

Guardian® Disability Choice - Voluntary Short-Term Disability

Case Name: 00461431 American Retail Services --Agent Name: HUB

State: CA ZIP Code Range: 92200 - 93599 SIC Code Range: 5411 - 5496

Industry: Food Stores

Eligible Employees: All

Quote Date: 7/22/2016

Expiration Date: 6/30/2017

Monthly Premium

Weekly Benefit	Minimum Annual Salary Required	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$100	\$17,333	\$7.95	\$10.56	\$7.90	\$6.33	\$6.57	\$7.79	\$9.08	\$10.77
\$150	\$26,000	\$11.93	\$15.84	\$11.85	\$9.50	\$9.86	\$11.69	\$13.62	\$16.16
\$200	\$34,667	\$15.90	\$21.12	\$15.80	\$12.66	\$13.14	\$15.58	\$18.16	\$21.54
\$250	\$43,333	\$19.88	\$26.40	\$19.75	\$15.83	\$16.43	\$19.48	\$22.70	\$26.93
\$300	\$52,000	\$23.85	\$31.68	\$23.70	\$18.99	\$19.71	\$23.37	\$27.24	\$32.31
\$350	\$60,667	\$27.83	\$36.96	\$27.65	\$22.16	\$23.00	\$27.27	\$31.78	\$37.70
\$400	\$69,333	\$31.80	\$42.24	\$31.60	\$25.32	\$26.28	\$31.16	\$36.32	\$43.08
\$450	\$78,000	\$35.78	\$47.52	\$35.55	\$28.49	\$29.57	\$35.06	\$40.86	\$48.47
\$500	\$86,667	\$39.75	\$52.80	\$39.50	\$31.65	\$32.85	\$38.95	\$45.40	\$53.85
\$600	\$104,000	\$47.70	\$63.36	\$47.40	\$37.98	\$39.42	\$46.74	\$54.48	\$64.62
\$700	\$121,333	\$55.65	\$73.92	\$55.30	\$44.31	\$45.99	\$54.53	\$63.56	\$75.39
\$800	\$138,667	\$63.60	\$84.48	\$63.20	\$50.64	\$52.56	\$62.32	\$72.64	\$86.16
\$900	\$156,000	\$71.55	\$95.04	\$71.10	\$56.97	\$59.13	\$70.11	\$81.72	\$96.93
\$1,000	\$173,333	\$79.50	\$105.60	\$79.00	\$63.30	\$65.70	\$77.90	\$90.80	\$107.70

Rate Guarantee 2 Years

BENEFITS

Contribution/Participation	10 to 24 eligible lives - Voluntary / 30%, min. 4 enrolled employees. 25 or more eligible lives - Voluntary / Greater of 25% or 10 enrolled employees.
Benefits Begin	1st Day/8th Day
Accident/Sickness	26 Week Duration
Duration of Benefits	26 Week Duration
Definition of Disability	Own Occ
Weekly Benefit	Employee may choose from the options above. The benefit option is limited to a maximum of 30% of the employee's earnings before disability.
Return to Work	Zero Day Residual
Partial Disability Calculation	Greater of direct reduction or proportionate loss
Integration Method	Benefits reduced by other group disability benefits, social security benefits not included
Minimum Weekly Benefit	None
Pre-Existing Condition	3/12 with 2 week limitation, Continuity of Coverage
Earnings Definition	All available Guardian options
Coverage Type	Non-occupational
Rehabilitation Services	110% benefit amount, voluntary participation
Annual Re-Enrollment	On an annual basis, participating employees will be allowed to 'step-up' one eligible increment.
TeleGuard	Included

Important Information: 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 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 provides disability income insurance only. It does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Insurance Department. A pre-existing condition includes pregnancy and any condition for which an employee, in the specified period prior to coverage under this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. Contract #s GP-1-STD-1.0, et al; GP-1-STD2K-1.0, et al.

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. State variations may apply.

