

Dental Benefit Summary

Group Number: 373506

About Your Benefits:

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect many 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.

Option 1 or 2: With your **Low PPO (Base)** or **High PPO (Buy Up)** plan you can visit any dentist.

	Option 1: Low PPO (Base)	Option 2: High PPO (Buy Up)
Network	Any Dentist	Any Dentist
Calendar year deductible		
Individual	\$50	\$50
Family limit	3 per family	3 per family
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)		
Preventive Care (e.g. cleanings)	80%	100%
Basic Care (e.g. fillings)	80%	90%
Major Care (e.g. crowns, dentures)	50%	60%
Orthodontia	Not Covered	Not Covered
Annual Maximum Benefit	\$1500	\$1500
Preventive Services Exempt from Maximum	Yes	Yes
Maximum Rollover	Yes	Yes
Rollover Threshold	\$700	\$700
Rollover Amount	\$350	\$350
Rollover Account Limit	\$1250	\$1250
Lifetime Orthodontia Maximum	Not Applicable	Not Applicable
Dependent Age Limits	26	26

A Sample of Services Covered by Your Plan:

		Option 1: Low PPO (Base) <i>Plan pays (on average)</i>	Option 2: High PPO (Buy Up) <i>Plan pays (on average)</i>
Preventive Care	Cleaning (prophylaxis)	Any dentist 80%	Any dentist 100%
	Frequency:	Once Every 6 Months	Once Every 6 Months
	Fluoride Treatments	80%	100%
	Limits:	Under Age 14	Under Age 14
	Oral Exams	80%	100%
	Sealants (per tooth)	80%	100%
	X-rays	80%	100%
Basic Care	Anesthesia*	80%	90%
	Fillings‡	80%	90%
	Perio Surgery	80%	90%
	Periodontal Maintenance	80%	90%
	Frequency:	Once Every 6 Months (Standard)	Once Every 6 Months (Standard)
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	90%
	Root Canal	80%	90%
	Scaling & Root Planing (per quadrant)	80%	90%
	Simple Extractions	80%	90%
	Surgical Extractions	80%	90%
Major Care	Bridges and Dentures	50%	60%
	Inlays, Onlays, Veneers**	50%	60%
	Single Crowns	50%	60%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology 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 limit set by your plan; 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. ‡For PPO and or Indemnity members, 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"

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-I-DG2000 et al.
- **PPO and or Indemnity 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

Vision Benefit Summary

Group Number: 373506

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		
Exams Copay	\$ 10	
Materials Copay <i>(waived for elective contact lenses)</i>	\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	
	<i>Out-of-network</i>	
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 <i>(Elective)</i>	Amount over \$120	Amount over \$120
Contact Lenses <i>(Medically Necessary)</i>	\$0	Amount over \$210
Contact Lenses <i>(Evaluation and fitting)</i>	15% off UCR	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts
Glasses <i>(Additional pair of frames and lenses)</i>	20% off retail price [^]	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 <i>(for glasses or contact lenses)</i> ^{‡‡}	Every 12 months	
Frames	Every 24 months ^{‡‡‡}	
Network discounts <i>(cosmetic extras, glasses and contact lens professional service)</i>	Limitless within 12 months of exam.	
Dependent Age Limits	26	

^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.

^{‡‡‡}The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.

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

[^] 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"

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-I-VSN-96-VIS et al.

Laser Correction Surgery:

On average, 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.

Life Benefit Summary

Group Number: 373506

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:

	VOLUNTARY TERM LIFE
Employee Benefit	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Spouse ‡ Benefit	50% of employee coverage to a max of \$250,000
Child benefit: —children age birth† to 23 years (25 if full time student) for Voluntary Life	\$1,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.
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.	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	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
Conversion: Allows you to continue your coverage after your group plan has terminated.	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
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 met
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

Subject to coverage limits

† Infant coverage is limited for the first two weeks of infant’s life.

‡ Spouse coverage 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.

