

**Life Benefit Summary**

**Group Number:** 00531950

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:**

	<b>VOLUNTARY TERM LIFE</b>
<b>Employee Benefit</b>	Elect up to 3 times salary, to a maximum of \$300,000. See Cost Illustration page for details.
<b>Accidental Death and Dismemberment</b>	Enhanced employee coverage. Maximum 1 times life amount.
<b>Spouse‡ Benefit</b>	\$10,000 increments to a maximum of \$50,000. See Cost Illustration page for details.
<b>Child Benefit</b>	Your dependent children age 14 days to 26 years may select a benefit of \$5000 or \$10,000. If an infant less than 14 days old, the benefit is \$500. 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.	We Guarantee Issue coverage up to: Employee \$100,000. Spouse \$30,000. Dependent children \$10,000.
<b>Premiums</b>	Increase when your insurance amount increases due to salary increase
<b>Conversion:</b> Allows you to continue your coverage after your group plan has terminated.	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
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75

Subject to coverage limits

† 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.

### **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: 00531950

## 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 3 times salary, to a maximum of \$300,000.

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	\$0.072	\$0.090	\$0.108	\$0.153	\$0.261	\$0.387	\$0.792	\$1.000	\$1.575
Spouse rate per \$1,000	\$0.072	\$0.090	\$0.108	\$0.153	\$0.261	\$0.387	\$0.792	\$1.000	\$1.575
Child rate per \$1,000	\$0.120	\$0.120	\$0.120	\$0.120	\$0.120	\$0.120	\$0.120	\$0.120	\$0.120

Policy Election Amount	Monthly premiums displayed. Policy Election Cost Per Age Bracket								
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
<b>Employee</b>									
\$10,000	\$0.72	\$0.90	\$1.08	\$1.53	\$2.61	\$3.87	\$7.92	\$10.00	\$15.75
\$20,000	\$1.44	\$1.80	\$2.16	\$3.06	\$5.22	\$7.74	\$15.84	\$20.00	\$31.50
\$30,000	\$2.16	\$2.70	\$3.24	\$4.59	\$7.83	\$11.61	\$23.76	\$30.00	\$47.25
\$40,000	\$2.88	\$3.60	\$4.32	\$6.12	\$10.44	\$15.48	\$31.68	\$40.00	\$63.00
\$50,000	\$3.60	\$4.50	\$5.40	\$7.65	\$13.05	\$19.35	\$39.60	\$50.00	\$78.75
\$60,000	\$4.32	\$5.40	\$6.48	\$9.18	\$15.66	\$23.22	\$47.52	\$60.00	\$94.50
\$70,000	\$5.04	\$6.30	\$7.56	\$10.71	\$18.27	\$27.09	\$55.44	\$70.00	\$110.25
\$80,000	\$5.76	\$7.20	\$8.64	\$12.24	\$20.88	\$30.96	\$63.36	\$80.00	\$126.00
\$90,000	\$6.48	\$8.10	\$9.72	\$13.77	\$23.49	\$34.83	\$71.28	\$90.00	\$141.75
\$100,000	\$7.20	\$9.00	\$10.80	\$15.30	\$26.10	\$38.70	\$79.20	\$100.00	\$157.50
<b>Spouse</b>									
\$10,000	\$0.72	\$0.90	\$1.08	\$1.53	\$2.61	\$3.87	\$7.92	\$10.00	\$15.75
\$20,000	\$1.44	\$1.80	\$2.16	\$3.06	\$5.22	\$7.74	\$15.84	\$20.00	\$31.50
\$30,000	\$2.16	\$2.70	\$3.24	\$4.59	\$7.83	\$11.61	\$23.76	\$30.00	\$47.25
\$40,000	\$2.88	\$3.60	\$4.32	\$6.12	\$10.44	\$15.48	\$31.68	\$40.00	\$63.00
\$50,000	\$3.60	\$4.50	\$5.40	\$7.65	\$13.05	\$19.35	\$39.60	\$50.00	\$78.75
<b>Child(ren)</b>									
\$5,000	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60
\$10,000	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20

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.

Benefit reductions apply.

For Employee or Spouse ages 70+, the rate per \$1000 of coverage is \$2.646.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE 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.

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.

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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.

***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.***

## 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.

<b>Employee Policy Election Amount</b>	<b>Monthly Premiums displayed</b>
\$10,000	\$0.40
\$20,000	\$0.80
\$30,000	\$1.20
\$40,000	\$1.60
\$50,000	\$2.00
\$60,000	\$2.40
\$70,000	\$2.80
\$80,000	\$3.20
\$90,000	\$3.60
\$100,000	\$4.00

Benefit reductions apply.

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### Need Assistance?

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## 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.

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.

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