



Watch our video

How short term disability insurance can supplement your income.

# Disability insurance

## Short term disability

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.



### 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.



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How long term disability insurance  
can supplement your income.

# Disability insurance

## Long term disability

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

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### 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.



### Partial income replacement

Jim suffers a heart attack that leaves him unable to work for two years.

Unpaid time off work: **24 months**

Elimination period: **6 months**

After a 6 month elimination period, Jim's Guardian Long Term Disability policy kicks in and replaces **\$2,000** of his monthly income for the remaining **18 months** of his disability or illness.

This gives him a total of **\$36,000** 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.



# Your disability coverage

	Short-Term Disability	Long-Term Disability
<b>Coverage amount</b>	Choose weekly benefit amount from \$50 to \$1000. See cost illustration page for weekly benefit offerings.	60% of salary to maximum \$5000/month
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	9 weeks	Lesser of 5 years or to age 70
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 30	Day 91
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 30	Day 91
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
<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 applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1000 in coverage	We Guarantee Issue \$5000 in coverage
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
<b>Pre-existing conditions:</b> 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	12 months look back; 12 months after exclusion
<b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.	Yes	Yes
<b>Survivor benefit:</b> Additional benefit payable to your family if you die while disabled.	No	3 months
<b>Portability:</b> Allows you to take your STD Coverage with you, if you terminate employment. Ported STD Plan terminates at age of 70.	Included	Not Included

## 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.



## Your disability coverage

- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **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.

## Disability Cost Illustration:

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

## Short-Term Disability Plan Cost Illustration:

Option I Benefits Begin: 30 day accident, 30 day sickness

9 week benefit duration

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+
Option I premium rate	\$0.480	\$0.740	\$0.660	\$0.460	\$0.320	\$0.330	\$0.390	\$0.500	\$0.590
	Election Cost Per Age Bracket								
\$4,333 Minimum Annual Salary Option I*: \$50 Weekly Benefit	\$1.11	\$1.71	\$1.52	\$1.06	\$0.74	\$0.76	\$0.90	\$1.15	\$1.36
\$8,667 Minimum Annual Salary Option I*: \$100 Weekly Benefit	\$2.22	\$3.42	\$3.05	\$2.12	\$1.48	\$1.52	\$1.80	\$2.31	\$2.72
\$13,000 Minimum Annual Salary Option I*: \$150 Weekly Benefit	\$3.32	\$5.12	\$4.57	\$3.19	\$2.22	\$2.29	\$2.70	\$3.46	\$4.09
\$17,333 Minimum Annual Salary Option I*: \$200 Weekly Benefit	\$4.43	\$6.83	\$6.09	\$4.25	\$2.95	\$3.05	\$3.60	\$4.62	\$5.45
\$21,667 Minimum Annual Salary Option I*: \$250 Weekly Benefit	\$5.54	\$8.54	\$7.62	\$5.31	\$3.69	\$3.81	\$4.50	\$5.77	\$6.81
\$26,000 Minimum Annual Salary Option I*: \$300 Weekly Benefit	\$6.65	\$10.25	\$9.14	\$6.37	\$4.43	\$4.57	\$5.40	\$6.92	\$8.17
\$30,333 Minimum Annual Salary Option I*: \$350 Weekly Benefit	\$7.75	\$11.95	\$10.66	\$7.43	\$5.17	\$5.33	\$6.30	\$8.08	\$9.53
\$34,667 Minimum Annual Salary Option I*: \$400 Weekly Benefit	\$8.86	\$13.66	\$12.19	\$8.49	\$5.91	\$6.09	\$7.20	\$9.23	\$10.89
\$39,000 Minimum Annual Salary Option I*: \$450 Weekly Benefit	\$9.97	\$15.37	\$13.71	\$9.55	\$6.65	\$6.85	\$8.10	\$10.39	\$12.25
\$43,333 Minimum Annual Salary Option I*: \$500 Weekly Benefit	\$11.08	\$17.08	\$15.23	\$10.62	\$7.39	\$7.62	\$9.00	\$11.54	\$13.62
\$47,667 Minimum Annual Salary Option I*: \$550 Weekly Benefit	\$12.19	\$18.79	\$16.75	\$11.68	\$8.12	\$8.38	\$9.90	\$12.69	\$14.98
\$52,000 Minimum Annual Salary Option I*: \$600 Weekly Benefit	\$13.29	\$20.49	\$18.28	\$12.74	\$8.86	\$9.14	\$10.80	\$13.85	\$16.34
\$56,333 Minimum Annual Salary Option I*: \$650 Weekly Benefit	\$14.40	\$22.20	\$19.80	\$13.80	\$9.60	\$9.90	\$11.70	\$15.00	\$17.70
\$60,667 Minimum Annual Salary Option I*: \$700 Weekly Benefit	\$15.51	\$23.91	\$21.32	\$14.86	\$10.34	\$10.66	\$12.60	\$16.15	\$19.06

