

Disability Benefit Summary

Group Number: 00567683

A Disability insurance plan through Guardian provides:

- Income protection while you are unable to work
- Affordable group rates
- Fast claim payments paid directly to you that can help pay for expenses while you recover
- Extensive resources and support to help you get back to work and a productive life

About Your Benefits:

	Short-Term Disability	Long-Term Disability
Coverage amount	70% of salary to maximum \$3500/week	60% of salary to maximum \$12000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	26 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 1	Day 181
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 181
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement not required	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.	Not Applicable	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	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.	Not Applicable	3 months look back; 12 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Not Applicable	Yes
Survivor benefit: 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.

Benefit information illustrated within this material reflects the plan covered by Guardian as of 11/20/2019

ALL ELIGIBLE EMPLOYEES EARNING LESS THAN 50K Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

Long-Term Disability Plan 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 view a video:

<https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/disability>

Policy amounts shown based on sample salary amounts only.

Your premium rate	\$0.450	
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\$40,000 Annual Salary \$2,000 Monthly Benefit	\$15.00	Deduction
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\$50,000 Annual Salary \$2,500 Monthly Benefit	\$18.75	Deduction
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\$60,000 Annual Salary \$3,000 Monthly Benefit	\$22.50	Deduction
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\$70,000 Annual Salary \$3,500 Monthly Benefit	\$26.25	Deduction
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\$80,000 Annual Salary \$4,000 Monthly Benefit	\$30.00	Deduction
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\$90,000 Annual Salary \$4,500 Monthly Benefit	\$33.75	Deduction
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\$100,000 Annual Salary \$5,000 Monthly Benefit	\$37.50	Deduction
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\$110,000 Annual Salary \$5,500 Monthly Benefit	\$41.25	Deduction
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\$120,000 Annual Salary \$6,000 Monthly Benefit	\$45.00	Deduction
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\$130,000 Annual Salary \$6,500 Monthly Benefit	\$48.75	Deduction
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\$140,000 Annual Salary \$7,000 Monthly Benefit	\$52.50	Deduction
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\$150,000 Annual Salary \$7,500 Monthly Benefit	\$56.25	Deduction
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\$160,000 Annual Salary \$8,000 Monthly Benefit	\$60.00	Deduction
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\$170,000 Annual Salary \$8,500 Monthly Benefit	\$63.75	Deduction
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\$180,000 Annual Salary \$9,000 Monthly Benefit	\$67.50	Deduction
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\$190,000 Annual Salary \$9,500 Monthly Benefit	\$71.25	Deduction
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\$200,000 Annual Salary \$10,000 Monthly Benefit	\$75.00	Deduction
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\$210,000 Annual Salary \$10,500 Monthly Benefit	\$78.75	Deduction
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\$220,000 Annual Salary \$11,000 Monthly Benefit	\$82.50	Deduction
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\$230,000 Annual Salary \$11,500 Monthly Benefit	\$86.25	Deduction
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\$240,000 Annual Salary \$12,000 Monthly Benefit	\$90.00	Deduction
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\$250,000 Annual Salary
\$12,000 Monthly Benefit

\$90.00 Deduction

Manage Your Benefits:

Go to 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.

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-STD94-1.0 et al; GP-I-STD2K-1.0 et al; GP-I-STD07-1.0 et al; GP-I-STD-15-1.0 et al. 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; GP-I-LTD-15-1.0 et al.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.



BENEFITS OFFSET NOTICE

Your Guardian Group Disability Policy (Policy) may provide that any Guardian Disability benefits you receive may be offset by Other Income/ Benefits you or your dependents receive while you are receiving Guardian Disability Benefits. This means that Guardian may deduct the amount of any Other/Income Benefit payments made to you or your dependents from your weekly or monthly Guardian Disability Benefit prior to issuing payment. Examples of Other Income Benefits described in your Policy include:

- U.S. Social Security Disability Income or Retirement Benefits
- Disability or Retirement Benefits payable from any other source, including state mandated disability plans, U.S. Railroad Retirement plan or similar U.S./Canadian plan
- Salary earned or paid during your disability period, including sick leave, paid time off, severance payments, bonuses and commissions
- Workers' Compensation benefits
- No-fault motor vehicle coverage benefits
- Distributions, profit sharing, royalties

Upon enrollment, please review your certificate booklet for the full definition of Other Income Benefits and provisions pertaining benefit offsets and overpayment recovery. If you or your dependents are awarded any Other Income Benefits, including lump sum payments while you are receiving Guardian Disability benefits, you should contact Guardian promptly to calculate the appropriate offset amount and prevent an overpayment of benefits.