

# Disability Plans

COVERAGE	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Coverage amount	60% of salary to maximum \$1000/week	60% of salary to maximum \$6000/month
Maximum payment period	22 weeks	Social Security Normal Retirement Age
Lifetime Benefit ADL	Not Applicable	No
Accident benefits begin	Day 30	Day 181
Illness benefits begin	Day 30	Day 181
Waiting period		
Current employees	Planholder determines	Planholder determines
New employees	Planholder determines	Planholder determines

## YOUR GUARDIAN PLAN OFFERS:

**Free employee assistance program, confidential advice** and crisis intervention by phone from registered nurses and psychotherapists.

**File short-term disability** claims by phone with Teleguard® at (888) 262-5670.

**Premium payments waived** once you begin receiving benefits.

**Reliable claim payments**

### Did you know?

Most experts agree that after medical insurance, disability is the most important coverage to have.

PLAN DETAILS	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Evidence of Insurability	Health Statement may be required	Health Statement may be required
Guarantee Issue	We Guarantee Issue \$1000 in coverage	We Guarantee Issue \$6000 in coverage
Minimum work hours/week	35	35
Plan covers on the job accidents	No	Yes
Pre-existing Conditions	3 months; see exclusions and limitations	3 months; see exclusions and limitations
Premium waived if disabled	Yes	Yes
Rehabilitation Benefit	Not Available	Mandatory
Survivor Benefit	No	3 months

## EXCLUSIONS AND LIMITATIONS

- The benefits, exclusions and limitations do not constitute a contract and are a summary only. 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.
- A pre-existing condition includes any condition and symptoms thereof for which an employee consults with a doctor, undergoes diagnostic procedures, receives treatment or takes prescribed drugs, in the designated period prior to the employee's effective date under the plan or the effective date of an increase in plan benefits (3 months for Short-Term Disability; 3 months for Long-Term Disability).
- 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 12 months.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited to 2 weeks, unless the disability starts after you have been insured under this plan for 12 months.
- Disability benefits do not cover any disability caused by 1) war or any act of war, including service in the armed forces; 2) committing a crime or taking part in a riot or civil disorder; 3) intentionally injuring yourself or attempting suicide while sane or insane. Disability benefits are not paid for any period in which you are in a correctional facility, you are not under the care of a doctor, or your loss of earnings is not due solely to disability. You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails; 4) Due to intoxication; 5) Confined to a correctional facility; or 6) receiving treatment outside US.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA.