



# Your accident coverage

| ACCIDENT   |   |
|--|---|
| <b>COVERAGE - DETAILS</b>  |   |
| <b>Your Weekly premium</b>   | \$3.25  |
| You and Spouse   | \$5.54  |
| You and Child(ren)   | \$5.84  |
| You, Spouse and Child(ren)   | \$8.12  |
| <b>Accident Coverage Type</b>  | Off Job   |
| <b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment. | Included  |
| <b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>  |   |
| <b>Benefit Amount(s)</b>   | Employee \$25,000<br>Spouse \$12,500<br>Child \$5,000   |
| <b>Catastrophic Loss</b>   | Quadriplegia, Loss of speech & hearing (both ears),<br>Loss of Cognitive function: 100% of AD&D<br>Hemiplegia & Paraplegia: 50% of AD&D |
| <b>Common Carrier</b>  | 200% of AD&D benefit  |
| <b>Common Disaster</b>   | 200% of Spouse AD&D benefit   |
| <b>Dismemberment</b> - Hand, Foot, Sight   | Single: 50% of AD&D benefit<br>Multiple: 100% of AD&D benefit   |
| <b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot      | 25% of AD&D benefit   |
| <b>Seatbelts and Airbags</b>   | Seatbelts: \$10,000 & Airbags: \$15,000   |
| <b>Reasonable Accommodation to Home or Vehicle</b>   | \$2,500   |
| <b>WELLNESS BENEFIT</b> - Per Year Limit   | \$50  |
| <b>Child(ren) Age Limits</b>   | Children age birth to 26 years  |
| <b>RAINY DAY FUND</b>  | Benefit Amount: \$400<br>Rollover Maximum: \$200<br>Fund Maximum: \$800   |
| <b>FEATURES</b>  |   |
| Air Ambulance  | \$1,000   |
| Ambulance  | \$200   |
| Blood/Plasma/Platelets   | \$300   |
| Burns (2nd Degree/3rd Degree)  | 9 sq inches To 18 sq inches: \$0/\$2,000<br>18 sq inches To 35 sq inches: \$1,000/\$4,000<br>Over 35 sq inches: \$3,000/\$12,000        |
| Burns - Skin Graft   | 50% of burn benefit   |



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## FEATURES (Cont.)

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| Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate. | 25% increase to child benefits                    |
| Chiropractic Visits   | \$50/visit, up to 6 visits                        |
| Coma  | \$10,000  |
| Concussion Baseline Study   | \$25  |
| Concussions   | \$200   |
| Diagnostic Exam (Major)   | \$200   |
| Dislocations  | Schedule up to \$5,000                            |
| Doctor Follow-Up Visits   | \$50, up to 6 treatments                          |
| Emergency Dental Work   | \$300/Crown, \$75/Extraction                      |
| Emergency Room Treatment  | \$200   |
| Epidural Anesthesia Pain Management   | \$100, 2 times per accident                       |
| Eye Injury  | \$300   |
| Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.                              | \$20/day, up to 30 days                           |
| Fractures   | Schedule up to \$6,000                            |
| Gun Shot Wound  | \$750   |
| Hospital Admission  | \$1,000   |
| Hospital Confinement  | \$250/day - up to 1 year                          |
| Hospital ICU Admission  | \$2,000   |
| Hospital ICU Confinement  | \$500/day - up to 15 days                         |
| Initial Dr. Office/Urgent Care Facility Treatment   | \$100   |
| Joint Replacement (Hip/Knee/Shoulder)   | \$2,500/\$1,250/\$1,250                           |
| Knee Cartilage  | \$500   |
| Laceration  | Schedule up to \$400                              |
| Lodging - The hospital stay must be more than 50 miles from the insured's residence.  | \$125/day, up to 30 days for companion hotel stay |
| Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.  | Schedule up to \$500                              |
| Outpatient Therapies  | \$35/day, up to 10 days                           |
| Post-Traumatic Stress Disorder  | \$400   |
| Prosthetic Device/Artificial Limb   | 1: \$500<br>2 or more: \$1,000                    |
| Rehabilitation Unit Confinement   | \$100/day, up to 15 days                          |
| Ruptured Disc With Surgical Repair  | \$500   |
| Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max   | Schedule up to \$1,250<br>Hernia: \$250           |
| Surgery (Exploratory or Arthroscopic)   | \$400   |
| Tendon/Ligament/Rotator Cuff  | 1: \$500<br>2 or more: \$1,000                    |

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HANCOCK LUMBER COMPANY, INC.  
ALL OTHER FULL TIME EMPLOYEES

Kit created 03/26/2021 13  
Group number: 00586044



# Your accident coverage

## FEATURES (Cont.)

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| Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.  | \$0.50 per mile, limited to \$500/round trip, up to 3 times per accident |
| Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms. | \$4,000  |
| X - Ray  | \$40   |

## UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.



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## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the

policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-I-ACC-18

*If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.*

Guardian's Accident Insurance is 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. Plan documents are the final arbiter of coverage. This policy provides Accident 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.

**IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18