

## Short-Term Disability Plan Cost Illustration:

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

Your Premium will not increase as you age

Option 1 Benefits Begin: 1 day accident, 8 day sickness  
26 week benefit duration

Option 2 Benefits Begin: 30 day accident, 30 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 1 premium rate	\$0.990	\$0.990	\$0.990	\$0.990	\$0.990	\$0.990	\$0.990	\$0.990	\$0.990
Option 2 premium rate	\$0.440	\$0.440	\$0.440	\$0.440	\$0.440	\$0.440	\$0.440	\$0.440	\$0.440
<i>Election Cost Per Age Bracket</i>									
	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
<b>\$8,667 Minimum Annual Salary</b>									
Option 1*: \$100 Weekly Benefit	\$9.90	\$9.90	\$9.90	\$9.90	\$9.90	\$9.90	\$9.90	\$9.90	\$9.90
Option 2*: \$100 Weekly Benefit	\$4.40	\$4.40	\$4.40	\$4.40	\$4.40	\$4.40	\$4.40	\$4.40	\$4.40
<b>\$13,000 Minimum Annual Salary</b>									
Option 1*: \$150 Weekly Benefit	\$14.85	\$14.85	\$14.85	\$14.85	\$14.85	\$14.85	\$14.85	\$14.85	\$14.85
Option 2*: \$150 Weekly Benefit	\$6.60	\$6.60	\$6.60	\$6.60	\$6.60	\$6.60	\$6.60	\$6.60	\$6.60
<b>\$17,333 Minimum Annual Salary</b>									
Option 1*: \$200 Weekly Benefit	\$19.80	\$19.80	\$19.80	\$19.80	\$19.80	\$19.80	\$19.80	\$19.80	\$19.80
Option 2*: \$200 Weekly Benefit	\$8.80	\$8.80	\$8.80	\$8.80	\$8.80	\$8.80	\$8.80	\$8.80	\$8.80
<b>\$21,667 Minimum Annual Salary</b>									
Option 1*: \$250 Weekly Benefit	\$24.75	\$24.75	\$24.75	\$24.75	\$24.75	\$24.75	\$24.75	\$24.75	\$24.75
Option 2*: \$250 Weekly Benefit	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
<b>\$26,000 Minimum Annual Salary</b>									
Option 1*: \$300 Weekly Benefit	\$29.70	\$29.70	\$29.70	\$29.70	\$29.70	\$29.70	\$29.70	\$29.70	\$29.70
Option 2*: \$300 Weekly Benefit	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20	\$13.20
<b>\$30,333 Minimum Annual Salary</b>									
Option 1*: \$350 Weekly Benefit	\$34.65	\$34.65	\$34.65	\$34.65	\$34.65	\$34.65	\$34.65	\$34.65	\$34.65
Option 2*: \$350 Weekly Benefit	\$15.40	\$15.40	\$15.40	\$15.40	\$15.40	\$15.40	\$15.40	\$15.40	\$15.40
<b>\$34,667 Minimum Annual Salary</b>									
Option 1*: \$400 Weekly Benefit	\$39.60	\$39.60	\$39.60	\$39.60	\$39.60	\$39.60	\$39.60	\$39.60	\$39.60
Option 2*: \$400 Weekly Benefit	\$17.60	\$17.60	\$17.60	\$17.60	\$17.60	\$17.60	\$17.60	\$17.60	\$17.60

