



Resumen de beneficios de discapacidad

Número de Grupo: 00461431

Acerca de sus Beneficios:

Probablemente usted cuenta con un seguro para su automóvil o su hogar, pero ¿y la fuente de ingreso que paga por ese seguro? Usted depende de su cheque de pago para muchas cosas, pero ¿y si repentinamente es incapaz de trabajar debido a un accidente o enfermedad? ¿Cómo llevará la comida a la mesa, pagará su hipoteca o dará calefacción a su hogar? El seguro de discapacidad puede ayudarlo a reemplazar el ingreso perdido y hacer que los tiempos difíciles sean un poco más fáciles. Proteja su activo más valioso: su sueldo; ¡inscríbese hoy!

Qué cubren los beneficios:

	Incapacidad a Corto Plazo	Incapacidad a Largo Plazo
Cantidad de cobertura	Elija una suma de beneficio semanal entre \$100 y \$1000. Consulte las ofertas de beneficio semanal en la página de modelo de costos.	Elija una suma de beneficio mensual entre \$1000 y \$7500. Consulte las ofertas de beneficio mensual en la página de modelo de costos.
Plazo máximo de pago: Plazo máximo en el que puede recibir los beneficios por discapacidad.	26 semanas	Edad normal de retiro del seguro social
Inicio de beneficios por accidente: El plazo de discapacidad antes de que comiencen los beneficios.	Día 1	Día 181
Inicio de los beneficios por enfermedad: El plazo de discapacidad antes de que comiencen los beneficios.	Día 8	Día 181
Conversion: Le permite continuar la cobertura de discapacidad una vez que haya finalizado su plan de grupo.	No disponible	Sí
Prueba de asegurabilidad: Declaración de salud que le solicita responder algunas preguntas sobre su historia clínica.	Es posible que se requiera declaración de salud.	Es posible que se requiera declaración de salud.
Emisión garantizada: "Garantizada" significa que usted no está obligado a responder preguntas de salud para tener derecho a recibir cobertura hasta el monto especificado, inclusive, cuando el solicitante contrata la cobertura durante el plazo de inscripción inicial.	Garantizamos la emisión de \$0 de cobertura	Garantizamos la emisión de \$7500 de cobertura
Mínimo de horas/semanas de trabajo: Cantidad de horas mínimas que debe trabajar regularmente cada semana para recibir cobertura.	El empleador lo determina	El empleador lo determina
Condición preexistente: Una condición preexistente incluye cualquier síntoma o condición por el que usted, en el período de tiempo específico anterior a la cobertura de este plan, consultó a un médico, recibió tratamiento o tomó medicación recetada.	3 meses de retrospcción; 12 meses después de la limitación de 2 semanas	6 meses de retrospcción; 24 meses después de la exclusión
Dispensa de prima si tuviera una discapacidad: No deberá abonar la prima cuando reciba beneficios.	Sí	Sí

ENTIENDA LOS BENEFICIOS DE SU PLAN—INCAPACIDAD (cierta información puede variar de un estado a otro)

- **Incapacidad (largo plazo):** Durante los primeros dos años de incapacidad, usted recibirá el pago de los beneficios mientras no esté en condiciones de trabajar en su ocupación específica. Transcurridos dos años, continuará recibiendo beneficios en caso de no poder trabajar en ninguna ocupación conforme a su capacitación, experiencia y educación.
- **Definición de ingresos:** Su sueldo cubierto incluye el promedio de bonificaciones y comisiones.
- **Limitaciones especiales:** Se fija un límite de 24 meses de beneficios en casos de salud mental y abuso de sustancias.
- **Incentivo de trabajo:** Por una cantidad determinada de meses, no reduciremos el beneficio del plan a fin de que usted pueda recibir ganancias de medio tiempo durante su incapacidad, salvo que la suma de los beneficios y las ganancias supere el 100% de lo que ganaba antes.

Modelo de costo quincenal del plan de incapacidad a corto plazo:

Para determinar el nivel de cobertura más apropiado, deberá tener en cuenta sus gastos mensuales básicos actuales. Para ayudarlo a determinar sus necesidades, también puede ir a Guardian Anytime y Ver un video:

<https://www.guardiananytime.com/gafd/wps/portal/fdhome/empleyees/products-coverage/disability>

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

*Este beneficio no podrá exceder el 60% de su sueldo semanal.

Gestione sus beneficios:

Visite www.GuardianAnytime.com para acceder a la información segura sobre sus beneficios de Guardian. Su cuenta en línea se configurará dentro de 30 días luego de la fecha de entrada en vigencia de su plan.

¿Necesita asistencia?

