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Group Number: 00567202

# DG3 NORTH AMERICA, INC.

NON-UNION

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

## **PLAN HIGHLIGHTS**

- Life
- Long Term Disability

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**Life Benefit Summary**
**Group Number:** 00567202

**A Life insurance plan through Guardian provides:**

- The foundation of a smart financial plan that helps protect you and those who depend on you
- Affordable group rates
- Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

**About Your Benefits:**

	<b>BASIC LIFE</b>	<b>VOLUNTARY TERM LIFE</b>
<b>Employee Benefit</b>	Your employer provides Basic Life Coverage for all full time employees in the amount of 150% of your annual salary, to a maximum of \$1,000,000 with a minimum amount of \$5,000.	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
<b>Accidental Death and Dismemberment</b>	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
<b>Spouse Benefit</b>	N/A	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
<b>Child Benefit</b>	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$10,000. Subject to state limits. See Cost Illustration page for details.
<b>Guarantee Issue:</b> 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.	Guarantee Issue coverage up to \$495,000 per employee	We Guarantee Issue coverage up to: Employee \$200,000. Spouse \$30,000. Dependent children \$10,000.
<b>Premiums</b>	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
<b>Portability:</b> Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions
<b>Conversion:</b> Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
<b>Accelerated Life Benefit:</b> A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
<b>Waiver of Premiums:</b> 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 are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met

Benefit information illustrated within this material reflects the plan covered by Guardian as of 11/22/2019

NON-UNION Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

**BASIC LIFE****VOLUNTARY TERM LIFE**

<b>LifeAssist<sup>SM</sup>:</b> Provides supplemental income that is calculated based off a percentage of your Life benefit to a specified dollar amount if you are ADL disabled. Benefits are paid to the lesser of 100 months or to when waiver of premium ends.	No	Yes
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.	35% at age 70, 50% at age 75	35% at age 70, 50% at age 75

Subject to coverage limits

† and Voluntary Life: Infant coverage is limited based on age.

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://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.

## 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 view a video: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life>

