

Disability Benefit Summary

Group Number: 00461431

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:

	Short-Term Disability	Long-Term Disability
Coverage amount	Choose weekly benefit amount from \$100 to \$1000. See cost illustration page for weekly benefit offerings.	Choose monthly benefit amount from \$1000 to \$7500. See cost illustration page for monthly benefit offering.
Maximum payment period: Maximum length of time you can receive disability benefits.	26 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 1	Day 181
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 181
Conversion: Allows you to continue disability coverage after your group plan has terminated.	Not Available	Yes
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	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 \$0 in coverage	We Guarantee Issue \$7500 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	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	6 months look back; 24 months after exclusion
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)

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary includes average bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for mental health and substance abuse.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

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>

	Election Cost Per Age Bracket								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$8,667 Minimum Annual Salary \$100 Weekly Benefit	\$3.67	\$3.67	\$4.87	\$3.65	\$2.92	\$3.03	\$3.60	\$4.19	\$4.97
\$13,000 Minimum Annual Salary \$150	\$5.50	\$5.50	\$7.31	\$5.47	\$4.38	\$4.55	\$5.39	\$6.29	\$7.46
\$17,333 Minimum Annual Salary \$200	\$7.34	\$7.34	\$9.75	\$7.29	\$5.84	\$6.07	\$7.19	\$8.38	\$9.94
\$21,667 Minimum Annual Salary \$250	\$9.17	\$9.17	\$12.19	\$9.12	\$7.30	\$7.58	\$8.99	\$10.48	\$12.43
\$26,000 Minimum Annual Salary \$300	\$11.01	\$11.01	\$14.62	\$10.94	\$8.77	\$9.10	\$10.79	\$12.57	\$14.91
\$30,333 Minimum Annual Salary \$350	\$12.84	\$12.84	\$17.06	\$12.76	\$10.23	\$10.61	\$12.58	\$14.67	\$17.40
\$34,667 Minimum Annual Salary \$400	\$14.68	\$14.68	\$19.50	\$14.59	\$11.69	\$12.13	\$14.38	\$16.76	\$19.88
\$39,000 Minimum Annual Salary \$450	\$16.51	\$16.51	\$21.93	\$16.41	\$13.15	\$13.65	\$16.18	\$18.86	\$22.37
\$43,333 Minimum Annual Salary \$500	\$18.35	\$18.35	\$24.37	\$18.23	\$14.61	\$15.16	\$17.98	\$20.95	\$24.85
\$52,000 Minimum Annual Salary \$600	\$22.02	\$22.02	\$29.24	\$21.88	\$17.53	\$18.19	\$21.57	\$25.15	\$29.83
\$60,667 Minimum Annual Salary \$700	\$25.69	\$25.69	\$34.12	\$25.52	\$20.45	\$21.23	\$25.17	\$29.34	\$34.80
\$69,333 Minimum Annual Salary \$800	\$29.35	\$29.35	\$38.99	\$29.17	\$23.37	\$24.26	\$28.76	\$33.53	\$39.77
\$78,000 Minimum Annual Salary \$900	\$33.02	\$33.02	\$43.87	\$32.82	\$26.29	\$27.29	\$32.36	\$37.72	\$44.74
\$86,667 Minimum Annual Salary \$1,000	\$36.69	\$36.69	\$48.74	\$36.46	\$29.22	\$30.32	\$35.95	\$41.91	\$49.71

*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: 00461431

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 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.
- 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 #s GP-I-STD94-1.0 et al; GP-I-STD2K-1.0 et al; GP-I-STD07-1.0 et al; GP-I-STD-15-1.0 et al. Contract #s GP-I-LTD94-A,B,C-1.0 et al.; GP-I-LTD2K-1.0 et al; GP-I-LTD07-1.0 et al; GP-I-LTD-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.

Disability Cost Illustrations

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 use our Disability Insurance Explorer Tool.

