



Summary of Benefits

Basic Life Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|------------------------|
| Group ID: | 00026020 | Member Coverage Type: | Non Contributory |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0001 SALARIED PARTNERS |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

| | |
|-------------------------------|--------------------------------------|
| Employee Volume Amount | 200% of annual earnings to \$500,000 |
| Maximum Amount | \$500,000 |
| Cutbacks | 35% at age 65 50% at age 70 |

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? | No |
| Can I take the policy with me if I leave the company? | 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.

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.



Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|------------------------|
| Group ID: | 00026020 | Member Coverage Type: | Non Contributory |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0001 SALARIED PARTNERS |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

| | |
|-------------------------|---|
| Volume Amount | 200% of annual earnings to \$500,000 |
| Guaranteed Issue | Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage. |
| Maximum Amount | \$500,000 |
| Cutbacks | 35% at age 65 50% at age 70 |

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? | No |
| Can I take the policy with me if I leave the company? | No |

Accidental Death and Dismemberment and General Exclusions

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- 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-ADCL1-00 et al

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.



Summary of Benefits

Short Term Disability Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|------------------------|
| Group ID: | 00026020 | Member Coverage Type: | Non Contributory |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0001 SALARIED PARTNERS |
| Waiting Period: | 3 month(s) | As of Date: | 04/17/2024 |

Coverage Information

| | |
|--|---|
| Weekly Volume | 100% of weekly earnings |
| Guaranteed Issue | There is no guaranteed issue. All amounts are approved. |
| Maximum Amount | \$9,999,999 |
| Waiting Periods (Benefits begin on ...) | Accident: Day 1 Illness: Day 1 |
| Maximum Payment Period | 26 weeks |

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. |
| How are my earnings defined? | Earnings means your weekly earnings excluding bonuses, expense accounts, and any other extra compensation. Earnings include the average of your commissions for the previous 24 months. |
| Can I take the policy with me if I leave the company? | No. |
| Do I have to answer medical questions as part of purchasing insurance? | No. |
| Can I return to work part time while I'm disabled | Yes, you may return to work part time and still be considered disabled. Some restrictions apply. |

Short Term Disability General Limitations and Exclusions

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. 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.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al., Contract # GP-1-STD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

When applicable, this coverage will integrate with any mandated state disability plans.



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.



Summary of Benefits

Voluntary Long Term Disability Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|------------------------|
| Group ID: | 00026020 | Member Coverage Type: | Voluntary |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0001 SALARIED PARTNERS |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

| | |
|--|---|
| Monthly Volume | 60% of monthly earnings \$10,000 |
| Guaranteed Issue | There is no guaranteed issue. All amounts are approved. |
| Waiting Periods (Benefits begin on ...) | Accident: Day 181 Illness: Day 181 |
| Maximum Payment Period | To age 65, standard ADEA |

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. |
| Can I take the policy with me if I leave the company? | No. |
| Do I have to answer medical questions as part of purchasing insurance? | No. |
| How are my earnings defined? | Earnings means your monthly earnings excluding bonuses, expense accounts, and any other extra compensation. Earnings include the average of your commissions for the previous 24 months. |
| Can I return to work part time while I'm disabled | Yes, you may return to work part time and still be considered disabled. Some restrictions apply. |

Voluntary Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. 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. 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.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with workers compensation. Refer to your booklet for additional details.



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.



Summary of Benefits

Voluntary Life Benefit Summary

| | | | |
|-----------------|-----------------------------|----------------|------------------------|
| Group ID: | 00026020 | Coverage Type: | Voluntary |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0001 SALARIED PARTNERS |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

