

# VOLUNTARY LONG-TERM DISABILITY

## D20



Long-term Disability is the plan to get for those times when an accident or illness linger for longer periods of time. This coverage is designed to help protect you for those times when you're unable to return to work for longer periods of time.

The plan provides monthly benefit payments in the event of a total disability resulting from a non-occupational accident or illness.

### Eligibility

All active full-time members under age 70. Persons not on active service on the effective date of the plan will not be eligible for coverage until they return to active employment. Benefits are also available for partial disability status, following a period of total disability.

### Your Benefit Amount

Your Monthly Disability Benefit is determined by your Covered Monthly Compensation, up to a maximum monthly disability benefit of \$6,000. Your monthly disability benefit may not exceed 60% of your Covered Monthly Compensation as determined by net income. No benefits are payable for disabilities covered under a Workers' Compensation or similar law.

### Elimination and Benefit Period

Accident and sickness benefits will be payable on the **31st day** of continuous disability. Accident benefits will be paid up to age 65, or for five years, whichever is greater, but not beyond age 70. Sickness benefit will be paid for five years, or to age 70, whichever first occurs. If you become disabled on or after age 69, the maximum payment period is one year.

### Pre-existing Conditions

If Total Disability is due to a pre-existing condition, no benefit will be available to be paid. This limitation will be waived for Total Disability resulting from a pre-existing condition which begins more than 12 months after your effective date of coverage. A pre-existing condition is an injury or sickness for which you were diagnosed, received treatment, incurred expense, took medication or received advice from a physician during a 90 day period immediately preceding the effective date of coverage.

### Guaranteed Issue

When you apply for coverage you are guaranteed to receive a maximum monthly benefit of up to \$1,200 (not to exceed 60% of your Covered Monthly Compensation). Enrolling outside of the initial enrollment period will result in no guaranteed issue and you will be required to prove good health for any benefit amount elected.

To receive a higher monthly benefit (not to exceed 60% of your Covered Monthly Compensation) as determined by net income, you must answer the health questions on your application during the enrollment session. Please contact your employer for details.

### Paying for the Coverage

Once you select the plan level you want, you pay for the coverage through the convenience of payroll deductions. The cost is based on your age.

### Waiver of Premium

Premiums are waived if you are in a disabled status at time of disability and do not resume until the disability status period has ended. Waiver only applies if you are in a disabled status for *complete* calendar month.

### How does one file a claim?

- To obtain claim forms, please contact your Employer.
- The completed claim form and any applicable documentation should be sent to:

Online: [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

*Or you may use one of these methods:*

Fax: 610-807-8221

Email: [group\\_std\\_claims@glic.com](mailto:group_std_claims@glic.com)

Mail:

Group LTD Claims  
PO Box 14333  
Lexington, KY 40512



*Ask your Benefit Administrator for Certificate of Coverage.*

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### Paying for the Coverage



Once you select the plan level you want, you pay for the coverage through the convenience of payroll deductions. The cost is based on your age. First, locate your monthly salary in the following table. If your salary is \$2,500, you can apply for a monthly benefit of \$1,500. Second, divide monthly cost by \$100, then multiply by the rate for your age.

If your monthly benefit is \$1,500:  $\$1,500/100 = 15$  |  $15 \times \text{Age Rate} = \text{Monthly Premium}$

