

# SAMCO Capital Markets

All Eligible Employees

## Benefits Plan

Here is your new coverage. **Make sure you return the completed form, if applicable, to your plan administrator.**

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year and proof of insurability *may* be required.



GUARDIAN®



### HIGHLIGHTS:

- Protect your family's future, with life coverage
- Disability coverage provides a regular check if you have an accident or illness
- Comprehensive dental care for all your needs
- High-quality vision care coverage

### Questions? Concerns?

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Helpline (888) 600-1600

Call weekdays, 8:00AM to 8:30PM, EST

Learn more about Guardian at  
[www.guardianlife.com](http://www.guardianlife.com).



## COVER YOURSELF WITH GUARDIAN

Guardian is a leading provider of employee benefits and individual insurance coverage.

Founded in 1860, The Guardian Life Insurance Company of America is one of the largest mutual life insurance companies in the United States. As a mutual company, Guardian is focused 100% on the needs of our customers – employers who choose Guardian and their employees covered by our plans. Today, more than six million employees and their families rely on Guardian as their employee benefits provider.

We have built our success on the time-tested values of quality, innovation and high-quality service. In July 2008 Standard & Poor's upgraded Guardian's credit rating to AA+ (Very Strong). We've been around for 150 years insuring the people and businesses we protect and we'll continue to provide benefits and services our customers have come to expect from us.

For more information on how we can protect you and your family, please visit [www.GuardianLife.com](http://www.GuardianLife.com)

# Life Plans

**Basic Life** Your employer provides Basic Life Coverage for all full time employees in the amount of 200% of your annual salary, to a maximum of \$500,000 with a minimum amount of \$500. Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.

You may elect Voluntary Term coverage.

Premiums will be deducted from your monthly payroll check.

COVERAGE OPTIONS	VOLUNTARY TERM LIFE
Employee Benefit	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Employee coverage. Maximum 1 times life amount.
Spouse† benefit	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Child benefit—children age 14 days to 25 years (26 if full time student)	\$2,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.

*Subject to coverage limits*

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

*Premiums for Voluntary Life increase in five-year increments. See enrollment form for details.*

## YOUR GUARDIAN PLAN OFFERS:

**Low group rates**

**Family coverage** for spouse and children

**Reliable claims payments**

**Plan coverage begins**

January 01, 2011

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## Did you know?

*According to the National Safety Council, someone dies in an accident every six minutes.*

PLAN DETAILS	BASIC LIFE	VOLUNTARY TERM LIFE
Guarantee Issue	Underwriting may be required, depending on amount and/or age	We Guarantee Issue coverage up to \$100,000 per employee, \$50,000 for a spouse and \$10,000 for dependent children
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next 5 year age group
Portability	Yes, with age and other restrictions	Yes, with age and other restrictions, including evidence of insurability
Conversion	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit	No	Yes
Waiver of Premiums	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	No
Benefit Reductions	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

## EXCLUSIONS AND LIMITATIONS

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS For Basic Life:

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 life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

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 certificate of coverage for full plan description.

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for Voluntary Term Life:

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.

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. 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).

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.

GP-1-R-EOPT-96.

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for AD&D:

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; GP-1-R-ADCL1-00 et al.

Guarantee Issue/Conditional Issue amount applies for ages less than 65. Ages 65-69 maximum issue underwriting amounts \$10,000 for employee and \$5,000 spouse. Ages 70 and older must be individually underwritten for all amounts. Late entrants and benefit increases require underwriting approval.