Voluntary Life Cost Illustration

		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†
\$10,000 Policy Election Amount											
Employee	\$10,000	\$.50	\$.50	\$.50	\$.60	\$ 1.00	\$ 1.70	\$ 2.60	\$ 4.00	\$ 5.70	\$ 9.80
Spouse	\$5,000	\$.25	\$.25	\$.25	\$.30	\$.50	\$.85	\$ 1.30	\$ 2.00	\$ 2.85	\$ 4.90
Child	\$2,000	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$20,000 Policy Election Amount											
Employee	\$20,000	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.20	\$ 2.00	\$ 3.40	\$ 5.20	\$ 8.00	\$ 11.40	\$ 19.60
Spouse	\$10,000	\$.50	\$.50	\$.50	\$.60	\$ 1.00	\$ 1.70	\$ 2.60	\$ 4.00	\$ 5.70	\$ 9.80
Child	\$3,000	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51	\$.51
\$30,000 Policy Election Amount											
Employee	\$30,000	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.80	\$ 3.00	\$ 5.10	\$ 7.80	\$ 12.00	\$ 17.10	\$ 29.40
Spouse	\$15,000	\$.75	\$.75	\$.75	\$.90	\$ 1.50	\$ 2.55	\$ 3.90	\$ 6.00	\$ 8.55	\$ 14.70
Child	\$4,000	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68	\$.68
\$40,000 Policy Election Amount											
Employee	\$40,000	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.40	\$ 4.00	\$ 6.80	\$ 10.40	\$ 16.00	\$ 22.80	\$ 39.20
Spouse	\$20,000	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.20	\$ 2.00	\$ 3.40	\$ 5.20	\$ 8.00	\$ 11.40	\$ 19.60
Child	\$5,000	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85	\$.85
\$50,000 Policy Election Amount											
Employee	\$50,000	\$ 2.50	\$ 2.50	\$ 2.50	\$ 3.00	\$ 5.00	\$ 8.50	\$ 13.00	\$ 20.00	\$ 28.50	\$ 49.00
Spouse	\$25,000	\$ 1.25	\$ 1.25	\$ 1.25	\$ 1.50	\$ 2.50	\$ 4.25	\$ 6.50	\$ 10.00	\$ 14.25	\$ 24.50
Child	\$6,000	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02	\$ 1.02
\$60,000 Policy Election Amount											
Employee	\$60,000	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.60	\$ 6.00	\$ 10.20	\$ 15.60	\$ 24.00	\$ 34.20	\$ 58.80
Spouse	\$30,000	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.80	\$ 3.00	\$ 5.10	\$ 7.80	\$ 12.00	\$ 17.10	\$ 29.40
Child	\$7,000	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19
\$70,000 Policy Election Amount											
Employee	\$70,000	\$ 3.50	\$ 3.50	\$ 3.50	\$ 4.20	\$ 7.00	\$ 11.90	\$ 18.20	\$ 28.00	\$ 39.90	\$ 68.60
Spouse	\$35,000	\$ 1.75	\$ 1.75	\$ 1.75	\$ 2.10	\$ 3.50	\$ 5.95	\$ 9.10	\$ 14.00	\$ 19.95	\$ 34.30
Child	\$8,000	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36	\$ 1.36
\$80,000 Policy Election Amount											
Employee	\$80,000	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.80	\$ 8.00	\$ 13.60	\$ 20.80	\$ 32.00	\$ 45.60	\$ 78.40
Spouse	\$40,000	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.40	\$ 4.00	\$ 6.80	\$ 10.40	\$ 16.00	\$ 22.80	\$ 39.20
