

Group Number: 473439

Life Benefit Summary

About Your Benefits:

Life insurance provides crucial financial protection for your family if something were to ever happen to you. Benefits can be used towards income replacement, a mortgage, tuition, outstanding debt, and more — allowing you to take care of your loved ones even if you are not there. Better yet, this important coverage is being made available to you at economical group rates. Take advantage and enroll today!

What Your Benefits Cover:

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$25,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse/Domestic Partner* Benefit	N/A	50% of employee coverage to a max of \$250,000
Child benefit: -children age 14 days to 23 years (25 if full time student) for Voluntary Life	N/A	10% of employee coverage to a max of \$10,000. Coverage limits are based on childage.
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 you sign up for coverage during the initial enrollment period.	Underwriting may be required, depending on amount and/or age	We Guarantee Issue coverage for enrollees less than age 65 up to \$150,000 per employee, \$50,000 for a spouse and \$10,000 for dependent children
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take your coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	No
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Subject to coverage limits

* Spouse coverage is based on employee age and terminates at age 70.

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style. To help you assess your needs, you can also go to Guardian Anytime and use our Life Insurance Explorer Tool.

		Monthly premiums displayed.									
		Policy Election Cost Per Age Bracket									
		< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 ^t
\$10,000 Policy Election Amount											
Employee	\$10,000	\$.26	\$.26	\$.52	\$.78	\$ 1.04	\$ 1.56	\$ 2.86	\$ 5.72	\$ 8.06	\$ 14.04
Spouse	\$5,000	\$.26	\$.26	\$.39	\$.52	\$.78	\$ 1.17	\$ 2.21	\$ 4.03	\$ 5.98	\$ 9.75
Child	\$1,000	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17
\$20,000 Policy Election Amount											
Employee	\$20,000	\$.52	\$.52	\$ 1.04	\$ 1.56	\$ 2.08	\$ 3.12	\$ 5.72	\$ 11.44	\$ 16.12	\$ 28.08
Spouse	\$10,000	\$.52	\$.52	\$.78	\$ 1.04	\$ 1.56	\$ 2.34	\$ 4.42	\$ 8.06	\$ 11.96	\$ 19.50
Child	\$2,000	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$30,000 Policy Election Amount											
Employee	\$30,000	\$.78	\$.78	\$ 1.56	\$ 2.34	\$ 3.12	\$ 4.68	\$ 8.58	\$ 17.16	\$ 24.18	\$ 42.12
Spouse	\$15,000	\$.78	\$.78	\$ 1.17	\$ 1.56	\$ 2.34	\$ 3.51	\$ 6.63	\$ 12.09	\$ 17.94	\$ 29.25