# Life Cost Illustration

## Voluntary Life Cost Illustration

Policy Election Amount	Monthly premiums displayed. Cost of AD&D is included. Policy Election Cost Per Age Bracket									
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 <sup>f</sup>
Employee										
\$10,000	\$ .90	\$ .90	\$ 1.00	\$ 1.20	\$ 1.70	\$ 2.60	\$ 3.80	\$ 6.00	\$ 9.30	\$ 14.60
\$20,000	\$ 1.80	\$ 1.80	\$ 2.00	\$ 2.40	\$ 3.40	\$ 5.20	\$ 7.60	\$ 12.00	\$ 18.60	\$ 29.20
\$30,000	\$ 2.70	\$ 2.70	\$ 3.00	\$ 3.60	\$ 5.10	\$ 7.80	\$ 11.40	\$ 18.00	\$ 27.90	\$ 43.80
\$40,000	\$ 3.60	\$ 3.60	\$ 4.00	\$ 4.80	\$ 6.80	\$ 10.40	\$ 15.20	\$ 24.00	\$ 37.20	\$ 58.40
\$50,000	\$ 4.50	\$ 4.50	\$ 5.00	\$ 6.00	\$ 8.50	\$ 13.00	\$ 19.00	\$ 30.00	\$ 46.50	\$ 73.00
\$60,000	\$ 5.40	\$ 5.40	\$ 6.00	\$ 7.20	\$ 10.20	\$ 15.60	\$ 22.80	\$ 36.00	\$ 55.80	\$ 87.60
\$70,000	\$ 6.30	\$ 6.30	\$ 7.00	\$ 8.40	\$ 11.90	\$ 18.20	\$ 26.60	\$ 42.00	\$ 65.10	\$ 102.20
\$80,000	\$ 7.20	\$ 7.20	\$ 8.00	\$ 9.60	\$ 13.60	\$ 20.80	\$ 30.40	\$ 48.00	\$ 74.40	\$ 116.80
\$90,000	\$ 8.10	\$ 8.10	\$ 9.00	\$ 10.80	\$ 15.30	\$ 23.40	\$ 34.20	\$ 54.00	\$ 83.70	\$ 131.40
\$100,000	\$ 9.00	\$ 9.00	\$ 10.00	\$ 12.00	\$ 17.00	\$ 26.00	\$ 38.00	\$ 60.00	\$ 93.00	\$ 146.00
\$120,000	\$ 10.80	\$ 10.80	\$ 12.00	\$ 14.40	\$ 20.40	\$ 31.20	\$ 45.60	\$ 72.00	\$ 111.60	\$ 175.20
\$140,000	\$ 12.60	\$ 12.60	\$ 14.00	\$ 16.80	\$ 23.80	\$ 36.40	\$ 53.20	\$ 84.00	\$ 130.20	\$ 204.40
\$160,000	\$ 14.40	\$ 14.40	\$ 16.00	\$ 19.20	\$ 27.20	\$ 41.60	\$ 60.80	\$ 96.00	\$ 148.80	\$ 233.60
\$180,000	\$ 16.20	\$ 16.20	\$ 18.00	\$ 21.60	\$ 30.60	\$ 46.80	\$ 68.40	\$ 108.00	\$ 167.40	\$ 262.80
\$200,000	\$ 18.00	\$ 18.00	\$ 20.00	\$ 24.00	\$ 34.00	\$ 52.00	\$ 76.00	\$ 120.00	\$ 186.00	\$ 292.00
\$220,000	\$ 19.80	\$ 19.80	\$ 22.00	\$ 26.40	\$ 37.40	\$ 57.20	\$ 83.60	\$ 132.00	\$ 204.60	\$ 321.20
\$250,000	\$ 22.50	\$ 22.50	\$ 25.00	\$ 30.00	\$ 42.50	\$ 65.00	\$ 95.00	\$ 150.00	\$ 232.50	\$ 365.00
\$300,000	\$ 27.00	\$ 27.00	\$ 30.00	\$ 36.00	\$ 51.00	\$ 78.00	\$ 114.00	\$ 180.00	\$ 279.00	\$ 438.00
\$350,000	\$ 31.50	\$ 31.50	\$ 35.00	\$ 42.00	\$ 59.50	\$ 91.00	\$ 133.00	\$ 210.00	\$ 325.50	\$ 511.00
\$400,000	\$ 36.00	\$ 36.00	\$ 40.00	\$ 48.00	\$ 68.00	\$ 104.00	\$ 152.00	\$ 240.00	\$ 372.00	\$ 584.00
\$450,000	\$ 40.50	\$ 40.50	\$ 45.00	\$ 54.00	\$ 76.50	\$ 117.00	\$ 171.00	\$ 270.00	\$ 418.50	\$ 657.00
\$500,000	\$ 45.00	\$ 45.00	\$ 50.00	\$ 60.00	\$ 85.00	\$ 130.00	\$ 190.00	\$ 300.00	\$ 465.00	\$ 730.00
<b>Policy Election Amount</b>										
Spouse										
\$5,000	\$ .30	\$ .30	\$ .35	\$ .45	\$ .70	\$ 1.15	\$ 1.75	\$ 2.85	\$ 4.50	\$ 7.15

