

# Short-Term Disability Plan Semi-monthly Cost Illustration

Policy amounts shown based on sample salary amounts only. Use enclosed worksheet to calculate your individual premium based on your salary.

Your premium rate	\$0.49
\$20,000 Annual Salary \$231 Weekly Benefit	\$5.66 Deduction
\$30,000 Annual Salary \$346 Weekly Benefit	\$8.48 Deduction
\$40,000 Annual Salary \$462 Weekly Benefit	\$11.32 Deduction
\$50,000 Annual Salary \$577 Weekly Benefit	\$14.14 Deduction
\$60,000 Annual Salary \$692 Weekly Benefit	\$16.95 Deduction
\$70,000 Annual Salary \$808 Weekly Benefit	\$19.80 Deduction
\$80,000 Annual Salary \$923 Weekly Benefit	\$22.61 Deduction

**Short Term Disability General Limitations and Exclusions:** 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 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 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 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 or 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. 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. If the plan is new (not transferred): This STD plan limits benefits to two weeks for a disability relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in the three month period prior to coverage under this plan, consults with a physician, receives treatment, or takes prescribed drugs.  
Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al.

*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 disability 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 illustrated above.*