Group Number: 00553414

Downey Unified School District
All Eligible Classified CSEA Unit I Employees Not Participating in District Medical Plan

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

**PLAN HIGHLIGHTS**

- Life
Welcome

Dear Downey Unified School District Employee,

We're pleased to tell you that Guardian will be our life coverage provider this year. We have chosen Guardian because of its competitive rates and excellent service reputation.

Purchasing supplemental life coverage at work allows you to take advantage of discounted group rates through convenient payroll deduction. All the information you need to understand and sign up for this valuable benefit is included in this booklet.

Downey Unified School District

The Guardian Life Insurance Company of America, New York, NY 10004
Group Number: 00553414

About Your Benefits:

Your family depends on you in many ways and you've worked hard to ensure their financial security. But what if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents— a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

What Your Benefits Cover:

<table>
<thead>
<tr>
<th>Employee Benefit</th>
<th>BASIC LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Your employer provides $25,000 Basic Term Life coverage for all full time employees.</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment</td>
<td>Your Basic Life coverage includes Accidental Death and Dismemberment coverage.</td>
</tr>
<tr>
<td>Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.</td>
<td>Guarantee Issue coverage up to $25,000 per employee</td>
</tr>
<tr>
<td>Premiums</td>
<td>Covered by your company if you meet eligibility requirements</td>
</tr>
<tr>
<td>Portability: Allows you to take coverage with you if you terminate employment.</td>
<td>Yes, with age and other restrictions, including evidence of insurability</td>
</tr>
<tr>
<td>Conversion: Allows you to continue your coverage after your group plan has terminated.</td>
<td>Yes, with restrictions; see certificate of benefits</td>
</tr>
<tr>
<td>Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.</td>
<td>Yes</td>
</tr>
<tr>
<td>Waiver of Premiums: Premium will not need to be paid if you are totally disabled.</td>
<td>For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met</td>
</tr>
<tr>
<td>Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.</td>
<td>35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80</td>
</tr>
</tbody>
</table>

Subject to coverage limits

Benefit information illustrated within this material reflects the plan covered by Guardian as of 08/29/2018

Downey Unified School District All Eligible Classified CSEA Unit 1 Employees Benefit Summary

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004
Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your online account will be set up within 30 days after your plan effective date.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

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 U.S. 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 subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

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.

For AD&D: We pay no benefits for any illness caused by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; traveling on any type of aircraft while having duties or on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (may vary by state); 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-ADCL-I-00 et al. We won’t pay more than 100% of the insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specific period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefits payable.

GP-1-R-LB-90

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final word of coverage. Coverage terms may vary by state and actual plan document. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.
GUARDIAN LIFE, SHORT TERM DISABILITY, AND LONG TERM DISABILITY INSURANCE

ONLINE EVIDENCE OF INSURABILITY

Go to www.guardiananytime.com/doi

1. Click “Yes, I have read and agree to the Disclosure Statement.”

   If your employer is located in a state where online EOI is not available, please download the EOI form from GuardianAnytime

2. Enter Group ID shown on your enrollment materials and click “Enter”

3. Select the coverages you are applying for and fill in your current and new election amounts

HELPFUL TIP: Enter “0” for current amount if this is a new election or if this is a request to increase your short term disability or long term disability coverage.

Click “Continue”

ON THE FOLLOWING SCREEN, YOU WILL:

• Input your personal information
• Answer the health questions
• Review your answers, electronically provide your signature and click “Submit” to receive confirmation (PDF)

• Guardian will soon contact you directly regarding your application.

WWW.GUARDIANANYTIME.COM/DOI

The Guardian Life Insurance Company of America
7 Hanover Square
New York, NY 10004-4025
www.guardiananytime.com

ADDITIONAL NOTES: Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts)
Electronic EOI is not available in the following states: New York, New Hampshire, Virginia and Montana Electronic EOI is available using most internet browsers.