



**GUARDIAN<sup>SM</sup>**

**YOUR GROUP INSURANCE  
PLAN BENEFITS**

UNIVERSITY OF CALIFORNIA SAN FRANCISCO  
SCHOOL OF MEDICINE

The enclosed certificate is intended to explain the benefits provided by the Plan. It does not constitute the Policy Contract. Your rights and benefits are determined in accordance with the provisions of the Policy, and your insurance is effective only if you are eligible for insurance and remain insured in accordance with its terms.

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**CERTIFICATE OF COVERAGE**

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**The Guardian**  
7 Hanover Square  
New York, New York 10004

We, The Guardian, certify that the employee named below is entitled to the insurance benefits provided by The Guardian described in this certificate, provided the eligibility and effective date requirements of the plan are satisfied.

Group Policy No.	Certificate No.	Effective Date
Issued To		

This CERTIFICATE OF COVERAGE replaces any CERTIFICATE OF COVERAGE previously issued under the above Plan or under any other Plan providing similar or identical benefits issued to the Planholder by The Guardian.



Vice President, Group Products

CGP-3-R-STK-90-3

B110.0023-R



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## **COMPLAINT NOTICE**

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This notice is to advise you that should any complaints arise regarding this insurance you may contact the Guardian at the following address or phone number:

**The Guardian Sales Office  
88 Kearny Street, Suite 1900  
San Francisco, California 94108  
Telephone: (415) 788-4440  
(800) 832-9555  
Fax: (415) 788-4412**

If you feel your complaints have not been resolved after contacting the Guardian you may contact the California Department of Insurance at the following address or phone number:

**Department of Insurance  
300 South Spring St.  
Los Angeles, CA 90013**

**Consumer Hotline: 1-800-927-4357**

CGP-3-CADISC-91

B120.0011-R





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## GENERAL PROVISIONS

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As used in this booklet:

"Covered person" means an employee insured by this *plan*.

"Employer" means the *employer* who purchased this *plan*.

"Our," "The Guardian," "us" and "we" mean The Guardian Life Insurance Company of America.

"Plan" means the Guardian *plan* of group insurance purchased by your *employer*.

"You" and "your" mean an employee insured by this *plan*.

CGP-3-R-GENPRO-90

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### **Limitation of Authority**

No person, except by a writing signed by the President, a Vice President or a Secretary of The Guardian, has the authority to act for us to: (a) determine whether any contract, plan or certificate of insurance is to be issued; (b) waive or alter any provisions of any insurance contract or plan, or any requirements of The Guardian; (c) bind us by any statement or promise relating to any insurance contract issued or to be issued; or (d) accept any information or representation which is not in a signed application.

CGP-3-R-LOA-90

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### **Incontestability**

This *plan* is incontestable after two years from its date of issue, except for non-payment of premiums.

No statement in any application, except a fraudulent statement, made by a person insured under this *plan* shall be used in contesting the validity of his insurance or in denying a claim for a loss incurred, or for a disability which starts, after such insurance has been in force for two years during his lifetime.

If this *plan* replaces a plan your *employer* had with another insurer, we may rescind the *employer's plan* based on misrepresentations made by the *employer* in a signed application for up to two years from the effective date of this *plan*.

CGP-3-R-INCY-96

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### **Examination and Autopsy**

We have the right to have a *doctor* of our choice examine the person for whom a claim is being made under this *plan* as often as we feel necessary. And we have the right to have an autopsy performed in the case of death, where allowed by law. We'll pay for all such examinations and autopsies.

CGP-3-R-EA-90

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## Accident and Health Claims Provisions

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Your right to make a claim for any *accident and health* benefits provided by this *plan*, is governed as follows:

**Notice** You must send us written notice of an *injury* or *sickness* for which a claim is being made within 20 days of the date the *injury* occurs or the *sickness* starts. This notice should include your name and *plan* number.

**Proof of Loss** We'll furnish you with forms for filing proof of loss within 15 days of receipt of notice. But if we don't furnish the forms on time, we'll accept a written description and adequate documentation of the *injury* or *sickness* that is the basis of the claim as proof of loss. You must detail the nature and extent of the loss for which the claim is being made. You must send us written proof within 90 days of the loss.

If this plan provides weekly loss-of-time insurance, you must send us written proof of loss within 90 days of the end of each period for which we're liable. If this plan provides long term disability income insurance, you must send us written proof of loss within 90 days of the date we request it. For any other loss, you must send us written proof within 90 days of the loss.

**Late Notice of Proof** We won't void or reduce your claim if you can't send us notice and proof of loss within the required time. But you must send us notice and proof as soon as reasonably possible.

**Payment of Benefits** We'll pay benefits for loss of income once every 30 days for as long as we're liable, provided you submit periodic written proof of loss as stated above. We'll pay all other *accident and health* benefits to which you're entitled as soon as we receive written proof of loss.

We pay all *accident and health* benefits to you, if you're living. If you're not living, we have the right to pay all *accident and health* benefits, except dismemberment benefits, to one of the following: (a) your estate; (b) your spouse; (c) your parents; (d) your children; (e) your brothers and sisters; and (f) any unpaid provider of health care services. See "Your Accidental Death and Dismemberment Benefits" for how dismemberment benefits are paid.

When you file proof of loss, you may direct us, in writing, to pay health care benefits to the recognized provider of health care who provided the covered service for which benefits became payable. We may honor such direction at our option. But we can't tell you that a particular provider must provide such care. And you may not assign your right to take legal action under this *plan* to such provider.