Child	\$3,000	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51
\$40,000 Policy Election Amount											
Employee	\$40,000	\$ 1.04	\$ 1.04	\$ 2.08	\$ 3.12	\$ 4.16	\$ 6.24	\$ 11.44	\$ 22.88	\$ 32.24	\$ 56.16
Spouse	\$20,000	\$ 1.04	\$ 1.04	\$ 1.56	\$ 2.08	\$ 3.12	\$ 4.68	\$ 8.84	\$ 16.12	\$ 23.92	\$ 39.00
Child	\$4,000	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68
\$50,000 Policy Election Amount											
Employee	\$50,000	\$ 1.30	\$ 1.30	\$ 2.60	\$ 3.90	\$ 5.20	\$ 7.80	\$ 14.30	\$ 28.60	\$ 40.30	\$ 70.20
Spouse	\$25,000	\$ 1.30	\$ 1.30	\$ 1.95	\$ 2.60	\$ 3.90	\$ 5.85	\$ 11.05	\$ 20.15	\$ 29.90	\$ 48.75
Child	\$5,000	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85
\$60,000 Policy Election Amount											
Employee	\$60,000	\$ 1.56	\$ 1.56	\$ 3.12	\$ 4.68	\$ 6.24	\$ 9.36	\$ 17.16	\$ 34.32	\$ 48.36	\$ 84.24
Spouse	\$30,000	\$ 1.56	\$ 1.56	\$ 2.34	\$ 3.12	\$ 4.68	\$ 7.02	\$ 13.26	\$ 24.18	\$ 35.88	\$ 58.50
Child	\$6,000	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02
\$70,000 Policy Election Amount											
Employee	\$70,000	\$ 1.82	\$ 1.82	\$ 3.64	\$ 5.46	\$ 7.28	\$ 10.92	\$ 20.02	\$ 40.04	\$ 56.42	\$ 98.28
Spouse	\$35,000	\$ 1.82	\$ 1.82	\$ 2.73	\$ 3.64	\$ 5.46	\$ 8.19	\$ 15.47	\$ 28.21	\$ 41.86	\$ 68.25
Child	\$7,000	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19
\$80,000 Policy Election Amount											
Employee	\$80,000	\$ 2.08	\$ 2.08	\$ 4.16	\$ 6.24	\$ 8.32	\$ 12.48	\$ 22.88	\$ 45.76	\$ 64.48	\$ 112.32
Spouse	\$40,000	\$ 2.08	\$ 2.08	\$ 3.12	\$ 4.16	\$ 6.24	\$ 9.36	\$ 17.68	\$ 32.24	\$ 47.84	\$ 78.00
Child	\$8,000	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36
\$90,000 Policy Election Amount											
Employee	\$90,000	\$ 2.34	\$ 2.34	\$ 4.68	\$ 7.02	\$ 9.36	\$ 14.04	\$ 25.74	\$ 51.48	\$ 72.54	\$ 126.36
Spouse	\$45,000	\$ 2.34	\$ 2.34	\$ 3.51	\$ 4.68	\$ 7.02	\$ 10.53	\$ 19.89	\$ 36.27	\$ 53.82	\$ 87.75
Child	\$9,000	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53
\$100,000 Policy Election Amount											
Employee	\$100,000	\$ 2.60	\$ 2.60	\$ 5.20	\$ 7.80	\$ 10.40	\$ 15.60	\$ 28.60	\$ 57.20	\$ 80.60	\$ 140.40
Spouse	\$50,000	\$ 2.60	\$ 2.60	\$ 3.90	\$ 5.20	\$ 7.80	\$ 11.70	\$ 22.10	\$ 40.30	\$ 59.80	\$ 97.50
Child	\$10,000	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70
\$110,000 Policy Election Amount											
Employee	\$110,000	\$ 2.86	\$ 2.86	\$ 5.72	\$ 8.58	\$ 11.44	\$ 17.16	\$ 31.46	\$ 62.92	\$ 88.66	\$ 154.44
Spouse	\$55,000	\$ 2.86	\$ 2.86	\$ 4.29	\$ 5.72	\$ 8.58	\$ 12.87	\$ 24.31	\$ 44.33	\$ 65.78	\$ 107.25
Child	\$10,000	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70