Long-Term Disability Plan Monthly Cost Illustration

Monthly Benefit	Min. Annual Salary	25-29	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

Long Term Disability General Limitations and Exclusions: 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 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 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 an employee who is receiving treatment outside of the US or Canada and the employee's loss of earning 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 the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives advice or treatment, or takes prescribed drugs. 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. Please refer to the plan details for specific time periods. State variations may apply. Contract #'s GP-I-LTD94-A,B,C-1.0 et al.; GP-I-STD94-1.0 et al.; GP-I-LTD2K-1.0 et al, GP-I-STD2K-1.0 et al.; GP-I-LTD07-1.0 et al



BENEFITS OFFSET NOTICE

Your Guardian Group Disability Policy (Policy) may provide that any Guardian Disability benefits you receive may be offset by Other Income/ Benefits you or your dependents receive while you are receiving Guardian Disability Benefits. This means that Guardian may deduct the amount of any Other/Income Benefit payments made to you or your dependents from your weekly or monthly Guardian Disability Benefit prior to issuing payment. Examples of Other Income Benefits described in your Policy include:

- U.S. Social Security Disability Income or Retirement Benefits
- Disability or Retirement Benefits payable from any other source, including state mandated disability plans, U.S. Railroad Retirement plan or similar U.S./Canadian plan
- Salary earned or paid during your disability period, including sick leave, paid time off, severance payments, bonuses and commissions
- Workers' Compensation benefits
- No-fault motor vehicle coverage benefits
- Distributions, profit sharing, royalties

Upon enrollment, please review your certificate booklet for the full definition of Other Income Benefits and provisions pertaining benefit offsets and overpayment recovery. If you or your dependents are awarded any Other Income Benefits, including lump sum payments while you are receiving Guardian Disability benefits, you should contact Guardian promptly to calculate the appropriate offset amount and prevent an overpayment of benefits.

THE GUARDIAN LIFE INSURANCE COMPANY
DISABILITY INCOME PROTECTION COVERAGE
OUTLINE OF COVERAGE

1. Read Your Certificate Carefully

This outline of coverage provides a very brief description of some important features of your plan. This is not the insurance contract and only the actual plan provisions will control. The certificate itself sets forth, in detail, the rights and obligations of both you and Guardian Life Insurance Company. It is, therefore, important that you Read Your Certificate Carefully!

2. Disability Income Protection Coverage

This category of coverage is designed to provide, to persons insured, benefits for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the certificate. Benefits are not provided for basic hospital, basic medical-surgical, or major-medical expenses.

3. Benefits of the Plan

Sample definitions of disability and elimination period are presented below. The specific definitions that apply to your plan appear in your certificate. Read your certificate carefully.

Total Disability or Totally Disabled means that as a result of sickness or injury, you are not able to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation and you are not working in your usual occupation.

Substantial and material acts means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.

In determining what substantial and material acts are necessary to pursue your usual occupation, we will first look at the specific duties required by the employer or job. If you are unable to perform one or more of these duties with reasonable continuity, we will then determine whether those duties are customarily required of other persons engaged in your usual occupation. If any specific, material duties required of you by the employer or job differ from the material duties customarily required of other persons engaged in your usual occupation, then we will not consider those duties in determining what substantial and material acts are necessary to pursue your usual occupation.

Usual occupation may be interpreted to mean the employment, business, trade or profession that involves the substantial and material acts of the occupation you were regularly performing for the employer when the disability began. Usual occupation is not necessarily limited to the specific job you performed for the employer.

Elimination Period means the period of time you must be disabled, due to a covered disability, before this plan's benefits are payable.

4. Limitations and Exclusions

Sample Pre-Existing Conditions Limitation and Exclusions are presented below. The Certificate sets forth in detail the specific limitation and exclusions applicable to your plan. Read your certificate carefully.

Pre-Existing Conditions

You are not covered for a disability caused or substantially contributed to by a pre-existing condition or medical or surgical treatment of a pre-existing condition.

You have a pre-existing condition if:

- (a) You received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the three months immediately prior to the effective date of your insurance under the plan; or

You suffered from a physical, or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in your Application (i) for which you received a doctor's advice or treatment within three months before the effective date of your insurance under the plan, or (ii) which caused symptoms within three months before the effective date of your insurance under this plan for which a prudent person would usually seek medical advice or treatment; and

- (b) the disability caused or substantially contributed to by the condition begins in the first 12 months after the effective date of your insurance under the plan.

