



## Welcome to

# Workplace benefits

## Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

## Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

**1** Read through this information.

**2** Find out more about your benefits.

**3** Talk to your employer if you need help or have any questions.

## Your coverage options

**Dental insurance**

Taking care of teeth and overall health

**Vision insurance**

Looking after your eyesight and related health issues

**Life insurance**

Protecting your family's financial future

**Disability insurance**

Coverage if you're temporarily unable to work

**Critical illness insurance**

Taking care of the expenses if you're critically ill

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# Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

## Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

## What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

## Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



## Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

**Cardiovascular disease:** Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

**Osteoporosis:** Weak and brittle bones may be linked to tooth loss.

**Diabetes:** Research shows that people with gum disease find it more difficult to control their blood sugar levels.

**Alzheimer's disease:** Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, [www.mayoclinic.com](http://www.mayoclinic.com). 2018.

You will receive these benefits if you meet the conditions listed in the policy.



## Your dental coverage

**Option 1: Value** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

**Option 2: NAP** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: Value		Option 2: NAP	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$100	\$100	\$100	\$100
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	100%
Basic Care	100%	100%	80%	80%
Major Care	60%	60%	50%	50%
Orthodontia	50%	50%	50%	50%
Annual Maximum Benefit	\$1500	\$1500	\$1500	\$1500
Preventive Services Exempt from Maximum	Yes		Yes	
Maximum Rollover	Yes		Yes	
Rollover Threshold	\$700		\$700	
Rollover Amount	\$350		\$350	
Rollover Account Limit	\$1250		\$1250	
Lifetime Orthodontia Maximum	\$2000		\$2000	
Dependent Age Limits	26		26	



# Your dental coverage

## A Sample of Services Covered by Your Plan:

		<b>Option 1: Value</b> <i>Plan pays (on average)</i>		<b>Option 2: NAP</b> <i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 14		Under Age 14	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	100%	100%	80%	80%
	Fillings‡	100%	100%	80%	80%
	Perio Surgery	100%	100%	80%	80%
	Periodontal Maintenance	100%	100%	80%	80%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	100%	100%	80%	80%
	Root Canal	100%	100%	80%	80%
	Scaling & Root Planing (per quadrant)	100%	100%	80%	80%
	Simple Extractions	100%	100%	80%	80%
	Surgical Extractions	100%	100%	80%	80%
Major Care	Bridges and Dentures	60%	60%	50%	50%
	Dental Implants	60%	60%	50%	50%
	Inlays, Onlays, Veneers**	60%	60%	50%	50%
	Single Crowns	60%	60%	50%	50%
Orthodontia	Orthodontia	50%	50%	50%	50%
	Limits:	Adults & Child(ren)		Adults & Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



# Your dental coverage

## Manage Your Benefits:

Go to [www.Guardianlife.com](http://www.Guardianlife.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

## Find A Dentist:

Visit [www.Guardianlife.com](http://www.Guardianlife.com)  
Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

## EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which

no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.  
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

# Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

## How maximum rollover works\*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
<b>\$1,500</b> Maximum claims reimbursement	<b>\$700</b> Claims amount that determines rollover eligibility	<b>\$350</b> Additional dollars added to a plan's annual maximum for future years	<b>\$1,250</b> The limit that cannot be exceeded within the maximum rollover account



### Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

\* This example has been created for illustrative purposes only.

\*\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

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# Guardian Choice

With dental insurance from Guardian, you have the flexibility to choose a plan that works for you, and helps you save.

Both of the dental plans available are designed to keep you healthy, with identical premiums. The differences between them are summarized below, and you can change plans each year at your annual enrollment time.



## It's easy to save

Find a participating doctor near you by visiting [guardiananytime.com/fpapp/FPWeb/search](https://guardiananytime.com/fpapp/FPWeb/search) or by downloading the **Guardian Anytime** mobile app.

## Pick the plan that best suits your needs

Choose from:

	Value Plan	Network Access Plan
<b>Description</b>	In-network and out-of-network benefits are paid at the same coinsurance percentages. Both plans allow you to retain the freedom of choice to see any dentist, in-network or out of network.	
<b>Coinsurance</b>	Preventive services covered at 100%. Coinsurance for other services is higher than the Network Access Plan (increased coverage).	Preventive services covered at 100%. Coinsurance for other services is lower than the Value Plan (decreased coverage).
<b>In-network</b>	Member benefits are based on discounted (negotiated) rates.	
<b>Out-of-network</b>	Member pays the difference over network negotiated rates.	Member costs are based on usual and customary (UCR) rates.

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# Preventive Advantage

Preventive dental care can be important for your overall health, which is why we don't deduct preventive benefit expenses from your annual maximum.

With Preventive Advantage, you can stretch your benefit further and save money. When visiting a dentist for preventive care, like an annual cleaning, all costs above the deductible and applicable coinsurance are covered.

## How Preventive Advantage works for you

**Obtain preventive care for maintaining good oral health, including these important services:**

Oral exams

Cleanings

X-rays

Fluoride treatments

**So you can save your annual maximum for unexpected services like:**

Fillings

Root canals

Crowns

Oral surgeries

Dentures and bridgework



### How it works

All you need to do is pay any applicable coinsurance and deductible for preventive care.