**Limitations of Actions** You can't bring a legal action against this *plan* until 60 days from the date you file proof of loss. And you can't bring legal action against this *plan* after three years from the date you file proof of loss.

**Workers' Compensation** The *accident and health* benefits provided by this *plan* are not in place of, and do not affect requirements for coverage by Workers' Compensation.

CGP-3-R-AHC-90

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## ELIGIBILITY FOR DISABILITY COVERAGE

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### Employee Coverage

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**Eligible Employees** To be eligible for employee coverage, you must be an active *full-time employee*. And you must belong to a class of *employees* covered by this *plan*.

**Other Conditions** Part or all of your insurance amounts may be subject to *proof* that you're insurable. Other parts of this coverage explain if and when we require *proof*. You won't be covered for any amount that requires such *proof* until you give the *proof* to us and we approve it in writing.

CGP-3-EC-90-1.0

B329.0043-R

**When Your Coverage Starts** *Employee* benefits that don't require *proof* that you are insurable are scheduled to start on the effective date shown on the sticker attached to the inside front cover of this booklet.

*Employee* benefits that require such *proof* won't start until you send us the *proof* and we approve it in writing. Once we have approved it, the benefits are scheduled to start on the effective date shown in the endorsement section of your application. A copy of the approved application is furnished to you.

But you must be actively at work on a *full-time* basis on the scheduled effective date or dates. And you must have met all of the applicable conditions explained above, and any applicable waiting period. If you are not actively at work on any date part of your insurance is scheduled to start, we will postpone that part of your coverage until the date you return to active *full-time* work.

Sometimes, the effective date shown on the sticker or in the endorsement is not a regularly scheduled work day. But coverage will still start on that date if you were actively at work on a *full-time* basis on your last regularly scheduled work day.

CGP-3-EC-90-2.0

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**When Your Coverage Ends** Your long term disability coverage ends on the date your active *full-time* service ends for any reason. Such reasons include disability, death, retirement, layoff, leave of absence and the end of employment.

It also ends on the date you stop being a member of a class of employees eligible for insurance under this *plan*, or when this *plan* ends for all *employees*. And it ends when this *plan* is changed so that benefits for the class of *employees* to which you belong ends.

Read this booklet carefully if your coverage ends. You may have the right to replace certain group benefits with converted policies.

CGP-3-EC-90-3.0

B329.0053-R

## LONG TERM DISABILITY HIGHLIGHTS

This page provides a quick guide to some of the Long Term Disability plan features which people most often want to know about. But it's not a complete description of your Long Term Disability plan. Read the following pages carefully for a complete explanation of what we pay, limit and exclude.

CGP-3-LTD94-A-HL B350.0929-R

**Elimination Period** For disability due to injury . . . . . 90 days.  
 For disability due to sickness . . . . . 90 days.

CGP-3-LTD94-B-HL B350.0939-R

**Gross Monthly Benefit** . . . . . \$1,500.00.

**Note:** We integrate your gross monthly benefit with certain other income you may receive. Read all of the terms of this plan to see what income we integrate with, and how.

CGP-3-LTD94-A-HL B350.0931-R

**Maximum Payment Period** See the following table.

Age When Disability Starts	Maximum Payment Period
Under age 60 . . . . .	To age 65
Age 60 . . . . .	5.00 years
Age 61 . . . . .	4.00 years
Age 62 . . . . .	3.50 years
Age 63 . . . . .	3.00 years
Age 64 . . . . .	2.50 years
Age 65 . . . . .	2.00 years
Age 66 . . . . .	1.75 years
Age 67 . . . . .	1.50 years
Age 68 . . . . .	1.25 years
Age 69 or older . . . . .	1.00 year

**Loan Payoff Maximum Benefit** \$175,000 lifetime benefit

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## LONG TERM DISABILITY INCOME INSURANCE

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This insurance replaces part of your income when it is reduced by disability. What we pay and the terms for payment are explained below. All terms in *italics* are defined terms with special meanings. Their definitions are shown at the end of this section. Other terms are defined where they are used.

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### Claim Provisions

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**Filing A Claim For Benefits** You must send us written notice of an *injury* or *sickness* for which you intend to file a long term disability claim within 30 days of the *injury* or start of the *sickness* for which a claim is being made. This notice should include your name and Social Security number and the *plan* number.

We will furnish you with claim forms for filing proof of *disability* within 15 days of our receipt of the initial notice of your intent to file a claim. The completed claim forms must be returned to us within a reasonable period of time. If we do not furnish the forms within the time stated, we will accept a written description of the *injury* or *sickness* that is the basis for the claim in place of our form. You must detail the nature and extent of the *disability* for which the claim is being made. If necessary to determine our liability, as part of proof of loss, we may require:

- (a) certification of the extent and nature of your *disability* from all *doctors* who have treated you for the cause of your *disability*;
- (b) certification of income from any other sources of income to which you may be entitled which may affect our benefit payments;
- (c) satisfactory evidence that you have applied for all benefits and payments from other income sources to which you may be entitled; and
- (d) proof of any income from other sources that you have received.

We may require you to authorize release of medical and income data by the sources of such data, including the providers of medical and/or dental services. Any information not furnished or for which the release of authorization to obtain data is not obtained can result in suspension or delay of long term disability benefit payments until such information or authorization is received by us.

**Time Limit For The Filing Of A Claim** Any claim not filed within a reasonable period of time following the end of the elimination period will be denied and no long term disability benefits will be payable unless we receive written proof that you lacked the legal capacity to file the claim or that it was not reasonably possible for you to file the claim. In no event will benefits be payable for more than one year retroactively from the date the claim is filed.

