

## Guardian's Voluntary Package Provides Comprehensive Coverage:

<b>Term Life Insurance</b>	\$50,000
<b>AD&amp;D</b>	\$100,000
<b>Disability Income</b>	\$1,500 per month

<b>Employee Age</b>	<b>Monthly Rates</b>
18 - 39	\$25.50
40 - 54	\$43.50
55+	\$79.50

### Term Life

Coverage Amount	\$50,000 of Term Life insurance on eligible employees. Amount is reduced by 35% upon attainment of age 65 and an additional 25% of the original amount upon attainment of age 70.
Seatbelt & Airbag Supplement	Benefit amounts will be increased if death is a direct result of an automobile accident: a. \$10,000 for employee if properly wearing a seatbelt. b. \$15,000 for employee while properly wearing a seatbelt and sitting in a seat with a properly functioning airbag.
Conversion Feature	Allows qualified terminated employees to convert group coverage to a permanent whole life policy.

### Accidental Death & Dismemberment (AD&D)

Provides an employee benefit of \$100,000 in the event of a covered accidental death or a percentage of that amount for other losses of hearing or loss of limb. Benefit amount vary based on loss.

### Disability Income

Covered Disabilities	Accidents and sicknesses, disabilities incurred on and off the job, maternity, mental and emotional disorders/alcohol and drug abuse (limitations apply).
Definition of Disability	Two-year own occupation, during first 24 months. ADL disabled thereafter when considered critically disabled with zero-day residual benefit.
Monthly Benefit	66 2/3% of an employee's salary to a monthly maximum of \$1,500.
Minimum Monthly Benefit	\$50/month
Elimination Period	30-day accident/90-day sickness
Duration of Benefits	To age 65
Covered Earnings	Standard Including Bonuses and Commissions
Income With Which This Plan Integrates	Payments are directly reduced by any Social Security disability benefits paid to the employee and his or her family. We also integrate disability benefits with other forms of income the employee receives or is eligible to receive.
Pre-Existing Condition Limit	12 months prior/12 months insured exclusion period, continuity of coverage

The following billing and administrative fee apply to Guardian EverGuard Plus plans: \$7.50 Per Employee Per Month (PEPM)  
Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family.  
This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.

**important information:** We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. We pay no benefits for the insured where death or dismemberment occurs while driving an automobile legally intoxicated; while voluntarily using a non-prescription substance; through intentional self-injury; while participating in a civil disorder or committing a felony; while the member of a flight crew or a trainee in an aircraft; by declared or undeclared war or armed aggression; while a member of any armed force; or as the result of a disease or a bodily infirmity. GP-1-R-ADCL1-00. 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 force); 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 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 the employee's loss of earnings is not solely due to disability. This policy does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Department of Insurance. If the plan is new (not transferred): This LTD plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes pregnancy and any condition for which an employee consults with a physician, receives treatment or takes prescribed drugs. Please refer to plan documents for specific time periods. A person is ADL disabled if he or she is: (a) physically unable to perform 2 or more Activities of Daily Living (ADL) without continuous physical assistance or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADL's are bathing, dressing, toileting, transferring, continence and eating.  
Contract #'s GP-1-LT2K-1.0 et al.