Your entire annual maximum amount will be preserved for other dental needs. Plus, preventive care is still covered even after your annual maximum is met.

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# Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

## Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

## What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

## Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.



## 20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

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Average cost of vision exam: **\$171**

Average cost of frames and lenses: **\$350**

Total cost: **\$521**

With a Vision policy from Guardian, David pays just **\$10** for his eye exam. After **\$25** in copay, his lenses are fully covered, and he pays **\$96** for his frames.

David's total out-of-pocket expense is **\$131**, saving him **\$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your vision coverage

**Option 1:** Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
<b>Copay</b>		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 10	
<b>Sample of Covered Services</b>	You pay (after copay if applicable):	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$130 <sup>1</sup>	Amount over \$46
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$70	
Contact Lenses (Elective)	Amount over \$130	Amount over \$100
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	Up to \$60	Not Applicable
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
<b>Service Frequencies</b>		
Exams	Every calendar year	
Lenses (for glasses or contact lenses) <sup>‡‡</sup>	Every calendar year	
Frames	Every two calendar years <sup>‡‡‡</sup>	
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.	
<b>Dependent Age Limits</b>	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

## VSP

- Covered in full lens options (In Network Only): UV Coating
- <sup>‡‡</sup>Benefit includes coverage for glasses or contact lenses, not both.
- \*\* For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- <sup>1</sup>Extra \$20 on select brands



# Your vision coverage

- Members can use their in network benefits on line at Eyeconic.com.
- ~~###~~ The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.

## EXCLUSIONS AND LIMITATIONS

*Important Information:* This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-I-VSN-96-VIS et al.

### Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to \$1,800 per eye for LASIK or \$1,500 per eye for PRK or \$2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form # GP-I-GVSN-17

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# Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

## Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

## What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

## Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.



## Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **\$9,000**

Average mortgage debt: **\$202,000**

Average cost of college: **\$17,000 - \$44,000**

Average household credit card debt: **\$8,500**

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
<b>Employee Benefit</b>	Your employer provides \$15,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
<b>Accidental Death and Dismemberment</b>	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Enhanced employee coverage. Maximum 1 times life amount.
<b>Spouse Benefit</b>	Your spouse is eligible for coverage in the amount of \$10,000.	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
<b>Child Benefit</b>	Your dependent children ages 14 days to 26, are eligible for coverage in the amount of \$5,000. See enrollment form for details.	Your dependent children age birth† to 26 years. \$1,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$15,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$150,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$50,000, 65-69 \$10,000, 70+ \$10,000. Dependent children \$10,000.
<b>Premiums</b>	Covered fully for you and partially for your dependents by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
<b>Portability:</b> Allows you to take coverage with you if you terminate employment.	No	Yes, with age and other restrictions





## Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
<b>Conversion:</b> Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
<b>Accelerated Life Benefit:</b> A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	No	Yes
<b>Waiver of Premiums:</b> Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70	No

Subject to coverage limits

† and Voluntary Life: Infant coverage is limited based on age.