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
<b>\$39,000 Minimum Annual Salary</b>									
Option 1*: \$450 Weekly Benefit	\$44.55	\$44.55	\$44.55	\$44.55	\$44.55	\$44.55	\$44.55	\$44.55	\$44.55
Option 2*: \$450 Weekly Benefit	\$19.80	\$19.80	\$19.80	\$19.80	\$19.80	\$19.80	\$19.80	\$19.80	\$19.80
<b>\$43,333 Minimum Annual Salary</b>									
Option 1*: \$500 Weekly Benefit	\$49.50	\$49.50	\$49.50	\$49.50	\$49.50	\$49.50	\$49.50	\$49.50	\$49.50
Option 2*: \$500 Weekly Benefit	\$22.00	\$22.00	\$22.00	\$22.00	\$22.00	\$22.00	\$22.00	\$22.00	\$22.00
<b>\$47,667 Minimum Annual Salary</b>									
Option 1*: \$550 Weekly Benefit	\$54.45	\$54.45	\$54.45	\$54.45	\$54.45	\$54.45	\$54.45	\$54.45	\$54.45
Option 2*: \$550 Weekly Benefit	\$24.20	\$24.20	\$24.20	\$24.20	\$24.20	\$24.20	\$24.20	\$24.20	\$24.20
<b>\$52,000 Minimum Annual Salary</b>									
Option 1*: \$600 Weekly Benefit	\$59.40	\$59.40	\$59.40	\$59.40	\$59.40	\$59.40	\$59.40	\$59.40	\$59.40
Option 2*: \$600 Weekly Benefit	\$26.40	\$26.40	\$26.40	\$26.40	\$26.40	\$26.40	\$26.40	\$26.40	\$26.40
<b>\$56,333 Minimum Annual Salary</b>									
Option 1*: \$650 Weekly Benefit	\$64.35	\$64.35	\$64.35	\$64.35	\$64.35	\$64.35	\$64.35	\$64.35	\$64.35
Option 2*: \$650 Weekly Benefit	\$28.60	\$28.60	\$28.60	\$28.60	\$28.60	\$28.60	\$28.60	\$28.60	\$28.60
<b>\$60,667 Minimum Annual Salary</b>									
Option 1*: \$700 Weekly Benefit	\$69.30	\$69.30	\$69.30	\$69.30	\$69.30	\$69.30	\$69.30	\$69.30	\$69.30
Option 2*: \$700 Weekly Benefit	\$30.80	\$30.80	\$30.80	\$30.80	\$30.80	\$30.80	\$30.80	\$30.80	\$30.80
<b>\$65,000 Minimum Annual Salary</b>									
Option 1*: \$750 Weekly Benefit	\$74.25	\$74.25	\$74.25	\$74.25	\$74.25	\$74.25	\$74.25	\$74.25	\$74.25
Option 2*: \$750 Weekly Benefit	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00
<b>\$69,333 Minimum Annual Salary</b>									
Option 1*: \$800 Weekly Benefit	\$79.20	\$79.20	\$79.20	\$79.20	\$79.20	\$79.20	\$79.20	\$79.20	\$79.20
Option 2*: \$800 Weekly Benefit	\$35.20	\$35.20	\$35.20	\$35.20	\$35.20	\$35.20	\$35.20	\$35.20	\$35.20
<b>\$73,667 Minimum Annual Salary</b>									
Option 1*: \$850 Weekly Benefit	\$84.15	\$84.15	\$84.15	\$84.15	\$84.15	\$84.15	\$84.15	\$84.15	\$84.15
Option 2*: \$850 Weekly Benefit	\$37.40	\$37.40	\$37.40	\$37.40	\$37.40	\$37.40	\$37.40	\$37.40	\$37.40
<b>\$78,000 Minimum Annual Salary</b>									
Option 1*: \$900 Weekly Benefit	\$89.10	\$89.10	\$89.10	\$89.10	\$89.10	\$89.10	\$89.10	\$89.10	\$89.10
Option 2*: \$900 Weekly Benefit	\$39.60	\$39.60	\$39.60	\$39.60	\$39.60	\$39.60	\$39.60	\$39.60	\$39.60
<b>\$86,667 Minimum Annual Salary</b>									
Option 1*: \$1,000 Weekly Benefit	\$99.00	\$99.00	\$99.00	\$99.00	\$99.00	\$99.00	\$99.00	\$99.00	\$99.00
Option 2*: \$1,000 Weekly Benefit	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00
<b>\$95,333 Minimum Annual Salary</b>									
Option 1*: \$1,100 Weekly Benefit	\$108.90	\$108.90	\$108.90	\$108.90	\$108.90	\$108.90	\$108.90	\$108.90	\$108.90
Option 2*: \$1,100 Weekly Benefit	\$48.40	\$48.40	\$48.40	\$48.40	\$48.40	\$48.40	\$48.40	\$48.40	\$48.40

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$108,333 Minimum Annual Salary									
Option 1*: \$1,250 Weekly Benefit	\$123.75	\$123.75	\$123.75	\$123.75	\$123.75	\$123.75	\$123.75	\$123.75	\$123.75
Option 2*: \$1,250 Weekly Benefit	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00	\$55.00

\*This benefit may not exceed 60% of your weekly salary.

## 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 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-1-STD-15-1.0 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