

Short-Term Disability Benefit Summary

Group Number: 00549499

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:

	Low Plan	High Plan
Coverage amount	50% of salary to maximum \$1500/week	60% of salary to maximum \$1500/week
Maximum payment period: Maximum length of time you can receive disability benefits.	11 weeks	11 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 15
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 15
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement not required	Health Statement not required
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	20	20
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.	3 months look back; 12 months after 2 week limitation	3 months look back; 12 months after 2 week limitation
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	Yes

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

Earnings definition: Your covered salary excludes bonuses and commissions.

Pre-existing conditions:**

3 Month Look Back: The period of time prior to the employee's effective date that we look at in order to determine if a condition is pre-x

12 Month Limiting Period: The period of time that the employee must be continuously insured under our plan in order for benefits to be payable for a disability due to a pre-x condition

2 Week Limitation: limits the number of weeks benefits are paid for disabilities due to a pre-existing condition; 2 week limitation

For any Disability caused by, contributed to by or resulting from a Pre-Existing Condition, We limit the Maximum Payment Period to [two] weeks, unless the Disability starts after You complete at least one full day of Active Work after the date You have been covered under this Certificate for 12 Months in a row.

Short-Term Disability Plan Bi-weekly 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>

Option 1 50% to \$1,500 per week

Benefits Begin: 15 day accident, 15 day sickness
11 week benefit duration

Option 2 60% to \$1,500 per week

Benefits Begin: 15 day accident, 15 day sickness
11 week benefit duration

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+
Option 1 premium rate	\$0.330	\$0.450	\$0.620	\$0.450	\$0.320	\$0.340	\$0.380	\$0.450	\$0.530
Option 2 premium rate	\$0.340	\$0.470	\$0.650	\$0.470	\$0.330	\$0.350	\$0.400	\$0.470	\$0.550

	Election Cost Per Age Bracket								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$20,000 Annual Salary									
Option 1: \$192 Weekly Benefit	\$2.92	\$3.99	\$5.49	\$3.99	\$2.84	\$3.01	\$3.37	\$3.99	\$4.70
Option 2: \$231 Weekly Benefit	\$3.63	\$5.01	\$6.93	\$5.01	\$3.52	\$3.73	\$4.27	\$5.01	\$5.86
\$30,000 Annual Salary									
Option 1: \$288 Weekly Benefit	\$4.39	\$5.98	\$8.24	\$5.98	\$4.25	\$4.52	\$5.05	\$5.98	\$7.05
Option 2: \$346 Weekly Benefit	\$5.43	\$7.51	\$10.38	\$7.51	\$5.27	\$5.59	\$6.39	\$7.51	\$8.78
\$40,000 Annual Salary									
Option 1: \$385 Weekly Benefit	\$5.86	\$8.00	\$11.02	\$8.00	\$5.69	\$6.04	\$6.75	\$8.00	\$9.42
Option 2: \$462 Weekly Benefit	\$7.25	\$10.02	\$13.86	\$10.02	\$7.04	\$7.46	\$8.53	\$10.02	\$11.73
\$50,000 Annual Salary									
Option 1: \$481 Weekly Benefit	\$7.33	\$9.99	\$13.76	\$9.99	\$7.10	\$7.55	\$8.44	\$9.99	\$11.77
Option 2: \$577 Weekly Benefit	\$9.05	\$12.52	\$17.31	\$12.52	\$8.79	\$9.32	\$10.65	\$12.52	\$14.65
\$60,000 Annual Salary									
Option 1: \$577 Weekly Benefit	\$8.79	\$11.98	\$16.51	\$11.98	\$8.52	\$9.05	\$10.12	\$11.98	\$14.11
Option 2: \$692 Weekly Benefit	\$10.86	\$15.01	\$20.76	\$15.01	\$10.54	\$11.18	\$12.78	\$15.01	\$17.57
\$70,000 Annual Salary									
Option 1: \$673 Weekly Benefit	\$10.25	\$13.98	\$19.26	\$13.98	\$9.94	\$10.56	\$11.80	\$13.98	\$16.46
Option 2: \$808 Weekly Benefit	\$12.68	\$17.53	\$24.24	\$17.53	\$12.31	\$13.05	\$14.92	\$17.53	\$20.51
\$80,000 Annual Salary									
Option 1: \$769 Weekly Benefit	\$11.71	\$15.97	\$22.01	\$15.97	\$11.36	\$12.07	\$13.49	\$15.97	\$18.81
Option 2: \$923 Weekly Benefit	\$14.48	\$20.02	\$27.69	\$20.02	\$14.06	\$14.91	\$17.04	\$20.02	\$23.43
\$90,000 Annual Salary									
Option 1: \$865 Weekly Benefit	\$13.18	\$17.97	\$24.75	\$17.97	\$12.78	\$13.57	\$15.17	\$17.97	\$21.16
Option 2: \$1,038 Weekly Benefit	\$16.29	\$22.52	\$31.14	\$22.52	\$15.81	\$16.77	\$19.16	\$22.52	\$26.35
\$100,000 Annual Salary									
Option 1: \$962 Weekly Benefit	\$14.65	\$19.98	\$27.53	\$19.98	\$14.21	\$15.10	\$16.87	\$19.98	\$23.53
Option 2: \$1,154 Weekly Benefit	\$18.11	\$25.03	\$34.62	\$25.03	\$17.58	\$18.64	\$21.31	\$25.03	\$29.29
\$110,000 Annual Salary									
Option 1: \$1,058 Weekly Benefit	\$16.11	\$21.97	\$30.28	\$21.97	\$15.63	\$16.60	\$18.56	\$21.97	\$25.88
Option 2: \$1,269 Weekly Benefit	\$19.91	\$27.53	\$38.07	\$27.53	\$19.33	\$20.50	\$23.43	\$27.53	\$32.21

	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$120,000 Annual Salary									
Option 1: \$1,154 Weekly Benefit	\$17.58	\$23.97	\$33.02	\$23.97	\$17.04	\$18.11	\$20.24	\$23.97	\$28.23
Option 2: \$1,385 Weekly Benefit	\$21.73	\$30.04	\$41.55	\$30.04	\$21.10	\$22.37	\$25.57	\$30.04	\$35.16

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.

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: 00549499

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 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 # GP-1-STD-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.

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GUARDIAN® The Guardian Life Insurance Company of America

And its Affiliates and Subsidiaries

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Western Regional Office
PO Box 2454
Spokane, WA 99210-2454

**NOTICE OF INFORMATION
PRACTICES FORM**

Thank you for choosing The Guardian Life Insurance Company of America (“Guardian”). This notice is given to you at the time you apply for life or disability insurance to tell you about the kinds of information we may obtain in connection with your application. Your personal information may be collected from a person other than you. We will treat all personal information about you as confidential, except as authorized by you, or as required by law. Such personal information as well as other personal or privileged information subsequently collected by Guardian or our representatives may in certain circumstances be disclosed to a third party without authorization.

You have a right of access and correction with respect to your personal information. If you wish a more detailed explanation of our information practices, please send your written request to: The Privacy Office, The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004-4025.

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Guardian, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life, health, or disability insurance, or to whom a claim for benefits may be submitted.

Medical Records: We may request information from health care providers or others who have records of your medical history, mental or physical condition, or treatment. Only qualified members of Guardian’s staff will have access to your medical file to evaluate your eligibility for insurance or to service your claim for benefits under a policy. Your authorization will govern our request for information and any later disclosure of that information.