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$65,000 Minimum Annual Salary Option I*: \$750 Weekly Benefit	\$16.62	\$25.62	\$22.85	\$15.92	\$11.08	\$11.42	\$13.50	\$17.31	\$20.42
\$69,333 Minimum Annual Salary Option I*: \$800 Weekly Benefit	\$17.72	\$27.32	\$24.37	\$16.99	\$11.82	\$12.19	\$14.40	\$18.46	\$21.79
\$73,667 Minimum Annual Salary Option I*: \$850 Weekly Benefit	\$18.83	\$29.03	\$25.89	\$18.05	\$12.55	\$12.95	\$15.30	\$19.62	\$23.15
\$78,000 Minimum Annual Salary Option I*: \$900 Weekly Benefit	\$19.94	\$30.74	\$27.42	\$19.11	\$13.29	\$13.71	\$16.20	\$20.77	\$24.51
\$82,333 Minimum Annual Salary Option I*: \$950 Weekly Benefit	\$21.05	\$32.45	\$28.94	\$20.17	\$14.03	\$14.47	\$17.10	\$21.92	\$25.87
\$86,667 Minimum Annual Salary Option I*: \$1,000 Weekly Benefit	\$22.15	\$34.15	\$30.46	\$21.23	\$14.77	\$15.23	\$18.00	\$23.08	\$27.23

\*This benefit may not exceed 60% of your weekly salary.

## Long-Term Disability Plan Cost Illustration:

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+
	Election Cost Per Age Bracket								
Your premium rate	\$0.210	\$0.360	\$0.530	\$0.760	\$1.050	\$1.200	\$1.460	\$1.850	\$3.600
	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$20,000 Annual Salary \$1,000 Monthly Benefit	\$0.97	\$1.66	\$2.45	\$3.51	\$4.85	\$5.54	\$6.74	\$8.54	\$16.62
\$30,000 Annual Salary \$1,500 Monthly Benefit	\$1.45	\$2.49	\$3.67	\$5.26	\$7.27	\$8.31	\$10.11	\$12.81	\$24.92
\$40,000 Annual Salary \$2,000 Monthly Benefit	\$1.94	\$3.32	\$4.89	\$7.02	\$9.69	\$11.08	\$13.48	\$17.08	\$33.23
\$50,000 Annual Salary \$2,500 Monthly Benefit	\$2.42	\$4.15	\$6.12	\$8.77	\$12.12	\$13.85	\$16.85	\$21.35	\$41.54
\$60,000 Annual Salary \$3,000 Monthly Benefit	\$2.91	\$4.99	\$7.34	\$10.52	\$14.54	\$16.62	\$20.22	\$25.62	\$49.85
\$70,000 Annual Salary \$3,500 Monthly Benefit	\$3.39	\$5.82	\$8.56	\$12.28	\$16.96	\$19.39	\$23.59	\$29.89	\$58.15
\$80,000 Annual Salary \$4,000 Monthly Benefit	\$3.88	\$6.65	\$9.79	\$14.03	\$19.39	\$22.15	\$26.95	\$34.15	\$66.46
\$90,000 Annual Salary \$4,500 Monthly Benefit	\$4.36	\$7.48	\$11.01	\$15.79	\$21.81	\$24.92	\$30.32	\$38.42	\$74.77
\$100,000 Annual Salary \$5,000 Monthly Benefit	\$4.85	\$8.31	\$12.23	\$17.54	\$24.23	\$27.69	\$33.69	\$42.69	\$83.08

## 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 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.
- 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.

Guardian's Group Short Term Disability and Long Term Disability Insurance are 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, #GP-1-LTD07-1.0, et al, GP-1-LTD-15