Llame a la Línea de Ayuda de Guardian al (888) 600-1600, de lunes a viernes de 8:00 a.m. a 8:30 p.m., horario de la costa Este. Consulte su identificación de miembro (número de seguro social) y su número de plan: 00461431

RESUMEN DE LAS LIMITACIONES Y EXCLUSIONES DEL PLAN DE INCAPACIDAD

- La prueba de asegurabilidad se exige para todos los que se inscriban en forma tardía. Esta cobertura no entrará en vigencia hasta ser aprobada por un suscriptor de Guardian. Esta propuesta se cubre sujeta a evaluación financiera satisfactoria. La descripción completa del plan puede consultarse en el certificado de cobertura.
- Debe estar trabajando tiempo completo en la fecha de entrada en vigencia de su cobertura; de otro modo, la cobertura entra en vigencia una vez que haya concluido un periodo de carencia específico.
- Los empleados deben trabajar legalmente en los Estados Unidos a fin de ser elegibles para la cobertura. Suscripción debe aprobar la cobertura de empleados en tareas temporarias: (a) por más de un año; o (b) en zonas que el Departamento de Estado de EE.UU. haya declarado peligrosas para viajar. Sujeto a variaciones propias de cada estado.
- En el caso de la cobertura por Incapacidad a Largo Plazo, no pagaremos los beneficios por incapacidad causada, en todo o en parte, por una condición preexistente, a menos que la incapacidad comience después de haber estado asegurado por este plan durante un periodo específico de tiempo. La duración de los pagos por discapacidad a largo plazo se limitará cuando la incapacidad haya sido causada por una enfermedad mental o emocional, o abuso de alcohol o drogas.
- En el caso de la cobertura por Incapacidad a Corto Plazo, se limitarán los beneficios por incapacidad causada, en todo o en parte, por una condición preexistente, a menos que la incapacidad comience después de haber estado asegurado por este plan por un periodo específico de tiempo. No pagamos beneficios por incapacidad a largo plazo por enfermedades o accidentes de trabajo o profesionales por los que correspondan beneficios de Accidentes de Trabajo.

- No cubriremos los cargos ocasionados por una persona cubierta que participe en cualquier guerra o acto de guerra (incluyendo servicios en las fuerzas armadas), que cometa un delito o tome parte en cualquier motín u otro desorden civil, o intencionalmente se hiere a sí mismo o intente

Este documento es un resumen de las principales características de la cobertura de seguro de referencia. Es solo para fines ilustrativos y no constituye un contrato. Los documentos del plan de seguro, que incluyen la póliza y el certificado, conforman el contrato de cobertura. La descripción completa del plan, incluidos los beneficios y todos los términos, limitaciones y exclusiones que se aplican, se incluirán en su certificado de seguro. Los documentos del plan son el árbitro definitivo de la cobertura. Los términos de cobertura pueden variar según el estado y el plan vendido real. Los montos de las primas reflejadas en este resumen son una aproximación; en caso de discrepancia entre este monto y la prima realmente facturada, prevalece esta última.

suicidarse en estado de demencia o en pleno uso de sus facultades. No pagaremos beneficios por cargos ocasionados por intoxicación legal, incluidos entre otros los generados por la conducción de un vehículo a motor, ni por el consumo voluntario de venenos, fármacos, sustancias controladas o medicación recetada o no, a menos que haya sido indicada por un médico y se utilice según receta. La duración de los pagos por incapacidad a largo plazo se limitará cuando la incapacidad haya sido causada por una enfermedad mental o emocional, abuso de alcohol o drogas. No pagaremos beneficios en los periodos en los que una persona cubierta esté confinada en una institución correccional, el empleado no se encuentre bajo la atención de un médico, el empleado esté recibiendo tratamiento fuera de los Estados Unidos o Canadá y la pérdida de ingresos del empleado no se deba exclusivamente a la incapacidad.

- Esta póliza otorga cobertura de subsidio por incapacidad únicamente. No es un seguro "médico", "médico básico" u "hospitalario básico", según la definición del Departamento de Seguros del Estado de Nueva York.

- Si el plan es un traspaso de otra aseguradora, el plazo en que el asegurado estuvo cubierto por ese plan se computará en el cálculo del periodo de limitación por condición preexistente de Guardian. Sujeto a las variaciones dispuestas por cada estado.

- Cuando corresponda, esta cobertura se integrará a los Beneficios por Incapacidad Temporal de Nueva Jersey (NJ TDB), la Ley de Beneficios por Incapacidad de Nueva York (NY DBL), el Seguro de Incapacidad del estado de California (CA SDI), el Seguro de Incapacidad Temporal de Rhode Island (RI TDI), el Seguro de Incapacidad Temporal de Hawaii (Hawaii TDI) y la Ley Fundamental de Defensa de Puerto Rico (Puerto Rico Defense Base Act).

Contrato N° GP-1-STD94-1.0 y otros, GP-1-STD2K-1.0 y otros, GP-1-STD07-1.0 y otros, GP-1-STD-15-1.0 y otros.

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-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al.; GP-1-LTD2K-1.0 et al.; GP-1-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 to 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.

