

GROUP SHORT TERM DISABILITY

Frequently Asked Questions

This is provided for informational purposes only and does not serve as a guarantee of payment. Please refer to your contract/certificate booklet for all applicable plan provisions.

HOW DOES AN INDIVIDUAL BECOME ELIGIBLE TO RECEIVE STD COVERAGE/BENEFITS?

An individual must be enrolled in the Short Term Disability (STD) plan to have coverage. They must remain an active full-time employee up until the time the disability begins and meet the contractual definition of disability and all other plan provisions.

HOW SHOULD A CLAIM BE SUBMITTED?

Guardian® provides different methods for submitting an STD claim. An individual should contact his/her employer resource to determine the preferred method for filing a claim.

WHEN SHOULD A CLAIM BE SUBMITTED?

A claim should be submitted after the disability has begun, and when it has been determined that the disability will be long enough in duration to qualify for STD benefits. Each STD plan has an elimination period which must be satisfied before benefits commence.

WHAT IS AN ELIMINATION PERIOD?

The unpaid period of time (specific to each plan) that must be satisfied prior to the commencement of benefits.

WHAT CAN BE EXPECTED AFTER A CLAIM IS SUBMITTED?

An assigned STD Case Manager will review all information that is supplied. If additional information is needed, the Case Manager will make contact with the appropriate party to obtain that information. If the Case Manager determines that there could be a delay in reaching a decision, they will contact the individual to advise of the potential delay.



HOW LONG DOES IT TAKE TO REACH A DECISION ON A CLAIM?

Each claim is evaluated based on its own merit, and as a result, timeframes for reaching a decision could vary depending on the quality of the information supplied. Most claim decisions are made within 5 to 7 business days, provided all information is supplied timely and we are successful in obtaining any information that might be lacking. Assuming the claim is approved, and a benefit check is issued, mail delivery could vary depending upon where a claimant is located. We ask that claimants allow for ample mail delivery time.

HOW OFTEN ARE BENEFIT CHECKS ISSUED AND WHERE ARE THEY MAILED?

Benefit checks are issued either weekly or bi-weekly and typically mailed to the individual's home address. An employer elects the payment frequency at the time the coverage first becomes effective with Guardian. Payments may be interrupted while we are awaiting additional information. The individual will be notified of these potential interruptions. For pregnancy claims, benefits may be issued in a lump sum payment.



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

Guardian's Group Short 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 Forms #GP-I-STD-15.

DISABILITY & ABSENCE MANAGEMENT

IS DIRECT DEPOSIT FOR BENEFIT PAYMENTS AVAILABLE?*

Disability benefits can typically be automatically deposited into either a savings or checking account for quick access to funds and no postal delays. Processing of a new Direct Deposit request will take up to 10 days after we receive the Direct Pay Enrollment and Authorization Form. Once the Enrollment is approved, benefit payments can be expected to be in an account approximately 2 business days after the payment issue date. Enrollment is easy. Download the form from www.GuardianAnytime.com. Click on “Find a Form” located on the top left hand side of the screen. In the Keyword field enter “Direct Pay” and click search.

HOW ARE DISABILITY BENEFITS EXTENDED?

If an individual’s disability lasts longer than expected, additional medical information may be needed. As each claim is unique, the medical information needed would vary from claim to claim. A physician simply stating that an individual is disabled may not be sufficient to extend benefits.

WHEN DOES THE INDIVIDUAL’S DISABILITY AND/OR BENEFITS END?

Benefits may end when we determine the individual is able to perform the major duties of his/her regular job, even if the individual chooses not to. Benefit payments may also end if the individual returns to work; the end of the maximum payment period; the individual fails to provide continued proof of loss; the individual is no longer under a doctor’s regular care; or the individual passes away.

DO WE OFFSET OR INTEGRATE WITH OTHER SOURCES OF INCOME?

Most STD plans will deduct other sources of income for which an individual may be entitled. Some common ones are: State Disability, No-Fault, Social Security, Retirement, and other group disability benefits. An individual is required to make application for any sources of income to which they may be entitled and should advise Guardian immediately of the status of their application.

WHICH STATES HAVE MANDATED STATE DISABILITY PROGRAMS?