Exclusions

The plan does not pay benefits for disability caused by:

- (a) declared or undeclared war, act of war, or armed aggression;
- (b) service in the armed forces, National Guard, or military reserves of any state or country;
- (c) your taking part in a riot or civil disorder;
- (d) your commission of, or attempt to commit a felony, for which you have been convicted;
- (e) your being engaged in an illegal occupation; or
- (f) intentional self-inflicted injuries.

We do not pay any benefits for any period of disability:

- (1) during which you are confined to a facility as a result of your conviction of a crime; or
- (2) which starts before you are insured by the plan.

5. Renewability of the Policy

The Policy is issued for a term of one (1) year from the Policy date shown on the first page of the Policy. All Policy years and Policy months will be calculated from the Policy date. All periods of insurance thereunder will begin and end at 12:01 A.M. Standard Time at the Policyholder's place of business.

The Policyholder may renew the Policy for a further term of one (1) year, on the first and each successive anniversary of its effective date; provided, however, that the Insurance Company has the right to: (A) decline to renew the Policy on any anniversary, and (B) to decline to renew a particular insurance coverage on the first anniversary, or on any premium due date thereafter. If, in accordance with this paragraph, the Policy is not renewed, all Employer Riders shall thereupon terminate as of the date the Policy terminates. Subject to the foregoing, the renewability of the insurance provided under an Employer Rider shall be in accordance with the provisions of such Rider.

Renewal is conditioned upon payment of the premium then due, computed as provided in the Section entitled "Premium for the Policy".

6. Premium for the Policy

Premiums due under the Policy must be paid by the Policyholder at an office of the Guardian or to a representative that we have authorized. The premiums must be paid as specified on the first page of the Policy, unless by agreement between the Policyholder and the Guardian, the interval of payment is changed. In that event, adjustment will be made to provide for payment annually, semi- annually, quarterly or monthly.

The premium due under the Policy on each Policy due date will be the sum of the premium charges for the insurance coverages provided under the Policy. The premium charges are based upon the rates set forth in the Policy's "Schedule of Insurance and Premium Rates" section.

However, we may change such rates: (a) on the first day of any Policy month; (b) on any date the extent or terms of coverage for a Policyholder are changed by amendment of the Policy; or (c) on any date our obligation under the Policy with respect to a Policyholder is changed because of statutory or other regulatory requirements.

We must give the Policyholder 31 days written notice of the rate change. Such change will apply to any premium due on and after the effective date of the change stated in such notice.

**THE GUARDIAN LIFE INSURANCE COMPANY
DISABILITY INCOME PROTECTION COVERAGE
OUTLINE OF COVERAGE**

1. Read Your Certificate Carefully

This outline of coverage provides a very brief description of some important features of your plan. This is not the insurance contract and only the actual plan provisions will control. The certificate itself sets forth, in detail, the rights and obligations of both you and Guardian Life Insurance Company. It is, therefore, important that you Read Your Certificate Carefully!

2. Disability Income Protection Coverage

This category of coverage is designed to provide, to persons insured, benefits for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the certificate. Benefits are not provided for basic hospital, basic medical-surgical, or major-medical expenses.

3. Benefits of the Plan

Sample definitions of disability and elimination period are presented below. The specific definitions that apply to your plan appear in your certificate. Read your certificate carefully.

Total Disability or Totally Disabled means that as a result of Sickness or Injury You are unable to perform with reasonable continuity the substantial and material acts necessary to pursue Your Usual Occupation in the usual or customary way.

Substantial and material acts means the important tasks, functions and operations generally required by employers from those engaged in Your Usual Occupation that cannot be reasonably omitted or modified.

In determining what substantial and material acts are necessary to pursue Your Usual Occupation, We will first look at the specific duties required by the Employer or job. If You are unable to perform one or more of these duties with reasonable continuity, We will then determine whether those duties are customarily required of other persons engaged in Your Usual Occupation. If any specific, material duties required of You by the Employer or job differ from the material duties customarily required of other persons engaged in Your Usual Occupation, then We will not consider those duties in determining what substantial and material acts are necessary to pursue Your Usual Occupation.