Employee	Monthly premiums displayed.										
	Policy Election Cost Per Age Bracket										
Policy Election Amount	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.60	\$0.73	\$0.97	\$1.09	\$1.21	\$1.81	\$2.78	\$5.20	\$7.98	\$15.35	\$24.90
\$20,000	\$1.20	\$1.46	\$1.94	\$2.18	\$2.42	\$3.62	\$5.56	\$10.40	\$15.96	\$30.70	\$49.80
\$30,000	\$1.80	\$2.19	\$2.91	\$3.27	\$3.63	\$5.43	\$8.34	\$15.60	\$23.94	\$46.05	\$74.70
\$40,000	\$2.40	\$2.92	\$3.88	\$4.36	\$4.84	\$7.24	\$11.12	\$20.80	\$31.92	\$61.40	\$99.60
\$50,000	\$3.00	\$3.65	\$4.85	\$5.45	\$6.05	\$9.05	\$13.90	\$26.00	\$39.90	\$76.75	\$124.50
\$60,000	\$3.60	\$4.38	\$5.82	\$6.54	\$7.26	\$10.86	\$16.68	\$31.20	\$47.88	\$92.10	\$149.40
\$70,000	\$4.20	\$5.11	\$6.79	\$7.63	\$8.47	\$12.67	\$19.46	\$36.40	\$55.86	\$107.45	\$174.30
\$80,000	\$4.80	\$5.84	\$7.76	\$8.72	\$9.68	\$14.48	\$22.24	\$41.60	\$63.84	\$122.80	\$199.20
\$90,000	\$5.40	\$6.57	\$8.73	\$9.81	\$10.89	\$16.29	\$25.02	\$46.80	\$71.82	\$138.15	\$224.10
\$100,000	\$6.00	\$7.30	\$9.70	\$10.90	\$12.10	\$18.10	\$27.80	\$52.00	\$79.80	\$153.50	\$249.00
\$110,000	\$6.60	\$8.03	\$10.67	\$11.99	\$13.31	\$19.91	\$30.58	\$57.20	\$87.78	\$168.85	\$273.90
\$120,000	\$7.20	\$8.76	\$11.64	\$13.08	\$14.52	\$21.72	\$33.36	\$62.40	\$95.76	\$184.20	\$298.80
\$130,000	\$7.80	\$9.49	\$12.61	\$14.17	\$15.73	\$23.53	\$36.14	\$67.60	\$103.74	\$199.55	\$323.70
\$140,000	\$8.40	\$10.22	\$13.58	\$15.26	\$16.94	\$25.34	\$38.92	\$72.80	\$111.72	\$214.90	\$348.60
\$150,000	\$9.00	\$10.95	\$14.55	\$16.35	\$18.15	\$27.15	\$41.70	\$78.00	\$119.70	\$230.25	\$373.50
\$160,000	\$9.60	\$11.68	\$15.52	\$17.44	\$19.36	\$28.96	\$44.48	\$83.20	\$127.68	\$245.60	\$398.40
\$170,000	\$10.20	\$12.41	\$16.49	\$18.53	\$20.57	\$30.77	\$47.26	\$88.40	\$135.66	\$260.95	\$423.30
\$180,000	\$10.80	\$13.14	\$17.46	\$19.62	\$21.78	\$32.58	\$50.04	\$93.60	\$143.64	\$276.30	\$448.20
\$190,000	\$11.40	\$13.87	\$18.43	\$20.71	\$22.99	\$34.39	\$52.82	\$98.80	\$151.62	\$291.65	\$473.10
\$200,000	\$12.00	\$14.60	\$19.40	\$21.80	\$24.20	\$36.20	\$55.60	\$104.00	\$159.60	\$307.00	\$498.00
\$210,000	\$12.60	\$15.33	\$20.37	\$22.89	\$25.41	\$38.01	\$58.38	\$109.20	\$167.58	\$322.35	\$522.90
\$220,000	\$13.20	\$16.06	\$21.34	\$23.98	\$26.62	\$39.82	\$61.16	\$114.40	\$175.56	\$337.70	\$547.80
\$230,000	\$13.80	\$16.79	\$22.31	\$25.07	\$27.83	\$41.63	\$63.94	\$119.60	\$183.54	\$353.05	\$572.70
\$240,000	\$14.40	\$17.52	\$23.28	\$26.16	\$29.04	\$43.44	\$66.72	\$124.80	\$191.52	\$368.40	\$597.60
\$250,000	\$15.00	\$18.25	\$24.25	\$27.25	\$30.25	\$45.25	\$69.50	\$130.00	\$199.50	\$383.75	\$622.50
\$260,000	\$15.60	\$18.98	\$25.22	\$28.34	\$31.46	\$47.06	\$72.28	\$135.20	\$207.48	\$399.10	\$647.40
\$270,000	\$16.20	\$19.71	\$26.19	\$29.43	\$32.67	\$48.87	\$75.06	\$140.40	\$215.46	\$414.45	\$672.30
\$280,000	\$16.80	\$20.44	\$27.16	\$30.52	\$33.88	\$50.68	\$77.84	\$145.60	\$223.44	\$429.80	\$697.20
\$290,000	\$17.40	\$21.17	\$28.13	\$31.61	\$35.09	\$52.49	\$80.62	\$150.80	\$231.42	\$445.15	\$722.10
\$300,000	\$18.00	\$21.90	\$29.10	\$32.70	\$36.30	\$54.30	\$83.40	\$156.00	\$239.40	\$460.50	\$747.00
\$310,000	\$18.60	\$22.63	\$30.07	\$33.79	\$37.51	\$56.11	\$86.18	\$161.20	\$247.38	\$475.85	\$771.90
\$320,000	\$19.20	\$23.36	\$31.04	\$34.88	\$38.72	\$57.92	\$88.96	\$166.40	\$255.36	\$491.20	\$796.80
\$330,000	\$19.80	\$24.09	\$32.01	\$35.97	\$39.93	\$59.73	\$91.74	\$171.60	\$263.34	\$506.55	\$821.70
\$340,000	\$20.40	\$24.82	\$32.98	\$37.06	\$41.14	\$61.54	\$94.52	\$176.80	\$271.32	\$521.90	\$846.60
\$350,000	\$21.00	\$25.55	\$33.95	\$38.15	\$42.35	\$63.35	\$97.30	\$182.00	\$279.30	\$537.25	\$871.50
\$360,000	\$21.60	\$26.28	\$34.92	\$39.24	\$43.56	\$65.16	\$100.08	\$187.20	\$287.28	\$552.60	\$896.40
\$370,000	\$22.20	\$27.01	\$35.89	\$40.33	\$44.77	\$66.97	\$102.86	\$192.40	\$295.26	\$567.95	\$921.30
\$380,000	\$22.80	\$27.74	\$36.86	\$41.42	\$45.98	\$68.78	\$105.64	\$197.60	\$303.24	\$583.30	\$946.20
\$390,000	\$23.40	\$28.47	\$37.83	\$42.51	\$47.19	\$70.59	\$108.42	\$202.80	\$311.22	\$598.65	\$971.10
\$400,000	\$24.00	\$29.20	\$38.80	\$43.60	\$48.40	\$72.40	\$111.20	\$208.00	\$319.20	\$614.00	\$996.00

