

Short-Term Disability Benefit Summary

Group Number: 00577772

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
Coverage amount	Choose weekly amount \$100, \$200, \$300, \$400, \$500, \$600, \$700, \$800, \$900 or \$1000
Maximum payment period: Maximum length of time you can receive disability benefits.	13 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 1
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8
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 \$1000 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.	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
Portability: Allows you to take your STD Coverage with you, if you terminate employment. Ported STD Plan terminates at age of 70.	Included

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

- **Earnings definition:** Your covered salary excludes bonuses and commissions.

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 I Benefits Begin: 1 day accident, 8 day sickness
13 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 I premium rate	\$0.410	\$0.510	\$0.850	\$0.750	\$0.510	\$0.510	\$0.620	\$0.770	\$1.130
<i>Election Cost Per Age Bracket</i>									
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$8,667 Minimum Annual Salary Option I*: \$100 Weekly Benefit	\$1.89	\$2.35	\$3.92	\$3.46	\$2.35	\$2.35	\$2.86	\$3.55	\$5.22
\$17,333 Minimum Annual Salary Option I*: \$200 Weekly Benefit	\$3.79	\$4.71	\$7.85	\$6.92	\$4.71	\$4.71	\$5.72	\$7.11	\$10.43
\$26,000 Minimum Annual Salary Option I*: \$300 Weekly Benefit	\$5.68	\$7.06	\$11.77	\$10.39	\$7.06	\$7.06	\$8.59	\$10.66	\$15.65
\$34,667 Minimum Annual Salary Option I*: \$400 Weekly Benefit	\$7.57	\$9.42	\$15.69	\$13.85	\$9.42	\$9.42	\$11.45	\$14.22	\$20.86
\$43,333 Minimum Annual Salary Option I*: \$500 Weekly Benefit	\$9.46	\$11.77	\$19.62	\$17.31	\$11.77	\$11.77	\$14.31	\$17.77	\$26.08
\$52,000 Minimum Annual Salary Option I*: \$600 Weekly Benefit	\$11.35	\$14.12	\$23.54	\$20.77	\$14.12	\$14.12	\$17.17	\$21.32	\$31.29
\$60,667 Minimum Annual Salary Option I*: \$700 Weekly Benefit	\$13.25	\$16.48	\$27.46	\$24.23	\$16.48	\$16.48	\$20.03	\$24.88	\$36.51
\$69,333 Minimum Annual Salary Option I*: \$800 Weekly Benefit	\$15.14	\$18.83	\$31.39	\$27.69	\$18.83	\$18.83	\$22.89	\$28.43	\$41.72
\$78,000 Minimum Annual Salary Option I*: \$900 Weekly Benefit	\$17.03	\$21.19	\$35.31	\$31.15	\$21.19	\$21.19	\$25.75	\$31.99	\$46.94
\$86,667 Minimum Annual Salary Option I*: \$1,000 Weekly Benefit	\$18.92	\$23.54	\$39.23	\$34.62	\$23.54	\$23.54	\$28.62	\$35.54	\$52.15

*This benefit may not exceed 60% of your weekly salary.

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: 00577772

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, DC PFML and WA PFML.

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.