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.

Your premium rate $0.465

Manage Your Benefits:
Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

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-1-LTD94-A,B,C-1.0 et al; GP-1-LTD2K-1.0 et al; GP-1-LTD07-1.0 et al. Contract #s GP-1-STD94-1.0 et al; GP-1-STD2K-1.0 et al; GP-1-STD07-1.0 et al.

This handout is for illustration purposes only and is an approximation, premium amounts may be amended.
**Short Term Disability Cost Worksheet**

**Step 1 – Calculate Benefit**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
<th>Column D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Salary ÷ 52 = Weekly Salary</td>
<td>Benefit % x Weekly Salary = Weekly Benefit</td>
<td>Does the Weekly Benefit (Column B) exceed the Maximum Benefit in the Example</td>
<td>Weekly Benefit</td>
</tr>
<tr>
<td>$60,000 ÷ 52 = $1,154</td>
<td>60% x 1,154 = $692</td>
<td>No</td>
<td>$692</td>
</tr>
</tbody>
</table>

Calculate your weekly benefit below:

YOU: 

**Step 2 - Calculate Cost:**

To determine your total cost per pay, follow the steps outlined in the example below.

- Please refer to the Short Term Disability Premium Illustration Page to capture the appropriate rate.
- Examples of pay frequency: Semi-Monthly - 24 pay periods, Bi-Weekly – 26 pay periods, Weekly – 52 pay periods, Monthly 12 pay periods

<table>
<thead>
<tr>
<th>Example: Assumes 24 Pay Periods</th>
<th>Rate</th>
<th>Weekly Benefit (Step 1 Column D)</th>
<th>Rate x Weekly Benefit</th>
<th>Divide by 10 = Monthly Cost</th>
<th>Multiply by 12 = Annual Cost</th>
<th>Divide by Pay Frequency = Cost per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Sample Rate” .33</td>
<td>$1000</td>
<td>.33 x $692 = $228.36</td>
<td>$228.36 + 10 = $22.84</td>
<td>$22.84 x 12 = $274.08</td>
<td>$274.08 + 24 = $11.42</td>
<td></td>
</tr>
</tbody>
</table>

Calculate your cost per pay period below:

YOU: Find your rate on the STD Cost Illustration Page

Important information about your Short Term Disability plan: 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 during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, and the employee’s loss or earnings is not solely due to disability. We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers’ Compensation benefits are payable. This policy provides disability income insurance only. It does not provide “basic hospital,” “basic medical,” “major medical” insurance as defined by the New York State Insurance Department. 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 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails. Your company has selected Guardian to provide Life coverage to eligible employees according to plan terms, which have been mutually agreed upon. As an eligible employee, you can purchase this coverage at the group premium levels.