**Voluntary Life Cost Illustration** *continued*

**Monthly premiums displayed. Cost of AD&D is included**

**Policy Election Amount**

**Policy Election Cost Per Age Bracket**

Employee	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$410,000	\$24.60	\$29.93	\$39.77	\$44.69	\$49.61	\$74.21	\$113.98	\$213.20	\$327.18	\$629.35	\$1,020.90
\$420,000	\$25.20	\$30.66	\$40.74	\$45.78	\$50.82	\$76.02	\$116.76	\$218.40	\$335.16	\$644.70	\$1,045.80
\$430,000	\$25.80	\$31.39	\$41.71	\$46.87	\$52.03	\$77.83	\$119.54	\$223.60	\$343.14	\$660.05	\$1,070.70
\$440,000	\$26.40	\$32.12	\$42.68	\$47.96	\$53.24	\$79.64	\$122.32	\$228.80	\$351.12	\$675.40	\$1,095.60
\$450,000	\$27.00	\$32.85	\$43.65	\$49.05	\$54.45	\$81.45	\$125.10	\$234.00	\$359.10	\$690.75	\$1,120.50
\$460,000	\$27.60	\$33.58	\$44.62	\$50.14	\$55.66	\$83.26	\$127.88	\$239.20	\$367.08	\$706.10	\$1,145.40
\$470,000	\$28.20	\$34.31	\$45.59	\$51.23	\$56.87	\$85.07	\$130.66	\$244.40	\$375.06	\$721.45	\$1,170.30
\$480,000	\$28.80	\$35.04	\$46.56	\$52.32	\$58.08	\$86.88	\$133.44	\$249.60	\$383.04	\$736.80	\$1,195.20
\$490,000	\$29.40	\$35.77	\$47.53	\$53.41	\$59.29	\$88.69	\$136.22	\$254.80	\$391.02	\$752.15	\$1,220.10
\$500,000	\$30.00	\$36.50	\$48.50	\$54.50	\$60.50	\$90.50	\$139.00	\$260.00	\$399.00	\$767.50	\$1,245.00

