



Short term disability insurance



Partial income replacement

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **\$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **\$4,800** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Your short term disability coverage

Short-Term Disability - Option I

| | |
|---|---|
| Coverage amount | 40% of salary to maximum \$1000/week |
| Maximum payment period: Maximum length of time you can receive disability benefits. | 11 weeks |
| Accident benefits begin: The length of time you must be disabled before benefits begin. | Day 15 |
| Illness benefits begin: The length of time you must be disabled before benefits begin. | Day 15 |
| Evidence of Insurability: A health statement requiring you to answer a few medical history questions. | 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. | We Guarantee Issue \$1000 in coverage |
| Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage. | Planholder Determines |
| 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 |
| Premium waived if disabled: Premium will not need to be paid when you are receiving benefits. | Yes |

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Earnings definition:** Your covered salary excludes bonuses and commissions.

Short-Term Disability Plan Cost Illustration:

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

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+ |
|---|--------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Your premium rate | \$0.900 | \$0.900 | \$0.900 | \$0.900 | \$0.900 | \$0.900 | \$0.900 | \$0.900 | \$0.900 |
| | <i>Election Cost Per Age Bracket</i> | | | | | | | | |
| | < 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60+ |
| \$25,000 Annual Salary \$192 Weekly Benefit | \$8.64 | \$8.64 | \$8.64 | \$8.64 | \$8.64 | \$8.64 | \$8.64 | \$8.64 | \$8.64 |
| \$30,000 Annual Salary \$231 Weekly Benefit | \$10.40 | \$10.40 | \$10.40 | \$10.40 | \$10.40 | \$10.40 | \$10.40 | \$10.40 | \$10.40 |
| \$35,000 Annual Salary \$269 Weekly Benefit | \$12.11 | \$12.11 | \$12.11 | \$12.11 | \$12.11 | \$12.11 | \$12.11 | \$12.11 | \$12.11 |
| \$40,000 Annual Salary \$308 Weekly Benefit | \$13.86 | \$13.86 | \$13.86 | \$13.86 | \$13.86 | \$13.86 | \$13.86 | \$13.86 | \$13.86 |
| \$45,000 Annual Salary \$346 Weekly Benefit | \$15.57 | \$15.57 | \$15.57 | \$15.57 | \$15.57 | \$15.57 | \$15.57 | \$15.57 | \$15.57 |
| \$50,000 Annual Salary \$385 Weekly Benefit | \$17.33 | \$17.33 | \$17.33 | \$17.33 | \$17.33 | \$17.33 | \$17.33 | \$17.33 | \$17.33 |
| \$55,000 Annual Salary \$423 Weekly Benefit | \$19.04 | \$19.04 | \$19.04 | \$19.04 | \$19.04 | \$19.04 | \$19.04 | \$19.04 | \$19.04 |
| \$60,000 Annual Salary \$462 Weekly Benefit | \$20.79 | \$20.79 | \$20.79 | \$20.79 | \$20.79 | \$20.79 | \$20.79 | \$20.79 | \$20.79 |
| \$65,000 Annual Salary \$500 Weekly Benefit | \$22.50 | \$22.50 | \$22.50 | \$22.50 | \$22.50 | \$22.50 | \$22.50 | \$22.50 | \$22.50 |
| \$70,000 Annual Salary \$538 Weekly Benefit | \$24.21 | \$24.21 | \$24.21 | \$24.21 | \$24.21 | \$24.21 | \$24.21 | \$24.21 | \$24.21 |
| \$75,000 Annual Salary \$577 Weekly Benefit | \$25.97 | \$25.97 | \$25.97 | \$25.97 | \$25.97 | \$25.97 | \$25.97 | \$25.97 | \$25.97 |
| \$80,000 Annual Salary \$615 Weekly Benefit | \$27.68 | \$27.68 | \$27.68 | \$27.68 | \$27.68 | \$27.68 | \$27.68 | \$27.68 | \$27.68 |
| \$85,000 Annual Salary \$654 Weekly Benefit | \$29.43 | \$29.43 | \$29.43 | \$29.43 | \$29.43 | \$29.43 | \$29.43 | \$29.43 | \$29.43 |
| \$90,000 Annual Salary \$692 Weekly Benefit | \$31.14 | \$31.14 | \$31.14 | \$31.14 | \$31.14 | \$31.14 | \$31.14 | \$31.14 | \$31.14 |
| \$95,000 Annual Salary \$731 Weekly Benefit | \$32.90 | \$32.90 | \$32.90 | \$32.90 | \$32.90 | \$32.90 | \$32.90 | \$32.90 | \$32.90 |
| \$100,000 Annual Salary \$769 Weekly Benefit | \$34.61 | \$34.61 | \$34.61 | \$34.61 | \$34.61 | \$34.61 | \$34.61 | \$34.61 | \$34.61 |
| \$125,000 Annual Salary \$962 Weekly Benefit | \$43.29 | \$43.29 | \$43.29 | \$43.29 | \$43.29 | \$43.29 | \$43.29 | \$43.29 | \$43.29 |

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ALL ELIGIBLE EMPLOYEES

Kit created 10/09/2024

Group number: 00041066

| | < 25 | 25–29 | 30–34 | 35–39 | 40–44 | 45–49 | 50–54 | 55–59 | 60+ |
|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| \$150,000 Annual Salary \$1,000 Weekly Benefit | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 |
| \$175,000 Annual Salary \$1,000 Weekly Benefit | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 |
| \$200,000 Annual Salary \$1,000 Weekly Benefit | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 |
| \$250,000 Annual Salary \$1,000 Weekly Benefit | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 |
| \$300,000 Annual Salary \$1,000 Weekly Benefit | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 | \$45.00 |

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be 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

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