Child	\$9,000	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.53
\$90,000 Policy Election Amount											
Employee	\$90,000	\$ 4.50	\$ 4.50	\$ 4.50	\$ 5.40	\$ 9.00	\$ 15.30	\$ 23.40	\$ 36.00	\$ 51.30	\$ 88.20
Spouse	\$45,000	\$ 2.25	\$ 2.25	\$ 2.25	\$ 2.70	\$ 4.50	\$ 7.65	\$ 11.70	\$ 18.00	\$ 25.65	\$ 44.10
Child	\$10,000	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70	\$ 1.70
\$100,000 Policy Election Amount											
Employee	\$100,000	\$ 5.00	\$ 5.00	\$ 5.00	\$ 6.00	\$ 10.00	\$ 17.00	\$ 26.00	\$ 40.00	\$ 57.00	\$ 98.00
Spouse	\$50,000	\$ 2.50	\$ 2.50	\$ 2.50	\$ 3.00	\$ 5.00	\$ 8.50	\$ 13.00	\$ 20.00	\$ 28.50	\$ 49.00
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	\$ 7.50	\$ 7.50	\$ 7.50	\$ 9.00	\$ 15.00	\$ 25.50	\$ 39.00	\$ 60.00	\$ 85.50	\$ 147.00
Spouse	\$75,000	\$ 3.75	\$ 3.75	\$ 3.75	\$ 4.50	\$ 7.50	\$ 12.75	\$ 19.50	\$ 30.00	\$ 42.75	\$ 73.50
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†
\$200,000 Policy Election Amount											
Employee	\$200,000	\$10.00	\$10.00	\$10.00	\$12.00	\$20.00	\$34.00	\$52.00	\$80.00	\$114.00	\$196.00
Spouse	\$100,000	\$5.00	\$5.00	\$5.00	\$6.00	\$10.00	\$17.00	\$26.00	\$40.00	\$57.00	\$98.00
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	\$12.50	\$12.50	\$12.50	\$15.00	\$25.00	\$42.50	\$65.00	\$100.00	\$142.50	\$245.00
Spouse	\$125,000	\$6.25	\$6.25	\$6.25	\$7.50	\$12.50	\$21.25	\$32.50	\$50.00	\$71.25	\$122.50
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	\$15.00	\$15.00	\$15.00	\$18.00	\$30.00	\$51.00	\$78.00	\$120.00	\$171.00	\$294.00
Spouse	\$150,000	\$7.50	\$7.50	\$7.50	\$9.00	\$15.00	\$25.50	\$39.00	\$60.00	\$85.50	\$147.00
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	\$17.50	\$17.50	\$17.50	\$21.00	\$35.00	\$59.50	\$91.00	\$140.00	\$199.50	\$343.00
Spouse	\$175,000	\$8.75	\$8.75	\$8.75	\$10.50	\$17.50	\$29.75	\$45.50	\$70.00	\$99.75	\$171.50
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	\$20.00	\$20.00	\$20.00	\$24.00	\$40.00	\$68.00	\$104.00	\$160.00	\$228.00	\$392.00
Spouse	\$200,000	\$10.00	\$10.00	\$10.00	\$12.00	\$20.00	\$34.00	\$52.00	\$80.00	\$114.00	\$196.00
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	\$22.50	\$22.50	\$22.50	\$27.00	\$45.00	\$76.50	\$117.00	\$180.00	\$256.50	\$441.00
Spouse	\$225,000	\$11.25	\$11.25	\$11.25	\$13.50	\$22.50	\$38.25	\$58.50	\$90.00	\$128.25	\$220.50
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	\$25.00	\$25.00	\$25.00	\$30.00	\$50.00	\$85.00	\$130.00	\$200.00	\$285.00	\$490.00
Spouse	\$250,000	\$12.50	\$12.50	\$12.50	\$15.00	\$25.00	\$42.50	\$65.00	\$100.00	\$142.50	\$245.00
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