**Monthly premiums displayed. Cost of AD&D is included**

**Policy Election Amount**

**Policy Election Cost Per Age Bracket**

Spouse	< 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.16	\$0.18	\$0.20	\$0.24	\$0.30	\$0.41	\$0.61	\$0.98	\$1.55	\$2.71	\$4.45	\$8.00	\$14.21
\$10,000	\$0.31	\$0.36	\$0.39	\$0.47	\$0.60	\$0.81	\$1.22	\$1.96	\$3.09	\$5.42	\$8.89	\$15.99	\$28.41
\$15,000	\$0.47	\$0.54	\$0.59	\$0.71	\$0.90	\$1.22	\$1.83	\$2.94	\$4.64	\$8.13	\$13.34	\$23.99	\$42.62
\$20,000	\$0.62	\$0.72	\$0.78	\$0.94	\$1.20	\$1.62	\$2.44	\$3.92	\$6.18	\$10.84	\$17.78	\$31.98	\$56.82
\$25,000	\$0.78	\$0.90	\$0.98	\$1.18	\$1.50	\$2.03	\$3.05	\$4.90	\$7.73	\$13.55	\$22.23	\$39.98	\$71.03
\$30,000	\$0.93	\$1.08	\$1.17	\$1.41	\$1.80	\$2.43	\$3.66	\$5.88	\$9.27	\$16.26	\$26.67	\$47.97	\$85.23
\$35,000	\$1.09	\$1.26	\$1.37	\$1.65	\$2.10	\$2.84	\$4.27	\$6.86	\$10.82	\$18.97	\$31.12	\$55.97	\$99.44
\$40,000	\$1.24	\$1.44	\$1.56	\$1.88	\$2.40	\$3.24	\$4.88	\$7.84	\$12.36	\$21.68	\$35.56	\$63.96	\$113.64
\$45,000	\$1.40	\$1.62	\$1.76	\$2.12	\$2.70	\$3.65	\$5.49	\$8.82	\$13.91	\$24.39	\$40.01	\$71.96	\$127.85
\$50,000	\$1.55	\$1.80	\$1.95	\$2.35	\$3.00	\$4.05	\$6.10	\$9.80	\$15.45	\$27.10	\$44.45	\$79.95	\$142.05
\$55,000	\$1.71	\$1.98	\$2.15	\$2.59	\$3.30	\$4.46	\$6.71	\$10.78	\$17.00	\$29.81	\$48.90	\$87.95	\$156.26
\$60,000	\$1.86	\$2.16	\$2.34	\$2.82	\$3.60	\$4.86	\$7.32	\$11.76	\$18.54	\$32.52	\$53.34	\$95.94	\$170.46
\$65,000	\$2.02	\$2.34	\$2.54	\$3.06	\$3.90	\$5.27	\$7.93	\$12.74	\$20.09	\$35.23	\$57.79	\$103.94	\$184.67
\$70,000	\$2.17	\$2.52	\$2.73	\$3.29	\$4.20	\$5.67	\$8.54	\$13.72	\$21.63	\$37.94	\$62.23	\$111.93	\$198.87
\$75,000	\$2.33	\$2.70	\$2.93	\$3.53	\$4.50	\$6.08	\$9.15	\$14.70	\$23.18	\$40.65	\$66.68	\$119.93	\$213.08
\$80,000	\$2.48	\$2.88	\$3.12	\$3.76	\$4.80	\$6.48	\$9.76	\$15.68	\$24.72	\$43.36	\$71.12	\$127.92	\$227.28
\$85,000	\$2.64	\$3.06	\$3.32	\$4.00	\$5.10	\$6.89	\$10.37	\$16.66	\$26.27	\$46.07	\$75.57	\$135.92	\$241.49
\$90,000	\$2.79	\$3.24	\$3.51	\$4.23	\$5.40	\$7.29	\$10.98	\$17.64	\$27.81	\$48.78	\$80.01	\$143.91	\$255.69
\$95,000	\$2.95	\$3.42	\$3.71	\$4.47	\$5.70	\$7.70	\$11.59	\$18.62	\$29.36	\$51.49	\$84.46	\$151.91	\$269.90
\$100,000	\$3.10	\$3.60	\$3.90	\$4.70	\$6.00	\$8.10	\$12.20	\$19.60	\$30.90	\$54.20	\$88.90	\$159.90	\$284.10
\$105,000	\$3.26	\$3.78	\$4.10	\$4.94	\$6.30	\$8.51	\$12.81	\$20.58	\$32.45	\$56.91	\$93.35	\$167.90	\$298.31
\$110,000	\$3.41	\$3.96	\$4.29	\$5.17	\$6.60	\$8.91	\$13.42	\$21.56	\$33.99	\$59.62	\$97.79	\$175.89	\$312.51
\$115,000	\$3.57	\$4.14	\$4.49	\$5.41	\$6.90	\$9.32	\$14.03	\$22.54	\$35.54	\$62.33	\$102.24	\$183.89	\$326.72
\$120,000	\$3.72	\$4.32	\$4.68	\$5.64	\$7.20	\$9.72	\$14.64	\$23.52	\$37.08	\$65.04	\$106.68	\$191.88	\$340.92
\$125,000	\$3.88	\$4.50	\$4.88	\$5.88	\$7.50	\$10.13	\$15.25	\$24.50	\$38.63	\$67.75	\$111.13	\$199.88	\$355.13
\$130,000	\$4.03	\$4.68	\$5.07	\$6.11	\$7.80	\$10.53	\$15.86	\$25.48	\$40.17	\$70.46	\$115.57	\$207.87	\$369.33
\$135,000	\$4.19	\$4.86	\$5.27	\$6.35	\$8.10	\$10.94	\$16.47	\$26.46	\$41.72	\$73.17	\$120.02	\$215.87	\$383.54
\$140,000	\$4.34	\$5.04	\$5.46	\$6.58	\$8.40	\$11.34	\$17.08	\$27.44	\$43.26	\$75.88	\$124.46	\$223.86	\$397.74
\$145,000	\$4.50	\$5.22	\$5.66	\$6.82	\$8.70	\$11.75	\$17.69	\$28.42	\$44.81	\$78.59	\$128.91	\$231.86	\$411.95
\$150,000	\$4.65	\$5.40	\$5.85	\$7.05	\$9.00	\$12.15	\$18.30	\$29.40	\$46.35	\$81.30	\$133.35	\$239.85	\$426.15

