



## 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

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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: Managed Dental Care** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

**Option 2: PPO** 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: First Commonwealth	Option 2: PPO	
<b>Your Network is</b>	First Commonwealth	DentalGuard Preferred	
<b>Plan year deductible</b>		<i>In-Network</i>	<i>Out-of-Network</i>
Individual	No Deductible	\$50	\$50
Family limit	No Deductible per family	3 per family	
Waived for	No Deductible	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>		<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each covered procedure. See "Plan Details", for more information	100%	100%
Basic Care		80%	80%
Major Care		65%	65%
Orthodontia		50%	50%
<b>Annual Maximum Benefit</b>		\$1500	
<b>Maximum Rollover</b>	No	Yes	
Rollover Threshold		\$700	
Rollover Amount		\$350	
Rollover In-network Amount		\$500	
Rollover Account Limit		\$1250	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable	\$1500	
<b>Office visit copay</b>	\$0	None	
<b>Dependent Age Limits(Non-Student/Student)</b>	26/30 ‡	26/30 ‡	

‡**Family coverage** for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.



# Your dental coverage

## A Sample of Services Covered by Your Plan:

		<b>Option 1: First Commonwealth</b>	<b>Option 2: PPO</b>		
		<i>You Pay</i>	<i>Plan pays (on average)</i>		
		<i>Network only</i>	<i>In-network</i>	<i>Out-of-network</i>	
Preventive Care	Cleaning (prophylaxis) Frequency:	\$0	100%	100%	
	Fluoride Treatments Limits:	\$0	100%	100%	
	Oral Exams	\$0	100%	100%	
	Sealants (per tooth)	\$10	100%	100%	
	X-rays	\$0	100%	100%	
				Once Every 6 Months	Under Age 19
Basic Care	Anesthesia*	\$98	80%	80%	
	Fillings‡	\$20-35	80%	80%	
	Perio Surgery	\$150-390	80%	80%	
	Periodontal Maintenance Frequency:	\$31	80%	80%	
	Repair & Maintenance of Crowns, Bridges & Dentures	\$18-180	80%	80%	
	Root Canal	\$130-195	80%	80%	
	Scaling & Root Planing (per quadrant)	\$35-55	80%	80%	
	Simple Extractions	\$20	80%	80%	
	Surgical Extractions	\$50-150	80%	80%	
				Once Every 6 Months	
Major Care	Bridges and Dentures	\$550-675	65%	65%	
	Dental Implants	N/A	65%	65%	
	Inlays, Onlays, Veneers**	\$250-475	65%	65%	
	Single Crowns	\$430	65%	65%	
Orthodontia	Orthodontia Limits:	\$1895-2195	50%	50%	
		Adults & Child(ren)		Child(ren)	
Cosmetic Care	Bleaching	\$165	Not Covered	Not Covered	
	Deferred Services for Future Employees	None	Orthodontia - 12 Months		

**Managed Dental Care: A link to the complete list of dental services can be found on "Our commitment to you" page.**

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-1-DG2000 et al. This policy provides dental coverage only. This policy provides managed care dental benefits through a network of participating general dentists and specialty care dentists. Except for limited emergency services, benefits will be provided for services provided by the primary care dentist selected by the member. The member must pay the primary care dentist a patient charge/copayment for most covered services. No benefits will be paid for treatment by a specialist unless the patient is referred by his or her primary care dentist and the referral is approved under the policy. Only those services listed in the policy's schedule of benefits are covered. Certain services are subject to frequency or other periodic limitations. Where orthodontic benefits are specifically included, the policy provides for one course of comprehensive treatment per member. Unless specifically included, the Managed Dental Care policy does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is

in progress as of the member's effective date under the Managed Dental Care policy. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The applicable Managed Dental Care documents are the final arbiter of coverage. See your Certificate for complete specifics of all Exclusions and Limitations. All products, unless otherwise noted, are underwritten by The Guardian Life Insurance Company of America ("Guardian") or one of the following wholly-owned Guardian subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation of Michigan (MI); First Commonwealth of Missouri, Inc. (MO) and Managed DentalGuard, Inc. (NJ, OH and TX). Any reference to a specific product type, including but not limited to "DHMO" or "Prepaid" is not intended to refer to a specific state license designation, but rather is merely intended to refer to a general product design. Such DHMO, or prepaid products, are licensed in the applicable jurisdiction. In addition, certain products are underwritten by Dominion Dental Services, Inc. (DC, DE, MD, PA and VA) and LIBERTY Dental Plan of Nevada, Inc. (NV) and Total Dental Administrators Health Plan, Inc. (AZ). Please see the applicable policy forms for details. In the event of conflict between this brochure and the policy forms, the policy forms shall control.

**PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

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	In-network only 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>\$500</b> Additional dollars added if only in-network providers were used during the benefit year	<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.

Guardian's Dental 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. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

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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 Avesis's network locations including retail centers such as Wal-Mart®, JCPenney®, Target®, Sam's Club®, Costco®, Pearle®, America's Best®, For Eyes® and Visionworks®.

Your Vision Plan	Full Feature	
<b>Your Network is</b>	Avesis	
<b>Copay</b>		
Exams Copay	\$ 0	
Materials Copay (waived for elective contact lenses)	\$ 25	
<b>Sample of Covered Services</b>		<i>You Pay:</i>
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$59
Single Vision Lenses	\$0	Amount over \$30
Lined Bifocal Lenses	\$0	Amount over \$50
Lined Trifocal Lenses	\$0	Amount over \$65
Lenticular Lenses	\$0	Amount over \$100
Frames	80% of amount over \$200	Amount over \$70
Contact Lenses (Elective)	Amount over \$200	Amount over \$120
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	\$0 (Except at retail chain locations)	No discounts
Cosmetic Extras	Up to 45% off providers UCR	No discounts
Glasses (Additional pair of frames and lenses)	Courtesy discount from most providers up to 20% off providers UCR	No discounts
Laser Correction Surgery Discount	Up to 25% off the national average	No discounts
Hearing	Savings of 30-60% at an Epic Hearing Provider	No discounts
<b>Service Frequencies</b>		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)‡‡	Every calendar year	
Frames	Every calendar year	
Network discounts (glasses and contact lens professional service)	Courtesy discounts from most providers up to 20% off providers UCR	
<b>Dependent Age Limits</b> (Non-Student/ Student)	26/30	

Visit [www.Guardianlife.com](http://www.Guardianlife.com) and click on "Find a Provider"

## Avesis

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- The contact lens allowance is applied to the cost of the contacts and the fitting and evaluation when the member utilizes an OON provider.
- Complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period.



# Your vision coverage

- Due to lower prices being available at Walmart, Sam's Club and Costco locations, the discounts do not apply.
- Not all Pearle Vision stores are participating in network locations. Not all doctors in the retail locations are in network. Some retail locations are materials only and do not offer exams. See the directory and contact the location to ensure participation.

## 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. See Contract Booklet for Details

### Laser Correction Surgery:

The Covered person receives up to 25 % of the national average for laser surgery.

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 \$10,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$300,000. See Cost Illustration page for details.
<b>Accidental Death and Dismemberment</b>	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
<b>Spouse Benefit</b>	N/A	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.†
<b>Child Benefit</b>	N/A	Your dependent children age 14 days to 26 years. You may elect one of the following benefit options: \$10,000. Subject to state limits. See Cost Illustration page for details.



# Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
<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 \$10,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$100,000, 65-69 \$50,000, 70+ \$10,000. Spouse \$25,000. Dependent children \$10,000. An Additional \$25,000 per employee, \$25,000 for a spouse can be obtained with a "No" response to the Health question (on your enrollment form). Evidence of Insurability is required if the elected amount exceeds the Guarantee Issue plus Additional amount. The Additional amount is available for ages Less than age 65
<b>Premiums</b>	Covered 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.	Yes, with age and other restrictions	Yes, with age and other restrictions
<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>LifeAssist<sup>SM</sup>:</b> Provides supplemental income that is calculated based off a percentage of your Life benefit to a specified dollar amount if you are ADL disabled. Benefits are paid to the lesser of 100 months or to when waiver of premium ends.	Yes	Yes
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Subject to coverage limits

