

Disability Plans

COVERAGE	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Coverage amount	70% of salary to maximum \$1710/week	66.67% of salary to maximum \$15000/month
Maximum payment period	26 weeks	Social Security Normal Retirement Age
Accident benefits begin	Day 8	Day 181
Illness benefits begin	Day 8	Day 181
Waiting period		
Current employees	Planholder determines	Planholder determines
New employees	Planholder determines	Planholder determines

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.

**YOUR GUARDIAN
PLAN OFFERS:**

Free employee assistance program, confidential advice and crisis intervention by phone from registered nurses and psychotherapists.

File short-term disability claims by phone with Teleguard® at (888) 262-5670.

Premium payments waived once you begin receiving benefits.

Reliable claim payments

Did you know?

Most experts agree that after medical insurance, disability is the most important coverage to have.

PLAN DETAILS	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Evidence of Insurability	Health Statement may be required	Health Statement may be required
Guarantee Issue	We Guarantee Issue \$1500 in coverage	We Guarantee Issue \$15000 in coverage
Minimum work hours/week	Planholder Determines	Planholder Determines
Plan covers on the job accidents	No	Yes
Pre-existing Conditions	Not Applicable	3 months look back; 12 months after exclusion
Rehabilitation Benefit	Yes	Yes
Survivor Benefit	No	3 months

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be 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.
- 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.
- 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.
- 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.