

SUMMARY OF BENEFITS

<b>Sponsored by:</b>	<b>Metromont Prestress Company</b>
<b>Eligibility</b>	All Eligible Active Full-Time Employees
<b>Maximum Weekly Benefit</b>	If you are totally disabled beyond the Elimination Period due to a covered injury or sickness, you will be eligible to receive a weekly benefit of: 67% of weekly salary up to \$400 per week
<b>Elimination Period</b>	Benefits begin on the <u>1st</u> day for disability due to an accident. Benefits begin on the 8th day for disability due to an illness.
<b>Maximum Benefit Duration</b>	13 weeks
<b>Definition of Total Disability</b>	Total Disability is defined as the inability to perform each of the main duties of your regular occupation due to injury or sickness.
<b>Pregnancy</b>	Pregnancy is treated as an illness. The Elimination Period has to be completed before benefits would begin.
<b>Non-Occupational</b>	Metromont Prestress Company Short Term Disability plan covers non-occupational injury or sickness. Worker's compensation normally covers an employee's work-related accident, injury or illness.
<b>Benefit Reductions</b>	Your benefits may be reduced if: <ul style="list-style-type: none"> <li>• You are receiving benefits from any compulsory benefit, act, or law, such as a state disability plan.</li> <li>• Any governmental retirement system earned as a result of working for the current policyholder;</li> <li>• Any Social Security, or similar plan or act, benefits;</li> <li>• Any disability or retirement benefit received under a retirement plan;</li> <li>• Earnings the insured earns or receives from any form of employment.</li> </ul>
<b>Partial Disability Benefits</b>	Partial Disability means that, due to sickness or injury, the insured person is unable to perform one or more of the main duties of his or her regular occupation; or, is unable to perform such duties on a full-time basis.
<b>Exclusions</b>	STD benefits are not available for any period of disability: <ul style="list-style-type: none"> <li>• Which is the result of a sickness or injury covered by Workers' Compensation;</li> <li>• Which is due to a job-related sickness or injury</li> <li>• Your disability is the result of a self-inflicted injury.</li> <li>• Which is the result of war (declared or undeclared) or any act of war.</li> <li>• Disability caused by your commission or an attempt to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation.</li> <li>• You are not under the regular care of a doctor when requesting disability benefits.</li> </ul>
<b>For assistance or additional information Contact Lincoln Financial Group at</b>	
(800) 423-2765; reference ID: <b>MEPRCO</b>	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>

NOTE: 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 details. Should there be a difference between this summary and the contract, the contract will govern.