**Annual Election Option** allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.

## Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

		Monthly premiums displayed. Cost of AD&D is included.								
Policy Election Amount		Policy Election Cost Per Age Bracket								
Employee		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
	\$10,000	\$ .68	\$ .68	\$ .77	\$ 1.19	\$ 1.87	\$ 2.81	\$ 4.34	\$ 5.10	\$ 9.78
	\$20,000	\$ 1.36	\$ 1.36	\$ 1.54	\$ 2.38	\$ 3.74	\$ 5.62	\$ 8.68	\$ 10.20	\$ 19.56
	\$30,000	\$ 2.04	\$ 2.04	\$ 2.31	\$ 3.57	\$ 5.61	\$ 8.43	\$ 13.02	\$ 15.30	\$ 29.34
	\$40,000	\$ 2.72	\$ 2.72	\$ 3.08	\$ 4.76	\$ 7.48	\$ 11.24	\$ 17.36	\$ 20.40	\$ 39.12
	\$50,000	\$ 3.40	\$ 3.40	\$ 3.85	\$ 5.95	\$ 9.35	\$ 14.05	\$ 21.70	\$ 25.50	\$ 48.90
	\$60,000	\$ 4.08	\$ 4.08	\$ 4.62	\$ 7.14	\$ 11.22	\$ 16.86	\$ 26.04	\$ 30.60	\$ 58.68
	\$70,000	\$ 4.76	\$ 4.76	\$ 5.39	\$ 8.33	\$ 13.09	\$ 19.67	\$ 30.38	\$ 35.70	\$ 68.46
	\$80,000	\$ 5.44	\$ 5.44	\$ 6.16	\$ 9.52	\$ 14.96	\$ 22.48	\$ 34.72	\$ 40.80	\$ 78.24
	\$90,000	\$ 6.12	\$ 6.12	\$ 6.93	\$ 10.71	\$ 16.83	\$ 25.29	\$ 39.06	\$ 45.90	\$ 88.02
	\$100,000	\$ 6.80	\$ 6.80	\$ 7.70	\$ 11.90	\$ 18.70	\$ 28.10	\$ 43.40	\$ 51.00	\$ 97.80
	\$110,000	\$ 7.48	\$ 7.48	\$ 8.47	\$ 13.09	\$ 20.57	\$ 30.91	\$ 47.74	\$ 56.10	\$ 107.58
	\$120,000	\$ 8.16	\$ 8.16	\$ 9.24	\$ 14.28	\$ 22.44	\$ 33.72	\$ 52.08	\$ 61.20	\$ 117.36
	\$130,000	\$ 8.84	\$ 8.84	\$ 10.01	\$ 15.47	\$ 24.31	\$ 36.53	\$ 56.42	\$ 66.30	\$ 127.14
	\$140,000	\$ 9.52	\$ 9.52	\$ 10.78	\$ 16.66	\$ 26.18	\$ 39.34	\$ 60.76	\$ 71.40	\$ 136.92
	\$150,000	\$ 10.20	\$ 10.20	\$ 11.55	\$ 17.85	\$ 28.05	\$ 42.15	\$ 65.10	\$ 76.50	\$ 146.70
	\$160,000	\$ 10.88	\$ 10.88	\$ 12.32	\$ 19.04	\$ 29.92	\$ 44.96	\$ 69.44	\$ 81.60	\$ 156.48
	\$170,000	\$ 11.56	\$ 11.56	\$ 13.09	\$ 20.23	\$ 31.79	\$ 47.77	\$ 73.78	\$ 86.70	\$ 166.26
	\$180,000	\$ 12.24	\$ 12.24	\$ 13.86	\$ 21.42	\$ 33.66	\$ 50.58	\$ 78.12	\$ 91.80	\$ 176.04
	\$190,000	\$ 12.92	\$ 12.92	\$ 14.63	\$ 22.61	\$ 35.53	\$ 53.39	\$ 82.46	\$ 96.90	\$ 185.82
	\$200,000	\$ 13.60	\$ 13.60	\$ 15.40	\$ 23.80	\$ 37.40	\$ 56.20	\$ 86.80	\$ 102.00	\$ 195.60
	\$210,000	\$ 14.28	\$ 14.28	\$ 16.17	\$ 24.99	\$ 39.27	\$ 59.01	\$ 91.14	\$ 107.10	\$ 205.38
	\$220,000	\$ 14.96	\$ 14.96	\$ 16.94	\$ 26.18	\$ 41.14	\$ 61.82	\$ 95.48	\$ 112.20	\$ 215.16
	\$230,000	\$ 15.64	\$ 15.64	\$ 17.71	\$ 27.37	\$ 43.01	\$ 64.63	\$ 99.82	\$ 117.30	\$ 224.94
	\$240,000	\$ 16.32	\$ 16.32	\$ 18.48	\$ 28.56	\$ 44.88	\$ 67.44	\$ 104.16	\$ 122.40	\$ 234.72
	\$250,000	\$ 17.00	\$ 17.00	\$ 19.25	\$ 29.75	\$ 46.75	\$ 70.25	\$ 108.50	\$ 127.50	\$ 244.50
	\$260,000	\$ 17.68	\$ 17.68	\$ 20.02	\$ 30.94	\$ 48.62	\$ 73.06	\$ 112.84	\$ 132.60	\$ 254.28
	\$270,000	\$ 18.36	\$ 18.36	\$ 20.79	\$ 32.13	\$ 50.49	\$ 75.87	\$ 117.18	\$ 137.70	\$ 264.06
	\$280,000	\$ 19.04	\$ 19.04	\$ 21.56	\$ 33.32	\$ 52.36	\$ 78.68	\$ 121.52	\$ 142.80	\$ 273.84
	\$290,000	\$ 19.72	\$ 19.72	\$ 22.33	\$ 34.51	\$ 54.23	\$ 81.49	\$ 125.86	\$ 147.90	\$ 283.62