Guarantee Issue with Additional Amount: Employee \$250,000; Spouse \$50,000

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

‡Spouse coverage premium is based on Employee age. Coverage for the spouse terminates at spouse's 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

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE 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.

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-I-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.

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

Disability Benefit Summary

Group Number: 373506

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:

	Short-Term Disability	Long-Term Disability
Coverage amount	60% of salary to maximum \$1250/week	60% of salary to maximum \$5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	11 weeks	To age 65, standard ADEA
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement not 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.	Not Applicable	We Guarantee Issue \$5000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	30	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 2 week limitation	3 months look back; 12 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	Yes
Survivor benefit: Additional benefit payable to your family if you die while disabled.	No	3 months

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 excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **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 Monthly 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 use our Disability Insurance Explorer Tool.

Policy amounts shown based on sample salary amounts only. Use enclosed worksheet to calculate your individual premium based on your salary.

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
Your premium rate	\$0.250	\$0.250	\$0.240	\$0.210	\$0.210	\$0.240	\$0.280	\$0.350	\$0.430
	<i>Election Cost Per Age Bracket</i>								
	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$15,000 Annual Salary \$173 Weekly Benefit	\$4.33	\$4.33	\$4.15	\$3.63	\$3.63	\$4.15	\$4.84	\$6.06	\$7.44
\$20,000 Annual Salary \$231 Weekly Benefit	\$5.78	\$5.78	\$5.54	\$4.85	\$4.85	\$5.54	\$6.47	\$8.09	\$9.93
\$25,000 Annual Salary \$288 Weekly Benefit	\$7.20	\$7.20	\$6.91	\$6.05	\$6.05	\$6.91	\$8.06	\$10.08	\$12.38
\$30,000 Annual Salary \$346 Weekly Benefit	\$8.65	\$8.65	\$8.30	\$7.27	\$7.27	\$8.30	\$9.69	\$12.11	\$14.88
\$35,000 Annual Salary \$404 Weekly Benefit	\$10.10	\$10.10	\$9.70	\$8.48	\$8.48	\$9.70	\$11.31	\$14.14	\$17.37
\$40,000 Annual Salary \$462 Weekly Benefit	\$11.55	\$11.55	\$11.09	\$9.70	\$9.70	\$11.09	\$12.94	\$16.17	\$19.87
\$45,000 Annual Salary \$519 Weekly Benefit	\$12.98	\$12.98	\$12.46	\$10.90	\$10.90	\$12.46	\$14.53	\$18.17	\$22.32
\$50,000 Annual Salary \$577 Weekly Benefit	\$14.43	\$14.43	\$13.85	\$12.12	\$12.12	\$13.85	\$16.16	\$20.20	\$24.81
\$55,000 Annual Salary \$635 Weekly Benefit	\$15.88	\$15.88	\$15.24	\$13.34	\$13.34	\$15.24	\$17.78	\$22.23	\$27.31
\$60,000 Annual Salary \$692 Weekly Benefit	\$17.30	\$17.30	\$16.61	\$14.53	\$14.53	\$16.61	\$19.38	\$24.22	\$29.76
\$65,000 Annual Salary \$750 Weekly Benefit	\$18.75	\$18.75	\$18.00	\$15.75	\$15.75	\$18.00	\$21.00	\$26.25	\$32.25
\$70,000 Annual Salary \$808 Weekly Benefit	\$20.20	\$20.20	\$19.39	\$16.97	\$16.97	\$19.39	\$22.62	\$28.28	\$34.74
\$75,000 Annual Salary \$865 Weekly Benefit	\$21.63	\$21.63	\$20.76	\$18.17	\$18.17	\$20.76	\$24.22	\$30.28	\$37.20
\$80,000 Annual Salary \$923 Weekly Benefit	\$23.08	\$23.08	\$22.15	\$19.38	\$19.38	\$22.15	\$25.84	\$32.31	\$39.69
\$85,000 Annual Salary \$981 Weekly Benefit	\$24.53	\$24.53	\$23.54	\$20.60	\$20.60	\$23.54	\$27.47	\$34.34	\$42.18
\$90,000 Annual Salary \$1,038 Weekly Benefit	\$25.95	\$25.95	\$24.91	\$21.80	\$21.80	\$24.91	\$29.06	\$36.33	\$44.63
\$95,000 Annual Salary \$1,096 Weekly Benefit	\$27.40	\$27.40	\$26.30	\$23.02	\$23.02	\$26.30	\$30.69	\$38.36	\$47.13
\$100,000 Annual Salary \$1,154 Weekly Benefit	\$28.85	\$28.85	\$27.70	\$24.23	\$24.23	\$27.70	\$32.31	\$40.39	\$49.62

\$105,000 Annual Salary										
\$1,212 Weekly Benefit	\$30.30	\$30.30	\$29.09	\$25.45	\$25.45	\$29.09	\$33.94	\$42.42	\$52.12	
\$110,000 Annual Salary										
\$1,250 Weekly Benefit	\$31.25	\$31.25	\$30.00	\$26.25	\$26.25	\$30.00	\$35.00	\$43.75	\$53.75	
\$120,000 Annual Salary										
\$1,250 Weekly Benefit	\$31.25	\$31.25	\$30.00	\$26.25	\$26.25	\$30.00	\$35.00	\$43.75	\$53.75	

Manage Your Benefits:

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

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-LTD94-A,B,C-1.0 et al.; GP-I-LTD2K-1.0 et al; GP-I-LTD07-1.0 et al. Contract #s GP-I-STD94-1.0 et al; GP-I-STD2K-1.0 et al; , GP-I-STD07-1.0 et al.
This handout is for illustration purposes only and is an approximation, premium amounts may be amended.

