

Effective: April 01,2015 Group Number: 00510968

Long-Term Disability Benefit Summary

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 manythings, but what if you were suddenly unable to work due to an accidentor illness? How will you put food on the table, payyour mortgageor heat your home? Disability insurance anhelp replace lost income and make a difficult time a little easier. Protect your most valuablesset, your paycheck-enrolloday!

What Your Benefits Cover:

Long-Term Disability

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Coverage amount 60% of salaryto maximum \$6000/month

Maximum payment period: Maximumlengthof time you can

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UNDERSTANDING YOUR BENEFITS—DISABILITY (Someinformation may vary by state)

- Disability (long-term): For first two yearsof disability, you will receivebenefit payments while you are unable to work in your own occupation After two years, you will continue to receivebenefits if you cannot work in any occupation based training, experience and education.
- Earnings definition: Your coveredsalaryexcludesbonusesandcommissions.
- Special limitations: Providesa 24-monthbenefit limit for mentalhealthand substanceabuse.
- Work incentive: Planbenefitwill not be reduced for a specifie damount of months so that you have part-time earnings while you remain disabled unless the combined benefit and earning exceed 100% of your previous earnings.

Manage Your Benefits:	Need Assistance?
Go to www.GuardianAnytime.corto accessecureinformation	Call the GuardianHelpline(888) 600-1600,weekdays,
about your Guardianbenefits. Your on-line account will be set up	8:00AM to 8:30PM,EST.Referto your memberID (social
within 30 daysafter your planeffectivedate	securitynumber)andyour plannumber:00510968

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence f Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposalis hedge bubject to satisfactor, financial evaluation Please effer to certificate of coverage or full plandescription.
- n You must be working full-time on the effectived ate of your coverage; otherwise, your coverage become affective afterverage, reason to the first of the first