Employee Volume Amount

Increments of \$10,000 to a Maximum of \$500,000

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| \$10,000 | \$110,000 | \$210,000 | \$310,000 | \$410,000 |
| \$20,000 | \$120,000 | \$220,000 | \$320,000 | \$420,000 |
| \$30,000 | \$130,000 | \$230,000 | \$330,000 | \$430,000 |
| \$40,000 | \$140,000 | \$240,000 | \$340,000 | \$440,000 |
| \$50,000 | \$150,000 | \$250,000 | \$350,000 | \$450,000 |
| \$60,000 | \$160,000 | \$260,000 | \$360,000 | \$460,000 |
| \$70,000 | \$170,000 | \$270,000 | \$370,000 | \$470,000 |
| \$80,000 | \$180,000 | \$280,000 | \$380,000 | \$480,000 |
| \$90,000 | \$190,000 | \$290,000 | \$390,000 | \$490,000 |
| \$100,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

Child Volume Amount

Ages 14 Days to 6 Months Minimum of \$1,000 and Increments of \$1,000 to a maximum of \$10,000
Ages 6 Months to 26 Years Minimum of \$1,000 and Increments of \$1,000 to a maximum of \$10,000

Member Guaranteed Issue

\$200,000

Spouse Guaranteed Issue

\$25,000

Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Cutbacks

35% at age 65
50% at age 70

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 open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

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.)

Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

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.

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 home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

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.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law.

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, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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.



Summary of Benefits

Voluntary Accidental Death and Dismemberment Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|------------------------|
| Group ID: | 00026020 | Member Coverage Type: | Voluntary |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0001 SALARIED PARTNERS |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

Employee Volume Amount

Minimum Amount of \$10,000 and Increments of \$10,000 to a maximum of \$500,000

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| \$10,000 | \$110,000 | \$210,000 | \$310,000 | \$410,000 |
| \$20,000 | \$120,000 | \$220,000 | \$320,000 | \$420,000 |
| \$30,000 | \$130,000 | \$230,000 | \$330,000 | \$430,000 |
| \$40,000 | \$140,000 | \$240,000 | \$340,000 | \$440,000 |
| \$50,000 | \$150,000 | \$250,000 | \$350,000 | \$450,000 |
| \$60,000 | \$160,000 | \$260,000 | \$360,000 | \$460,000 |
| \$70,000 | \$170,000 | \$270,000 | \$370,000 | \$470,000 |
| \$80,000 | \$180,000 | \$280,000 | \$380,000 | \$480,000 |
| \$90,000 | \$190,000 | \$290,000 | \$390,000 | \$490,000 |
| \$100,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

| | | | | |
|----------|-----------|-----------|-----------|-----------|
| \$5,000 | \$55,000 | \$105,000 | \$155,000 | \$205,000 |
| \$10,000 | \$60,000 | \$110,000 | \$160,000 | \$210,000 |
| \$15,000 | \$65,000 | \$115,000 | \$165,000 | \$215,000 |
| \$20,000 | \$70,000 | \$120,000 | \$170,000 | \$220,000 |
| \$25,000 | \$75,000 | \$125,000 | \$175,000 | \$225,000 |
| \$30,000 | \$80,000 | \$130,000 | \$180,000 | \$230,000 |
| \$35,000 | \$85,000 | \$135,000 | \$185,000 | \$235,000 |
| \$40,000 | \$90,000 | \$140,000 | \$190,000 | \$240,000 |
| \$45,000 | \$95,000 | \$145,000 | \$195,000 | \$245,000 |
| \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 |

Child Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$10,000

\$5,000
\$10,000

Member Guaranteed Issue There is no guaranteed issue. All amounts are approved.

Cutbacks 35% at age 65
50% at age 70

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 enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

Can I take the policy with me if I leave the company? No

Voluntary Accidental Death and Dismemberment and General Exclusions

We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs:

- As the result of a disease or a bodily infirmity
- By declared or undeclared war or act of war or armed aggression, or while a member of any armed force
- May vary by state
- Through intentional self-injury
- While driving without a valid driver's license
- While legally intoxicated
- While participating in civil disorder or committing a felony
- Traveling on any type of aircraft while having any duties on that aircraft
- While voluntarily using a non-prescription controlled substance

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- 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-ADCL1-00 et al



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.



