



## Summary of Benefits

### Basic Life Benefit Summary

|                 |                       |                          |                                                 |
|-----------------|-----------------------|--------------------------|-------------------------------------------------|
| Group ID:       | 00053701              | Member Coverage Type:    | Non Contributory                                |
| Group Name:     | KEITH ZARS POOLS, LTD | Dependent Coverage Type: |                                                 |
| Waiting Period: | SPECIAL               | Class:                   | 0002 ALL ELIGIBLE<br>EMPLOYEES ELECTING<br>DHMO |
|                 |                       | As of Date:              | 06/26/2026                                      |

### Coverage Information

|                        |                                                                  |
|------------------------|------------------------------------------------------------------|
| Employee Volume Amount | Flat \$15,000                                                    |
| Maximum Amount         | \$15,000                                                         |
| Cutbacks               | 35% at age 65<br>50% at age 70<br>70% at age 75<br>80% at age 80 |

### Plan Information

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| When is my policy effective?                                           | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.                                                                                                                                                                                                   |
| Do I have to answer medical questions as part of purchasing insurance? | No                                                                                                                                                                                                                                                                                                                                                                                      |
| Can I take the policy with me if I leave the company?                  | <p>You may be able to port this coverage to a group trust plan. You must answer some medical questions to help us assess your insurability for the ported coverage.</p> <p>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.)</p> |

### 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:       | 00053701              | Member Coverage Type:    | Non Contributory                                |
| Group Name:     | KEITH ZARS POOLS, LTD | Dependent Coverage Type: |                                                 |
| Waiting Period: | SPECIAL               | Class:                   | 0002 ALL ELIGIBLE<br>EMPLOYEES ELECTING<br>DHMO |
|                 |                       | As of Date:              | 06/26/2026                                      |

### Coverage Information

|                         |                                                                                                   |
|-------------------------|---------------------------------------------------------------------------------------------------|
| <b>Volume Amount</b>    | Flat \$15,000                                                                                     |
| <b>Guaranteed Issue</b> | Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage. |
| <b>Maximum Amount</b>   | \$15,000                                                                                          |
| <b>Cutbacks</b>         | 35% at age 65<br>50% at age 70<br>70% at age 75<br>80% at age 80                                  |

### Plan Information

|                                                                               |                                                                                                                                                                                       |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>When is my policy effective?</b>                                           | 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. |
| <b>Do I have to answer medical questions as part of purchasing insurance?</b> | No                                                                                                                                                                                    |
| <b>Can I take the policy with me if I leave the company?</b>                  | No                                                                                                                                                                                    |

### Accidental Death and Dismemberment 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.

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).

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.