**Continued Proof Of Disability** Additional proof will be required. Written proof of your continued *disability* and *doctor's* care must be provided to us within 30 days of each date we make such request.

## Claim Provisions (Cont.)

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**Payment Of Benefits** Benefits for the long term disability income insurance are payable once every month, provided you continue to submit periodic written proof of loss and any current earnings as required by us. We pay all long term disability benefits to you, if legally competent. If you are not legally competent, we will pay all benefits to which you are entitled to the legal representative of your estate. We have the right to pay any benefits to which you are entitled which remain unpaid at your death to one of the following: (a) your estate; or (b) your spouse, parents, children or brothers and sisters.

**Examination** If you make a claim for benefits, we have the right to require that you be examined by a *doctor* as often as we feel is necessary. And we have the right to terminate or suspend your *net monthly payments* if you fail to attend such an examination. In such case, your *net monthly payments* may be resumed, provided that: (a) the required examination occurs within a reasonable period of time; and (b) you continue to be entitled to *net monthly payments* under all other provisions of this *plan*. We will pay for all such examinations.

For other information on filing a claim, see this plan's "Accident and Health Claims Provisions."

CGP-3-LTD94-B-1.0

B350.0518-R

## How This Plan Works

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**When And How This Plan's Net Monthly Payments Start** To start getting *net monthly payments* under this *plan*, you must meet all of the following conditions:

- you must: (a) become disabled while insured by this *plan*; and (b) stay both disabled and insured by this *plan* continuously throughout the elimination period.
- you must be: (a) under a *doctor's* regular care for the cause of your *disability*; and (b) receiving appropriate medical care for the cause of your *disability* and for any other *sickness* or *injury* which exists before, or occurs during, the period you are disabled under the *plan*.
- you must send us acceptable written proof of: (a) your *disability*; (b) your *prior monthly earnings*; and (c) any *current monthly earnings*.

We reserve the right to determine when you meet the above conditions.

Failure to pass your regular occupational physical checkup does not constitute *disability* under this *plan*. We do not accept, as proof of *disability*, certification from a *doctor* who is: (a) yourself; or (b) your business associate, spouse, parent, child, brother or sister.

Once we approve your initial proofs of *disability* and *earnings* we start to make *net monthly payments*. The first *net monthly payment* is made one month after the end of the elimination period.

**The Elimination Period** The elimination period is the period of time you must be continuously disabled before long term disability benefits are payable.

- For *disability* due to *injury*, the elimination period is 90 days.

## How This Plan Works (Cont.)

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- For *disability* due to *sickness*, the elimination period is 90 days.

Any days of *disability* which result from a *disability* for which this *plan* does not pay benefits will not count toward the elimination period. Any days during which you are not disabled will not count toward the elimination period.

The elimination period will be considered continuous if you return to work in your *regular occupation* for not more than 45 consecutive days during the elimination period. The elimination period will be extended by one day for each day you temporarily return to work. This interruption of the elimination period will not apply if you become eligible under any other group long term disability plan.

### Continued Payment Of This Plan's Net Monthly Payments

To continue to be entitled to *net monthly payments* under this *plan*, you must continue to provide adequate proof of:

- (a) your continued *disability*;
- (b) continued regular *doctor's* care for the cause of the *disability*;
- (c) any *current monthly earnings*; and
- (d) any other income we integrate with that you are entitled to receive.

In addition, we may, at any time, require you to be examined by a *doctor* or medical professional of our choosing.

Your *net monthly payments* under this *plan* can be terminated or suspended if at any time you fail to comply with any of the above requirements.

See "Accident and Health Claims Provisions" for how often we can require continued proof of the items shown above.

How long we continue to make *net monthly payments* under this *plan* will be subject to all the terms of this *plan*.

CGP-3-LTD94-B-2.0

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### When Disability Ends

Your *disability* under this *plan* ends on the earliest of: (a) the date you earn or we determine you are able to earn at a rate of at least 80% of your *prior monthly earnings*; or (b) the date we determine you are able to perform the major duties of your *regular occupation* or employment on a full-time basis, even if you choose not to perform such duties; or (c) after you have been disabled for 24 consecutive months, the date we determine you are able to perform the major duties of any suitable occupation or employment (other than *rehabilitative work*, as allowed under this *plan*) even if you choose not to perform such duties.

CGP-3-LTD94-B-3.0

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## How This Plan Works (Cont.)

- When This Plan's Payments End** This *plan's net monthly payments* end on the earliest of:
- (a) the date your *disability* ends;
  - (b) the date you die;
  - (c) the end of the *maximum payment period*;
  - (d) the date you fail to give us any proof of *disability* we require;
  - (e) the date you refuse to allow any physical exam we require;
  - (f) the date you are no longer under the regular and continuing care of a *doctor*.

