

Effective: April 01, 2015

Group Number: 00510968

Life Benefit Summary

About Your Benefits:

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents- a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

What Your Benefits Cover:

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides Basic Life Coverage for all full time employees in the amount of 200% of your annual salary, to a maximum of \$1,000,000 with a minimum amount of \$20,000.	Elect up to 5 times salary, to a maximum of \$600,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse/Domestic Partner ‡ Benefit	N/A	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Child Benefit	N/A	Your dependent children age 14 days to 26 years. \$5,000 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.	Guarantee Issue coverage up to \$600,000 per employee (Amounts over \$600,000 are subject to Evidence of Insurability)	We Guarantee Issue coverage up to \$300,000 per employee, \$20,000 for a spouse and \$10,000 for dependent children (Amounts over Guarantee Issue are subject to Evidence of Insurability)
Premiums	Covered by your company if you meet eligibility requirements	Increase when your insurance amount increases due to salary increase
Portability: Allows you to take your coverage with you if you terminate employment.	No	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	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	Yes

BASIC LIFE**VOLUNTARY TERM LIFE**

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 are met	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.	33% at age 70, 50% at age 75	33% at age 70, 50% at age 75

Subject to coverage limits

‡ **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.

Elect up to 5 times salary, to a maximum of \$600,000.

Policy amounts shown based on sample salary amounts only. Use Rate per \$1,000 and enclosed worksheet to calculate your individual premium based on your salary.

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
Employee rate per \$1,000	\$0.084	\$0.104	\$0.124	\$0.144	\$0.204	\$0.324	\$0.544	\$0.754	\$1.404
Spouse rate per \$1,000	\$0.091	\$0.101	\$0.121	\$0.131	\$0.181	\$0.281	\$0.431	\$0.711	\$1.211
Child rate per \$1,000	\$0.152	\$0.152	\$0.152	\$0.152	\$0.152	\$0.152	\$0.152	\$0.152	\$0.152

Policy Election Amount	Monthly premiums displayed. Cost of AD&D is included.								
	Policy Election Cost Per Age Bracket								
Employee	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$10,000	\$.84	\$1.04	\$1.24	\$1.44	\$2.04	\$3.24	\$5.44	\$7.54	\$14.04
\$20,000	\$1.68	\$2.08	\$2.48	\$2.88	\$4.08	\$6.48	\$10.88	\$15.08	\$28.08
\$30,000	\$2.52	\$3.12	\$3.72	\$4.32	\$6.12	\$9.72	\$16.32	\$22.62	\$42.12
\$40,000	\$3.36	\$4.16	\$4.96	\$5.76	\$8.16	\$12.96	\$21.76	\$30.16	\$56.16
\$50,000	\$4.20	\$5.20	\$6.20	\$7.20	\$10.20	\$16.20	\$27.20	\$37.70	\$70.20
\$60,000	\$5.04	\$6.24	\$7.44	\$8.64	\$12.24	\$19.44	\$32.64	\$45.24	\$84.24
\$70,000	\$5.88	\$7.28	\$8.68	\$10.08	\$14.28	\$22.68	\$38.08	\$52.78	\$98.28
\$80,000	\$6.72	\$8.32	\$9.92	\$11.52	\$16.32	\$25.92	\$43.52	\$60.32	\$112.32
\$90,000	\$7.56	\$9.36	\$11.16	\$12.96	\$18.36	\$29.16	\$48.96	\$67.86	\$126.36
\$100,000	\$8.40	\$10.40	\$12.40	\$14.40	\$20.40	\$32.40	\$54.40	\$75.40	\$140.40
\$110,000	\$9.24	\$11.44	\$13.64	\$15.84	\$22.44	\$35.64	\$59.84	\$82.94	\$154.44
\$120,000	\$10.08	\$12.48	\$14.88	\$17.28	\$24.48	\$38.88	\$65.28	\$90.48	\$168.48
\$130,000	\$10.92	\$13.52	\$16.12	\$18.72	\$26.52	\$42.12	\$70.72	\$98.02	\$182.52
\$140,000	\$11.76	\$14.56	\$17.36	\$20.16	\$28.56	\$45.36	\$76.16	\$105.56	\$196.56
\$150,000	\$12.60	\$15.60	\$18.60	\$21.60	\$30.60	\$48.60	\$81.60	\$113.10	\$210.60
\$160,000	\$13.44	\$16.64	\$19.84	\$23.04	\$32.64	\$51.84	\$87.04	\$120.64	\$224.64
\$170,000	\$14.28	\$17.68	\$21.08	\$24.48	\$34.68	\$55.08	\$92.48	\$128.18	\$238.68
\$180,000	\$15.12	\$18.72	\$22.32	\$25.92	\$36.72	\$58.32	\$97.92	\$135.72	\$252.72
\$190,000	\$15.96	\$19.76	\$23.56	\$27.36	\$38.76	\$61.56	\$103.36	\$143.26	\$266.76
\$200,000	\$16.80	\$20.80	\$24.80	\$28.80	\$40.80	\$64.80	\$108.80	\$150.80	\$280.80
\$210,000	\$17.64	\$21.84	\$26.04	\$30.24	\$42.84	\$68.04	\$114.24	\$158.34	\$294.84
\$220,000	\$18.48	\$22.88	\$27.28	\$31.68	\$44.88	\$71.28	\$119.68	\$165.88	\$308.88
\$230,000	\$19.32	\$23.92	\$28.52	\$33.12	\$46.92	\$74.52	\$125.12	\$173.42	\$322.92
\$240,000	\$20.16	\$24.96	\$29.76	\$34.56	\$48.96	\$77.76	\$130.56	\$180.96	\$336.96
\$250,000	\$21.00	\$26.00	\$31.00	\$36.00	\$51.00	\$81.00	\$136.00	\$188.50	\$351.00
\$260,000	\$21.84	\$27.04	\$32.24	\$37.44	\$53.04	\$84.24	\$141.44	\$196.04	\$365.04

