

Supplemental Long-Term Disability Insurance

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 180 days or more due to injury, illness, or surgery
- Features group rates for eligible Rhode Island School of Design employees
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Voluntary LTD

| | |
|------------------------|---|
| Monthly benefit amount | 60% of your monthly salary, limited to \$10,000 per month |
| Elimination period | After the end of your short-term disability or a period of 180 days of disability, whichever is greater |

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Mental illness and substance abuse benefits are limited to a combined period of 24 months

| Age at Disability | Maximum Benefit Period |
|------------------------|---|
| Less than age 60 ----- | Greater of Social Security Normal Retirement age or to age 65 (but not less than 5 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 and over ----- | 12 months |

Additional Plan Information

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 long-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:

- 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

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 contract, the contract will govern.

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Supplemental Long-Term Disability Insurance Calculate Your Premium

Use the employee voluntary long-term disability premium rate table provided below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of \$35,400.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

| Calculation Example | | Example | You | Premium Rate |
|---------------------|---|---------|-----|--------------|
| Step 1 | Enter the monthly rate per \$100 of monthly covered payroll. | \$0.368 | | \$0.368 |
| Step 2 | Enter your monthly earnings. (Divide your annual earnings by 12.) | \$2,950 | | |
| Step 3 | If your monthly earnings are greater than the maximum monthly covered earnings of \$16,666.67, indicate \$16,666.67. Otherwise, indicate the amount from Step 2. | \$2,950 | | |
| Step 4 | Calculate your monthly benefit. Multiply Step 3 by 0.60. | \$1,770 | | |
| Step 5 | Enter your monthly earnings in increments of \$100 of monthly covered payroll. To calculate, divide the amount in Step 3 by \$100. | 29.5 | | |
| Step 6 | Calculate the total monthly cost. Multiply Step 1 by Step 5. | \$10.86 | | |

This worksheet allows you to approximate the monthly contribution for voluntary long-term disability insurance coverage. **The cost is split and paid 50% by employees and 50% by RISD.** Cost of insurance may change in the future due to age and/or coverage amount elected.