**Voluntary Life Cost Illustration** *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69
\$300,000	\$20.40	\$20.40	\$23.10	\$35.70	\$56.10	\$84.30	\$130.20	\$153.00	\$293.40
\$310,000	\$21.08	\$21.08	\$23.87	\$36.89	\$57.97	\$87.11	\$134.54	\$158.10	\$303.18
\$320,000	\$21.76	\$21.76	\$24.64	\$38.08	\$59.84	\$89.92	\$138.88	\$163.20	\$312.96
\$330,000	\$22.44	\$22.44	\$25.41	\$39.27	\$61.71	\$92.73	\$143.22	\$168.30	\$322.74
\$340,000	\$23.12	\$23.12	\$26.18	\$40.46	\$63.58	\$95.54	\$147.56	\$173.40	\$332.52
\$350,000	\$23.80	\$23.80	\$26.95	\$41.65	\$65.45	\$98.35	\$151.90	\$178.50	\$342.30
\$360,000	\$24.48	\$24.48	\$27.72	\$42.84	\$67.32	\$101.16	\$156.24	\$183.60	\$352.08
\$370,000	\$25.16	\$25.16	\$28.49	\$44.03	\$69.19	\$103.97	\$160.58	\$188.70	\$361.86
\$380,000	\$25.84	\$25.84	\$29.26	\$45.22	\$71.06	\$106.78	\$164.92	\$193.80	\$371.64
\$390,000	\$26.52	\$26.52	\$30.03	\$46.41	\$72.93	\$109.59	\$169.26	\$198.90	\$381.42
\$400,000	\$27.20	\$27.20	\$30.80	\$47.60	\$74.80	\$112.40	\$173.60	\$204.00	\$391.20
\$410,000	\$27.88	\$27.88	\$31.57	\$48.79	\$76.67	\$115.21	\$177.94	\$209.10	\$400.98
\$420,000	\$28.56	\$28.56	\$32.34	\$49.98	\$78.54	\$118.02	\$182.28	\$214.20	\$410.76
\$430,000	\$29.24	\$29.24	\$33.11	\$51.17	\$80.41	\$120.83	\$186.62	\$219.30	\$420.54
\$440,000	\$29.92	\$29.92	\$33.88	\$52.36	\$82.28	\$123.64	\$190.96	\$224.40	\$430.32
\$450,000	\$30.60	\$30.60	\$34.65	\$53.55	\$84.15	\$126.45	\$195.30	\$229.50	\$440.10
\$460,000	\$31.28	\$31.28	\$35.42	\$54.74	\$86.02	\$129.26	\$199.64	\$234.60	\$449.88
\$470,000	\$31.96	\$31.96	\$36.19	\$55.93	\$87.89	\$132.07	\$203.98	\$239.70	\$459.66
\$480,000	\$32.64	\$32.64	\$36.96	\$57.12	\$89.76	\$134.88	\$208.32	\$244.80	\$469.44
\$490,000	\$33.32	\$33.32	\$37.73	\$58.31	\$91.63	\$137.69	\$212.66	\$249.90	\$479.22
\$500,000	\$34.00	\$34.00	\$38.50	\$59.50	\$93.50	\$140.50	\$217.00	\$255.00	\$489.00
<b>Policy Election Amount</b>									
Spouse									
\$5,000	\$26	\$26	\$30	\$51	\$85	\$132	\$209	\$247	\$481
\$10,000	\$51	\$51	\$60	\$102	\$170	\$264	\$417	\$493	\$961
\$15,000	\$77	\$77	\$90	\$153	\$255	\$396	\$626	\$740	\$1442
\$20,000	\$102	\$102	\$120	\$204	\$340	\$528	\$834	\$986	\$1922
\$25,000	\$128	\$128	\$150	\$255	\$425	\$660	\$1043	\$1233	\$2403
\$30,000	\$153	\$153	\$180	\$306	\$510	\$792	\$1251	\$1479	\$2883
\$35,000	\$179	\$179	\$210	\$357	\$595	\$924	\$1460	\$1726	\$3364
\$40,000	\$204	\$204	\$240	\$408	\$680	\$1056	\$1668	\$1972	\$3844
\$45,000	\$230	\$230	\$270	\$459	\$765	\$1188	\$1877	\$2219	\$4325
\$50,000	\$255	\$255	\$300	\$510	\$850	\$1320	\$2085	\$2465	\$4805