ADDITIONAL MATERIALS

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.

The Guardian Life Insurance Company of America
The Guardian Insurance & Annuity Company, Inc.

Midwest Regional Office
 PO Box 8012
 Appleton WI 54912-8012

Northeast Regional Office
 PO Box 26040
 Lehigh Valley PA 18002-6040

Western Regional Office
 PO Box 2454
 Spokane WA 99210-2454

**EVIDENCE OF INSURABILITY FOR
 NON-MEDICAL COVERAGES**

Please complete in ink. Erasures and changes invalidate this form.

Planholder Name (Company Name)	Group Plan No.
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Complete the following information for each person to be underwritten:

Name (Last, First, Middle Initial)	Sex	Birthdate	Height	Weight	Full Time Student?
Employee:	<input type="checkbox"/> M <input type="checkbox"/> F				
Spouse:	<input type="checkbox"/> M <input type="checkbox"/> F				
Child:	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No

Home Address

Employee's Social Security Number	Home Phone Number	Cell Phone Number	Date of Marriage	Employee's Place of Birth (State)
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Email Address	How Best to Contact
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Amount In Force	Amount Being Requested
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IF APPLYING FOR LIFE INSURANCE: questions 1-4 must be answered for each person to be underwritten
IF APPLYING FOR DISABILITY INSURANCE: all five questions must be answered in reference to the employee only

1. In the past 10 years been treated for or diagnosed as having: heart; liver or kidney disorder; neurological disorder; diabetes; stroke; cancer; tumor; mental or nervous disorder; or been advised to have treatment for drug abuse (including prescription drugs); or alcoholism?	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Child <input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the past 5 years used illegal drugs?	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Child <input type="checkbox"/> Yes <input type="checkbox"/> No
3. (a) Ever been treated for or diagnosed as having HIV (Human Immunodeficiency Virus)? (b) In the past year had: fever persisting more than one month; significant involuntary weight loss; diarrhea persisting more than one month; oral candidiasis (thrush); lymphadenopathy (enlarged or swollen glands)?	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Child <input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past year: (a) consulted or been examined by or treated by a physician, practitioner or specialist? (Include routine physicals only when there is an existing or newly diagnosed medical condition); (b) been in a hospital or other facility for observation, diagnosis, treatment or an operation?; (c) been prescribed medication(s) - (other than for colds, flu or allergies)?	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Child <input type="checkbox"/> Yes <input type="checkbox"/> No
5. If applying for disability coverage, please complete these additional questions: (a) In the past 5 years, been treated for conditions of the back, neck, spine, or arthritis?; (b) Are you currently pregnant?; (c) Excluding your employer sponsored group disability plan, are you currently insured for any other disability coverage? If "Yes", what is the total amount of coverage already in-force? \$ _____	Employee <input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" answer to questions 1 through 5b give details below. (*Continue on reverse side if additional space is needed.)

Ques. No.	Name of Patient	Practitioner's Name & Address	Hospital Name & Address	Condition	Duration of symptoms, treatment & degree of recovery	Dates mo/yr

I authorize any physician, medical practitioner, hospital, clinic, other health facility, the MIB, Inc., insurance or reinsurance company, or employer to release any and all medical and non-medical information in its possession about me or my eligible dependents to The Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me or my eligible dependents. I agree that this authorization will be valid for two and one half years from the date shown below and I have read, understand, and accept the statements and provisions on the reverse side of this application.

