

Short-Term Disability Plan Cost Illustration:

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

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+
Your premium rate	\$0.233	\$0.282	\$0.415	\$0.349	\$0.265	\$0.299	\$0.398	\$0.481	\$0.647
<i>Election Cost Per Age Bracket</i>									
	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$10,000 Annual Salary \$115 Weekly Benefit	\$1.34	\$1.62	\$2.39	\$2.01	\$1.52	\$1.72	\$2.29	\$2.77	\$3.72
\$20,000 Annual Salary \$231 Weekly Benefit	\$2.69	\$3.26	\$4.79	\$4.03	\$3.06	\$3.45	\$4.60	\$5.56	\$7.47
\$30,000 Annual Salary \$346 Weekly Benefit	\$4.03	\$4.88	\$7.18	\$6.04	\$4.59	\$5.17	\$6.89	\$8.32	\$11.19
\$40,000 Annual Salary \$462 Weekly Benefit	\$5.38	\$6.51	\$9.59	\$8.06	\$6.12	\$6.91	\$9.19	\$11.11	\$14.95
\$50,000 Annual Salary \$577 Weekly Benefit	\$6.72	\$8.14	\$11.97	\$10.07	\$7.65	\$8.63	\$11.48	\$13.88	\$18.67
\$60,000 Annual Salary \$692 Weekly Benefit	\$8.06	\$9.76	\$14.36	\$12.08	\$9.17	\$10.35	\$13.77	\$16.64	\$22.39
\$70,000 Annual Salary \$808 Weekly Benefit	\$9.41	\$11.39	\$16.77	\$14.10	\$10.71	\$12.08	\$16.08	\$19.43	\$26.14
\$80,000 Annual Salary \$923 Weekly Benefit	\$10.75	\$13.01	\$19.15	\$16.11	\$12.23	\$13.80	\$18.37	\$22.20	\$29.86
\$90,000 Annual Salary \$1,038 Weekly Benefit	\$12.09	\$14.64	\$21.54	\$18.11	\$13.75	\$15.52	\$20.66	\$24.96	\$33.58
\$100,000 Annual Salary \$1,154 Weekly Benefit	\$13.44	\$16.27	\$23.95	\$20.14	\$15.29	\$17.25	\$22.97	\$27.75	\$37.33
\$110,000 Annual Salary \$1,269 Weekly Benefit	\$14.78	\$17.89	\$26.33	\$22.14	\$16.81	\$18.97	\$25.25	\$30.52	\$41.05
\$120,000 Annual Salary \$1,385 Weekly Benefit	\$16.14	\$19.53	\$28.74	\$24.17	\$18.35	\$20.71	\$27.56	\$33.31	\$44.81
\$130,000 Annual Salary \$1,500 Weekly Benefit	\$17.48	\$21.15	\$31.13	\$26.18	\$19.88	\$22.43	\$29.85	\$36.08	\$48.53
\$140,000 Annual Salary \$1,615 Weekly Benefit	\$18.82	\$22.77	\$33.51	\$28.18	\$21.40	\$24.14	\$32.14	\$38.84	\$52.25
\$150,000 Annual Salary \$1,731 Weekly Benefit	\$20.17	\$24.41	\$35.92	\$30.21	\$22.94	\$25.88	\$34.45	\$41.63	\$56.00
\$160,000 Annual Salary \$1,846 Weekly Benefit	\$21.51	\$26.03	\$38.31	\$32.21	\$24.46	\$27.60	\$36.74	\$44.40	\$59.72
\$170,000 Annual Salary \$1,962 Weekly Benefit	\$22.86	\$27.66	\$40.71	\$34.24	\$26.00	\$29.33	\$39.04	\$47.19	\$63.47

	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$180,000 Annual Salary									
\$2,000 Weekly Benefit	\$23.30	\$28.20	\$41.50	\$34.90	\$26.50	\$29.90	\$39.80	\$48.10	\$64.70

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

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CITY OF BURNET

ALL ELIGIBLE EMPLOYEES

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