



## Summary of Benefits

### Basic Life Benefit Summary

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|                 |                                      |                       |  |
|-----------------|--------------------------------------|-----------------------|--|
| Group ID:       | 00388585                             | Member Coverage Type: | Non Contributory                           |
| Group Name:     | SMITHERS QUALITY ASSESSMENTS         | Class:                | 0002 ALL OTHER ELIGIBLE SMITHERS EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date:           | 08/01/2019                                 |

### Coverage Information

|                               |                                      |
|-------------------------------|--------------------------------------|
| <b>Employee Volume Amount</b> | 200% of annual earnings to \$600,000 |
| <b>Minimum Amount</b>         | \$10,000                             |
| <b>Maximum Amount</b>         | \$600,000                            |
| <b>Cutbacks</b>               | 35% at age 65<br>50% at age 70       |

### Plan Information

|   |   |
|---|---|
| <b>When is my policy effective?</b>   | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.   |
| <b>Do I have to answer medical questions as part of purchasing insurance?</b> | No  |
| <b>Can I take the policy with me if I leave the company?</b>                  | <p>You may be able to port this coverage to a group trust plan. You must answer some medical questions to help us assess your insurability for the ported coverage.</p> <p>Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)</p> |

### Basic Life and General Exclusions

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.

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 policy booklet for full plan description.

LifeAssist<sup>SM</sup> applies to your life benefit. If A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.

This proposal is hedged subject to satisfactory financial evaluation. This coverage will not be effective until approved by a Guardian underwriter. Please refer to policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



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Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



## Summary of Benefits

### Accidental Death and Dismemberment Benefit Summary

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|                 |                                      |                       |  |
|-----------------|--------------------------------------|-----------------------|--|
| Group ID:       | 00388585                             | Member Coverage Type: | Non Contributory                           |
| Group Name:     | SMITHERS QUALITY ASSESSMENTS         | Class:                | 0002 ALL OTHER ELIGIBLE SMITHERS EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date:           | 08/01/2019                                 |

### Coverage Information

|                         |   |
|-------------------------|---|
| <b>Volume Amount</b>    | 200% of annual earnings to \$600,000  |
| <b>Guaranteed Issue</b> | Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage. |
| <b>Minimum Amount</b>   | \$10,000  |
| <b>Maximum Amount</b>   | \$600,000   |
| <b>Cutbacks</b>         | 35% at age 65<br>50% at age 70  |

### Plan Information

|   |   |
|---|---|
| <b>When is my policy effective?</b>   | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting. |
| <b>Do I have to answer medical questions as part of purchasing insurance?</b> | No  |
| <b>Can I take the policy with me if I leave the company?</b>                  | No  |

### Accidental Death and Dismemberment and General Exclusions

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.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



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# Summary of Benefits

## Voluntary Life Benefit Summary

|                 |                                      |                |  |
|-----------------|--------------------------------------|----------------|--|
| Group ID:       | 00388585                             | Coverage Type: | Voluntary                                  |
| Group Name:     | SMITHERS QUALITY ASSESSMENTS         | Class:         | 0002 ALL OTHER ELIGIBLE SMITHERS EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date:    | 08/01/2019                                 |

### Coverage Information

#### Employee Volume Amount

Increments of \$10,000 to a Maximum of \$500,000

|           |           |           |           |           |
|-----------|-----------|-----------|-----------|-----------|
| \$10,000  | \$110,000 | \$210,000 | \$310,000 | \$410,000 |
| \$20,000  | \$120,000 | \$220,000 | \$320,000 | \$420,000 |
| \$30,000  | \$130,000 | \$230,000 | \$330,000 | \$430,000 |
| \$40,000  | \$140,000 | \$240,000 | \$340,000 | \$440,000 |
| \$50,000  | \$150,000 | \$250,000 | \$350,000 | \$450,000 |
| \$60,000  | \$160,000 | \$260,000 | \$360,000 | \$460,000 |
| \$70,000  | \$170,000 | \$270,000 | \$370,000 | \$470,000 |
| \$80,000  | \$180,000 | \$280,000 | \$380,000 | \$480,000 |
| \$90,000  | \$190,000 | \$290,000 | \$390,000 | \$490,000 |
| \$100,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |

#### Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

#### Child Volume Amount

Flat \$500  
Ages 6 Months to 26 Years Minimum of \$1,000 and Increments of \$1,000 to a maximum of \$10,000

#### Member Guaranteed Issue

Ages 15-64 \$150,000  
Ages 65-69 \$50,000  
Ages 70 and up \$10,000

#### Spouse Guaranteed Issue

#### Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

#### Cutbacks

35% at age 65  
50% at age 70

## Plan Information

### **When is my policy effective?**

Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.