**Voluntary Life Cost Illustration** *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69
\$55,000	\$2.81	\$2.81	\$3.30	\$5.61	\$9.35	\$14.52	\$22.94	\$27.12	\$52.86
\$60,000	\$3.06	\$3.06	\$3.60	\$6.12	\$10.20	\$15.84	\$25.02	\$29.58	\$57.66
\$65,000	\$3.32	\$3.32	\$3.90	\$6.63	\$11.05	\$17.16	\$27.11	\$32.05	\$62.47
\$70,000	\$3.57	\$3.57	\$4.20	\$7.14	\$11.90	\$18.48	\$29.19	\$34.51	\$67.27
\$75,000	\$3.83	\$3.83	\$4.50	\$7.65	\$12.75	\$19.80	\$31.28	\$36.98	\$72.08
\$80,000	\$4.08	\$4.08	\$4.80	\$8.16	\$13.60	\$21.12	\$33.36	\$39.44	\$76.88
\$85,000	\$4.34	\$4.34	\$5.10	\$8.67	\$14.45	\$22.44	\$35.45	\$41.91	\$81.69
\$90,000	\$4.59	\$4.59	\$5.40	\$9.18	\$15.30	\$23.76	\$37.53	\$44.37	\$86.49
\$95,000	\$4.85	\$4.85	\$5.70	\$9.69	\$16.15	\$25.08	\$39.62	\$46.84	\$91.30
\$100,000	\$5.10	\$5.10	\$6.00	\$10.20	\$17.00	\$26.40	\$41.70	\$49.30	\$96.10
\$105,000	\$5.36	\$5.36	\$6.30	\$10.71	\$17.85	\$27.72	\$43.79	\$51.77	\$100.91
\$110,000	\$5.61	\$5.61	\$6.60	\$11.22	\$18.70	\$29.04	\$45.87	\$54.23	\$105.71
\$115,000	\$5.87	\$5.87	\$6.90	\$11.73	\$19.55	\$30.36	\$47.96	\$56.70	\$110.52
\$120,000	\$6.12	\$6.12	\$7.20	\$12.24	\$20.40	\$31.68	\$50.04	\$59.16	\$115.32
\$125,000	\$6.38	\$6.38	\$7.50	\$12.75	\$21.25	\$33.00	\$52.13	\$61.63	\$120.13
\$130,000	\$6.63	\$6.63	\$7.80	\$13.26	\$22.10	\$34.32	\$54.21	\$64.09	\$124.93
\$135,000	\$6.89	\$6.89	\$8.10	\$13.77	\$22.95	\$35.64	\$56.30	\$66.56	\$129.74
\$140,000	\$7.14	\$7.14	\$8.40	\$14.28	\$23.80	\$36.96	\$58.38	\$69.02	\$134.54
\$145,000	\$7.40	\$7.40	\$8.70	\$14.79	\$24.65	\$38.28	\$60.47	\$71.49	\$139.35
\$150,000	\$7.65	\$7.65	\$9.00	\$15.30	\$25.50	\$39.60	\$62.55	\$73.95	\$144.15
\$155,000	\$7.91	\$7.91	\$9.30	\$15.81	\$26.35	\$40.92	\$64.64	\$76.42	\$148.96
\$160,000	\$8.16	\$8.16	\$9.60	\$16.32	\$27.20	\$42.24	\$66.72	\$78.88	\$153.76
\$165,000	\$8.42	\$8.42	\$9.90	\$16.83	\$28.05	\$43.56	\$68.81	\$81.35	\$158.57
\$170,000	\$8.67	\$8.67	\$10.20	\$17.34	\$28.90	\$44.88	\$70.89	\$83.81	\$163.37
\$175,000	\$8.93	\$8.93	\$10.50	\$17.85	\$29.75	\$46.20	\$72.98	\$86.28	\$168.18
\$180,000	\$9.18	\$9.18	\$10.80	\$18.36	\$30.60	\$47.52	\$75.06	\$88.74	\$172.98
\$185,000	\$9.44	\$9.44	\$11.10	\$18.87	\$31.45	\$48.84	\$77.15	\$91.21	\$177.79
\$190,000	\$9.69	\$9.69	\$11.40	\$19.38	\$32.30	\$50.16	\$79.23	\$93.67	\$182.59
\$195,000	\$9.95	\$9.95	\$11.70	\$19.89	\$33.15	\$51.48	\$81.32	\$96.14	\$187.40
\$200,000	\$10.20	\$10.20	\$12.00	\$20.40	\$34.00	\$52.80	\$83.40	\$98.60	\$192.20
\$205,000	\$10.46	\$10.46	\$12.30	\$20.91	\$34.85	\$54.12	\$85.49	\$101.07	\$197.01
\$210,000	\$10.71	\$10.71	\$12.60	\$21.42	\$35.70	\$55.44	\$87.57	\$103.53	\$201.81

**Voluntary Life Cost Illustration** *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69
\$215,000	\$10.97	\$10.97	\$12.90	\$21.93	\$36.55	\$56.76	\$89.66	\$106.00	\$206.62
\$220,000	\$11.22	\$11.22	\$13.20	\$22.44	\$37.40	\$58.08	\$91.74	\$108.46	\$211.42
\$225,000	\$11.48	\$11.48	\$13.50	\$22.95	\$38.25	\$59.40	\$93.83	\$110.93	\$216.23
\$230,000	\$11.73	\$11.73	\$13.80	\$23.46	\$39.10	\$60.72	\$95.91	\$113.39	\$221.03
\$235,000	\$11.99	\$11.99	\$14.10	\$23.97	\$39.95	\$62.04	\$98.00	\$115.86	\$225.84
\$240,000	\$12.24	\$12.24	\$14.40	\$24.48	\$40.80	\$63.36	\$100.08	\$118.32	\$230.64
\$245,000	\$12.50	\$12.50	\$14.70	\$24.99	\$41.65	\$64.68	\$102.17	\$120.79	\$235.45
\$250,000	\$12.75	\$12.75	\$15.00	\$25.50	\$42.50	\$66.00	\$104.25	\$123.25	\$240.25
<b>Policy Election Amount</b>									
Child(ren)									
\$1,000	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24
\$2,000	\$0.48	\$0.48	\$0.48	\$0.48	\$0.48	\$0.48	\$0.48	\$0.48	\$0.48
\$3,000	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72
\$4,000	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96
\$5,000	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20
\$6,000	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44	\$1.44
\$7,000	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68
\$8,000	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92	\$1.92
\$9,000	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16
\$10,000	\$2.40	\$2.40	\$2.40	\$2.40	\$2.40	\$2.40	\$2.40	\$2.40	\$2.40

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

**Spouse coverage premium is based on Employee age.**

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

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 certificate of coverage for full plan description.

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.

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.

### Voluntary Life Only:

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. Late entrants and benefit increases require underwriting approval.

GP-I-R-LB-90, GP-I-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

**For AD&D:** 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; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); 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-I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Guardian Group Life Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.  
Policy Form # GP-1-LIFE-15

## WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

### How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of Will Prep 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 WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.



### How to access

To access WillPrep Services, you'll need a few personal details.



**Visit**

[ibhwillprep.com](https://ibhwillprep.com)



**User ID**

WillPrep



**Password**

GLIC09

For more information or support, you can reach out by phoning

**1 877 433 6789.**

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# Disability insurance

## Short term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

### Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

### What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

### Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



### Partial income replacement

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **\$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **\$4,800** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Disability insurance

## Long term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

### Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

### What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

### Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



### Partial income replacement

Jim suffers a heart attack that leaves him unable to work for two years.