**Maximum payment period** See the following table.

Age when disability starts	Maximum payment period
Under age 60 . . . . .	To age 65
Age 60 . . . . .	5.00 years
Age 61 . . . . .	4.00 years
Age 62 . . . . .	3.50 years
Age 63 . . . . .	3.00 years
Age 64 . . . . .	2.50 years
Age 65 . . . . .	2.00 years
Age 66 . . . . .	1.75 years
Age 67 . . . . .	1.50 years
Age 68 . . . . .	1.25 years
Age 69 or older . . . . .	1.00 year

**Recurring Disability** Benefits for *disability* cease when your *disability* ends, as described above. If your benefit ceased because your *disability* ended, and you become disabled again under this *plan* we will consider the later period of *disability* to be a recurring *disability* if:

- (a) you return to active, full-time work right after a period of *disability* for which this *plan* has paid benefits;
- (b) your *disability* recurs less than six months after the end of the period for which you were last entitled to a *net monthly payment* under this *plan*;
- (c) your later *disability* is due to the same *sickness* or *injury* that caused the earlier period of *disability*;
- (d) you do not become covered under any other group long term disability income plan during the period you are performing active full-time work;
- (e) this *plan* does not terminate during the time that you are performing active full-time work; and
- (f) you remain insured under this *plan* and the *employer* resumes premium payment for the coverage during any time you are performing active full-time work.



## How This Plan Works (Cont.)

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If we consider the *disability* to be a recurring *disability*, the *disability* will be treated as a continuation of the earlier *disability*. This means you will not be required to satisfy a new elimination period before benefits will be payable under this *plan* for the later *disability*. It also means that if, during any period of time you are receiving benefits under this *plan*, or during the period of *active work* that separates an earlier *disability* and a recurring *disability*: (a) any of the benefit provisions under this *plan* change; or (b) your *basic monthly earnings* or class change; those changes will not apply to the recurring disability. The benefits payable for the recurring *disability* will be based on the terms of the *plan* that applied to the earlier *disability*.

If the later period of *disability*:

- (a) is due to an unrelated cause;
- (b) begins six months or more after the end of the period for which *disability* benefits were payable under this *plan*; or
- (c) begins after the date this *plan* ends;

the *disability* will not be considered recurring and will be treated like a new period of *disability*.

You must provide all proof of loss required by this *plan* for *disability* before benefits will be payable for a recurring *disability*.

CGP-3-LTD94-B-4.0

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### **Application For Other Income Required**

You must apply for any disability or retirement benefits we integrate with, which we feel, you may be entitled to receive. If such benefits are denied we require you to apply for them again. You are required to continue to appeal all denials until: (a) you receive written notification from the Guardian that no further appeals are necessary; or (b) all possible appeals have been exhausted.

If we feel that you are entitled to any of the benefits shown above, we will: (a) assume you are receiving such benefits; and (b) integrate the *gross monthly benefit* with the estimated amount of such benefits payable to you and any applicable dependents on behalf of your *disability*. But we do not do this if you sign our agreement concerning benefits under which you promise: (a) to apply for any benefits we integrate with; and (b) at our request, to reapply for such benefits or appeal any denial of such benefits until no further appeals can be made; and (c) repay any overpayment due to an award of such benefits.

If we do estimate them, we adjust your *net monthly payments* when we receive written proof: (a) of the amount awarded; or (b) that such benefits are denied after any reapplications or appeals we require. In the case of (b), if such adjustment shows we underpaid you, we pay you the full amount of the underpayment in a lump sum.

The Guardian will assist you in applying for other income benefits.

CGP-3-LTD94-B-6.0

B350.0524-R

### **Computing Your Net Monthly Payment From This Plan**

Your *net monthly payment* under this *plan* is your *net monthly benefit* determined above, reduced by 50% of any *current monthly earnings* you earn while disabled.

CGP-3-LTD94-C-8.0

B350.0556-R

## How This Plan Works (Cont.)

If, during any month for which this *plan* pays benefits, the sum of the following:

- (a) your *net monthly payment*, as figured above;
- (b) the total amount of all other income with which this *plan* integrates that you are entitled to receive; and
- (c) the amount of your *current monthly earnings*;

is greater than the amount of your *prior monthly earnings*, your *net monthly payment* for that month will be further reduced by that portion in excess of 100% of your *prior monthly earnings*.

CGP-3-LTD94-B-9.0

B350.0646-R

**Cost Of Living Freeze** After we compute the first *net monthly benefit*, we do not reduce your benefit due to cost of living increases in social security benefits or other income benefits with which we integrate. We do adjust *net monthly payments* if: (a) your *current monthly earnings* change; or (b) your social security benefits or other income benefits with which we integrate change due to a recalculation of the benefit when updated information is received after the initial benefit is calculated.

**Minimum Net Monthly Payment** This *plan's* minimum *net monthly payment* is \$100.00.

**Payments For Partial Months** When *disability* lasts part of a month, we pay 1/30 of the *net monthly payment* for each day for which we are liable. In no event will benefits be paid for any more than 30 days for any one month.

**Waiver Of Premium** We waive all premiums for your long term disability income insurance which fall due while you are entitled to receive a *net monthly payment* from this *plan*.

**If This Plan Ends** This insurance ends when the group *plan* ends. It also ends when this insurance is dropped from the group *plan* for all employees, or for your class. If either happens while you are disabled, we pay you benefits as if your insurance did not end. But what we pay will be based on all of the terms of this *plan*.

**Overpayments - Our Recovery Rights** If we determine that we overpaid you, you must reimburse us in full. In addition, we have the right to stop paying benefits until the overpayment is satisfied. We have the right to recover overpayments made for any reason, including those that result from lump sum awards by any of the income benefits we integrate with.

CGP-3-LTD94-B-10.0

B350.0652-R

**Loan Payoff Benefit** We provide a loan payoff benefit if you become *functionally disabled*, as defined by this *plan*. The loan payoff benefit is explained below. But, what we pay is subject to all the terms of this *plan*.

To be eligible for a loan payoff benefit, you must meet all of the following conditions:

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## How This Plan Works (Cont.)

