

Transport Workers Union of America Benefits At-A-Glance

All Full-Time and eligible Part-Time members of the Transport Workers Union AFL-CIO who are employed by American Airlines, Envoy Air, or Allied Fueling and classified as payroll type 1, payroll type 2 and payroll type 3 enrolled in Voluntary STD for one or more years

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 26 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for employees
- Provides a partial cash benefit if you can only do part of your job or work part time
- Offers a fast, no-hassle claims process

Voluntary Short-term Disability

Weekly benefit amount	50% of your weekly salary, limited to \$4,000 per week
Sickness elimination period	14 days
Accident elimination period	14 days
Maximum coverage period	26 weeks

Sickness Elimination Period: You must be out of work for 14 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 15.

Accident Elimination Period: You must be out of work for 14 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 15.

Recurrent 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.

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 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

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

Additional Plan Benefits	
Benefits Integration	Included
Rehabilitation Assistance	Included
Family Income Benefit	Included
Portability	Included
Premium Waiver	Included

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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LCN-3366133-121020

STD-ENRO-BRC001

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