Usual Occupation may be interpreted to mean the employment, business, trade or profession that involves the substantial and material acts of the occupation You were regularly performing for the Employer when the disability began. Usual Occupation is not necessarily limited to the specific job You performed for the Employer.

Elimination Period means the period of time you must be disabled, due to a covered disability, before this plan's benefits are payable.

4. Limitations and Exclusions

Sample Pre-Existing Conditions Limitation and Exclusions are presented below. The Certificate sets forth in detail the specific limitation and exclusions applicable to your plan. Read your certificate carefully.

Pre-Existing Conditions

You are not covered for a disability caused or substantially contributed to by a pre-existing condition or medical or surgical treatment of a pre-existing condition.

You have a pre-existing condition if:

- (a) You received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the three months immediately prior to the effective date of your insurance under the plan; or

You suffered from a physical, or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in your Application (i) for which you received a doctor's advice or treatment within three months before the effective date of your insurance under the plan, or (ii) which caused symptoms within three months before the effective date of your insurance under this plan for which a prudent person would usually seek medical advice or treatment; and

- (b) the disability caused or substantially contributed to by the condition begins in the first 12 months after the effective date of your insurance under the plan.

Exclusions

The plan does not pay benefits for disability caused by:

- (a) Declared or undeclared war, act of war, or armed aggression;
- (b) Service in the armed forces, National Guard, or military reserves of any state or country;
- (c) Your taking part in a riot or civil disorder;
- (d) A contributing cause was Your commission of, or attempt to commit a felony or being engaged in an illegal occupation;
- (e) Your participation in any sport for compensation or profit;
- (f) Your racing a motorized vehicle in an organized event;
- (g) Cosmetic surgery occurring within the first 12 months of coverage under this Plan. Cosmetic surgery is any surgery or other procedure which is directed at improving appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or a disfiguring Sickness, physical disease or Injury;
- (h) Intentional self-inflicted injuries;
- (i) Job-related or on-the-job Injury; or
- (j) Your being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

The Plan does not pay any benefits for any period of Disability:

- (a) During which You are confined to a facility as a result of Your conviction of a crime;
- (b) During which You are receiving medical treatment or care outside the United States or Canada unless expressly authorized by Us;
- (c) Which starts before You are covered by this Plan; or
- (d) During which Your loss of earnings is not solely due to Your Disability.

5. Renewability of the Policy

The Policy is issued for a term of one year from the Policy Date shown on the face page. All policy years and policy months will be calculated from the Policy Date. All periods of insurance will begin and end at 12:01 A.M. Standard Time at Your place of business.

The Policyholder may renew the Policy for a further term of one year on the first and each subsequent Policy Anniversary. All renewals are subject to the payment of premiums then due, computed as shown in Premiums for the Policy.

We have the right to decline to renew the Policy, or any coverage under it, on any Policy Anniversary or premium due date, if, on that date the number of Employees is below Our minimum group size requirements.

The Policyholder may cancel the Policy at any time by giving Us 31 days advance written notice. This notice must be sent to Our Home Office. The Policyholder will owe Us all unpaid premiums for the period the Policy is in force. We may cancel the Policy by giving the Policyholder 31 days advance written notice.

6. Premium for the Policy

Premiums are payable by the Policyholder as follows: (1) the first premium is due on the Policy Date; and (2) later premiums are, during the time the Policy remains in force, due on the first of each month.

Premiums due under the Policy must be paid by the Policyholder: (1) at a Guardian office; or (2) to a representative that We have authorized. The premiums must be paid as shown above, unless by agreement between the Policyholder and Us, the interval of payment is changed. In that event, adjustment will be made for payment annually, semi-annually, or quarterly.

The premium due under the Policy on each due date will be the sum of the premium charges for the insurance provided under the Policy. The premium charges are based on the rates set forth in the Schedule Of Premium Rates.

We may change such rates: (1) on the first day of any Policy month; (2) on any date the extent or terms of coverage for the Policyholder are changed by amendment of the Policy; or (3) on any date Our obligation under the Policy with respect to the Policyholder is changed because of statutory or other regulatory requirements.

We must give the Policyholder 31 days written notice of the rate change. Such change will apply to any premium due on and after the effective date of the change stated in such notice.