**Voluntary Life Cost Illustration** *continued*

**Monthly premiums displayed. Cost of AD&D is included  
Policy Election Cost Per Age Bracket**

**Policy Election Amount**

Spouse	< 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$155,000	\$4.81	\$5.58	\$6.05	\$7.29	\$9.30	\$12.56	\$18.91	\$30.38	\$47.90	\$84.01	\$137.80	\$247.85	\$440.36
\$160,000	\$4.96	\$5.76	\$6.24	\$7.52	\$9.60	\$12.96	\$19.52	\$31.36	\$49.44	\$86.72	\$142.24	\$255.84	\$454.56
\$165,000	\$5.12	\$5.94	\$6.44	\$7.76	\$9.90	\$13.37	\$20.13	\$32.34	\$50.99	\$89.43	\$146.69	\$263.84	\$468.77
\$170,000	\$5.27	\$6.12	\$6.63	\$7.99	\$10.20	\$13.77	\$20.74	\$33.32	\$52.53	\$92.14	\$151.13	\$271.83	\$482.97
\$175,000	\$5.43	\$6.30	\$6.83	\$8.23	\$10.50	\$14.18	\$21.35	\$34.30	\$54.08	\$94.85	\$155.58	\$279.83	\$497.18
\$180,000	\$5.58	\$6.48	\$7.02	\$8.46	\$10.80	\$14.58	\$21.96	\$35.28	\$55.62	\$97.56	\$160.02	\$287.82	\$511.38
\$185,000	\$5.74	\$6.66	\$7.22	\$8.70	\$11.10	\$14.99	\$22.57	\$36.26	\$57.17	\$100.27	\$164.47	\$295.82	\$525.59
\$190,000	\$5.89	\$6.84	\$7.41	\$8.93	\$11.40	\$15.39	\$23.18	\$37.24	\$58.71	\$102.98	\$168.91	\$303.81	\$539.79
\$195,000	\$6.05	\$7.02	\$7.61	\$9.17	\$11.70	\$15.80	\$23.79	\$38.22	\$60.26	\$105.69	\$173.36	\$311.81	\$554.00
\$200,000	\$6.20	\$7.20	\$7.80	\$9.40	\$12.00	\$16.20	\$24.40	\$39.20	\$61.80	\$108.40	\$177.80	\$319.80	\$568.20
\$205,000	\$6.36	\$7.38	\$8.00	\$9.64	\$12.30	\$16.61	\$25.01	\$40.18	\$63.35	\$111.11	\$182.25	\$327.80	\$582.41
\$210,000	\$6.51	\$7.56	\$8.19	\$9.87	\$12.60	\$17.01	\$25.62	\$41.16	\$64.89	\$113.82	\$186.69	\$335.79	\$596.61
\$215,000	\$6.67	\$7.74	\$8.39	\$10.11	\$12.90	\$17.42	\$26.23	\$42.14	\$66.44	\$116.53	\$191.14	\$343.79	\$610.82
\$220,000	\$6.82	\$7.92	\$8.58	\$10.34	\$13.20	\$17.82	\$26.84	\$43.12	\$67.98	\$119.24	\$195.58	\$351.78	\$625.02
\$225,000	\$6.98	\$8.10	\$8.78	\$10.58	\$13.50	\$18.23	\$27.45	\$44.10	\$69.53	\$121.95	\$200.03	\$359.78	\$639.23
\$230,000	\$7.13	\$8.28	\$8.97	\$10.81	\$13.80	\$18.63	\$28.06	\$45.08	\$71.07	\$124.66	\$204.47	\$367.77	\$653.43
\$235,000	\$7.29	\$8.46	\$9.17	\$11.05	\$14.10	\$19.04	\$28.67	\$46.06	\$72.62	\$127.37	\$208.92	\$375.77	\$667.64
\$240,000	\$7.44	\$8.64	\$9.36	\$11.28	\$14.40	\$19.44	\$29.28	\$47.04	\$74.16	\$130.08	\$213.36	\$383.76	\$681.84
\$245,000	\$7.60	\$8.82	\$9.56	\$11.52	\$14.70	\$19.85	\$29.89	\$48.02	\$75.71	\$132.79	\$217.81	\$391.76	\$696.05
\$250,000	\$7.75	\$9.00	\$9.75	\$11.75	\$15.00	\$20.25	\$30.50	\$49.00	\$77.25	\$135.50	\$222.25	\$399.75	\$710.25