- (a) you must be *disabled*, according to the terms of this *plan*, and be entitled to receive *net monthly payments* under this *plan*;
- (b) you must meet the definition of *functional disability* for a period of 12 consecutive months; and
- (c) you must have an *eligible loan(s)*.

Once we approve your proofs of *disability* and *eligible loan(s)*, we start to repay your *eligible loan(s)*. If the terms of an *eligible loan(s)* change after the onset of *disability*, loan payoff benefit payments will be based on the lesser of the loan re-payment requirements. We have the right to repay *eligible loan(s)* in installments. Payments will be made to the *financial lending institution* that made the loans.

To be eligible for payoff (an "**eligible loan**"), a loan:

- (1) must have been made to the *employee/resident* by a *financial lending institution*;
- (2) must have been made to cover educational expenses for college and/or medical school, including tuition, fees, textbooks, and equipment;
- (3) must have been made prior to the onset of *disability*;
- (4) must have been made prior to the date the *resident* graduated from medical school; and
- (5) must not be a loan which the *resident* is not required to repay.

The *resident* must provide proof of eligible debt.

Loan payoff benefits end on the earliest of:

- (a) the date you are no longer *functionally disabled*;
- (b) the date you fail to provide continued proof of *disability* as required by this *plan*;
- (c) the date you are no longer entitled to *net monthly payments* from this *plan*;
- (d) the end of the *maximum payment period*; or
- (e) the date the maximum loan payoff benefit is reached.

CGP-3-STLOAN-98-1

B350.3691-R

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## Special Limitations

### **Mental Or Emotional Conditions, Alcohol Abuse And Drug Abuse**

If you are disabled, as defined by this *plan*, by a mental or emotional condition, alcohol abuse or drug abuse, we limit the duration of this *plan's* benefits. For the long term disability income coverage of this *plan*, a mental or emotional condition will include, but is not limited to, any of the following:

- bipolar affective disorder (manic depressive syndrome).
- schizophrenia.
- delusional (paranoid) disorders.
- psychotic disorders.

## Special Limitations (Cont.)

- depressive disorders.
- anxiety disorders.
- somatoform disorders (psychosomatic illness).
- eating disorders.
- mental illness.

For each *disability* due to a mental or emotional condition, alcohol or drug abuse, our payments stop at the earliest of: (a) the date during any one period of *disability* that you have received 24 net monthly payments; (b) the end of the *maximum payment period*; or (c) the date *disability* ends.

Benefits will be limited to a total of 24 months of benefits in your lifetime for all *disabilities* contributed to, or caused by, any combination of the conditions shown above.

But, if at the end of benefit payments as shown above, you are being treated for the cause of your *disability* as an inpatient in a qualified institution for at least 14 consecutive days, we extend our payments. We extend them until the earliest of: (a) 90 days from the date of your discharge; (b) the end of the *maximum payment period*; or (c) the date *disability* ends.

By "qualified institution," we mean a legally operated hospital or other public or private facility licensed to provide inpatient medical care and treatment for the cause of your *disability*.

CGP-3-LTD94-B-11.0

B350.0678-R

### Pre-Existing Conditions

A pre-existing condition is a *sickness* or *injury*, including all related conditions and complications, for which, in the three months before your insurance under this *plan* starts, you: (a) receive advice or treatment from a *doctor*; take prescribed drugs; or receive other medical care or treatment, including consultation with a *doctor*; or (b) exhibit symptoms which would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

A pregnancy which exists on the date your insurance under this *plan* starts is also a pre-existing condition.

We do not pay benefits for *disability* caused by such a condition, unless it starts after you complete at least one full day of *active work* after the date you are insured under this *plan* for 12 consecutive months.

We do not cover any *disability* which begins before your insurance under this *plan* starts.

CGP-3-LTD94-B-12.0

B350.0729-R

### If This Plan Replaces Another Plan

The pre-existing condition limitation shown above will not apply if you: (a) were insured on the day before this *plan* started under a long term disability plan the *employer* had with another insurer; and (b) meet the requirements shown below. But, this *plan* must start right after the old plan ends.

The pre-existing condition limitation will be waived if you: (a) are actively working on a full-time basis on the effective date of this *plan*; and (b) have fulfilled the requirements of any pre-existing condition exclusion or limitation of the old plan.

## Special Limitations (Cont.)

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If you: (a) are actively working on a full-time basis on the effective date of this *plan*; but (b) have not fulfilled the requirements of any pre-existing condition limitation or exclusion of the old plan; then we will apply any period of time credited toward the satisfaction of the pre-existing condition limitation or exclusion under the old plan toward satisfaction of this *plan's* pre-existing condition limitation.

We will deduct all payments made by the old plan under an extension provision. Any benefits for a *disability* caused by a pre-existing condition that we agree to pay will be subject to all other terms of this *plan*.

CGP-3-LTD94-B-13.1

B350.0539-R

## Exclusions

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- We do not cover any period of *disability* caused, directly or indirectly, by: (a) declared or undeclared war or act of war or armed aggression; (b) your service in the armed forces, National Guard, or military reserves of any state or country; (c) your taking part in a riot or other civil disorder; (d) your commission of, or attempt to commit, a felony; (e) your unlawful use or threat of force on another person without his or her consent; (f) intentional self injury or attempted suicide while sane or insane; (g) job-related or on-the-job injury; or (h) conditions for which benefits are payable by Workers' Compensation or like laws.
- We do not pay benefits for any period during which you are confined to any facility as a result of your conviction of a crime or public offense.
- We do not pay benefits for any period during which you are not under the regular care and treatment of a *doctor*.
- We do not pay benefits for any period of *disability* which starts before you are insured by this *plan*.