**Voluntary Life Cost Illustration** *continued*

	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 <sup>f</sup>
\$10,000	\$0.60	\$0.60	\$0.70	\$0.90	\$1.40	\$2.30	\$3.50	\$5.70	\$9.00	\$14.30
\$15,000	\$0.90	\$0.90	\$1.05	\$1.35	\$2.10	\$3.45	\$5.25	\$8.55	\$13.50	\$21.45
\$20,000	\$1.20	\$1.20	\$1.40	\$1.80	\$2.80	\$4.60	\$7.00	\$11.40	\$18.00	\$28.60
\$25,000	\$1.50	\$1.50	\$1.75	\$2.25	\$3.50	\$5.75	\$8.75	\$14.25	\$22.50	\$35.75
\$30,000	\$1.80	\$1.80	\$2.10	\$2.70	\$4.20	\$6.90	\$10.50	\$17.10	\$27.00	\$42.90
\$35,000	\$2.10	\$2.10	\$2.45	\$3.15	\$4.90	\$8.05	\$12.25	\$19.95	\$31.50	\$50.05
\$40,000	\$2.40	\$2.40	\$2.80	\$3.60	\$5.60	\$9.20	\$14.00	\$22.80	\$36.00	\$57.20
\$45,000	\$2.70	\$2.70	\$3.15	\$4.05	\$6.30	\$10.35	\$15.75	\$25.65	\$40.50	\$64.35
\$50,000	\$3.00	\$3.00	\$3.50	\$4.50	\$7.00	\$11.50	\$17.50	\$28.50	\$45.00	\$71.50
\$60,000	\$3.60	\$3.60	\$4.20	\$5.40	\$8.40	\$13.80	\$21.00	\$34.20	\$54.00	\$85.80
\$70,000	\$4.20	\$4.20	\$4.90	\$6.30	\$9.80	\$16.10	\$24.50	\$39.90	\$63.00	\$100.10
\$80,000	\$4.80	\$4.80	\$5.60	\$7.20	\$11.20	\$18.40	\$28.00	\$45.60	\$72.00	\$114.40
\$90,000	\$5.40	\$5.40	\$6.30	\$8.10	\$12.60	\$20.70	\$31.50	\$51.30	\$81.00	\$128.70
\$100,000	\$6.00	\$6.00	\$7.00	\$9.00	\$14.00	\$23.00	\$35.00	\$57.00	\$90.00	\$143.00
\$110,000	\$6.60	\$6.60	\$7.70	\$9.90	\$15.40	\$25.30	\$38.50	\$62.70	\$99.00	\$157.30
\$125,000	\$7.50	\$7.50	\$8.75	\$11.25	\$17.50	\$28.75	\$43.75	\$71.25	\$112.50	\$178.75
\$150,000	\$9.00	\$9.00	\$10.50	\$13.50	\$21.00	\$34.50	\$52.50	\$85.50	\$135.00	\$214.50
\$175,000	\$10.50	\$10.50	\$12.25	\$15.75	\$24.50	\$40.25	\$61.25	\$99.75	\$157.50	\$250.25
\$200,000	\$12.00	\$12.00	\$14.00	\$18.00	\$28.00	\$46.00	\$70.00	\$114.00	\$180.00	\$286.00
\$225,000	\$13.50	\$13.50	\$15.75	\$20.25	\$31.50	\$51.75	\$78.75	\$128.25	\$202.50	\$321.75
\$250,000	\$15.00	\$15.00	\$17.50	\$22.50	\$35.00	\$57.50	\$87.50	\$142.50	\$225.00	\$357.50
<b>Policy Election Amount</b>										
Child(ren)										
\$2,000	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32
\$4,000	\$0.64	\$0.64	\$0.64	\$0.64	\$0.64	\$0.64	\$0.64	\$0.64	\$0.64	\$0.64
\$6,000	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96
\$8,000	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28
\$10,000	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60

Guarantee Issue Amount: Employee \$100,000; Spouse \$50,000; Child \$10,000

Estimated premiums; refer to your first paycheck deduction for final rates. Your company has selected Guardian to provide life coverage to eligible employees according to plan terms which have been mutually agreed upon. As an eligible employee, you can purchase this coverage at the group premium levels illustrated above. For more details see enrollment form.

Subject to coverage limits

Premiums for Voluntary Life Increase in 5 year increments

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

†Benefit reductions apply. See plan details

# Disability Plans

## Long-Term Disability Coverage

Provides benefits starting 90 days after you become disabled.

While disabled, your gross monthly benefit will be 60% of your salary, to a maximum of \$10000.

COVERAGE	LONG-TERM DISABILITY
Coverage amount	60% of salary to maximum \$10000/month
Maximum payment period	Social Security Normal Retirement Age
Lifetime Benefit ADL	No
Accident benefits begin	Day 91
Illness benefits begin	Day 91
Waiting period	
Current employees	Planholder determines
New employees	Planholder determines

## YOUR GUARDIAN PLAN OFFERS:

**Free employee assistance program, confidential advice** and crisis intervention by phone from registered nurses and psychotherapists.

