





# Welcome to

# Workplace benefits

### **Everyone deserves a Guardian**

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

## **Know your benefits**

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

- 1 Read through this information.
- Find out more about your benefits.
- Talk to your employer if you need help or have any questions.

### Your coverage options



Short term disability insurance

Coverage if you're temporarily unable to work

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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# **Short term** disability insurance

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by Illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

#### Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

#### What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

## Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



## Partial income replacement

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: 13 weeks

Elimination period: 1 week

After a 1-week elimination period following his accident, Mike's **Guardian Short Term Disability** policy kicks in and replaces \$400 of his weekly income for the remaining 12 weeks of his rehabilitation.

This gives him a total of \$4,800 to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.





# Your short term disability coverage

	Short-Term Disability					
Coverage amount	Choose weekly benefit amount from \$100 to \$1500. See cost illustration page for weekly benefit offerings.  26 weeks					
Maximum payment period: Maximum length of time you can receive disability benefits.						
Accident benefits begin: The length of time you must be disabled pefore benefits begin.	Day 15					
Illness benefits begin: The length of time you must be disabled pefore benefits begin.	Day 15					
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 \$1500 in coverage					
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines					
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior co coverage in this plan, consulted with a physician, received creatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation					
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes					
<b>Portability:</b> Allows you to take your STD Coverage with you, if you terminate employment. Ported STD Plan terminates at age of 70.	Included					

#### **UNDERSTANDING YOUR BENEFITS—DISABILITY** (Some information may vary by state)

• Earnings definition: Your covered salary is based on your previous year's W2 statement.

#### **Short-Term Disability Plan Cost Illustration:**

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

Option I Benefits Begin: 15 day accident, 15 day sickness

26 week benefit duration

Policy amounts shown based on sample salary amounts only.

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+	
Option I premium rate	\$0.710	\$0.971	\$1.606	\$1.345	\$0.896	\$0.896	\$1.083	\$1.307	\$1.719	
		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										
Option I*: \$100 Weekly Benefit	\$7.10	\$9.71	\$16.06	\$13.45	\$8.96	\$8.96	\$10.83	\$13.07	\$17.19	
\$17,333 Minimum Annual Salary										
Option I*: \$200 Weekly Benefit	\$14.20	\$19.42	\$32.12	\$26.90	\$17.92	\$17.92	\$21.66	\$26.14	\$34.38	
\$26,000 Minimum Annual Salary										
Option I*: \$300 Weekly Benefit	\$21.30	\$29.13	\$48.18	\$40.35	\$26.88	\$26.88	\$32.49	\$39.21	\$51.57	
\$34,667 Minimum Annual Salary										
Option I*: \$400 Weekly Benefit	\$28.40	\$38.84	\$64.24	\$53.80	\$35.84	\$35.84	\$43.32	\$52.28	\$68.76	
\$43,333 Minimum Annual Salary										
Option I*: \$500 Weekly Benefit	\$35.50	\$48.55	\$80.30	\$67.25	\$44.80	\$44.80	\$54.15	\$65.35	\$85.95	
\$52,000 Minimum Annual Salary										
Option I*: \$600 Weekly Benefit	\$42.60	\$58.26	\$96.36	\$80.70	\$53.76	\$53.76	\$64.98	\$78.42	\$103.14	
\$60,667 Minimum Annual Salary										
Option I*: \$700 Weekly Benefit	\$49.70	\$67.97	\$112.42	\$94.15	\$62.72	\$62.72	\$75.81	\$91.49	\$120.33	
\$69,333 Minimum Annual Salary										
Option I*: \$800 Weekly Benefit	\$56.80	\$77.68	\$128.48	\$107.60	\$71.68	\$71.68	\$86.64	\$104.56	\$137.52	
\$78,000 Minimum Annual Salary										
Option I*: \$900 Weekly Benefit	\$63.90	\$87.39	\$144.54	\$121.05	\$80.64	\$80.64	\$97.47	\$117.63	\$154.71	
\$86,667 Minimum Annual Salary										
Option I*: \$1,000 Weekly Benefit	\$71.00	\$97.10	\$160.60	\$134.50	\$89.60	\$89.60	\$108.30	\$130.70	\$171.90	
\$95,333 Minimum Annual Salary										
Option I*: \$1,100 Weekly Benefit	\$78.10	\$106.81	\$176.66	\$147.95	\$98.56	\$98.56	\$119.13	\$143.77	\$189.09	
\$104,000 Minimum Annual Salary										
Option I*: \$1,200 Weekly Benefit	\$85.20	\$116.52	\$192.72	\$161.40	\$107.52	\$107.52	\$129.96	\$156.84	\$206.28	
\$112,667 Minimum Annual Salary										
Option I*: \$1,300 Weekly Benefit	\$92.30	\$126.23	\$208.78	\$174.85	\$116.48	\$116.48	\$140.79	\$169.91	\$223.47	
\$121,333 Minimum Annual Salary										
Option I*: \$1,400 Weekly Benefit	\$99.40	\$135.94	\$224.84	\$188.30	\$125.44	\$125.44	\$151.62	\$182.98	\$240.66	
\$130,000 Minimum Annual Salary										
Option I*: \$1,500 Weekly Benefit	\$106.50	\$145.65	\$240.90	\$201.75	\$134.40	\$134.40	\$162.45	\$196.05	\$257.85	

<sup>\*</sup>This benefit may not exceed 60% of your weekly salary.

# A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- 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, DC PFML and WA PFML. Contract # GP-I-STD-I5-I.0 et al.

Guardian's Group Short Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage.

Policy Form #GP-1-STD07-1.0, et al, GP-1-STD-15

Kit created 11/09/2023



# Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

## **Electronic EOI keeps things simple**

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for\*:

- · Basic life
- Voluntary life
- Short term disability
- Long term disability



#### How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit.'

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

<sup>\*</sup>Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is available using most internet browsers.

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# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

# Important information



#### Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit https://www.guardiananytime.com/notice48 to read more.

#### No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency. Visit https://www.guardiananytime.com/notice46 to read more.

### Short term disability insurance



#### **Disability Offset Notice**

Offsets are provisions in your disability coverage that allow the insurer to deduct from your regular benefit other types of income you receive or are eligible to receive from other sources due to your disability.

Visit https://www.guardiananytime.com/notice51 to read more.