In addition, no benefits will be payable for any period during which your loss of *earnings* is not solely due to your *disability*.

CGP-3-LTD94-B-15.0

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## Definitions

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**Active Work** For The Long Term Disability Income Insurance "**active work**" means you are physically able to perform and are performing all of the regular duties of your work for the *employer* in the usual way and on a full-time basis, either at one of the *employer's* usual places of business or at some location to which the *employer's* business requires you to travel. Any changes in your long term disability benefits that are scheduled to occur on a date you are not actively working will not take place until the date you return to *active work*. However, if your return to *active work* is followed by a later period of disability which is considered a recurring *disability*, as described in this *plan*, changes which occur before or during that period of *active work* will not take place.

CGP-3-LTD94-C-16.0

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**Disability** means, solely due to your *sickness* or *injury*:

- (1) For the first 24 months of your *disability*:
  - (a) you are completely unable to perform the major duties of your *regular occupation* on a full-time basis; and
  - (b) your *current monthly earnings* , if any, are less than 80% of your *prior monthly earnings*.
- (2) After you have been disabled for 24 consecutive months, the definition of *disability* changes. For the duration of the *disability*, "disability" means:
  - (a) you are completely unable to perform on a full-time basis the major duties of any occupation or work for which you are, or could become, qualified for by training, education or experience; and
  - (b) your *current monthly earnings*, if any, are less than 80% of your *prior monthly earnings*.

While you are disabled, you can engage in: (i) any other occupation full or part-time; (ii) some, but not all, of the major duties of your *regular occupation* full or part-time; or (iii) all of the major duties of your *regular occupation* part-time.

This *plan* only covers *disability* that starts while you are insured by this *plan*.

You will not be considered disabled under this *plan* if you are not under the regular care and treatment of a *doctor*.

In no event will the loss of a professional or occupational license, in itself, constitute *disability*.

If you are employed as an airline pilot, co-pilot, or crew member, *disability* will not be determined to exist unless you, because of *sickness* or *injury*, are completely unable to perform the major duties of any occupation for which you are, or could become, qualified by training, education or experience.

CGP-3-LTD94-B-17.0

B350.0657-R

**Doctor** means any medical practitioner we're required by law to recognize, who: (a) is properly licensed or certified as such by the laws of the state where he or she practices; and (b) provides services that are within the lawful scope of his or her practice.

**Earnings** has the following meanings for this plan's long term disability income insurance:

## Definitions (Cont.)

- **"Basic monthly earnings"** are based on the amount of your *earnings* received from the *employer* as reported to us. These *earnings* are used in determining the amount of premiums due for the coverage and for projecting your *gross monthly benefit* under this *plan*. *Basic monthly earnings* means an employee's rate of monthly earnings. Bonuses, commissions, expense accounts, overtime pay and any other extra compensation are excluded. But, any employee compensation which is deposited into a cash or deferred compensation plan, or a salary reduction plan, qualified under IRC Section 401(k) is included. Any *employee* compensation based on excluded income listed above and any *employer* contributions deposited into such 401(k) is excluded. In case of weekly *earnings*, it refers to those *earnings* for a normal work week not exceeding forty hours. Such weekly *earnings* are multiplied by 4.333. Subject to any of this *plan's proof of insurability* requirements each September 1st, we use the *employee's* then current monthly *earnings* to set rates and to project the *employee's* gross monthly benefit for billing purposes. But the *employee* must be actively at work on a full-time basis on that date. If he is not, we do this on the date he returns to active full-time work.
- **"Current monthly earnings"** are the exact amount of monthly *earnings* you earn from working while disabled. Your *current monthly earnings* will include any income you earn while disabled but which is returned to your *employer*, partnership or any other similar business arrangement to cover any business or overhead expenses. Your *current monthly earnings* are used in determining your *net monthly payment*.
- **"Prior monthly earnings"** means your rate of *basic monthly earnings* as last reported to us prior to the start of your *disability*. Your *prior monthly earnings* are used in determining your *gross monthly benefit* under this *plan*.

As part of proof of loss that we require, you must give us acceptable proof of your *earnings*. If you do not, we will not pay any benefits. Such proof must consist of: (a) copies of your U.S. Individual Tax Returns; (b) a statement from a certified public accountant; or (c) any other records we agree to accept.

**Employer** means UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE .

CGP-3-LTD94-B-18.0

B350.1381-R

**Government Plan** means: (a) the United States Social Security Act; (b) the Railroad Retirement Act; (c) the Canadian Pension Plan; or (d) any other plan provided under the laws of a state, province or any other political subdivision. It also includes any public employee *retirement plan*; or any plan provided as an alternative to the above plan or acts. It does not include: (i) any Workers' Compensation Act or similar law; (ii) the Jones' Act; (iii) the Longshoreman's and Harbor Workers' Compensation Act; or (iv) the Maritime Doctrine of Maintenance, Wages or Cure.

