

**Disability Benefit Summary**

**Group Number:** 00513319

**About Your Benefits:**

You probably have insurance for your car or home, but what about the source of income that pays for it? You rely on your paycheck for so many things, but what if you were suddenly unable to work due to an accident or illness? How will you put food on the table, pay your mortgage or heat your home? Disability insurance can help replace lost income and make a difficult time a little easier. Protect your most valuable asset, your paycheck-enroll today!

**What Your Benefits Cover:**

	<b>Short-Term Disability</b>	<b>Long-Term Disability</b>
<b>Coverage amount</b>	60% of salary to maximum \$1250/week	60% of salary to maximum \$10000/month
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	11 weeks	Social Security Normal Retirement Age
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 15	Day 91
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 15	Day 91
<b>Critical Disability Supplement:</b> Provides a supplemental benefit if you are ADL-disabled or functionally impaired.	Not Available	20% to maximum of \$5000 if you are ADL disabled
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1250 in coverage	We Guarantee Issue \$10000 in coverage
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
<b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation	3 months look back; 12 months after exclusion
<b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.	Yes	Yes
<b>Survivor benefit:</b> Additional benefit payable to your family if you die while disabled.	No	3 months

## **UNDERSTANDING YOUR BENEFITS—DISABILITY** (Some information may vary by state)

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for mental health and substance abuse.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

## Short-Term Disability Plan Semi-monthly Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses. To help you assess your needs, you can also go to Guardian Anytime and use our Disability Insurance Explorer Tool.

Policy amounts shown based on sample salary amounts only.

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
Your premium rate	\$0.190	\$0.260	\$0.300	\$0.240	\$0.210	\$0.280	\$0.360	\$0.410	\$0.580
	<i>Election Cost Per Age Bracket</i>								
	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$20,000 Annual Salary \$231 Weekly Benefit	\$2.20	\$3.00	\$3.47	\$2.77	\$2.43	\$3.23	\$4.16	\$4.74	\$6.70
\$25,000 Annual Salary \$288 Weekly Benefit	\$2.74	\$3.74	\$4.32	\$3.46	\$3.02	\$4.03	\$5.18	\$5.90	\$8.35
\$30,000 Annual Salary \$346 Weekly Benefit	\$3.29	\$4.50	\$5.19	\$4.15	\$3.63	\$4.84	\$6.23	\$7.09	\$10.03
\$35,000 Annual Salary \$404 Weekly Benefit	\$3.84	\$5.25	\$6.06	\$4.85	\$4.24	\$5.66	\$7.27	\$8.28	\$11.72
\$40,000 Annual Salary \$462 Weekly Benefit	\$4.39	\$6.01	\$6.93	\$5.54	\$4.85	\$6.47	\$8.32	\$9.47	\$13.40
\$45,000 Annual Salary \$519 Weekly Benefit	\$4.93	\$6.75	\$7.79	\$6.23	\$5.45	\$7.27	\$9.34	\$10.64	\$15.05
\$50,000 Annual Salary \$577 Weekly Benefit	\$5.48	\$7.50	\$8.66	\$6.92	\$6.06	\$8.08	\$10.39	\$11.83	\$16.73
\$55,000 Annual Salary \$635 Weekly Benefit	\$6.03	\$8.26	\$9.53	\$7.62	\$6.67	\$8.89	\$11.43	\$13.02	\$18.42
\$60,000 Annual Salary \$692 Weekly Benefit	\$6.57	\$9.00	\$10.38	\$8.30	\$7.27	\$9.69	\$12.46	\$14.19	\$20.07
\$65,000 Annual Salary \$750 Weekly Benefit	\$7.13	\$9.75	\$11.25	\$9.00	\$7.88	\$10.50	\$13.50	\$15.38	\$21.75
\$70,000 Annual Salary \$808 Weekly Benefit	\$7.68	\$10.50	\$12.12	\$9.70	\$8.48	\$11.31	\$14.54	\$16.56	\$23.43
\$75,000 Annual Salary \$865 Weekly Benefit	\$8.22	\$11.25	\$12.98	\$10.38	\$9.08	\$12.11	\$15.57	\$17.73	\$25.09
\$80,000 Annual Salary \$923 Weekly Benefit	\$8.77	\$12.00	\$13.85	\$11.08	\$9.69	\$12.92	\$16.61	\$18.92	\$26.77
\$85,000 Annual Salary \$981 Weekly Benefit	\$9.32	\$12.75	\$14.72	\$11.77	\$10.30	\$13.73	\$17.66	\$20.11	\$28.45
\$90,000 Annual Salary \$1,038 Weekly Benefit	\$9.86	\$13.49	\$15.57	\$12.46	\$10.90	\$14.53	\$18.68	\$21.28	\$30.10
\$95,000 Annual Salary \$1,096 Weekly Benefit	\$10.41	\$14.25	\$16.44	\$13.15	\$11.51	\$15.34	\$19.73	\$22.47	\$31.78
\$100,000 Annual Salary \$1,154 Weekly Benefit	\$10.96	\$15.00	\$17.31	\$13.85	\$12.12	\$16.16	\$20.77	\$23.66	\$33.47
\$105,000 Annual Salary \$1,212 Weekly Benefit	\$11.51	\$15.76	\$18.18	\$14.54	\$12.73	\$16.97	\$21.82	\$24.85	\$35.15
\$110,000 Annual Salary \$1,250 Weekly Benefit	\$11.88	\$16.25	\$18.75	\$15.00	\$13.13	\$17.50	\$22.50	\$25.63	\$36.25

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

## Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00513319

### A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
  - You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
  - Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
  - For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
  - For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
  - We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
  - This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
  - If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
  - When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA.
- Contract #s GP-I-LTD94-A,B,C-1.0 et al.; GP-I-LTD2K-1.0 et al;  
GP-I-LTD07-1.0 et al. Contract #s GP-I-STD94-1.0 et al;  
GP-I-STD2K-1.0 et al; , GP-I-STD07-1.0 et al.
- This handout is for illustration purposes only and is an approximation, premium amounts may be amended.*