



GUARDIAN®

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Group Number: 00498351

# TUSCULUM COLLEGE

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

## **PLAN HIGHLIGHTS**

- Disability

# Welcome

Dear TUSCULUM COLLEGE Employee,

We're pleased to tell you that Guardian will be our disability coverage provider. We have chosen Guardian because of its competitive rates and excellent service reputation. All the information you need to understand and sign up for the coverage is included in this booklet.

Coverage is paid through payroll deduction.

TUSCULUM COLLEGE

## Short-Term Disability Benefit Summary

**Group Number:** 00498351

### 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:

	<b>Short-Term Disability</b>
<b>Coverage amount</b>	Choose weekly benefit amount from \$50 to \$1000. See cost illustration page for weekly benefit offerings.
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	26 weeks
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 8
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 8
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	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
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	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
<b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.	Yes

### UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Earnings definition:** Your covered salary excludes bonuses and commissions.

## Short-Term Disability Plan Monthly Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses. To help you assess your needs, you can also go to Guardian Anytime and use our Disability Insurance Explorer Tool.

	Election Cost Per Age Bracket								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$4,333 Minimum Annual Salary \$50 Weekly Benefit	\$3.67	\$3.67	\$5.05	\$3.59	\$2.56	\$2.53	\$2.92	\$3.41	\$4.04
\$8,667 Minimum Annual Salary \$100	\$7.34	\$7.34	\$10.09	\$7.17	\$5.12	\$5.06	\$5.83	\$6.81	\$8.07
\$13,000 Minimum Annual Salary \$150	\$11.01	\$11.01	\$15.14	\$10.76	\$7.68	\$7.59	\$8.75	\$10.22	\$12.11
\$17,333 Minimum Annual Salary \$200	\$14.68	\$14.68	\$20.18	\$14.34	\$10.24	\$10.12	\$11.66	\$13.62	\$16.14
\$21,667 Minimum Annual Salary \$250	\$18.35	\$18.35	\$25.23	\$17.93	\$12.80	\$12.65	\$14.58	\$17.03	\$20.18
\$26,000 Minimum Annual Salary \$300	\$22.02	\$22.02	\$30.27	\$21.51	\$15.36	\$15.18	\$17.49	\$20.43	\$24.21
\$30,333 Minimum Annual Salary \$350	\$25.69	\$25.69	\$35.32	\$25.10	\$17.92	\$17.71	\$20.41	\$23.84	\$28.25
\$34,667 Minimum Annual Salary \$400	\$29.36	\$29.36	\$40.36	\$28.68	\$20.48	\$20.24	\$23.32	\$27.24	\$32.28
\$39,000 Minimum Annual Salary \$450	\$33.03	\$33.03	\$45.41	\$32.27	\$23.04	\$22.77	\$26.24	\$30.65	\$36.32
\$43,333 Minimum Annual Salary \$500	\$36.70	\$36.70	\$50.45	\$35.85	\$25.60	\$25.30	\$29.15	\$34.05	\$40.35
\$47,667 Minimum Annual Salary \$550	\$40.37	\$40.37	\$55.50	\$39.44	\$28.16	\$27.83	\$32.07	\$37.46	\$44.39
\$52,000 Minimum Annual Salary \$600	\$44.04	\$44.04	\$60.54	\$43.02	\$30.72	\$30.36	\$34.98	\$40.86	\$48.42
\$56,333 Minimum Annual Salary \$650	\$47.71	\$47.71	\$65.59	\$46.61	\$33.28	\$32.89	\$37.90	\$44.27	\$52.46
\$60,667 Minimum Annual Salary \$700	\$51.38	\$51.38	\$70.63	\$50.19	\$35.84	\$35.42	\$40.81	\$47.67	\$56.49
\$65,000 Minimum Annual Salary \$750	\$55.05	\$55.05	\$75.68	\$53.78	\$38.40	\$37.95	\$43.73	\$51.08	\$60.53
\$69,333 Minimum Annual Salary \$800	\$58.72	\$58.72	\$80.72	\$57.36	\$40.96	\$40.48	\$46.64	\$54.48	\$64.56
\$73,667 Minimum Annual Salary \$850	\$62.39	\$62.39	\$85.77	\$60.95	\$43.52	\$43.01	\$49.56	\$57.89	\$68.60
\$78,000 Minimum Annual Salary \$900	\$66.06	\$66.06	\$90.81	\$64.53	\$46.08	\$45.54	\$52.47	\$61.29	\$72.63
\$82,333 Minimum Annual Salary \$950	\$69.73	\$69.73	\$95.86	\$68.12	\$48.64	\$48.07	\$55.39	\$64.70	\$76.67
\$86,667 Minimum Annual Salary \$1,000	\$73.40	\$73.40	\$100.90	\$71.70	\$51.20	\$50.60	\$58.30	\$68.10	\$80.70

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

## 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.

### 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 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.
- Contract # GP-1-STD-15-1.0 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.***