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Unpaid time off work: **24 months**

Elimination period: **6 months**

After a 6 month elimination period, Jim's Guardian Long Term Disability policy kicks in and replaces **\$2,000** of his monthly income for the remaining **18 months** of his disability or illness.

This gives him a total of **\$36,000** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your disability coverage

	Short-Term Disability	Long-Term Disability
<b>Coverage amount</b>	50% of salary to maximum \$750/week	50% of salary to maximum \$5000/month
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	11 weeks	Social Security Normal Retirement Age
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 15	Day 91
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 15	Day 91
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$750 in coverage	We Guarantee Issue \$5000 in coverage
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
<b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 4 week limitation	3 months look back; 12 months after exclusion
<b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.	Yes	Yes
<b>Survivor benefit:</b> Additional benefit payable to your family if you die while disabled.	No	3 months

## UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for mental health and substance abuse.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.



# Your disability coverage

## A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- 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.
- 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.
- 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 a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- 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 relating to legal intoxication, including but not limited to the operation of a motor vehicle, 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 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 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 of 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 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. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

Contract #s GP-I-STD94-1.0 et al; GP-I-STD2K-1.0 et al; GP-I-STD07-1.0 et al; GP-I-STD-15-1.0 et al. Contract #s GP-I-LTD94-A,B,C-1.0 et al.; GP-I-LTD2K-1.0 et al; GP-I-LTD07-1.0 et al; GP-I-LTD-15-1.0 et al.

Guardian's Group Short Term Disability and Long Term Disability Insurance are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al, GP-1-STD-15, #GP-1-LTD07-1.0, et al, GP-1-LTD-15



# Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

## Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

## What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800**.

John has a **\$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your critical illness coverage

## CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$30,000 in \$5,000 increments.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions	1st OCCURRENCE ONLY	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	
Spina Bifida	100%	
Type I Diabetes	100%	



# Your critical illness coverage

## CRITICAL ILLNESS

<b>Spouse Benefit</b>	May choose a lump sum benefit of \$2,500 to \$15,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.
<b>Child Benefit-</b> children age Birth to 26 years	25% of employee's lump sum benefit
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	<p>We Guarantee Issue up to:</p> <p>Less than age 70 \$30,000</p> <p>For a spouse:</p> <p>Less than age 70 \$15,000</p> <p>For a child: All Amounts</p> <p><b>Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.</b></p>
<b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
<b>Pre-Existing Condition Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	6 months prior, 24 months after
<b>Cancer Vaccine Benefit</b>	\$50 per lifetime for receiving a cancer vaccine

## WELLNESS BENEFIT

Employee Per Year Limit	\$50
Spouse Per Year Limit	\$50
Child Per Year Limit	\$50

## Condition Definitions

- **Stroke:** Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- **Heart Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- **Coronary Arteriosclerosis:** Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- **Organ Failure:** Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- **Kidney Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.



# Your critical illness coverage

## EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary

assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

*The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..*

*If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..*

Contract # GP-1-CI-14

Guardian's Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form # GP-1-LAH-12R; GP-1-CI-14





# College Tuition Benefit Program

Get closer to your college savings goals by earning valuable rewards that can help you pay for a loved one's tuition.

Paying for college is one of the most significant financial goals families face. That can mean decades of saving, but Guardian is able to help.

Our College Tuition Benefit Program gives you reward-based points when you sign up for a plan – these rewards can be used toward the cost of tuition.

## How it works



Every reward point equals \$1 off the cost of full tuition



You'll earn 2,000 points annually, per line of qualifying Guardian coverage purchased\*



Every student on your account starts with 500 reward points

Tuition Reward points can be used at over 400+ four-year undergraduate colleges and universities across the U.S. that are in the SAGE network. Plus, Guardian dental members earn an extra 2,500 points after the fourth year.

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

\* Except for Guardian Davis Vision Plan Rewards, which are provided by Davis Vision.

The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.



## How to sign up

To set up your SAGE Scholars Tuition Rewards account, you'll need a few personal details.



### User ID

Your Guardian  
Group Plan Number



### Password

Guardian

**There are two important deadlines that must be met to utilize rewards points:**

#### 1. Adding Students and Pledging

**Tuition Rewards:** Students must be registered by the member by August 31 of the year when the student begins 12th grade. The last day for pledging earned Tuition Rewards to a student is August 31 of the year the student begins 12th grade. This is also the last day for a student to earn any Student Tuition Rewards from any source.

#### 2. Submitting Student Tuition

##### Rewards to member schools:

Using the college and university list available in the member's account, the member must submit a Tuition Rewards statement to any member school(s) a registered student applies to within ten days of the application being submitted.

# Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

## Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for\*:

- Basic life
- Voluntary life
- Short term disability
- Long term disability



### How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit'.

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

\*Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is not available in New York and New Hampshire. Electronic EOI is available using most internet browsers.

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guardianlife.com

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2020-109652 (10/22)

# Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

## How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

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. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

<sup>1</sup>Office hours: Monday-Friday 6 a.m.–5 p.m. PST.



## How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



**Visit**

[ibhworklife.com](https://ibhworklife.com)



**User ID**

Matters



**Password**

wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week<sup>1</sup>.

