



## What is it?

Long-term disability insurance 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 policy provides money that can help you pay your bills.

## Your long-term disability coverage

<b>Eligibility description</b>	All Comfort Systems USA employees excluding employees enrolled in class 2, 3, or 4																								
<b>Contributions</b>	Your pay the cost of your coverage																								
<b>Coverage amount</b>	60% of your monthly salary to a maximum of \$5,000 per month																								
<b>Maximum benefit period</b>	<p>Social Security Normal Retirement Age (SSNRA) or maximum benefit period outlined below, whichever is later:</p> <table border="1"> <thead> <tr> <th>Age at disability</th> <th>Maximum benefit period</th> </tr> </thead> <tbody> <tr> <td>Under 60</td> <td>To age 65 (but not less than five years)</td> </tr> <tr> <td>60</td> <td>60 months</td> </tr> <tr> <td>61</td> <td>48 months</td> </tr> <tr> <td>62</td> <td>42 months</td> </tr> <tr> <td>63</td> <td>36 months</td> </tr> <tr> <td>64</td> <td>30 months</td> </tr> <tr> <td>65</td> <td>24 months</td> </tr> <tr> <td>66</td> <td>21 months</td> </tr> <tr> <td>67</td> <td>18 months</td> </tr> <tr> <td>68</td> <td>15 months</td> </tr> <tr> <td>69+</td> <td>12 months</td> </tr> </tbody> </table>	Age at disability	Maximum benefit period	Under 60	To age 65 (but not less than five years)	60	60 months	61	48 months	62	42 months	63	36 months	64	30 months	65	24 months	66	21 months	67	18 months	68	15 months	69+	12 months
Age at disability	Maximum benefit period																								
Under 60	To age 65 (but not less than five years)																								
60	60 months																								
61	48 months																								
62	42 months																								
63	36 months																								
64	30 months																								
65	24 months																								
66	21 months																								
67	18 months																								
68	15 months																								
69+	12 months																								
<b>Elimination period</b>	After the end of your short-term disability or a period of 180 days of disability, whichever is greater.																								
<b>Evidence of insurability (EOI):</b> A health statement requiring you to answer a few medical history questions.	Health statement may be required																								
<b>Preexisting condition(s):</b> 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.	3 months lookback; 12 months after exclusion																								
<b>Premium waived if disabled:</b> Premium won't need to be paid when you're receiving benefits.	Yes																								
<b>EmployeeConnect<sup>SM</sup> services:</b> Gives you and your family confidential access to counselors, along with personal, legal, and financial assistance.	Included																								



## Long-term disability rate information

Age range	Monthly premium rate per \$100
0 – 24	\$0.104
25 – 29	\$0.124
30 – 34	\$0.155
35 – 39	\$0.228
40 – 44	\$0.337
45 – 49	\$0.513
50 – 54	\$0.725
55 – 59	\$1.004
60 – 64	\$0.923
65 – 69	\$0.556
70+	\$0.469



## Exclusions, limitations, and reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot
- Your disability occurs while you're imprisoned for committing a felony

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

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance
- Sick leave

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

©2024 Lincoln National Corporation

[LincolnFinancial.com](https://www.lincolnfinancial.com)

Lincoln Financial® is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-6459796-030624

PDF 5/24 Z01

Order code: GP-LTDEP-FLI001

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 contract, the contract will govern.

*EmployeeConnect*<sup>SM</sup> services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® and GuidanceResources® are registered trademarks of ComPsych® Corporation. ComPsych® is not a Lincoln Financial® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. **Not available in Washington. For New York, legal and financial assistance is not available.**

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.