Signature of Employee x _____ Date _____

Signature of Spouse x _____ Date _____

ENDORSEMENT (GUARDIAN USE ONLY)

Employee: <input type="checkbox"/> Approved <input type="checkbox"/> Declined Optional Life: \$ _____ Spouse: <input type="checkbox"/> Approved <input type="checkbox"/> Declined Optional Life: \$ _____	Premium Class: <input type="checkbox"/> Preferred <input type="checkbox"/> Standard Guardian's Universal Life: \$ _____ Spouse Term Rider: \$ _____	Child: <input type="checkbox"/> Approved <input type="checkbox"/> Declined Optional Life: \$ _____ Excess Life \$ _____ <input type="checkbox"/> Approved <input type="checkbox"/> Declined Long Term Disability \$ _____ <input type="checkbox"/> Approved <input type="checkbox"/> Declined Short Term Disability \$ _____ <input type="checkbox"/> Approved <input type="checkbox"/> Declined
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Effective Date:	By:	Date:	Vice President Stuart J. Shaw
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Read and Detach for your records

Thank you for choosing Guardian insurance. This notice is given to you at the time you apply for life or health insurance to tell you about the kinds of information we may obtain in connection with your application. We will treat all personal information about you as confidential. You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Corporate Secretary, The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004-4025.

MIB, Inc., Pre-Notice: "Information regarding your insurability will be treated as confidential. Guardian, or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB, Inc., Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information in its file."

"Upon receipt of a request from you MIB, Inc., will arrange disclosure of any information it may have in your file. Please contact MIB, Inc., at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of information in MIB, Inc., file, you may contact MIB, Inc., and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc., information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734."

"Guardian, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted." Information for consumers about MIB, Inc., may be obtained on its website www.mib.com

Medical Records: We may request information from health care providers or others who have records of your medical history, mental or physical condition, or treatment. Only qualified members of Guardian's staff will have access to your medical file to evaluate your eligibility for insurance or to service your claim for benefits under a policy. Your authorization will govern our request for information and any later disclosure of that information.

I hereby represent that the statements and answers to the questions on the attached form are, to the best of my knowledge and belief, full, complete and true. I understand that they shall form the basis upon which I may be included for insurance.

Also, it is mutually understood and agreed that (1) the Company reserves the right to request, at its expense (in the case of a late entrant, it is not at the Insurance Company's expense), that I be examined by an accredited medical examiner selected by the Company, (2) no Group Insurance shall be binding or in force until satisfactory evidence of insurability is submitted and approved by the Insurance Company at the Home Office as shown in the Endorsement, and: (a) I am actively at work on a full-time basis (as defined in the Group Plan) for full pay on the date my Group Insurance becomes effective; otherwise, (b) I will become insured on the date I do return to work and satisfy a waiting period (as defined in the Group Plan) of full-time service. (3) coverage for my dependents will not take effect if a dependent other than a newborn is: (a) confined to the hospital or other health care facility; or (b) is unable to perform the normal activities of someone of like age and sex. (4) no person, except the President, a Vice President or a Secretary of the Company, has authority to: (a) determine whether any contract(s) of insurance shall be issued on the basis of the application; (b) waive or modify any of the provisions of the application or any of the Company's requirements; (c) bind the Company by any statement or promise pertaining to any insurance contract(s) issued or to be issued on the basis of the application; or (d) accept any information or representation not contained in the written application; (5) the employer is hereby named the Proposed Insured's representative for the purpose of receiving premiums and remitting them to the Company.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

I authorize any physician, medical practitioner, hospital, clinic, other health facility, the MIB, Inc., insurance or reinsurance company, or employer to release any and all medical and non-medical information in its possession about me or my eligible dependents to The Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me or my eligible dependents.

I understand The Guardian Life Insurance Company of America will use the information obtained by this authorization to determine eligibility for insurance or eligibility for benefits under an existing plan. Guardian will not release any information obtained to any person or organization except to reinsurance companies, the MIB, Inc., or other persons or organizations performing business or legal services in connection with my application, claim or as may be lawfully permitted or required, or as I may further authorize.

I know that I may request and receive a copy of this authorization.

I agree that a photocopy of this authorization shall be as valid as the original.

I acknowledge receipt of Guardian's notice regarding its insurance information practices, and medical records.

I agree that this authorization shall be valid for two and one half years from the date signed.