S Guardian[®] PEO Benefits Plan



SHORT-TERM DISABILITY

Primary Benefits	Option 1	Option 2	Option 3
Weekly Benefit	60% to \$500	60% to \$1,250	60% to \$2,500
Offered as	Voluntary		
Benefits Begin for Accident or Sickness	Eighth day for accident Eighth day for sickness		
Duration of Benefits	26 weeks		
Definition of Disability	Own job		
Pre-existing Condition	Not applicable		
Teleguard – Telephonic Claims Filing	Included		
Return to Work	Zero-day residual; Part-time earnings calculation; greater of direct reduction or proportionate loss		
Integration	Direct Offset, Family: benefits reduced by other group disability benefits, plus insured and dependent Social Security benefits		
Rehabilitation Services	When deemed appropriate, participation is mandatory, entitles employee to 110% of prior benefit amount		
Earnings Definition	Standard including commissions averaged over 12 months		
Minimum Weekly Benefit	Greater of 10% or \$25		
Evidence of Insurability	Not applicable as a new hire; late entrants subject to evidence of insurability		
Coverage Type	Non-occupational		
Minimum Hours Worked	30 hours		
Monthly Premiums	Option 1	Option 2	Option 3
Per \$10 Weekly Benefit	\$0.68	\$0.83	\$0.83
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Plans Provided By: Access Benefits Group