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# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

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## Important information



### Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

### No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

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## Disability insurance



### Disability Offset Notice

Offsets are provisions in your disability coverage that allow the insurer to deduct from your regular benefit other types of income you receive or are eligible to receive from other sources due to your disability.

Visit <https://www.guardiananytime.com/notice51> to read more.

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## Vision insurance



### Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notice50> to read more.

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Guardian Life, P.O. Box 14319,  
Lexington, KY 40512

Please print clearly and mark carefully.

Employer Name: <b>DODGE COUNTY BOARD OF EDUCATION</b>	Group Plan Number: <b>00550470</b>	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Add Employee/Dependents <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change		

Class: ALL OTHER ELIGIBLE EMPLOYEES	Division: _____	Subtotal Code: _____	(Please obtain this from your Employer)
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<b>About You:</b> First, MI, Last Name: _____	<b>Employer Provided Identification:</b> _____	<b>Social Security Number</b> _____ - ____ - ____  Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.	
Address _____	City _____	State _____	Zip _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F      Date of Birth (mm-dd-yy): ____ - ____ - ____			
Phone (indicate primary): <input type="checkbox"/> Home ( ____ ) ____ - ____ <input type="checkbox"/> Work ( ____ ) ____ - ____ <input type="checkbox"/> Mobile ( ____ ) ____ - ____			
Email Address (indicate primary) <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____			
Are you married or do you have a partner? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of marriage/union: ____ - ____ - ____ Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No      Placement date of adopted child: ____ - ____ - ____			

<b>About Your Job:</b>	Job Title: _____
Work Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Cobra/State Continuation Hours worked per week: _____	Date of full time hire: ____ - ____ - ____      Annual Salary: \$ _____

**About Your Family:** Please include the names of the dependents you wish to enroll for coverage. If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

Spouse (wherever the term "Spouse" appears on this form, it also includes "Partner").	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Child/Dependent 1:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____  Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 2:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____  Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 3:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____  Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 4:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____  Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent

**Drop Coverage:**

☐ Drop Employee      ☐ Drop Dependents

The date of withdrawal cannot be prior to the date this form is completed and signed.

Last Day of Coverage: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Termination of Employment      ☐ Retirement

Last Day Worked: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Other Event: \_\_\_\_\_

Date of Event: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Coverage Being Dropped:**

☐ Dental                      ☐ Employee   ☐ Spouse   ☐ Child(ren)  
☐ Vision                      ☐ Employee   ☐ Spouse   ☐ Child(ren)  
☐ Basic Life                      ☐ Employee   ☐ Spouse   ☐ Child(ren)  
☐ Voluntary Life                      ☐ Employee   ☐ Spouse   ☐ Child(ren)  
☐ Critical Illness  
☐ Long Term Disability  
☐ Short Term Disability

**Loss Of Other Coverage:**

I and/or my dependents were previously covered under Loss of coverage was due to:

☐ Termination of Employment: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Divorce/Separation \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Death of Spouse \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Termination/Expiration of Coverage \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Coverage Lost**   ☐ Dental   ☐ Vision

I have been offered the above coverage(s) and wish to drop enrollment for the following reasons:

☐ Covered under another insurance plan

☐ Other \_\_\_\_\_  
(additional information may be required)

**Dental Coverage: You must be enrolled to cover your dependents. Check only one box.**

	Employee Only	EE & Spouse	EE & Dependent/Child(ren)	EE, Spouse & Dependent/Child(ren)
Option 1: Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2: NAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ I do not want this coverage. If you do not want this Dental Coverage, please mark all that apply:

- ☐ I am covered under another Dental plan  
☐ My spouse is covered under another Dental plan  
☐ My dependents are covered under another Dental plan

**Vision Coverage: You must be enrolled to cover your dependents. Check only one box.**

	Employee Only	EE & Spouse	EE & Dependent/Child(ren)	EE, Spouse & Dependent/Child(ren)
Full Feature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ I do not want this coverage. If you do not want this Vision Coverage, please mark all that apply:

- ☐ I am covered under another Vision plan  
☐ My spouse is covered under another Vision plan  
☐ My dependents are covered under another Vision plan



**Basic Life Coverage with Accidental Death and Dismemberment (AD&D):** You must be enrolled to cover your dependents.**Benefit reductions apply. Please see plan administrator.**

The amount of life insurance coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions as stated in the certificate of coverage covering you or your dependents.

**Policy Amount**

Employee Only

☒ \$15,000

The Guarantee Issue Amount is \$15,000.

Spouse

☐ \$10,000

**\*The amount may not be more than 50% of the employee amount**

☐ I do not want this coverage

Child/Dependent

☐ \$5,000

**\*The amount may not be more than 10% of the employee amount**

☐ I do not want this coverage

**Name your beneficiaries:** (Primary beneficiary percentages must total 100%)

If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yy) the paper and keep a copy for your records.

**Primary Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ %

Date of Birth (mm-dd-yy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ %

Date of Birth (mm-dd-yy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (mm-dd-yy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer maintains beneficiary information.)

Please contact your employer for any record of or changes to your beneficiary information.