**Monthly premiums displayed. Cost of AD&D is included  
Policy Election Cost**

**Policy Election Amount**

Child(ren)	Premium
\$10,000	\$0.94

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

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.**

†Benefit reductions apply.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D 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.

A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.

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.

### Voluntary Life Only:

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-LB-90, GP-I-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

**For AD&D:** We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

**Enhanced AD&D:** A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

***This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.***



## Accidental Death and Dismemberment Life Cost Illustration:

AD&D coverage provides additional benefits following an accidental death or certain bodily injuries. Election amount will equal 1 times the election amount for Voluntary life election.

Employee Policy Election Amount	Monthly Premiums displayed	Spouse Policy Election Amount	Monthly Premiums displayed	Child(ren) Policy Election Amount	Monthly Premiums displayed
\$10,000	\$0.20	\$5,000	\$0.10	\$10,000	\$0.20
\$20,000	\$0.40	\$10,000	\$0.20		
\$30,000	\$0.60	\$15,000	\$0.30		
\$40,000	\$0.80	\$20,000	\$0.40		
\$50,000	\$1.00	\$25,000	\$0.50		
\$60,000	\$1.20	\$30,000	\$0.60		
\$70,000	\$1.40	\$35,000	\$0.70		
\$80,000	\$1.60	\$40,000	\$0.80		
\$90,000	\$1.80	\$45,000	\$0.90		
\$100,000	\$2.00	\$50,000	\$1.00		
\$110,000	\$2.20	\$55,000	\$1.10		
\$120,000	\$2.40	\$60,000	\$1.20		
\$130,000	\$2.60	\$65,000	\$1.30		
\$140,000	\$2.80	\$70,000	\$1.40		
\$150,000	\$3.00	\$75,000	\$1.50		
\$160,000	\$3.20	\$80,000	\$1.60		
\$170,000	\$3.40	\$85,000	\$1.70		
\$180,000	\$3.60	\$90,000	\$1.80		
\$190,000	\$3.80	\$95,000	\$1.90		
\$200,000	\$4.00	\$100,000	\$2.00		
\$210,000	\$4.20	\$105,000	\$2.10		
\$220,000	\$4.40	\$110,000	\$2.20		
\$230,000	\$4.60	\$115,000	\$2.30		
\$240,000	\$4.80	\$120,000	\$2.40		
\$250,000	\$5.00	\$125,000	\$2.50		
\$260,000	\$5.20	\$130,000	\$2.60		
\$270,000	\$5.40	\$135,000	\$2.70		
\$280,000	\$5.60	\$140,000	\$2.80		
\$290,000	\$5.80	\$145,000	\$2.90		
\$300,000	\$6.00	\$150,000	\$3.00		
\$310,000	\$6.20	\$155,000	\$3.10		
\$320,000	\$6.40	\$160,000	\$3.20		
\$330,000	\$6.60	\$165,000	\$3.30		
\$340,000	\$6.80	\$170,000	\$3.40		
\$350,000	\$7.00	\$175,000	\$3.50		
\$360,000	\$7.20	\$180,000	\$3.60		
\$370,000	\$7.40	\$185,000	\$3.70		
\$380,000	\$7.60	\$190,000	\$3.80		
\$390,000	\$7.80	\$195,000	\$3.90		
\$400,000	\$8.00	\$200,000	\$4.00		
\$410,000	\$8.20	\$205,000	\$4.10		
\$420,000	\$8.40	\$210,000	\$4.20		
\$430,000	\$8.60	\$215,000	\$4.30		
\$440,000	\$8.80	\$220,000	\$4.40		
\$450,000	\$9.00	\$225,000	\$4.50		
\$460,000	\$9.20	\$230,000	\$4.60		
\$470,000	\$9.40	\$235,000	\$4.70		
\$480,000	\$9.60	\$240,000	\$4.80		
\$490,000	\$9.80	\$245,000	\$4.90		
\$500,000	\$10.00	\$250,000	\$5.00		