Summary of Benefits

Basic Life Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|--|
| Group ID: | 00026020 | Member Coverage Type: | Non Contributory |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0002 ALL OTHER ELIGIBLE SALARIED EMPLOYEES |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

| | |
|-------------------------------|--------------------------------------|
| Employee Volume Amount | 200% of annual earnings to \$250,000 |
| Maximum Amount | \$250,000 |
| Cutbacks | 35% at age 65 50% at age 70 |

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? | No |
| Can I take the policy with me if I leave the company? | 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.

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.



Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|--|
| Group ID: | 00026020 | Member Coverage Type: | Non Contributory |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0002 ALL OTHER ELIGIBLE SALARIED EMPLOYEES |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

| | |
|-------------------------|---|
| Volume Amount | 200% of annual earnings to \$250,000 |
| Guaranteed Issue | Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage. |
| Maximum Amount | \$250,000 |
| Cutbacks | 35% at age 65 50% at age 70 |

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? | No |
| Can I take the policy with me if I leave the company? | No |

Accidental Death and Dismemberment and General Exclusions

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- 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-ADCL1-00 et al

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.



Summary of Benefits

Short Term Disability Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|--|
| Group ID: | 00026020 | Member Coverage Type: | Non Contributory |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0002 ALL OTHER ELIGIBLE SALARIED EMPLOYEES |
| Waiting Period: | 3 month(s) | As of Date: | 04/17/2024 |

Coverage Information

| | |
|--|---|
| Weekly Volume | 100% of weekly earnings |
| Guaranteed Issue | There is no guaranteed issue. All amounts are approved. |
| Maximum Amount | \$9,999,999 |
| Waiting Periods (Benefits begin on ...) | Accident: Day 1 Illness: Day 1 |
| Maximum Payment Period | 26 weeks |

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. |
| How are my earnings defined? | Earnings means your weekly earnings excluding bonuses, expense accounts, and any other extra compensation. Earnings include the average of your commissions for the previous 24 months. |
| Can I take the policy with me if I leave the company? | No. |
| Do I have to answer medical questions as part of purchasing insurance? | No. |
| Can I return to work part time while I'm disabled | Yes, you may return to work part time and still be considered disabled. Some restrictions apply. |

Short Term Disability General Limitations and Exclusions

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. 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.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al., Contract # GP-1-STD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

When applicable, this coverage will integrate with any mandated state disability plans.



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.



Summary of Benefits

Voluntary Long Term Disability Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|--|
| Group ID: | 00026020 | Member Coverage Type: | Voluntary |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0002 ALL OTHER ELIGIBLE SALARIED EMPLOYEES |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

| | |
|--|---|
| Monthly Volume | 60% of monthly earnings \$10,000 |
| Guaranteed Issue | There is no guaranteed issue. All amounts are approved. |
| Waiting Periods (Benefits begin on ...) | Accident: Day 181 Illness: Day 181 |
| Maximum Payment Period | To age 65, standard ADEA |

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. |
| Can I take the policy with me if I leave the company? | No. |
| Do I have to answer medical questions as part of purchasing insurance? | No. |
| How are my earnings defined? | Earnings means your monthly earnings excluding bonuses, expense accounts, and any other extra compensation. Earnings include the average of your commissions for the previous 24 months. |
| Can I return to work part time while I'm disabled | Yes, you may return to work part time and still be considered disabled. Some restrictions apply. |

Voluntary Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. 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. 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.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with workers compensation. Refer to your booklet for additional details.



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.



Summary of Benefits

Voluntary Life Benefit Summary

| | | | |
|-----------------|-----------------------------|----------------|--|
| Group ID: | 00026020 | Coverage Type: | Voluntary |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0002 ALL OTHER ELIGIBLE SALARIED EMPLOYEES |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

Employee Volume Amount

Increments of \$10,000 to a Maximum of \$500,000

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| \$10,000 | \$110,000 | \$210,000 | \$310,000 | \$410,000 |
| \$20,000 | \$120,000 | \$220,000 | \$320,000 | \$420,000 |
| \$30,000 | \$130,000 | \$230,000 | \$330,000 | \$430,000 |
| \$40,000 | \$140,000 | \$240,000 | \$340,000 | \$440,000 |
| \$50,000 | \$150,000 | \$250,000 | \$350,000 | \$450,000 |
| \$60,000 | \$160,000 | \$260,000 | \$360,000 | \$460,000 |
| \$70,000 | \$170,000 | \$270,000 | \$370,000 | \$470,000 |
| \$80,000 | \$180,000 | \$280,000 | \$380,000 | \$480,000 |
| \$90,000 | \$190,000 | \$290,000 | \$390,000 | \$490,000 |
| \$100,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