**Gross Monthly Benefit** means this *plan's* monthly benefit before it is integrated with other income and *earnings*.

## Definitions (Cont.)

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<b>Injury</b>	means: (a) all bodily <i>injury</i> due to an accident that occurs, independent of all other causes, while you are insured by this <i>plan</i> ; and (b) all complications thereof. <i>Disability</i> will be considered caused by an injury only if that <i>disability</i> : (a) is directly caused by the <i>injury</i> ; and (b) begins within 90 days of the date of such <i>injury</i> .
<b>Maximum Payment Period</b>	means the longest period that benefits are paid by this <i>plan</i> for continuous <i>disability</i> .
<b>Net Monthly Benefit</b>	means this <i>plan's</i> monthly benefit after the <i>gross monthly benefit</i> is integrated with other income but before it is reduced by any <i>current monthly earnings</i> .
<b>Net Monthly Payment</b>	means this <i>plan's net monthly benefit</i> less any reduction by <i>current monthly earnings</i> . See "How We Compute Net Monthly Payments" for details.
<b>No-Fault Motor Vehicle Coverage</b>	means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident.
<b>Plan</b>	means the Guardian group long term disability income insurance <i>plan</i> the <i>employer</i> bought.
<b>Regular Occupation</b>	means your occupation as performed in the general labor market in the national economy. When determining the duties of your <i>regular occupation</i> we use both the job description provided for you by the <i>employer</i> as well as the duties of that occupation as shown in the most recent version of the Dictionary of Occupational Titles, published by the U.S. Department of Labor. CGP-3-LTD94-B-19.0 B350.0660-R
<b>Retirement Plan</b>	means a defined benefit or a defined contribution plan funded wholly or in part by the <i>employer's</i> deposits for your benefit. The term does not include: (a) profit sharing plans; (b) thrift plans; (c) non-qualified deferred compensation plans; (d) individual retirement accounts; (e) tax sheltered annuities; or (f) stock ownership plans.  <i>Retirement plan "retirement benefits"</i> are lump sum or periodic payments by a <i>retirement plan</i> at normal or early retirement. Some <i>retirement plans</i> also make payments for disability (as defined by those plans) that start before normal retirement age. When such payments actuarially reduce the amount that would otherwise have been paid at normal retirement age, they are " <b>retirement benefits.</b> " When such payments do not so reduce the normal retirement amount, they are " <b>disability benefits.</b> "
<b>Sickness</b>	means: (a) any illness or disease; (b) all related conditions; and (c) all complications and recurrences thereof. This plan treats pregnancy like a <i>sickness</i> .
<b>We, Us, Our, and Guardian</b>	mean the Guardian Life Insurance Company of America. Other terms with special meanings are defined where they are used. CGP-3-LTD94-B-20.0 B350.0547-R



## **Converting This Group Long Term Disability Insurance**

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**Eligibility for Conversion** An employee's long term disability coverage ends if his active employment ends. If this happens, subject to the conditions below, he can obtain a converted disability income plan if he's been insured under this plan (or a prior plan sponsored by the same employer, which this plan replaced) for at least 12 consecutive months immediately prior to the date his group coverage ends.

But the employee cannot convert if his group long term disability coverage ends due to: (1) the end of group coverage for all active employees or an employee's class; (2) the employee's failure to make a required contribution; (3) the employee's retirement; or (4) the employee changing to a class of employees which is not eligible for group long term disability coverage.

And the employee will not be able to convert if he: (a) becomes eligible for long term disability insurance under another group plan within 31 days of the date his coverage under this plan ends; (b) has other insurance which would result in overinsurance by our standards or; (c) is disabled under the terms of this group long term disability plan.

**To Obtain a Converted Plan** The employee must apply to us in writing and pay any required premium to obtain a converted disability income plan. He must do this within 31 days of the date his group long term disability coverage ends. If he fails to apply to us in writing and pay any required premium within 31 days of the date his group long term disability coverage ends, he is no longer eligible to obtain a converted disability income plan.

**The Converted Plan** The converted disability income plan will be renewable and will comply with the laws of the State where the employee lives when he applies. There is no proof of insurability required to obtain the converted disability income plan.

The benefits, terms and conditions of the converted plan will be those offered for conversion at the time the employee applies to convert. The converted plan will not provide all the same benefits as the employee's group long term disability coverage. The benefit periods and levels of coverage of the converted plan are more limited than those of this group long term disability plan.

The premium for the converted plan will be based on: (a) the plan for which the employee is eligible; (b) the risk and the rate class of the employee; and (c) the employee's attained age.

The employee's converted plan starts on the date his group long term disability coverage ends.

CGP-3-R-LTDCONV

B355.0008-R

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## GLOSSARY

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This Glossary defines the italicized terms appearing in your booklet.

CGP-3-GLOSS-90

B900.0118-R

**Employee** means a person who works for the *employer* at the *employer's* place of business, and whose income is reported for tax purposes using a W-2 form.

CGP-3-GLOSS-90

B750.0006-R

**Employer** means UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE .

CGP-3-GLOSS-90

B900.0051-R

**Plan** means the *Guardian* group *plan* purchased by your *employer*, except in the provision entitled "Coordination of Benefits" where "plan" has a special meaning. See that provision for details.

CGP-3-GLOSS-90

B900.0039-R

**Proof or Proof of Insurability** means an application for insurance showing that a person is insurable.

CGP-3-GLOSS-90

B900.0010-R

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## STATEMENT OF ERISA RIGHTS

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As a participant, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

### **Receive Information About Your Plan and Benefits**

- (a) Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U. S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- (b) Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts, collective bargaining agreements and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.
- (c) Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

### **Prudent Actions By Plan Fiduciaries**

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate the plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of plan participants and beneficiaries. No one, including your employer, your union, or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

## Statement of Erisa Rights (Cont.)

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**Enforcement Of Your Rights** If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a state or Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110.00 a day until you receive the material, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a federal court. If it should happen that plan fiduciaries misuse the plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds that your claim is frivolous.

