

Full-Time Executive, Office and Shop employee, except any person employed on a temporary or seasonal base of Pam Transportation

Voluntary Long Term Disability Insurance

Benefits At-A-Glance

The Lincoln Long-term Disability Insurance Value Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Features group rates for Pam Transportation employees
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Long-term Disability

Monthly benefit amount	60% of your monthly salary, limited to \$10,000 per month
Elimination period	90 days
Coverage period for your occupation	24 months
Maximum coverage period	2 years or up to age 70, whichever comes first

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- The 90-day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

Coverage Period for Your Occupation

- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period (benefit duration).

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse; 24 months for specified illness.

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 3 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.

Additional Plan Benefits	
Progressive Income Benefit	Included
Family Care Expense Benefit	Included
Family Income Benefit	Included
Portability	Included

Open Enrollment

- When you are first offered this coverage (and during approved open enrollment periods), you can take advantage of this important coverage with no health examination.
- If you decline this coverage now and wish to enroll later, a health examination may be required.

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
- You are not under the regular care of a doctor when you request disability benefits
- Your disability occurs while you are committing a felony or participating in a riot
- Your disability occurs while you are imprisoned for committing a felony
- Your disability occurs while you are residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work
- You are not participating in good faith in an approved vocational rehabilitation program should the plan require you to do so

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

In addition, your benefits may be reduced if you receive any amount from a third party as a result of your disability, such as a judgment or settlement.

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

Questions? Call 800-423-2765 and mention Group ID: PAMT.

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*SM services are provided by ComPsych[®] Corporation, Chicago, IL. ComPsych[®] and GuidanceResources[®] are registered trademarks of ComPsych[®] Corporation. ComPsych[®] is not a Lincoln Financial Group[®] company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL3001) 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. Product availability and/or features may vary by state. Limitations and exclusions apply.



Voluntary Long Term Disability Insurance

Here's how little you pay with group rates.

Your estimated weekly premium is determined by multiplying your monthly salary amount (up to \$16,667) by the premium rate: 0.00132. If your monthly salary exceeds \$16,667, multiply \$16,667 by 0.00132.

$$\begin{array}{r} \$ \\ \hline \text{monthly salary} \\ \times \quad 0.00132 \\ \hline \text{premium rate} \\ \hline =\$ \\ \hline \text{weekly premium} \end{array}$$

The Lincoln National Life Insurance Company
Please see prior page for product information.

Voluntary Long-term Disability Insurance Premium Calculation | Value Plan