Child Volume Amount

Ages 14 Days to 6 Months Minimum of \$1,000 and Increments of \$1,000 to a maximum of \$10,000
Ages 6 Months to 26 Years Minimum of \$1,000 and Increments of \$1,000 to a maximum of \$10,000

Member Guaranteed Issue

\$200,000

Spouse Guaranteed Issue

\$25,000

Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Cutbacks

35% at age 65
50% at age 70

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 open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

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.)

Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

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.

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 home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

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.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law.

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, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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.



Summary of Benefits

Voluntary Accidental Death and Dismemberment Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|--|
| Group ID: | 00026020 | Member Coverage Type: | Voluntary |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0002 ALL OTHER ELIGIBLE SALARIED EMPLOYEES |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

Employee Volume Amount

Minimum Amount of \$10,000 and Increments of \$10,000 to a maximum of \$500,000

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| \$10,000 | \$110,000 | \$210,000 | \$310,000 | \$410,000 |
| \$20,000 | \$120,000 | \$220,000 | \$320,000 | \$420,000 |
| \$30,000 | \$130,000 | \$230,000 | \$330,000 | \$430,000 |
| \$40,000 | \$140,000 | \$240,000 | \$340,000 | \$440,000 |
| \$50,000 | \$150,000 | \$250,000 | \$350,000 | \$450,000 |
| \$60,000 | \$160,000 | \$260,000 | \$360,000 | \$460,000 |
| \$70,000 | \$170,000 | \$270,000 | \$370,000 | \$470,000 |
| \$80,000 | \$180,000 | \$280,000 | \$380,000 | \$480,000 |
| \$90,000 | \$190,000 | \$290,000 | \$390,000 | \$490,000 |
| \$100,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

| | | | | |
|----------|-----------|-----------|-----------|-----------|
| \$5,000 | \$55,000 | \$105,000 | \$155,000 | \$205,000 |
| \$10,000 | \$60,000 | \$110,000 | \$160,000 | \$210,000 |
| \$15,000 | \$65,000 | \$115,000 | \$165,000 | \$215,000 |
| \$20,000 | \$70,000 | \$120,000 | \$170,000 | \$220,000 |
| \$25,000 | \$75,000 | \$125,000 | \$175,000 | \$225,000 |
| \$30,000 | \$80,000 | \$130,000 | \$180,000 | \$230,000 |
| \$35,000 | \$85,000 | \$135,000 | \$185,000 | \$235,000 |
| \$40,000 | \$90,000 | \$140,000 | \$190,000 | \$240,000 |
| \$45,000 | \$95,000 | \$145,000 | \$195,000 | \$245,000 |
| \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 |

Child Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$10,000

\$5,000
\$10,000

Member Guaranteed Issue There is no guaranteed issue. All amounts are approved.

Cutbacks 35% at age 65
50% at age 70

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 enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

Can I take the policy with me if I leave the company? No

Voluntary Accidental Death and Dismemberment and General Exclusions

We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs:

- As the result of a disease or a bodily infirmity
- By declared or undeclared war or act of war or armed aggression, or while a member of any armed force
- May vary by state
- Through intentional self-injury
- While driving without a valid driver's license
- While legally intoxicated
- While participating in civil disorder or committing a felony
- Traveling on any type of aircraft while having any duties on that aircraft
- While voluntarily using a non-prescription controlled substance

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- 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-ADCL1-00 et al



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.



