

# Critical Illness

## MONTHLY PREMIUM

Agent						
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$4.95	\$6.90	\$12.85	\$23.30	\$35.85	\$68.85
\$10,000	\$9.90	\$13.80	\$25.70	\$46.60	\$71.70	\$137.70
\$15,000	\$14.85	\$20.70	\$38.55	\$69.90	\$107.55	\$206.55
\$20,000	\$19.80	\$27.60	\$51.40	\$93.20	\$143.40	\$275.40
Spouse						
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$2.47	\$3.45	\$6.43	\$11.65	\$17.92	\$34.42
\$5,000	\$4.95	\$6.90	\$12.85	\$23.30	\$35.85	\$68.85
\$7,500	\$7.43	\$10.35	\$19.27	\$34.95	\$53.78	\$103.28
\$10,000	\$9.90	\$13.80	\$25.70	\$46.60	\$71.70	\$137.70
<b>Rate Guarantee</b>	2 Years					
<b>Premiums</b>	Premiums listed are for Issue Age and will not increase due to an insured aging					
<b>Spouse</b>	Spouse rate is based on agent's age bracket.					
<b>Child</b>	Child cost is included with agent election.					
<b>Annual Open Enrollment</b>	Included					
Underwriting Requirements	Agent <70	Spouse <70	Child (ren)	Agent 70+	Spouse 70+	
Guarantee Issue	\$20,000	\$10,000	All child amounts are guaranteed	Health questions required.	Health questions required.	

## BENEFITS

All Eligible Agents Groups 100+			
<b>Contribution/ Participation</b>	Voluntary/Greater of 15% or 10 enrolled agents		
<b>Agent Critical Illness Benefit Amounts</b>	Agent may choose a lump sum benefit of \$5,000 to \$20,000 in increments of \$5,000		
<b>Dependent Critical Illness Benefit Amount</b>	Spouse may choose a lump sum benefit of \$2,500 to \$10,000 in increments of \$2,500 up to 50% of the agent benefit. Child: 25% of Agent benefit		
Covered Conditions (lump sum payments)	Condition	First Occurrence	Second Occurrence
	<b>Cancer</b>		
	Invasive Cancer:	100%	50%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	75%	0%
	<b>Vascular</b>		
	Heart Attack	100%	50%
	Stroke	100%	50%
	Heart Failure	100%	50%
	Coronary Arteriosclerosis	30%	0%
	<b>Other</b>		
	Organ Failure	100%	50%
Kidney Failure	100%	50%	

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## BENEFITS (continued)

All Eligible Agents Groups 100+	
<b>Group 2 Covered Conditions (Customized)</b>	First Occurrence of these additional illnesses: <ul style="list-style-type: none"> <li>• 100% Benefit: ALS (Lou Gehrig's Disease), Parkinson's Disease</li> <li>• 100% Benefit: Alzheimer's Disease</li> <li>• 100% Benefit: Addison's Disease, Huntington's Disease, Multiple Sclerosis</li> </ul>
<b>Group 3 Childhood Covered Conditions</b>	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, and Type 1 Diabetes.
<b>Dependent Age Limits</b>	0 days to 26 years (26 if full time student)
<b>Pre-Existing Condition Limitation</b>	12 month look back period, 12 month exclusion period
<b>Benefit Reduction (of original amount)</b>	No benefit reductions apply

## PLAN HIGHLIGHTS

- Guardian's Critical Illness Product provides ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illnesses listed under covered conditions.
- Benefits are paid directly to the insured when they need it most. Expenditure for claim proceeds are not limited to cover medical expenses, funds can be used under the discretion of the insured for things such as childcare, transportation and to fill in gaps in their medical plan, like co-pays and deductibles.
- An insured must port Critical Illness coverage prior to age 70.
- Portability allows the insured to take the coverage with them even if contract has ended. Evidence of Insurability is not required.
- Guardian offers generous Guarantee Issue levels for groups with 25 or more lives.
- **College Tuition Benefit:** Annual enrollment in this plan earns you 2,000 Tuition Rewards (1 Reward = \$1 in tuition reduction at a network of Private Colleges and Universities.) These rewards are yours for your lifetime and can be given to Children, Grandchildren, Nieces, Nephews and Godchildren. Visit [www.Guardian.CollegeTuitionBenefit.com](http://www.Guardian.CollegeTuitionBenefit.com) to learn more!

## IMPORTANT NOTES

**Rates and premiums are based on the agent data submitted. Final rates and premiums are based on the plan and agent/dependent data provided on the enrollment forms. States specific requirements apply.**

### Rates Notes

- **Enrollment Vendor Access Program:** As requested, your premium includes funding that covers a payment to the enrollment/benefit administration platform that you selected. Please contact your broker for more details.
- Spouse rate is based on agent's age bracket. Child rate is included with agent election. Dependent Critical Illness insurance will not take effect if a dependent, other than a newborn, is home confined, confined to the hospital or other health care facility or is unable to perform two or more Activities of Daily Living.
- If any discrepancies between the premiums on this proposal and your bill exist, your bill prevails.

### Benefits Notes

- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See the actual policy or contact your sales representative for full details.
- Agents age 70 & older must answer health questions for all amounts.
- Dependent Guarantee Issue amounts are limited to 50% of the agent guarantee issue amount.

## SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. There are limitations & special requirements for each condition. See the certificate of coverage or contact your sales representative for full details.
- We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category; or (c) both Critical Illnesses are contained within the Childhood Conditions category.
- We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.
- First & second occurrence refers to the first & second time an insured experiences or is diagnosed with a covered critical illness while covered under Guardian Critical Illness insurance.
- We do not pay benefits for a third or later occurrence of a Critical Illness.
- A pre-existing condition includes any condition for which an agent, in the twelve month period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply.

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## SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. 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. Please refer to the plan details for specific time periods. State variations may apply.
- 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.
- In order to be eligible for coverage: Agents must be legally working: (a) in the United States or (b) outside the United States, for a US based agency, in a country or region approved by Guardian. Subject to state specific variations.
- Agents must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- An applicant must enroll within 31 days of the coverage effective date. An annual open enrollment will occur each year during a time period specified by the policyholder. If the applicant enrolls outside of the annual open enrollment period they will be considered a late entrant and must answer health questions.
- Contract #: GP-1-CI-14.
- This coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to a satisfactory financial evaluation. Please refer to certificate of coverage for full plan description; plan documents are the final arbiter of coverage.