New York, New Jersey, California, Rhode Island, Hawaii, and Puerto Rico have state mandated disability programs. Individuals working in these states should consult with their employer to determine how and where a state disability claim should be filed. The individual should notify Guardian immediately of the status of his or her application for state disability benefits, as the outcome could have a direct impact on the STD benefit amount.

HOW ARE BENEFITS PAID FOR MATERNITY CLAIMS?

Maternity claims are handled the same as claims for any other illness. Benefits commence after the elimination period has been satisfied. Following delivery, continued benefits would depend on the type of delivery and taking into consideration reasonable recovery periods. The American Medical Association (AMA) has determined that 6 weeks is a reasonable recovery period following an uncomplicated vaginal delivery, and 8 weeks following an uncomplicated cesarean section. However, benefits can only be considered for the period of time for which we have medically supported limitations and restrictions preventing the individual from performing his/her job duties. If the individual experiences complications before or after delivery, we may require additional medical documentation to substantiate any excessive periods of disability. As indicated previously, benefits may be issued in a lump sum payment.

ARE THERE ANY BENEFIT EXCLUSIONS UNDER THIS PLAN?

Yes. These would be specific to the plan in question.

ARE DISABILITY BENEFITS TAXABLE?*

Disability benefits may be considered taxable and would depend on how the disability premiums are paid. If taxable, FICA (Social Security and Medicare) tax withholding may be required. The individual may also elect to have Federal Income Tax (FIT) tax withheld. Guardian is not required to withhold State and Federal Unemployment Tax Act (FUTA) taxes.



*Not available on all plan designs. **Please contact your tax or legal advisor regarding the tax treatment of the policy and policy benefits. You should consult with your own independent tax and legal advisors regarding your particular set of facts and circumstances. The information provided is not intended or written to be used, and cannot be relied upon, to avoid penalties imposed under the Internal Revenue Code or state and local tax law provisions.

DISABILITY & ABSENCE MANAGEMENT

HOW DOES GUARDIAN COMMUNICATE THE BENEFIT AMOUNTS FOR TAX REPORTING?

Explanation of Benefits (EOB's) are typically mailed with every check and would indicate the benefits paid and taxes withheld. Guardian also provides the employer with quarterly and year-end tax reports. This information is also available through Guardian's web portal — www.guardiananytime.com. Each employer can choose from one of Guardian's three STD tax reporting options. If an employer determines that the tax option assigned to their plan is incorrect, or the taxation of the benefit is inaccurate, they should contact us immediately to make the necessary changes.

WHAT IS A PRE-EXISTING CONDITION AND HOW DOES IT AFFECT ELIGIBILITY FOR BENEFITS?

Some STD plans include a pre-existing condition provision. If applicable, disabilities for a condition(s) that is treated within a specified timeframe prior to an individual's STD coverage effective date may be considered pre-existing. We may limit or exclude benefits for disabilities caused by a pre-existing condition(s) unless the individual was insured for 12 (typically) consecutive months.

ARE EMPLOYEE ASSISTANCE PROGRAM (EAP) SERVICES INCLUDED?

Some plans may include our WorkLifeMatters¹ program — check with a Guardian benefits advisor or employer resource to see if this applies. With WorkLifeMatters, an individual has access to a confidential employee assistance program through Guardian and Integrated Behavioral Health (IBH), ensuring they do not have to face life's challenges alone. WorkLifeMatters provides support and guidance for matters that range from personal issues an individual might face, to providing information on everyday topics that affect an individual's life.

Connect to a counselor for free support services:

1-800-386-7055 (Available 24 hours a day, 7 days a week)

Visit www.ibhworklife.com

(User name: "Matters"; Password: "wlm70101") .

HOW DOES AN INDIVIDUAL CONTACT GUARDIAN WITH BENEFIT OR CLAIM QUESTIONS?

For claim questions or status, an individual has the option of calling us toll-free at 800-268-2525, or visiting Guardian's web portal — www.guardiananytime.com. If an individual would like to submit claim information, it can be faxed to 610-807-8270, sent via email to "group_std_claims@glic.com", or it can be submitted securely through www.guardiananytime.com. Our regular business hours are Monday through Friday, 8:00 AM to 8:00 PM (EST). When contacting Guardian, be sure to have the individual's name, plan number, claim number and any contact information included.

WWW.GUARDIANANYTIME.COM



1. WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program services is not an insurance benefit and may not be available in all states.