**Spouse and dependent child(ren) – If the intended beneficiary is to be someone other than the employee, please complete the Beneficiary Designation form.**

**Attention:** If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

**Are any of the beneficiaries identified above considered a minor in the state in which they reside?** Check one box only. ☐ Yes ☐ No

If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

**Custodian to Minor Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number (or FEIN/TIN # if a corporate entity): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (mm-dd-yyyy) (if an individual): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

If this Basic Life policy will replace your existing life insurance policy under your current employer, provide the amount of the previous policy \$ \_\_\_\_\_

**Important Notes:**

- Based on your plan benefits and age, you may be required to complete an evidence of insurability form.

**LIFE INSURANCE** *continued*

**Voluntary Term Life Coverage With Accidental Death and Dismemberment (AD&D):** You must be enrolled to cover your dependents. *Benefit reductions apply. Please see plan administrator.*

The amount of life insurance coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions as stated in the certificate of coverage covering you or your dependents.

**Employee****Policy Amount****Check one box only**

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

Guarantee Issue up to: Employee Less than age 65 \$150,000\*, 65-69 \$50,000, 70+ \$10,000. The Health History section must be completed if any amount above the Guarantee Issue Amount is elected.

☐ I do not want this coverage

**Add Voluntary Life for Spouse****Policy Amount**

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

Guarantee Issue up to: Spouse Less than age 65 \$50,000\*, 65-69 \$10,000, 70+ \$10,000.

**\*The amount may not be more than 50% of the employee amount for Voluntary Life.**

☐ I do not want this coverage

**Add Voluntary Life for Dependent/Child(ren)****Policy Amount**

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$9,000	<input type="checkbox"/> <b>\$10,000*</b>		

*\*Guarantee Issue Amount*

**\*The amount may not be more than 100% of the employee amount for Voluntary Life.**

☐ I do not want this coverage

**Important Notes:**

- Based on your plan benefits and age, you may be required to complete an evidence of insurability form.

**LIFE INSURANCE** *continued*

**Name your beneficiaries:** (Primary beneficiary percentages must total 100%) If electing different beneficiaries that are not the same as those named for Basic Life, please name below.

If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records.

**Primary Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % \_\_\_\_\_

Date of Birth (mm-dd-yy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % \_\_\_\_\_

Date of Birth (mm-dd-yy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (mm-dd-yy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer maintains beneficiary information.)

**Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the employee, please complete the Beneficiary Designation form.**

Please contact your employer for any record of or changes to your beneficiary information.

**Attention:** If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

**Are any of the beneficiaries identified above considered a minor in the state in which they reside?** Check one box only. ☐ Yes ☐ No

If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

**Custodian to Minor Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number (or FEIN/TIN # if a corporate entity): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (mm-dd-yyyy) (if an individual): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

**Short-Term Disability (STD) Coverage:**

The amount of STD coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions as stated in the certificate of coverage covering you.

*Weekly Benefit*

☐ 50% of salary to a maximum of \$750

☐ I do not want this coverage.

**Long-Term Disability (LTD) Coverage:**

The amount of LTD coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions as stated in the certificate of coverage covering you.

*Monthly Benefit*

☐ 50% of salary to a maximum of \$5,000

☐ I do not want this coverage.

**Critical Illness Coverage: You must be enrolled to cover your dependents****Benefit reductions apply. Please see plan administrator.****Employee****Insurance Amount:** ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000 ☐ \$30,000☐ I do not want this coverage.**Spouse****Insurance Amount:** Up to 50% of the employee's amount to a maximum of \$15,000☐ \$2,500 ☐ \$5,000 ☐ \$7,500 ☐ \$10,000 ☐ \$12,500 ☐ \$15,000☐ I do not want this coverage.**Dependent/Child(ren)****Insurance Amount:** ☐ 25% of the employee's amount☐ I do not want this coverage.**Signature**

- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- An employee's decision to elect Vision or not elect Vision must be retained until the next plan's Open Enrollment period. If the employee elects not to enroll in vision coverage, they are not eligible to enroll until the plan's next Open Enrollment period.
- LIFE ONLY: I understand that life insurance coverage for a dependent, other than a newborn child, will not take effect if that dependent 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.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.
- I understand that I must be actively at work or my elected coverage will not take effect until I have met the eligibility requirements (as defined in the benefit booklet.) This does not apply to eligible retirees.
- I understand that if I waive coverage, I may not be eligible to enroll until the next open enrollment period. Late entrant penalties may apply. I understand that I may also have to provide, at my own expense, proof of each person's insurability. Guardian or its designee has the right to reject my request.
- I understand that my coverage will not be effective until approved by Guardian or its designated underwriter.
- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.
- I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.
- I consent to electronic communication from Guardian, such as emails and text messages, regarding my coverage(s). I may change this election only by providing (thirty) 30 days prior written notice.
- I attest that the information provided above is true and correct to the best of my knowledge.

**Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially, false information or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits.**

**The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.**

**SIGNATURE OF EMPLOYEE X** \_\_\_\_\_**DATE** \_\_\_\_\_

**Fraud Warning Statements**

**The laws of several states require the following statements to appear on the enrollment form:**

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware, Indiana and Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana and Texas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

**Maryland :** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Ohio:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Rhode Island:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