Guardian® Disability Choice - Voluntary Long-Term Disability

Case Name: 00461431 American Retail Services --Agent Name: HUB

State: CA ZIP Code Range: 92200 - 93599 SIC Code Range: 5411 - 5496

Industry: Food Stores
Eligible Employees: All

Quote Date: 7/22/2016

Expiration Date: 6/30/2017

Monthly Premium

Monthly Benefit	Minimum Annual Salary Required	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$1,000	\$20,000	\$2.76	\$4.39	\$6.86	\$10.16	\$14.55	\$17.04	\$17.87	\$12.90
\$1,250	\$25,000	\$3.45	\$5.49	\$8.58	\$12.70	\$18.19	\$21.30	\$22.34	\$16.13
\$1,500	\$30,000	\$4.14	\$6.59	\$10.29	\$15.24	\$21.83	\$25.56	\$26.81	\$19.35
\$1,750	\$35,000	\$4.83	\$7.68	\$12.01	\$17.78	\$25.46	\$29.82	\$31.27	\$22.58
\$2,000	\$40,000	\$5.52	\$8.78	\$13.72	\$20.32	\$29.10	\$34.08	\$35.74	\$25.80
\$2,250	\$45,000	\$6.21	\$9.88	\$15.44	\$22.86	\$32.74	\$38.34	\$40.21	\$29.03
\$2,500	\$50,000	\$6.90	\$10.98	\$17.15	\$25.40	\$36.38	\$42.60	\$44.68	\$32.25
\$2,750	\$55,000	\$10.07	\$16.78	\$27.14	\$41.17	\$61.08	\$74.77	\$80.36	\$60.80
\$3,000	\$60,000	\$10.98	\$18.30	\$29.61	\$44.91	\$66.63	\$81.57	\$87.66	\$66.33
\$3,250	\$65,000	\$11.90	\$19.83	\$32.08	\$48.65	\$72.18	\$88.37	\$94.97	\$71.86
\$3,500	\$70,000	\$12.81	\$21.35	\$34.55	\$52.40	\$77.74	\$95.17	\$102.27	\$77.39
\$3,750	\$75,000	\$13.73	\$22.88	\$37.01	\$56.14	\$83.29	\$101.96	\$109.58	\$82.91
\$4,000	\$80,000	\$14.64	\$24.40	\$39.48	\$59.88	\$88.84	\$108.76	\$116.88	\$88.44
\$4,500	\$90,000	\$16.47	\$27.45	\$44.42	\$67.37	\$99.95	\$122.36	\$131.49	\$99.50
\$5,000	\$100,000	\$18.30	\$30.50	\$49.35	\$74.85	\$111.05	\$135.95	\$146.10	\$110.55
\$5,550	\$111,000	\$23.70	\$39.91	\$65.77	\$100.29	\$151.07	\$186.92	\$201.97	\$154.68
\$6,000	\$120,000	\$25.62	\$43.14	\$71.10	\$108.42	\$163.32	\$202.08	\$218.34	\$167.22
\$6,500	\$130,000	\$27.76	\$46.74	\$77.03	\$117.46	\$176.93	\$218.92	\$236.54	\$181.16
\$7,000	\$140,000	\$29.89	\$50.33	\$82.95	\$126.49	\$190.54	\$235.76	\$254.73	\$195.09
\$7,500	\$150,000	\$32.03	\$53.93	\$88.88	\$135.53	\$204.15	\$252.60	\$272.93	\$209.03

Rate Guarantee 2 Years

BENEFITS

Contribution/Participation	10 to 24 eligible lives - Voluntary / 30%, min. 4 enrolled employees. 25 or more eligible lives - Voluntary / Greater of 25% or 10 enrolled employees.
Elimination Period	180 days
Duration of Benefits	Social Security Normal Retirement Age
Definition of Disability	Two year Own Occupation/Any Occupation thereafter
Maximum Monthly Benefit	Employee may choose from the options above. The benefit option is limited to a maximum of 60% of the employee's earnings before disability.
Evidence of Insurability	Medical Underwriting may be required for amounts in excess of GI
Annual Re-Enrollment	On an annual basis, participating employees will be allowed to 'step-up' one eligible increment without evidence of insurability.
Interruption of Elimination Period	Unlimited, no set number of days
Return to Work	Zero Day Residual
Work Incentive	12 Month
Maximum Partial Disability Earnings	80% Indexed Own Occ/ 80% Indexed Any Occ
Partial Disability Calculation	Greater of direct reduction or proportionate loss
Income Recovery	Included
Integration Method	Direct Offset, Family
Minimum Benefit	Greater of 15% of the benefit or \$100
Mental Health & Substance Abuse	24 months limitation for Mental/Nervous/Alcohol/Drug.
Pre-Existing Conditions	6 months prior, 24 months after Exclusion, Continuity of Coverage
Special Limitations on Specified Conditions	Not Included
Earnings Definition	All available Guardian options
Rehabilitation Services	110% benefit amount, voluntary participation
Conversion	Ability to convert this policy to the group conversion trust upon termination, without providing evidence of insurability.
Coverage Basis	Covers occupational and non-occupational illness and injuries; maternity is treated as any other illness.

Important Information: We limit the duration of payments for long term disabilities caused by mental or emotional conditions, drug or alcohol abuse, or Specific Conditions. 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 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 provides disability income insurance only. It does not provide "basic hospital," "basic medical," or "major medical" insurance as defined by the New York State Insurance Department. 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, in a specified period of time prior to coverage under this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. Contract #s GP-1-LTD-94-A, B, C-1.0, et al; GP-1-LTD2K-1.0, et al; GP-1-LTD2K01-1.0, et al.