Summary of Benefits

Basic Life Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|------------------------------------|
| Group ID: | 00026020 | Member Coverage Type: | Non Contributory |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0003 ALL ELIGIBLE HOURLY EMPLOYEES |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

| | |
|-------------------------------|--------------------------------|
| Employee Volume Amount | Flat \$30,000 |
| Maximum Amount | \$30,000 |
| Cutbacks | 35% at age 65 50% at age 70 |

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? | No |
| Can I take the policy with me if I leave the company? | 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.

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.



Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|------------------------------------|
| Group ID: | 00026020 | Member Coverage Type: | Non Contributory |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0003 ALL ELIGIBLE HOURLY EMPLOYEES |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

| | |
|-------------------------|---|
| Volume Amount | Flat \$30,000 |
| Guaranteed Issue | Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage. |
| Maximum Amount | \$30,000 |
| Cutbacks | 35% at age 65 50% at age 70 |

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? | No |
| Can I take the policy with me if I leave the company? | No |

Accidental Death and Dismemberment and General Exclusions

*A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. We pay no benefits for any loss caused:

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- 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-ADCL1-00 et al

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.



Summary of Benefits

Short Term Disability Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|------------------------------------|
| Group ID: | 00026020 | Member Coverage Type: | Non Contributory |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0003 ALL ELIGIBLE HOURLY EMPLOYEES |
| Waiting Period: | 12 month(s) | As of Date: | 04/17/2024 |

Coverage Information

| | |
|--|---|
| Weekly Volume | 60% of weekly earnings |
| Guaranteed Issue | There is no guaranteed issue. All amounts are approved. |
| Maximum Amount | \$9,999,999 |
| Waiting Periods (Benefits begin on ...) | Accident: Day 1 Illness: Day 1 |
| Maximum Payment Period | 26 weeks |

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. |
| How are my earnings defined? | Earnings means your weekly earnings excluding bonuses, expense accounts, and any other extra compensation. Earnings include the average of your commissions for the previous 24 months. |
| Can I take the policy with me if I leave the company? | No. |
| Do I have to answer medical questions as part of purchasing insurance? | No. |
| Can I return to work part time while I'm disabled | Yes, you may return to work part time and still be considered disabled. Some restrictions apply. |

Short Term Disability General Limitations and Exclusions

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. 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.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al., Contract # GP-1-STD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

When applicable, this coverage will integrate with any mandated state disability plans.



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.



Summary of Benefits

Voluntary Long Term Disability Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|------------------------------------|
| Group ID: | 00026020 | Member Coverage Type: | Voluntary |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0003 ALL ELIGIBLE HOURLY EMPLOYEES |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

| | |
|--|---------------------------------------|
| Monthly Volume | 60% of monthly earnings \$5,000 |
| Waiting Periods (Benefits begin on ...) | Accident: Day 181 Illness: Day 181 |
| Maximum Payment Period | To age 65, standard ADEA |

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. |
| Can I take the policy with me if I leave the company? | No. |
| Do I have to answer medical questions as part of purchasing insurance? | N/A |
| How are my earnings defined? | Earnings means your monthly earnings excluding bonuses, expense accounts, and any other extra compensation. Earnings include the average of your commissions for the previous 24 months. |
| Can I return to work part time while I'm disabled | Yes, you may return to work part time and still be considered disabled. Some restrictions apply. |

Voluntary Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department. If the plan is new (not transferred):

Non-NY states: If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. 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. 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.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al, Contract # GP-1-LTD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

Where applicable, this coverage will be integrated with Social Security and with workers compensation. Refer to your booklet for additional details.



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.



Summary of Benefits

Voluntary Life Benefit Summary

| | | | |
|-----------------|-----------------------------|----------------|------------------------------------|
| Group ID: | 00026020 | Coverage Type: | Voluntary |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0003 ALL ELIGIBLE HOURLY EMPLOYEES |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