**Assistance with Questions** If you have questions about the plan, you should contact the plan administrator. If you have questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor listed in your telephone directory or the Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

B800.0093-R

## Disability Benefits Claims Procedure

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If you seek benefits under the plan you should complete, execute and submit a claim form. Claim forms and instructions for filing claims may be obtained from the Plan Administrator.

Guardian is the Claims Fiduciary with discretionary authority to determine eligibility for benefits and to construe the terms of the *plan* with respect to claims. Guardian has the right to secure independent professional healthcare advice and to require such other evidence as needed to decide your claim.

In addition to the basic claim procedure explained in your certificate, Guardian will also observe the procedures listed below. These procedures are the minimum requirements for benefit claims procedures of employee benefit plans covered by Title 1 of the Employee Retirement Income Security Act of 1974 ("ERISA")

**Definitions** "Adverse determination" means any denial, reduction or termination of a benefit or failure to provide or make payment (in whole or in part) for a benefit.

**Timing For Initial Benefit Determination** The benefit determination period begins when a claim is received. Guardian will make a benefit determination and notify a claimant within a reasonable period of time, but not later than the maximum time period shown below. A written or electronic notification of any adverse benefit determination must be provided.

Guardian will provide a benefit determination not later than 45 days from the date of receipt of a claim. This period may be extended by up to 30 days if Guardian determines that an extension is necessary due to matters beyond the control of the plan, and so notifies the claimant before the end of the initial 45-day period. Such notification will include the reason for the extension and a date by which the determination will be made. If prior to the end of the 30-day period Guardian determines that an additional extension is necessary due to matters beyond the control of the plan, and so notifies the claimant, the time period for making a benefit determination may be extended for up to an additional period of up to 30 days. Such notification will include the special circumstances requiring the extension and a date by which the final determination will be made.

A notification of an extension to the time period in which a benefit determination will be made will include an explanation of the standards upon which entitlement to a benefit is based, any unresolved issues that prevent a decision of the claim, and the additional information needed to resolve those issues.

If a claimant fails to provide all information needed to make a benefit determination, Guardian will notify the claimant of the specific information that is needed as soon as possible but no later than 45 days after receipt of the claim.

If Guardian extends the time period for making a benefit determination due to a claimant's failure to submit information necessary to decide the claim, the claimant will be given at least 45 days to provide the requested information. The extension period will begin on the date on which the claimant responds to the request for additional information.

## Disability Benefits Claims Procedure (Cont.)

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- Adverse Benefit Determination** If a claim is denied, Guardian will provide a notice that will set forth:
- the specific reason(s) for the adverse determination;
  - references to the specific *plan* provision on which the determination is based;
  - a description of any additional material or information necessary to make the claim valid and an explanation of why such material or information is needed;
  - a description of the plan's claim review procedures which a claimant may follow to have a claim for benefits reviewed and the time limits applicable to such procedures, including a statement indicating that the claimant has the right to bring a civil action under ERISA Section 502(a) following an adverse benefit;
  - identification and description of any specific internal rule, guideline or protocol that was relied upon in making an adverse benefit determination, or a statement that a copy of such information will be provided to the claimant free of charge upon request; and
  - in the case of an adverse benefit determination based on medical necessity or experimental treatment, notice will either include an explanation of the scientific or clinical basis for the determination, or a statement that such explanation will be provided free of charge upon request.

- Appeal of Adverse Benefit Determinations** If a claim is wholly or partially denied, the claimant will have up to 180 days to make an appeal.

Guardian will conduct a full and fair review of an appeal which includes providing to claimants the following:

- the opportunity to submit written comments, documents, records and other information relating to the claim;
- the opportunity, upon request and free of charge, for reasonable access to, and copies of, all documents, records and other information relating to the claim; and
- a review that takes into account all comments, documents, records and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.

In reviewing an appeal, Guardian will

- provide for a review conducted by a named fiduciary who is neither the person who made the initial adverse determination nor that person's subordinate;
- in deciding an appeal based upon a medical judgment, consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment;
- identify medical or vocational experts whose advice was obtained in connection with an adverse benefit determination; and

## Disability Benefits Claims Procedure (Cont.)

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- ensure that a health care professional engaged for consultation regarding an appeal based upon a medical judgment shall be neither the person who was consulted in connection with the adverse benefit determination, nor that person's subordinate.

Guardian will notify the claimant of its decision not later than 45 days after receipt of the request for review of the adverse determination. This period may be extended by an additional period of up to 45 days if Guardian determines that special circumstances require an extension of the time period for processing and so notifies the claimant before the end of the initial 45-day period.

A notification with respect to an extension will indicate the special circumstances requiring an extension of the time period for review, and the date by which the final determination will be made.

**Alternative Dispute Options** The claimant and the plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact the local U.S Department of Labor Office and the State insurance regulatory agency.

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## Termination of This Group Plan

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Your *employer* may terminate this group *plan* at any time by giving us 31 days advance written notice. This *plan* will also end if your *employer* fails to pay a premium due by the end of this grace period.

We may have the option to terminate this *plan* if the number of people insured falls below a certain level.

When this *plan* ends, you may be eligible to continue or convert your insurance coverage. Your rights upon termination of the *plan* are explained in this booklet.

B800.0007-R









**GUARDIAN<sup>SM</sup>**

**The Guardian Life Insurance  
Company of America**

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