2015-2692

GG-017247

**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

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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.

¡Bienvenido al programa de recompensas de College Tuition Benefit! Su Patrocinador del Plan ha trabajado con Guardian para poner los servicios de matrículas universitarias College Tuition Benefit a disposición de los participantes elegibles que se inscriban en la siguiente opción/ opciones de cobertura:

Cobertura	Opción
Plan dental	Opción 1: BASE PLAN Opción 2: BUYUP PLAN

¡Regístrese hoy mismo!

Ahora tiene la posibilidad de crear su cuenta de recompensas y comenzar a acumular sus recompensas de matrícula, que pueden ser utilizadas para pagar hasta un año de matrícula en más de 380 universidades y colegios privados de todo el país. En 2016, los estudiantes del último año de la secundaria presentaron más de \$60 millones en Recompensas de College Tuition Benefit. **Vea cómo funciona:**

- La inscripción anual en este plan le da 2,000 puntos de recompensas de matrícula (1 punto de recompensa = 1 USD de descuento en la matrícula de una red de Universidades y Colegios privados) por cada línea de cobertura adicional de Guardian (hasta cuatro líneas).
- Los participantes en Guardian Dental reciben una bonificación después del cuarto año.
- Estos puntos son para usted, no caducan, y pueden transferirse a sus hijos, nietos, sobrinos y ahijados.

El programa de recompensas de matrícula es proporcionado por College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) no proporciona ninguno de los servicios relacionados con este programa. College Tuition Benefit no es una subsidiaria ni afiliada de Guardian.

Imprimir y contar la tarjeta de identificación

Recompensas de College Tuition Benefits: Tarjeta de identificación	Regístrese en www.Guardian.CollegeTuitionBenefit.com
D 0 b l a r	Identificación de usuario: Es su Número de plan colectivo de Guardian, el cual podrá encontrar en su folleto de beneficios Contraseña: Guardian
The College Tuition Benefit 435 Devon Park Drive Building 400, Suite 410 Wayne, PA 19087 Teléfono(215) 839-0119 Fax: (215) 392-3255	

**GUARDIAN LIFE, SHORT TERM DISABILITY,
AND LONG TERM DISABILITY INSURANCE**

ONLINE EVIDENCE OF INSURABILITY

Go to www.guardiananytime.com/eoi

GUARDIAN Online Evidence of Insurability

1 Select Coverage 2 Personal Information 3 Health Information 4 Review

* required

Welcome to Online Evidence of Insurability

To complete this process, you may need to provide:

- Group ID/Plan Number
- Current Insured Amount
- Health Status/Other Information
- Current Insured amount
- Additional amount being requested

If applying for dependent coverage, you may need to provide their:

- Date of Birth
- Height
- Weight
- Marital Status/Other Information
- Current Insured amount
- Additional amount being requested

To help you understand the Online Evidence of Insurability process, please read our [FAQs](#).

To complete a paper version of the Evidence of Insurability Form, please select this [link](#) to obtain the proper form. If your employer is located in Montana, New York, Virginia or New Hampshire, your group is not eligible for Online Evidence of Insurability. Please complete a paper version of the Evidence of Insurability Form.

Select you can begin the Online Evidence of Insurability Process. You must indicate that you have read the Disclosure Statement below.

Yes, I have read and agree to the Disclosure Statement. **1**

To get started, we need some information

Group ID/Plan Number: **2** If you do not know your Group ID/Plan Number, please contact your plan administrator.

Planholder Name (Company Name):

Select coverage(s) you are requesting: Basic Life (Employer Sponsored Coverage)

Who is applying for coverage? (Select all that apply)

Employee

Current Insured Amount: \$

Additional Amount Being Requested: \$

Spouse

Child(ren)

Spouse/Child(ren)

Long Term Disability

1. Click “Yes, I have read and agree to the [Disclosure Statement](#).”
If your employer is located in a state where online EOI is not available, please download the EOI form from [GuardianAnytime](#)
2. Enter Group ID shown on your enrollment materials and click “Enter”
3. Select the coverages you are applying for and fill in your current and new election amounts

HELPFUL TIP: Enter “0” for current amount if this is a new election or if this is a request to increase your short term disability or long term disability coverage.

Click “Continue”.

ON THE FOLLOWING SCREEN, YOU WILL:

- Input your personal information
- Answer the health questions
- Review your answers, electronically provide your signature and click “Submit” to receive confirmation (PDF)
- Guardian will soon contact you directly regarding your application.



GUARDIAN[®]

The Guardian Life Insurance
Company of America
7 Hanover Square
New York, NY 10004-4025
www.guardiananytime.com

WWW.GUARDIANANYTIME.COM/EOI

ADDITIONAL NOTES: Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts)
Electronic EOI is not available in the following states: New York, New Hampshire, Virginia and Montana Electronic EOI is available using most internet browsers.