Monthly Salary	Monthly Benefit	Monthly Salary	Monthly Benefit	Monthly Salary	Monthly Benefit
\$ 333.00 - \$ 415.99	\$ 200	\$3,583.00 - \$3,665.99	\$2,150	\$6,833.00 - \$6,915.99	\$4,100
\$ 416.00 - \$ 499.99	\$ 250	\$3,666.00 - \$3,749.99	\$2,200	\$6,916.00 - \$6,999.99	\$4,150
\$ 500.00 - \$ 582.99	\$ 300	\$3,750.00 - \$3,832.99	\$2,250	\$7,000.00 - \$7,082.99	\$4,200
\$ 583.00 - \$ 665.99	\$ 350	\$3,833.00 - \$3,915.99	\$2,300	\$7,083.00 - \$7,165.99	\$4,250
\$ 666.00 - \$ 749.99	\$ 400	\$3,916.00 - \$3,999.99	\$2,350	\$7,166.00 - \$7,249.99	\$4,300
\$ 750.00 - \$ 832.99	\$ 450	\$4,000.00 - \$4,082.99	\$2,400	\$7,250.00 - \$7,332.99	\$4,350
\$ 833.00 - \$ 915.99	\$ 500	\$4,083.00 - \$4,165.99	\$2,450	\$7,333.00 - \$7,415.99	\$4,400
\$ 916.00 - \$ 999.99	\$ 550	\$4,166.00 - \$4,249.99	\$2,500	\$7,416.00 - \$7,499.99	\$4,450
\$1,000.00 - \$1,082.99	\$ 600	\$4,250.00 - \$4,332.99	\$2,550	\$7,500.00 - \$7,582.99	\$4,500
\$1,083.00 - \$1,165.99	\$ 650	\$4,333.00 - \$4,415.99	\$2,600	\$7,583.00 - \$7,665.99	\$4,550
\$1,166.00 - \$1,249.99	\$ 700	\$4,416.00 - \$4,499.99	\$2,650	\$7,666.00 - \$7,749.99	\$4,600
\$1,250.00 - \$1,332.99	\$ 750	\$4,500.00 - \$4,582.99	\$2,700	\$7,750.00 - \$7,832.99	\$4,650
\$1,333.00 - \$1,415.99	\$ 800	\$4,583.00 - \$4,665.99	\$2,750	\$7,833.00 - \$7,915.99	\$4,700
\$1,416.00 - \$1,499.99	\$ 850	\$4,666.00 - \$4,749.99	\$2,800	\$7,916.00 - \$7,999.99	\$4,750
\$1,500.00 - \$1,582.99	\$ 900	\$4,750.00 - \$4,832.99	\$2,850	\$8,000.00 - \$8,082.99	\$4,800
\$1,583.00 - \$1,665.99	\$ 950	\$4,833.00 - \$4,915.99	\$2,900	\$8,083.00 - \$8,165.99	\$4,850
\$1,666.00 - \$1,749.99	\$1,000	\$4,916.00 - \$4,999.99	\$2,950	\$8,166.00 - \$8,249.99	\$4,900
\$1,750.00 - \$1,832.99	\$1,050	\$5,000.00 - \$5,082.99	\$3,000	\$8,250.00 - \$8,332.99	\$4,950
\$1,833.00 - \$1,915.99	\$1,100	\$5,083.00 - \$5,165.99	\$3,050	\$8,333.00 - \$8,415.99	\$5,000
\$1,916.00 - \$1,999.99	\$1,150	\$5,166.00 - \$5,249.99	\$3,100	\$8,416.00 - \$8,499.99	\$5,050
\$2,000.00 - \$2,082.99	\$1,200	\$5,250.00 - \$5,332.99	\$3,150	\$8,500.00 - \$8,582.99	\$5,100
\$2,083.00 - \$2,165.99	\$1,250	\$5,333.00 - \$5,415.99	\$3,200	\$8,583.00 - \$8,665.99	\$5,150
\$2,166.00 - \$2,249.99	\$1,300	\$5,416.00 - \$5,499.99	\$3,250	\$8,666.00 - \$8,749.99	\$5,200
\$2,250.00 - \$2,332.99	\$1,350	\$5,500.00 - \$5,582.99	\$3,300	\$8,750.00 - \$8,832.99	\$5,250
\$2,333.00 - \$2,415.99	\$1,400	\$5,583.00 - \$5,665.99	\$3,350	\$8,833.00 - \$8,915.99	\$5,300
\$2,416.00 - \$2,499.99	\$1,450	\$5,666.00 - \$5,749.99	\$3,400	\$8,916.00 - \$8,999.99	\$5,350
\$2,500.00 - \$2,582.99	\$1,500	\$5,750.00 - \$5,832.99	\$3,450	\$9,000.00 - \$9,082.99	\$5,400
\$2,583.00 - \$2,665.99	\$1,550	\$5,833.00 - \$5,915.99	\$3,500	\$9,083.00 - \$9,165.99	\$5,450
\$2,666.00 - \$2,749.99	\$1,600	\$5,916.00 - \$5,999.99	\$3,550	\$9,166.00 - \$9,249.99	\$5,500
\$2,750.00 - \$2,832.99	\$1,650	\$6,000.00 - \$6,082.99	\$3,600	\$9,250.00 - \$9,332.99	\$5,550
\$2,833.00 - \$2,915.99	\$1,700	\$6,083.00 - \$6,165.99	\$3,650	\$9,333.00 - \$9,415.99	\$5,600
\$2,916.00 - \$2,999.99	\$1,750	\$6,166.00 - \$6,249.99	\$3,700	\$9,416.00 - \$9,499.99	\$5,650
\$3,000.00 - \$3,082.99	\$1,800	\$6,250.00 - \$6,332.99	\$3,750	\$9,500.00 - \$9,582.99	\$5,700
\$3,083.00 - \$3,165.99	\$1,850	\$6,333.00 - \$6,415.99	\$3,800	\$9,583.00 - \$9,665.99	\$5,750
\$3,166.00 - \$3,249.99	\$1,900	\$6,416.00 - \$6,499.99	\$3,850	\$9,666.00 - \$9,749.99	\$5,800
\$3,250.00 - \$3,332.99	\$1,950	\$6,500.00 - \$6,582.99	\$3,900	\$9,750.00 - \$9,832.99	\$5,850
\$3,333.00 - \$3,415.99	\$2,000	\$6,583.00 - \$6,665.99	\$3,950	\$9,833.00 - \$9,915.99	\$5,900
\$3,416.00 - \$3,499.99	\$2,050	\$6,666.00 - \$6,749.99	\$4,000	\$9,916.00 - \$9,999.99	\$5,950
\$3,500.00 - \$3,582.99	\$2,100	\$6,750.00 - \$6,832.99	\$4,050	\$10,000 and over	\$6,000

Disclaimer: This information highlights the important features of the products. These policies have limitations and exclusions. Your Benefit Administrator can supply you with cost and complete details of coverage. Refer to the product brochure for more details.