### **Do I have to answer medical questions as part of purchasing insurance?**

If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

### **Can I take the policy with me if I leave the company?**

You may be able to port this coverage to a group trust plan. Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

## Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

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.

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 policy booklet for full plan description.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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## Summary of Benefits

### Voluntary Accidental Death and Dismemberment Benefit Summary

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|                 |                                      |                       |  |
|-----------------|--------------------------------------|-----------------------|--|
| Group ID:       | 00388585                             | Member Coverage Type: | Voluntary                                  |
| Group Name:     | SMITHERS QUALITY ASSESSMENTS         | Class:                | 0002 ALL OTHER ELIGIBLE SMITHERS EMPLOYEES |
| Waiting Period: | 1st of the month following 30 day(s) | As of Date:           | 08/01/2019                                 |

#### Coverage Information

##### Employee Volume Amount

Minimum Amount of \$10,000 and Increments of \$10,000 to a maximum of \$500,000

|           |           |           |           |           |
|-----------|-----------|-----------|-----------|-----------|
| \$10,000  | \$110,000 | \$210,000 | \$310,000 | \$410,000 |
| \$20,000  | \$120,000 | \$220,000 | \$320,000 | \$420,000 |
| \$30,000  | \$130,000 | \$230,000 | \$330,000 | \$430,000 |
| \$40,000  | \$140,000 | \$240,000 | \$340,000 | \$440,000 |
| \$50,000  | \$150,000 | \$250,000 | \$350,000 | \$450,000 |
| \$60,000  | \$160,000 | \$260,000 | \$360,000 | \$460,000 |
| \$70,000  | \$170,000 | \$270,000 | \$370,000 | \$470,000 |
| \$80,000  | \$180,000 | \$280,000 | \$380,000 | \$480,000 |
| \$90,000  | \$190,000 | \$290,000 | \$390,000 | \$490,000 |
| \$100,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |

##### Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

|          |           |           |           |           |
|----------|-----------|-----------|-----------|-----------|
| \$5,000  | \$55,000  | \$105,000 | \$155,000 | \$205,000 |
| \$10,000 | \$60,000  | \$110,000 | \$160,000 | \$210,000 |
| \$15,000 | \$65,000  | \$115,000 | \$165,000 | \$215,000 |
| \$20,000 | \$70,000  | \$120,000 | \$170,000 | \$220,000 |
| \$25,000 | \$75,000  | \$125,000 | \$175,000 | \$225,000 |
| \$30,000 | \$80,000  | \$130,000 | \$180,000 | \$230,000 |
| \$35,000 | \$85,000  | \$135,000 | \$185,000 | \$235,000 |
| \$40,000 | \$90,000  | \$140,000 | \$190,000 | \$240,000 |
| \$45,000 | \$95,000  | \$145,000 | \$195,000 | \$245,000 |
| \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 |

##### Child Volume Amount

Minimum Amount of \$1,000 and Increments of \$1,000 to a



maximum of \$10,000

\$1,000  
\$2,000  
\$3,000  
\$4,000  
\$5,000  
\$6,000  
\$7,000  
\$8,000  
\$9,000  
\$10,000

|                                |   |
|--------------------------------|---|
| <b>Member Guaranteed Issue</b> | Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage. |
| <b>Spouse Guaranteed Issue</b> | Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage. |
| <b>Child Guaranteed Issue</b>  | Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage. |
| <b>Cutbacks</b>                | 35% at age 65<br>50% at age 70  |

## Plan Information

|   |  |
|---|--|
| <b>When is my policy effective?</b>   | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.  |
| <b>Do I have to answer medical questions as part of purchasing insurance?</b> | If you enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.<br><br>Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage. |
| <b>Can I take the policy with me if I leave the company?</b>                  | No   |

## Voluntary Accidental Death and Dismemberment and General Exclusions

We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs:

- As the result of a disease or a bodily infirmity
- By declared or undeclared war or act of war or armed aggression, or while a member of any armed force

- May vary by state
- Through intentional self-injury
- While driving without a valid driver's license
- While legally intoxicated
- While participating in civil disorder or committing a felony
- Traveling on any type of aircraft while having any duties on that aircraft
- While voluntarily using a non-prescription controlled substance

\*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- while driving a motor vehicle without a current, valid driver's license
- by legal intoxication; or by voluntarily using a non-prescription controlled substance
- Contract #GP-1-R-ADCL1-00 et al



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