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$270,000	\$22.68	\$28.08	\$33.48	\$38.88	\$55.08	\$87.48	\$146.88	\$203.58	\$379.08
\$280,000	\$23.52	\$29.12	\$34.72	\$40.32	\$57.12	\$90.72	\$152.32	\$211.12	\$393.12
\$290,000	\$24.36	\$30.16	\$35.96	\$41.76	\$59.16	\$93.96	\$157.76	\$218.66	\$407.16
\$300,000	\$25.20	\$31.20	\$37.20	\$43.20	\$61.20	\$97.20	\$163.20	\$226.20	\$421.20
\$310,000	\$26.04	\$32.24	\$38.44	\$44.64	\$63.24	\$100.44	\$168.64	\$233.74	\$435.24
\$320,000	\$26.88	\$33.28	\$39.68	\$46.08	\$65.28	\$103.68	\$174.08	\$241.28	\$449.28
\$330,000	\$27.72	\$34.32	\$40.92	\$47.52	\$67.32	\$106.92	\$179.52	\$248.82	\$463.32
\$340,000	\$28.56	\$35.36	\$42.16	\$48.96	\$69.36	\$110.16	\$184.96	\$256.36	\$477.36
\$350,000	\$29.40	\$36.40	\$43.40	\$50.40	\$71.40	\$113.40	\$190.40	\$263.90	\$491.40
\$360,000	\$30.24	\$37.44	\$44.64	\$51.84	\$73.44	\$116.64	\$195.84	\$271.44	\$505.44
\$370,000	\$31.08	\$38.48	\$45.88	\$53.28	\$75.48	\$119.88	\$201.28	\$278.98	\$519.48
\$380,000	\$31.92	\$39.52	\$47.12	\$54.72	\$77.52	\$123.12	\$206.72	\$286.52	\$533.52
\$390,000	\$32.76	\$40.56	\$48.36	\$56.16	\$79.56	\$126.36	\$212.16	\$294.06	\$547.56
\$400,000	\$33.60	\$41.60	\$49.60	\$57.60	\$81.60	\$129.60	\$217.60	\$301.60	\$561.60
\$410,000	\$34.44	\$42.64	\$50.84	\$59.04	\$83.64	\$132.84	\$223.04	\$309.14	\$575.64
\$420,000	\$35.28	\$43.68	\$52.08	\$60.48	\$85.68	\$136.08	\$228.48	\$316.68	\$589.68
\$430,000	\$36.12	\$44.72	\$53.32	\$61.92	\$87.72	\$139.32	\$233.92	\$324.22	\$603.72
\$440,000	\$36.96	\$45.76	\$54.56	\$63.36	\$89.76	\$142.56	\$239.36	\$331.76	\$617.76
\$450,000	\$37.80	\$46.80	\$55.80	\$64.80	\$91.80	\$145.80	\$244.80	\$339.30	\$631.80
\$460,000	\$38.64	\$47.84	\$57.04	\$66.24	\$93.84	\$149.04	\$250.24	\$346.84	\$645.84
\$470,000	\$39.48	\$48.88	\$58.28	\$67.68	\$95.88	\$152.28	\$255.68	\$354.38	\$659.88
\$480,000	\$40.32	\$49.92	\$59.52	\$69.12	\$97.92	\$155.52	\$261.12	\$361.92	\$673.92
\$490,000	\$41.16	\$50.96	\$60.76	\$70.56	\$99.96	\$158.76	\$266.56	\$369.46	\$687.96
\$600,000	\$50.40	\$62.40	\$74.40	\$86.40	\$122.40	\$194.40	\$326.40	\$452.40	\$842.40
Policy Election Amount									
Spouse/DP									
\$5,000	\$.46	\$.51	\$.61	\$.66	\$.91	\$1.41	\$2.16	\$3.56	\$6.06
\$15,000	\$1.37	\$1.52	\$1.82	\$1.97	\$2.72	\$4.22	\$6.47	\$10.67	\$18.17
\$25,000	\$2.28	\$2.53	\$3.03	\$3.28	\$4.53	\$7.03	\$10.78	\$17.78	\$30.28
\$35,000	\$3.19	\$3.54	\$4.24	\$4.59	\$6.34	\$9.84	\$15.09	\$24.89	\$42.39
\$45,000	\$4.10	\$4.55	\$5.45	\$5.90	\$8.15	\$12.65	\$19.40	\$32.00	\$54.50
\$55,000	\$5.01	\$5.56	\$6.66	\$7.21	\$9.96	\$15.46	\$23.71	\$39.11	\$66.61
\$65,000	\$5.92	\$6.57	\$7.87	\$8.52	\$11.77	\$18.27	\$28.02	\$46.22	\$78.72

