

Long-Term Disability Benefit Summary

Group Number: 408767

About Your Benefits:

Your paycheck is your greatest asset. How else would you pay for expenses like your rent or mortgage, food and transportation? Disability insurance helps replace lost income if you have an accident or illness that prevents you from working. Unfortunately, disabilities occur more often than you may think. Be prepared and take advantage of an opportunity to help protect your financial well being at economical group rates. Enroll today!

What Your Benefits Cover:

	Long-Term Disability
Coverage amount	Choose monthly benefit amount from \$500 to \$7500. See cost illustration page for monthly benefit offering.
Maximum payment period: Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 181
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 181
Conversion: Allows you to continue disability coverage after your group plan has terminated.	Yes
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: 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 \$7500 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
Pre-existing conditions: 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.	6 months look back; 24 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes

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 includes average bonuses and commissions.
- **Special limitations:** Provides a 12-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **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.

Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at www.guardiananytime.com

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.
- 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.

This handout is for illustration purposes only and is an approximation, premium amounts may be amended.

Long-Term Disability Plan Weekly Cost Illustration

v. 9.11.13

Monthly Benefit	Minimum Annual Salary	Election Cost Per Age Bracket								
		<30	30-34	35-39	40-44	45-49	50-54	55-59	60+	
\$ 500	\$ 10,000	\$ 0.38	\$ 0.45	\$ 0.68	\$ 1.16	\$ 1.74	\$ 2.32	\$ 2.79	\$ 2.28	
\$ 1,000	\$ 20,000	\$ 0.76	\$ 0.90	\$ 1.36	\$ 2.31	\$ 3.48	\$ 4.64	\$ 5.58	\$ 4.57	
\$ 1,500	\$ 30,000	\$ 1.15	\$ 1.35	\$ 2.05	\$ 3.47	\$ 5.22	\$ 6.97	\$ 8.37	\$ 6.85	
\$ 2,000	\$ 40,000	\$ 1.53	\$ 1.80	\$ 2.73	\$ 4.63	\$ 6.97	\$ 9.29	\$ 11.17	\$ 9.13	
\$ 2,500	\$ 50,000	\$ 1.91	\$ 2.24	\$ 3.41	\$ 5.78	\$ 8.71	\$ 11.61	\$ 13.96	\$ 11.41	
\$ 3,000	\$ 60,000	\$ 3.11	\$ 3.75	\$ 5.86	\$ 10.12	\$ 15.65	\$ 21.49	\$ 26.38	\$ 22.17	
\$ 3,500	\$ 70,000	\$ 3.63	\$ 4.37	\$ 6.84	\$ 11.81	\$ 18.26	\$ 25.07	\$ 30.78	\$ 25.86	
\$ 4,000	\$ 80,000	\$ 4.15	\$ 4.99	\$ 7.82	\$ 13.50	\$ 20.87	\$ 28.65	\$ 35.18	\$ 29.56	
\$ 4,500	\$ 90,000	\$ 4.66	\$ 5.62	\$ 8.80	\$ 15.18	\$ 23.48	\$ 32.23	\$ 39.58	\$ 33.25	
\$ 5,000	\$ 100,000	\$ 5.18	\$ 6.24	\$ 9.77	\$ 16.87	\$ 26.09	\$ 35.82	\$ 43.97	\$ 36.95	
\$ 5,500	\$ 110,000	\$ 6.78	\$ 8.24	\$ 13.07	\$ 22.78	\$ 35.62	\$ 49.45	\$ 61.19	\$ 51.92	
\$ 6,000	\$ 120,000	\$ 7.39	\$ 8.99	\$ 14.26	\$ 24.85	\$ 28.85	\$ 53.95	\$ 66.75	\$ 56.65	
\$ 6,500	\$ 130,000	\$ 8.01	\$ 9.74	\$ 15.45	\$ 26.93	\$ 42.09	\$ 58.44	\$ 72.32	\$ 61.37	
\$ 7,000	\$ 140,000	\$ 8.63	\$ 10.48	\$ 16.64	\$ 29.00	\$ 45.33	\$ 62.94	\$ 77.88	\$ 66.09	
\$ 7,500	\$ 150,000	\$ 9.24	\$ 11.23	\$ 17.83	\$ 31.07	\$ 48.57	\$ 67.43	\$ 83.44	\$ 70.81	

Long Term Disability General Limitations and Exclusions: 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 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 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, and an employee who is receiving treatment outside of the US or Canada and the employee's loss of earning 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 the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition.

A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives advice or treatment, or takes prescribed drugs. 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. Please refer to the plan details for specific time periods. State variations may apply.

Contract #s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al.; GP-1-LTD07-1.0 et al.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails. Your company has selected Guardian to provide disability coverage to eligible employees according to plan terms which have been mutually agreed upon. As an eligible employee, you can purchase this coverage at the group premium levels illustrated above.