

Coca-Cola Beverages Northeast provides this valuable benefit at no cost to you.

All Active Full-Time Employees, excluding the President, Vice President, Vice Chairman and Management Employees

Long-Term Disability Insurance

Keep getting a check when you're hurt or sick.

You always have bills to pay, even when you can't get to work due to injury, illness, or surgery. Long-term disability insurance helps you make ends meet during this difficult time.

AT A GLANCE:

• A cash benefit of 66.67% of your monthly salary (up to \$6,000) starting after the end of your short-term disability or a period of 180 days of disability, whichever is greater, and continues up to the maximum benefit period:

C	○ Age at Disability	Maximum Benefit Period
	Less than age 62 Grea	ter of Social Security Normal Retirement
	age o	or to age 65 (or 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

- Includes *EmployeeConnect** EAP services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance.
 - Program Services include:
 - Unlimited, 24/7 access to information and referrals
 - In-person help for short-term issues; up to five sessions with a counselor per person, per issue, per year.
 - One free consultation with a network attorney (with subsequent meetings at a reduced fee)
 - One free consultation with a financial counselor
 - Online tools, tutorials, videos and much more

ADDITIONAL DETAILS

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.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

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.

EmployeeConnectSM 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.

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