Employee Volume Amount

Increments of \$10,000 to a Maximum of \$500,000

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| \$10,000 | \$11 | \$210,000 | \$310,000 | \$410,000 |
| \$20,000 | 0,000 | \$220,000 | \$320,000 | \$420,000 |
| \$30,000 | \$120,000 | \$230,000 | \$330,000 | \$430,000 |
| \$40,000 | \$130,000 | \$240,000 | \$340,000 | \$440,000 |
| \$50,000 | \$140,000 | \$250,000 | \$350,000 | \$450,000 |
| \$60,000 | \$150,000 | \$260,000 | \$360,000 | \$460,000 |
| \$70,000 | \$160,000 | \$270,000 | \$370,000 | \$470,000 |
| \$80,000 | \$170,000 | \$280,000 | \$380,000 | \$480,000 |
| \$90,000 | \$180,000 | \$290,000 | \$390,000 | \$490,000 |
| \$100,000 | \$190,000 | \$300,000 | \$400,000 | \$500,000 |
| | \$200,000 | | | |

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

Child Volume Amount

Ages 14 Days to 6 Months Minimum of \$1,000 and Increments of \$1,000 to a maximum of \$10,000
Ages 6 Months to 26 Years Minimum of \$1,000 and Increments of \$1,000 to a maximum of \$10,000

Member Guaranteed Issue

\$200,000

Spouse Guaranteed Issue

\$25,000

Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Cutbacks

35% at age 65
50% at age 70

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 open enrollment period, you must answer some medical questions to help us assess your insurability.

Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.

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.)

Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

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.

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 home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

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.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law.

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, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.



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.



Summary of Benefits

Voluntary Accidental Death and Dismemberment Benefit Summary

| | | | |
|-----------------|-----------------------------|-----------------------|------------------------------------|
| Group ID: | 00026020 | Member Coverage Type: | Voluntary |
| Group Name: | CUSTOM GLASS SOLUTIONS, LLC | Class: | 0003 ALL ELIGIBLE HOURLY EMPLOYEES |
| Waiting Period: | None | As of Date: | 04/17/2024 |

Coverage Information

Employee Volume Amount

Minimum Amount of \$10,000 and Increments of \$10,000 to a maximum of \$500,000

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| \$10,000 | \$110,000 | \$210,000 | \$310,000 | \$410,000 |
| \$20,000 | \$120,000 | \$220,000 | \$320,000 | \$420,000 |
| \$30,000 | \$130,000 | \$230,000 | \$330,000 | \$430,000 |
| \$40,000 | \$140,000 | \$240,000 | \$340,000 | \$440,000 |
| \$50,000 | \$150,000 | \$250,000 | \$350,000 | \$450,000 |
| \$60,000 | \$160,000 | \$260,000 | \$360,000 | \$460,000 |
| \$70,000 | \$170,000 | \$270,000 | \$370,000 | \$470,000 |
| \$80,000 | \$180,000 | \$280,000 | \$380,000 | \$480,000 |
| \$90,000 | \$190,000 | \$290,000 | \$390,000 | \$490,000 |
| \$100,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |

Spouse Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$250,000

| | | | | |
|----------|-----------|-----------|-----------|-----------|
| \$5,000 | \$55,000 | \$105,000 | \$155,000 | \$205,000 |
| \$10,000 | \$60,000 | \$110,000 | \$160,000 | \$210,000 |
| \$15,000 | \$65,000 | \$115,000 | \$165,000 | \$215,000 |
| \$20,000 | \$70,000 | \$120,000 | \$170,000 | \$220,000 |
| \$25,000 | \$75,000 | \$125,000 | \$175,000 | \$225,000 |
| \$30,000 | \$80,000 | \$130,000 | \$180,000 | \$230,000 |
| \$35,000 | \$85,000 | \$135,000 | \$185,000 | \$235,000 |
| \$40,000 | \$90,000 | \$140,000 | \$190,000 | \$240,000 |
| \$45,000 | \$95,000 | \$145,000 | \$195,000 | \$245,000 |
| \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 |

Child Volume Amount

Minimum Amount of \$5,000 and Increments of \$5,000 to a maximum of \$10,000

- by willful self injury
- sickness, disease or medical treatment
- by participating in a civil disorder or committing a felony
- by duties performed as a crew member on an aircraft
- by declared or undeclared act of war or armed aggression while a member of any armed force
- 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-ADCL1-00 et al



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.