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

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://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.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR AD&D

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. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet 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.

We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared

or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP- I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated.

The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Enhanced AD&D: A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

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# WillPrep Services

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## Special bonus for participants in voluntary life plan

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals\* to help with issues related to:

- |                                   |                                    |                          |
|-----------------------------------|------------------------------------|--------------------------|
| ▪ Advanced Health Care Directives | ▪ Financial Power of Attorney      | ▪ Wills and Living Wills |
| ▪ Estate Taxes                    | ▪ Guardianship and Conservatorship | ▪ Resource Library       |
| ▪ Executors & Probate             | ▪ Healthcare Power of Attorney     | ▪ Trusts                 |

For more information about WillPrep Services, go to [www.ibhwillprep.com](http://www.ibhwillprep.com); User name: WillPrep; Password: GLIC09 or call 1-877-433-6789

\*The Option of an attorney prepared will is available for a small fee.

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep 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 WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

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**Long-Term Disability Benefit Summary**

**Group Number:** 00567202

**A Disability insurance plan through Guardian provides:**

- Income protection while you are unable to work
- Affordable group rates
- Fast claim payments paid directly to you that can help pay for expenses while you recover
- Extensive resources and support to help you get back to work and a productive life

**About Your Benefits:**

<b>Long-Term Disability</b>	
<b>Coverage amount</b>	60% of salary to maximum \$10000/month
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 91
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 91
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement may be required
<b>Guarantee Issue:</b> 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 \$7500 in coverage
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
<b>Pre-existing conditions:</b> 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 exclusion
<b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.	Yes
<b>Survivor benefit:</b> Additional benefit payable to your family if you die while disabled.	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 mental health and substance abuse.
- **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.

Benefit information illustrated within this material reflects the plan covered by Guardian as of 11/22/2019

NON-UNION Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

## Long-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 view a video:

<https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/disability>

Policy amounts shown based on sample salary amounts only.