Voluntary Life Cost Illustration continued

		< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 ^t
\$120,000 Policy Election Amount											
Employee	\$120,000	\$3.12	\$3.12	\$6.24	\$9.36	\$12.48	\$18.72	\$34.32	\$68.64	\$96.72	\$168.48
Spouse	\$60,000	\$3.12	\$3.12	\$4.68	\$6.24	\$9.36	\$14.04	\$26.52	\$48.36	\$71.76	\$117.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$130,000 Policy Election Amount											
Employee	\$130,000	\$3.38	\$3.38	\$6.76	\$10.14	\$13.52	\$20.28	\$37.18	\$74.36	\$104.78	\$182.52
Spouse	\$65,000	\$3.38	\$3.38	\$5.07	\$6.76	\$10.14	\$15.21	\$28.73	\$52.39	\$77.74	\$126.75
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$140,000 Policy Election Amount											
Employee	\$140,000	\$3.64	\$3.64	\$7.28	\$10.92	\$14.56	\$21.84	\$40.04	\$80.08	\$112.84	\$196.56
Spouse	\$70,000	\$3.64	\$3.64	\$5.46	\$7.28	\$10.92	\$16.38	\$30.94	\$56.42	\$83.72	\$136.50
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$150,000 Policy Election Amount											
Employee	\$150,000	\$3.90	\$3.90	\$7.80	\$11.70	\$15.60	\$23.40	\$42.90	\$85.80	\$120.90	\$210.60
Spouse	\$75,000	\$3.90	\$3.90	\$5.85	\$7.80	\$11.70	\$17.55	\$33.15	\$60.45	\$89.70	\$146.25
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$200,000 Policy Election Amount											
Employee	\$200,000	\$5.20	\$5.20	\$10.40	\$15.60	\$20.80	\$31.20	\$57.20	\$114.40	\$161.20	\$280.80
Spouse	\$100,000	\$5.20	\$5.20	\$7.80	\$10.40	\$15.60	\$23.40	\$44.20	\$80.60	\$119.60	\$195.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$250,000 Policy Election Amount											
Employee	\$250,000	\$6.50	\$6.50	\$13.00	\$19.50	\$26.00	\$39.00	\$71.50	\$143.00	\$201.50	\$351.00
Spouse	\$125,000	\$6.50	\$6.50	\$9.75	\$13.00	\$19.50	\$29.25	\$55.25	\$100.75	\$149.50	\$243.75
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$300,000 Policy Election Amount											
Employee	\$300,000	\$7.80	\$7.80	\$15.60	\$23.40	\$31.20	\$46.80	\$85.80	\$171.60	\$241.80	\$421.20
Spouse	\$150,000	\$7.80	\$7.80	\$11.70	\$15.60	\$23.40	\$35.10	\$66.30	\$120.90	\$179.40	\$292.50
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$350,000 Policy Election Amount											
Employee	\$350,000	\$9.10	\$9.10	\$18.20	\$27.30	\$36.40	\$54.60	\$100.10	\$200.20	\$282.10	\$491.40
Spouse	\$175,000	\$9.10	\$9.10	\$13.65	\$18.20	\$27.30	\$40.95	\$77.35	\$141.05	\$209.30	\$341.25
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$400,000 Policy Election Amount											
Employee	\$400,000	\$10.40	\$10.40	\$20.80	\$31.20	\$41.60	\$62.40	\$114.40	\$228.80	\$322.40	\$561.60
Spouse	\$200,000	\$10.40	\$10.40	\$15.60	\$20.80	\$31.20	\$46.80	\$88.40	\$161.20	\$239.20	\$390.00
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$450,000 Policy Election Amount											
Employee	\$450,000	\$11.70	\$11.70	\$23.40	\$35.10	\$46.80	\$70.20	\$128.70	\$257.40	\$362.70	\$631.80
Spouse	\$225,000	\$11.70	\$11.70	\$17.55	\$23.40	\$35.10	\$52.65	\$99.45	\$181.35	\$269.10	\$438.75
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70
\$500,000 Policy Election Amount											
Employee	\$500,000	\$13.00	\$13.00	\$26.00	\$39.00	\$52.00	\$78.00	\$143.00	\$286.00	\$403.00	\$702.00
Spouse	\$250,000	\$13.00	\$13.00	\$19.50	\$26.00	\$39.00	\$58.50	\$110.50	\$201.50	\$299.00	\$487.50
Child	\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70

Guarantee Issue Amount: Employee \$150,000; Spouse \$50,000; Child \$10,000

Premiums for Voluntary Life Increase in five-year increments

Spouse/DP coverage is based on employee age bracket.

^tBenefit reductions apply.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

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. 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.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

Voluntary Life Only:

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-1-R-LB-90, GP-1-R-EOPT-96

Guarantee Issue/Conditional Issue amount applies for ages less than 65. Ages 65-69 maximum issue underwriting amounts \$10,000 for employee and \$5,000 spouse. Ages 70 and older must be individually underwritten for all amounts.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties or on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

This handout is for illustration purposes only and is an approximation, premium amounts may be amended.

Accidental Death and Dismemberment Life Cost Illustration:

AD&D coverage provides additional benefits following an accidental death or certain bodily injuries. Election amount will equal 1 times the election amount for Voluntary life election.

Employee Policy Election Amount	Monthly Premiums displayed	Spouse Policy Election Amount	Monthly Premiums displayed	Child(ren) Policy Election Amount	Monthly Premiums displayed
\$10,000	\$0.30	\$5,000	\$0.15	\$1,000	\$0.03
\$20,000	\$0.60	\$10,000	\$0.30	\$2,000	\$0.06
\$30,000	\$0.90	\$15,000	\$0.45	\$3,000	\$0.09
\$40,000	\$1.20	\$20,000	\$0.60	\$4,000	\$0.12
\$50,000	\$1.50	\$25,000	\$0.75	\$5,000	\$0.15
\$60,000	\$1.80	\$30,000	\$0.90	\$6,000	\$0.18
\$70,000	\$2.10	\$35,000	\$1.05	\$7,000	\$0.21
\$80,000	\$2.40	\$40,000	\$1.20	\$8,000	\$0.24
\$90,000	\$2.70	\$45,000	\$1.35	\$9,000	\$0.27
\$100,000	\$3.00	\$50,000	\$1.50	\$10,000	\$0.30
\$110,000	\$3.30	\$55,000	\$1.65	\$10,000	\$0.30
\$120,000	\$3.60	\$60,000	\$1.80	\$10,000	\$0.30
\$130,000	\$3.90	\$65,000	\$1.95	\$10,000	\$0.30
\$140,000	\$4.20	\$70,000	\$2.10	\$10,000	\$0.30
\$150,000	\$4.50	\$75,000	\$2.25	\$10,000	\$0.30
\$200,000	\$6.00	\$100,000	\$3.00	\$10,000	\$0.30
\$250,000	\$7.50	\$125,000	\$3.75	\$10,000	\$0.30
\$300,000	\$9.00	\$150,000	\$4.50	\$10,000	\$0.30
\$350,000	\$10.50	\$175,000	\$5.25	\$10,000	\$0.30
\$400,000	\$12.00	\$200,000	\$6.00	\$10,000	\$0.30
\$450,000	\$13.50	\$225,000	\$6.75	\$10,000	\$0.30
\$500,000	\$15.00	\$250,000	\$7.50	\$10,000	\$0.30

Spouse coverage is based on employee age and terminates at age 70.

Benefit reductions apply.

Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at www.guardiananytime.com

Questions?

Call the Guardian Helpline (888) 600-1600
Call weekdays, 7:00 AM to 8:30 PM, EST. And refer to your plan number : 473439

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR AD&D

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. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared

or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated.

The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

This handout is for illustration purposes only and is an approximation, premium amounts may be amended.

Long-Term Disability Benefit Summary

Group Number: 473439

About Your Benefits:

Your paycheck is your greatest asset. How else would you pay for expenses like your rent or mortgage, food and transportation? Disability insurance helps replace lost income if you have an accident or illness that prevents you from working. Unfortunately, disabilities occur more often than you may think. Be prepared and take advantage of an opportunity to help protect your financial well being at economical group rates. Enroll today!

What Your Benefits Cover:

	Long-Term Disability
Coverage amount	60% of salary to maximum \$8000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	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 \$8000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	30
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 exclusion
Survivor benefit: Additional benefit payable to your family if you die while disabled.	3 months

UNDERSTANDING YOUR BENEFITS-DISABILITY (Some information may vary by state)

- Disability (long-term): For first three years of disability, you will receive benefit payments while you are unable to work in your own occupation. After three 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 excludes 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.

Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at www.guardiananytime.com

Questions?

Call the Guardian Helpline (888) 600-1600
Call weekdays, 7:00 AM to 8:30 PM, EST. And refer to your plan number : 473439

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.
- 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-1-LTD94-A,B,C-1.0 et al.; GP-1-LTD2K-1.0 et al;
GP-1-LTD07-1.0 et al.

This handout is for illustration purposes only and is an approximation, premium amounts may be amended.

Dental Benefit Summary

Group Number: 473439

About Your Benefits:

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Using your dental insurance for regular dental check-ups can improve your health. Your dental insurance can also help save you money if more serious dental treatments are needed.

With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

	PPO	
Network	DentalGuard	Preferred
Calendar year deductible	In-Network	Out-of-Network
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	In-Network	Out-of-Network
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	90%	80%
Major Care (e.g. crowns, dentures)	60%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$2000	\$1500
	Combined In-Network and Out-of-Network maximum of \$1500 with an additional \$500 of benefit In-Network	
Maximum Rollover	Yes	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover In-network Amount	\$500	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	\$2000	
Dependent Age Limits	26	

A Sample of Services Covered by Your Plan:

		PPO Plan pays (on average)	
		In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	90%	80%
	Fillings=	90%	80%
	Perio Surgery	90%	80%
	Periodontal Maintenance	90%	80%
	Frequency:	Once Every 6 Months (Enhanced)	
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%
	Root Canal	90%	80%
	Scaling & Root Planing (per quadrant)	90%	80%
	Simple Extractions	90%	80%
	Surgical Extractions	90%	80%
Major Care	Bridges and Dentures	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
	Single Crowns	60%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren)	
	Deferred Services for Future Employees	Major Services - 12 Months	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia - restrictions apply. =Fillings - restrictions may apply to composite fillings.

Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at www.guardiananytime.com

Find A Dentist:

Visit www.GuardianLife.com
Under "Contact Us", Click on "Find A Provider"

Questions?

Call the Guardian Helpline (888) 600-1600
Call weekdays, 7:00 AM to 8:30 PM, EST. And refer to your plan number: 473439

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.
- Special Limitation: Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3 - DG2000

Maximum Rollover →

Save Your Dental Annual Maximum Dollars For a Time When You Need Them Most!

With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan's annual maximum.

To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year.

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1500	\$700	\$350	\$500	\$1250

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

NOTES:

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2009, the claim activity in 2010 will be used and applied to MRAs for use in 2011.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year.

Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year.

Vision Benefit Summary

Group Number: 473439

About Your Benefits:

These days, more and more people are making sure they have access to quality vision care. Regular eye exams not only diagnose vision problems, they provide early detection of serious health problems such as diabetes, hypertension, neurological disorders and brain tumors.

Guardian provides rich, flexible vision plans covering exams and materials - making it more affordable to keep your eyes healthy.

Visit any doctor with your Full Feature plan, but save by visiting any of the 34,000 locations in the nation's largest vision network.

		Full Feature	
Network		VSP Network Signature Plan	
Copay			
Copay (applies to first service provided; exams or materials)		\$ 25	
Sample of Covered Services		You pay (after copay if applicable):	
	In-network	Out-of-network	
Eye Exams	\$0	Amount over \$46	
Single Vision Lenses	\$0	Amount over \$47	
Lined Bifocal Lenses	\$0	Amount over \$66	
Lined Trifocal Lenses	\$0	Amount over \$85	
Lenticular Lenses	\$0	Amount over \$125	
Frames	80% of amount over \$120	Amount over \$47	
Contact Lenses (Elective)	Amount over \$120	Amount over \$105	
Contact Lenses (Medically Necessary)	\$0	Amount over \$210	
Contact Lenses (Evaluation and fitting)	15% off UCR	No discounts	
Cosmetic Extras	Avg. 30% off retail price	No discounts	
Glasses (Additional pair of frames and lenses)	20% off retail price ^A	No discounts	
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts	
Service Frequencies			
Exams	Every 12 months		
Lenses (for glasses or contact lenses)**	Every 12 months		
Frames	Every 24 months		
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.		
Dependent Age Limits		26	

^ABenefit includes coverage for glasses or contact lenses, not both.

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

^A For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.

Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at www.guardiananytime.com

Find A Vision Provider

Visit www.GuardianLife.com

Under "Contact Us", click on "Find A Provider"

Questions?

Call the Guardian Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST. And refer to your plan number : 473439

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery:

Up to 15% off the usual charge or 5% off promotional price for vision laser surgery. Members' out-of-pocket costs are limited to \$1,800 per eye for LASIK and \$1,500 per eye for PRK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Your Confidential Employee Assistance Program

WorkLifeMatters

Providing Assistance for What Matters Most

Let's face it, balancing your work and home life is not easy. With WorkLifeMatters, your confidential employee assistance program, you don't have to face life challenges alone. WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life.

WorkLifeMatters can offer help with:

Education

- ✓ Admissions testing & procedures
- ✓ Adult re-entry programs
- ✓ College Planning
- ✓ Financial aid resources
- ✓ Finding a pre-school

Dependent Care & Care Giving

- ✓ Adoption Assistance
- ✓ Before/after school programs
- ✓ Day Care/Elder Care
- ✓ Elder care
- ✓ In-home services

Legal and financial

- ✓ Basic tax planning
- ✓ Credit & collections
- ✓ Debt Counseling
- ✓ Home buying
- ✓ Immigration

Lifestyle & Fitness Management

- ✓ Anxiety & depression
- ✓ Divorce & separation
- ✓ Drugs & alcohol

Working Smarter

- ✓ Career development
- ✓ Effective managing
- ✓ Relocation

...Support is a phone call or click away

- Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055
- Referrals to local counselors - up to three sessions free of charge
- State of the art website featuring over 3,400 helpful articles and topics like wellness, training courses, and a legal and financial center: www.ibhworklife.com; User Name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