**Premium payments waived** once you begin receiving benefits.

**Reliable claim payments**

**Plan coverage begins** January 01, 2011 for employees actively at work on that date.

## Did you know?

Most experts agree that after medical insurance, disability is the most important coverage to have.



**PLAN DETAILS****LONG-TERM DISABILITY**

Evidence of Insurability	Health Statement may be required
Guarantee Issue	We Guarantee Issue \$6000 in coverage
Minimum work hours/week	30
Plan covers on the job accidents	Yes
Pre-existing Conditions	12 months; see exclusions and limitations
Rehabilitation Benefit	Mandatory
Survivor Benefit	3 months

**EXCLUSIONS AND LIMITATIONS**

- The benefits, exclusions and limitations do not constitute a contract and are a summary only. 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.
- A pre-existing condition includes any condition and symptoms thereof for which an employee consults with a doctor, undergoes diagnostic procedures, receives treatment or takes prescribed drugs, in the designated period prior to the employee's effective date under the plan or the effective date of an increase in plan benefits (12 months for Long-Term Disability).
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for 12 months.
- 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. Disability benefits are not paid for any period in which you are in a correctional facility, you are not under the care of a doctor, 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; 4) Due to intoxication; 5) Confined to a correctional facility; or 6) receiving treatment outside US.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA.

# Vision Plans

## UNDERSTAND YOUR PLAN

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 34,000 locations in the nation's largest vision network.

UNDERSTAND YOUR PLAN	Full Feature
<b>Copay</b>	
Exams Copay	\$ 10
Materials Copay (waived for elective contact lenses)	\$ 25
<b>Service Frequencies</b>	
Exams	Every 12 months
Lenses ( <i>for glasses or contact lenses</i> )**	Every 12 months
Frames	Every 24 months
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.
<b>Network</b>	VSP

\*\*Benefit includes coverage for glasses or contact lenses, not both.

## YOUR GUARDIAN PLAN OFFERS:

**Family coverage** for spouse and children to age 25 (26 if full-time student).

**Reduced prices** An average 15% to 30% discount off an extensive list of "cosmetic extras", including special lenses and scratch-resistant coatings.

**No claims submission** for in-network services and supplies.

### Did you know?

"Two-thirds of employees would rather trade a vacation day for eyecare benefits." – Bests Review, 2006

## PLAN DETAILS

## FULL FEATURE

*You pay (after copay if applicable):*

	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$46
Single Vision Lenses	\$0	Amount over \$47
Lined Bifocal Lenses	\$0	Amount over \$66
Lined Trifocal Lenses	\$0	Amount over \$85
Lenticular Lenses	\$0	Amount over \$125
Frames	80% of amount over \$120	Amount over \$47
Contact Lenses ( <i>Elective</i> )	Amount over \$120	Amount over \$105
Contact Lenses ( <i>Medically Necessary</i> )	\$0	Amount over \$210
Contact Lenses ( <i>Evaluation and fitting</i> )	15% off UCR	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts
Glasses ( <i>Additional pair of frames and lenses</i> )	20% off retail price <sup>^</sup>	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts

*This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.*

<sup>^</sup> *For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.*



# Your Confidential Employee Assistance Program

WorkLifeMatters<sup>SM</sup>

## Providing Assistance for What Matters Most

Let's face it, balancing your work and home life is not easy. With WorkLifeMatters, your confidential employee assistance program, you don't have to face life challenges alone. WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life.

## WorkLifeMatters can offer help with:

### Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

### Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

### Legal and financial

- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

### Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

### Working Smarter

- Career development
- Effective managing
- Relocation

## ...Support is a phone call or click away

- Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055
- Referrals to local counselors - up to three sessions free of charge
- State of the art website featuring over 3,400 helpful articles and topics like wellness, training courses, and a legal and financial center: [www.ibhworklife.com](http://www.ibhworklife.com); User Name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice.



**Make the most of your Guardian benefits at  
[www.GuardianAnytime.com](http://www.GuardianAnytime.com)**

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

- Review your benefits
- Look up coverage amounts
- Check the status of a claim
- Receive e-mail alerts when a response to your dental\* or medical claim is available online
- Print forms and plan materials...and much more

**To register, go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com)**

## **SAMCO Capital Markets Benefits Plan**

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\*Not available to members with Guardian pre-paid Dental/DHMO plans (including FirstCommonwealth and Managed DentalGuard plans).