



Summary of Benefits

Voluntary Critical Illness Benefit Summary

Group ID:	00388348	Coverage Type:	Voluntary
Group Name:	W.B. GUIMARIN & COMPANY, INC.	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	91 day(s)	As of Date:	08/13/2021

Coverage Information

Employee Volume Amount	Lump sum increments of \$5,000	
Member Guaranteed Issue	Ages 15-69 \$5,000 Ages 70 and up, Medical Questions are required for all amounts.	
Child Guaranteed Issue	All amounts are guaranteed.	
Covered Conditions	1st Occurrence	2nd Occurrence
Heart Attack	100%	50%
Coronary Artery Bypass Graft	25%	0%
Kidney Failure	100%	50%
Major Organ Transplant	100%	50%
Stroke	100%	50%
Cancer - Category 1	100%	50%
Cancer - Category 2	25%	0%
Total Amount Payable	During your lifetime, this plan will not pay more than 300% of the lump sum benefit for all voluntary critical illness combined.	
Benefit Waiting Period	Benefits for Cancer will be available on the 31 st day. Benefits for Non-Cancer will be available on the 31 st day.	
Wellness Benefit	Provides a \$50 per year member benefit for completing certain routine wellness screenings or procedures such as a mammography, colonoscopy, pap smear, PSA, Serum cholesterol test, completion of smoking cessation and weight reduction programs and many more.	
Cutbacks	35% at age 65 60% at age 70 75% at age 75 85% at age 80	

Plan Information

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?	If you decide to purchase more than the amount guaranteed by Guardian or enroll after the initial open enrollment period, you must answer some medical questions to help us assess your insurability.
Can I take the policy with me if I leave the company?	No.

Voluntary Critical Illness and General Exclusions

We do not pay benefits for a first occurrence of Critical Illness that occurs less than 3 months after the first ever occurrence of a different Critical Illness for which this plan paid benefits. If the employee has exhibited symptoms or received treatment within the past 12 months for a Critical Illness, we do not pay benefits for the second ever occurrence of that Critical Illness. We do not pay benefits for a third or later occurrence of Critical Illness. If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment or takes prescribed drugs. We do not pay benefits for claims relating to a covered person taking part in any war or act of war (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. 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 1 year; or (b) in an area under travel warning by the US Department of State (including service in the armed forces), committing a felony, taking part of any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to coverage all medical expenses. This benefit summary summarizes the major features of the Guardian Critical Illness benefit plan. It is not intended to be a complete representation of the proposed plan. The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. For full plan features, including exclusions and limitations, please refer to your Policy or contact your sales representative.



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.