



Summary of Benefits

Basic Life Benefit Summary

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|-----------------|---|-----------------------|---------------------------|
| Group ID: | 00444666 | Member Coverage Type: | Non Contributory |
| Group Name: | LANG MASONRY CONTRACTORS INC. | Class: | ALL ELIGIBLE EMPLOYEES |
| Waiting Period: | 1st of the month following 1 year(s) | | 10/16/2024 |
| | | As of Date: | 10/16/2024 |

Coverage Information

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|------------------------|--------------------------------|
| Employee Volume Amount | Flat \$25,000 |
| Maximum Amount | \$25,000 |
| Cutbacks | 35% at age 65 50% at age 70 |

Plan Information

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| 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? | No |
| 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.) |

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.

LifeAssistSM 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).



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

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