Your premium rate	\$0.490	
<hr/>		
\$20,000 Annual Salary \$1,000 Monthly Benefit	\$8.17	Deduction
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\$30,000 Annual Salary \$1,500 Monthly Benefit	\$12.25	Deduction
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\$40,000 Annual Salary \$2,000 Monthly Benefit	\$16.33	Deduction
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\$50,000 Annual Salary \$2,500 Monthly Benefit	\$20.42	Deduction
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\$60,000 Annual Salary \$3,000 Monthly Benefit	\$24.50	Deduction
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\$70,000 Annual Salary \$3,500 Monthly Benefit	\$28.58	Deduction
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\$80,000 Annual Salary \$4,000 Monthly Benefit	\$32.67	Deduction
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\$90,000 Annual Salary \$4,500 Monthly Benefit	\$36.75	Deduction
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\$100,000 Annual Salary \$5,000 Monthly Benefit	\$40.83	Deduction
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\$110,000 Annual Salary \$5,500 Monthly Benefit	\$44.92	Deduction
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\$120,000 Annual Salary \$6,000 Monthly Benefit	\$49.00	Deduction
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\$130,000 Annual Salary \$6,500 Monthly Benefit	\$53.08	Deduction
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\$140,000 Annual Salary \$7,000 Monthly Benefit	\$57.17	Deduction
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\$150,000 Annual Salary \$7,500 Monthly Benefit	\$61.25	Deduction
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\$160,000 Annual Salary \$8,000 Monthly Benefit	\$65.33	Deduction
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\$170,000 Annual Salary \$8,500 Monthly Benefit	\$69.42	Deduction
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\$180,000 Annual Salary \$9,000 Monthly Benefit	\$73.50	Deduction
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\$190,000 Annual Salary \$9,500 Monthly Benefit	\$77.58	Deduction
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\$200,000 Annual Salary \$10,000 Monthly Benefit	\$81.67	Deduction
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\$225,000 Annual Salary \$10,000 Monthly Benefit	\$81.67	Deduction
<hr/>		
\$250,000 Annual Salary \$10,000 Monthly Benefit	\$81.67	Deduction
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NON-UNION Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://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.
- 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 # GP-1-LTD-15-1.0 et al.

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## BENEFITS OFFSET NOTICE

Your Guardian Group Disability Policy (Policy) may provide that any Guardian Disability benefits you receive may be offset by Other Income/ Benefits you or your dependents receive while you are receiving Guardian Disability Benefits. This means that Guardian may deduct the amount of any Other/Income Benefit payments made to you or your dependents from your weekly or monthly Guardian Disability Benefit prior to issuing payment. Examples of Other Income Benefits described in your Policy include:

- U.S. Social Security Disability Income or Retirement Benefits
- Disability or Retirement Benefits payable from any other source, including state mandated disability plans, U.S. Railroad Retirement plan or similar U.S./Canadian plan
- Salary earned or paid during your disability period, including sick leave, paid time off, severance payments, bonuses and commissions
- Workers' Compensation benefits
- No-fault motor vehicle coverage benefits
- Distributions, profit sharing, royalties

Upon enrollment, please review your certificate booklet for the full definition of Other Income Benefits and provisions pertaining benefit offsets and overpayment recovery. If you or your dependents are awarded any Other Income Benefits, including lump sum payments while you are receiving Guardian Disability benefits, you should contact Guardian promptly to calculate the appropriate offset amount and prevent an overpayment of benefits.





# Easy-To-Use Online Link Provides Faster Processing

Guardian's online electronic Evidence of Insurability (EOI) provides an alternative to paper EOI forms when you need to provide additional information for requested coverage.

## Common situations include:

- Answering yes to one of the health questions on your enrollment form
- Enrolling for coverage in excess of the guaranteed issue amount
- Requesting coverage after your initial eligibility for coverage

## Electronic Evidence of Insurability can be used for the following coverages\*:

- Basic Life
- Voluntary Life
- Short Term Disability
- Long Term Disability

## Guardian's online EOI form offers several advantages:

- Your personal data is kept secure
- No errors due to hand-written data
- Faster submission of your completed form

## Accessing the electronic Evidence of Insurability link

Simply go to : [guardiananytime.com/eoi](http://guardiananytime.com/eoi)

**No registration is required. The process is easy and secure, simply follow the steps outlined below:**

- 1 Fill in your Group ID #
- 2 Enter your personal information
- 3 Answer the health questions
- 4 Electronically sign your name and click 'Submit'

## Guardian receives the completed EOI form in minutes!

- 1 Guardian's Medical Underwriting Team moves through the EOI process and will contact you with any questions.
- 2 We will send you a letter in the mail regarding the status of your request for coverage.
- 3 We will notify your employer of the outcome of your request only if your coverage amount is changed.

**If you have questions about the process or if you need to provide evidence of insurability, please contact your Plan Administrator.**