period:** This is the number of weeks you can collect disability benefits (also known as the benefit duration). Disability benefits will end at either the end of the disability or the end of the 24th week of disability benefit payments, whichever comes first.
- **Definition of Disability:** “Disability” or “Disabled,” with respect to Voluntary Short-term Disability, means you, as a result of Injury or Sickness, are unable to perform with reasonable continuity the Material and Substantial Acts necessary to pursue your Own Job in the usual and customary way
- **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:** A Successive Period of Disability will be treated as part of a prior Disability if, after receiving Disability Benefits under this coverage, you
  1. return to work for the University on an Active Employment basis, based on your normally scheduled workday; and
  2. in less than four consecutive weeks (20 consecutive workdays) after you return to work for the University and while covered under this plan, you again become Disabled due to the same or related cause as the prior Disability.
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 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.

Online solutions to manage your benefits

The University of California has a comprehensive website on UCnet dedicated to the Disability Plan. You can access this website by visiting: https://ucnet.universityofcalifornia.edu/compensation-and-benefits/disability-life-accident/disability/index.html

Additionally, Lincoln provides online resources and tools to help you better understand and manage your benefits on its portal. You can:

- Report an absence or track the status of an existing absence
- Review claim payment information

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.

Group insurance products and services described herein are issued by Lincoln Life Assurance Company of Boston. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.