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$75,000	\$6.83	\$7.58	\$9.08	\$9.83	\$13.58	\$21.08	\$32.33	\$53.33	\$90.83
\$85,000	\$7.74	\$8.59	\$10.29	\$11.14	\$15.39	\$23.89	\$36.64	\$60.44	\$102.94
\$95,000	\$8.65	\$9.60	\$11.50	\$12.45	\$17.20	\$26.70	\$40.95	\$67.55	\$115.05
\$105,000	\$9.56	\$10.61	\$12.71	\$13.76	\$19.01	\$29.51	\$45.26	\$74.66	\$127.16
\$115,000	\$10.47	\$11.62	\$13.92	\$15.07	\$20.82	\$32.32	\$49.57	\$81.77	\$139.27
\$125,000	\$11.38	\$12.63	\$15.13	\$16.38	\$22.63	\$35.13	\$53.88	\$88.88	\$151.38
\$135,000	\$12.29	\$13.64	\$16.34	\$17.69	\$24.44	\$37.94	\$58.19	\$95.99	\$163.49
\$145,000	\$13.20	\$14.65	\$17.55	\$19.00	\$26.25	\$40.75	\$62.50	\$103.10	\$175.60
\$155,000	\$14.11	\$15.66	\$18.76	\$20.31	\$28.06	\$43.56	\$66.81	\$110.21	\$187.71
\$165,000	\$15.02	\$16.67	\$19.97	\$21.62	\$29.87	\$46.37	\$71.12	\$117.32	\$199.82
\$175,000	\$15.93	\$17.68	\$21.18	\$22.93	\$31.68	\$49.18	\$75.43	\$124.43	\$211.93
\$185,000	\$16.84	\$18.69	\$22.39	\$24.24	\$33.49	\$51.99	\$79.74	\$131.54	\$224.04
\$195,000	\$17.75	\$19.70	\$23.60	\$25.55	\$35.30	\$54.80	\$84.05	\$138.65	\$236.15
\$205,000	\$18.66	\$20.71	\$24.81	\$26.86	\$37.11	\$57.61	\$88.36	\$145.76	\$248.26
\$215,000	\$19.57	\$21.72	\$26.02	\$28.17	\$38.92	\$60.42	\$92.67	\$152.87	\$260.37
\$225,000	\$20.48	\$22.73	\$27.23	\$29.48	\$40.73	\$63.23	\$96.98	\$159.98	\$272.48
\$235,000	\$21.39	\$23.74	\$28.44	\$30.79	\$42.54	\$66.04	\$101.29	\$167.09	\$284.59
\$245,000	\$22.30	\$24.75	\$29.65	\$32.10	\$44.35	\$68.85	\$105.60	\$174.20	\$296.70
\$250,000	\$22.75	\$25.25	\$30.25	\$32.75	\$45.25	\$70.25	\$107.75	\$177.75	\$302.75
Policy Election Amount									
Child(ren)									
\$5,000	\$0.76	\$0.76	\$0.76	\$0.76	\$0.76	\$0.76	\$0.76	\$0.76	\$0.76
\$10,000	\$1.52	\$1.52	\$1.52	\$1.52	\$1.52	\$1.52	\$1.52	\$1.52	\$1.52

Guarantee Issue Amount: Employee \$300,000; Spouse \$20,000; Child \$10,000

Premiums for Voluntary Life Increase in five-year increments

‡Spouse/DP coverage premium is based on Employee age. Coverage for the spouse terminates at spouse's age 70.

†Benefit reductions apply.

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.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00510968

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.

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 or 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 365 days 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 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

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

Effective: April 01, 2015

Group Number: 00510968

Long-Term Disability Benefit Summary

About Your Benefits:

You probably have insurance for your car or home, but what about the source of income that pays for it? You rely on your paycheck for so many things, but what if you were suddenly unable to work due to an accident or illness? How will you put food on the table, pay your mortgage or heat your home? Disability insurance can help replace lost income and make a difficult time a little easier. Protect your most valuable asset, your paycheck-enroll today!

What Your Benefits Cover:

Long-Term Disability

Coverage amount	60% of salary to maximum \$6000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	To age 65, standard ADEA
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 91
COLA (Cost of Living Adjustment): Increases your net monthly benefit annually by a specified percent.	Monthly benefit increase of 3% (fixed). Unlimited adjustments.
Conversion: Allows you to continue disability coverage after your group plan has terminated.	Yes
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 \$6000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	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 exclusion
Retirement Savings Benefit: Provides an additional benefit that is paid into an annuity while you are disabled.	10% to a maximum of \$3000 per quarter after a specified qualifying period.
Survivor benefit: 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.

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.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00510968

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 #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.

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