‡ **Spouse coverage terminates at age 70.**

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

## 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.

		Semi-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†
\$20,000	\$1.21	\$1.29	\$1.69	\$2.36	\$3.57	\$5.78	\$9.22	\$14.84	\$32.69
\$30,000	\$1.82	\$1.94	\$2.54	\$3.54	\$5.36	\$8.67	\$13.83	\$22.26	\$49.04
\$40,000	\$2.42	\$2.58	\$3.38	\$4.72	\$7.14	\$11.56	\$18.44	\$29.68	\$65.38
\$50,000	\$3.03	\$3.23	\$4.23	\$5.90	\$8.93	\$14.45	\$23.05	\$37.10	\$81.73
\$60,000	\$3.63	\$3.87	\$5.07	\$7.08	\$10.71	\$17.34	\$27.66	\$44.52	\$98.07
\$70,000	\$4.24	\$4.52	\$5.92	\$8.26	\$12.50	\$20.23	\$32.27	\$51.94	\$114.42
\$80,000	\$4.84	\$5.16	\$6.76	\$9.44	\$14.28	\$23.12	\$36.88	\$59.36	\$130.76
\$90,000	\$5.45	\$5.81	\$7.61	\$10.62	\$16.07	\$26.01	\$41.49	\$66.78	\$147.11
\$100,000	\$6.05	\$6.45	\$8.45	\$11.80	\$17.85	\$28.90	\$46.10	\$74.20	\$163.45
\$110,000	\$6.66	\$7.10	\$9.30	\$12.98	\$19.64	\$31.79	\$50.71	\$81.62	\$179.80
\$120,000	\$7.26	\$7.74	\$10.14	\$14.16	\$21.42	\$34.68	\$55.32	\$89.04	\$196.14
\$130,000	\$7.87	\$8.39	\$10.99	\$15.34	\$23.21	\$37.57	\$59.93	\$96.46	\$212.49
\$140,000	\$8.47	\$9.03	\$11.83	\$16.52	\$24.99	\$40.46	\$64.54	\$103.88	\$228.83
\$150,000	\$9.08	\$9.68	\$12.68	\$17.70	\$26.78	\$43.35	\$69.15	\$111.30	\$245.18
\$160,000	\$9.68	\$10.32	\$13.52	\$18.88	\$28.56	\$46.24	\$73.76	\$118.72	\$261.52
\$170,000	\$10.29	\$10.97	\$14.37	\$20.06	\$30.35	\$49.13	\$78.37	\$126.14	\$277.87
\$180,000	\$10.89	\$11.61	\$15.21	\$21.24	\$32.13	\$52.02	\$82.98	\$133.56	\$294.21
\$190,000	\$11.50	\$12.26	\$16.06	\$22.42	\$33.92	\$54.91	\$87.59	\$140.98	\$310.56
\$200,000	\$12.10	\$12.90	\$16.90	\$23.60	\$35.70	\$57.80	\$92.20	\$148.40	\$326.90
\$210,000	\$12.71	\$13.55	\$17.75	\$24.78	\$37.49	\$60.69	\$96.81	\$155.82	\$343.25
\$220,000	\$13.31	\$14.19	\$18.59	\$25.96	\$39.27	\$63.58	\$101.42	\$163.24	\$359.59
\$230,000	\$13.92	\$14.84	\$19.44	\$27.14	\$41.06	\$66.47	\$106.03	\$170.66	\$375.94
\$240,000	\$14.52	\$15.48	\$20.28	\$28.32	\$42.84	\$69.36	\$110.64	\$178.08	\$392.28
\$250,000	\$15.13	\$16.13	\$21.13	\$29.50	\$44.63	\$72.25	\$115.25	\$185.50	\$408.63
\$260,000	\$15.73	\$16.77	\$21.97	\$30.68	\$46.41	\$75.14	\$119.86	\$192.92	\$424.97
\$270,000	\$16.34	\$17.42	\$22.82	\$31.86	\$48.20	\$78.03	\$124.47	\$200.34	\$441.32
\$280,000	\$16.94	\$18.06	\$23.66	\$33.04	\$49.98	\$80.92	\$129.08	\$207.76	\$457.66
\$290,000	\$17.55	\$18.71	\$24.51	\$34.22	\$51.77	\$83.81	\$133.69	\$215.18	\$474.01
\$300,000	\$18.15	\$19.35	\$25.35	\$35.40	\$53.55	\$86.70	\$138.30	\$222.60	\$490.35



**Voluntary Life Cost Illustration** *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
<b>Policy Election Amount</b>									
Spouse									
\$5,000	\$ .30	\$ .32	\$ .42	\$ .59	\$ .89	\$ 1.45	\$ 2.31	\$ 3.71	\$ 8.17
\$10,000	\$ .61	\$ .65	\$ .85	\$ 1.18	\$ 1.79	\$ 2.89	\$ 4.61	\$ 7.42	\$ 16.35
\$15,000	\$ .91	\$ .97	\$ 1.27	\$ 1.77	\$ 2.68	\$ 4.34	\$ 6.92	\$ 11.13	\$ 24.52
\$20,000	\$ 1.21	\$ 1.29	\$ 1.69	\$ 2.36	\$ 3.57	\$ 5.78	\$ 9.22	\$ 14.84	\$ 32.69
\$25,000	\$ 1.51	\$ 1.61	\$ 2.11	\$ 2.95	\$ 4.46	\$ 7.23	\$ 11.53	\$ 18.55	\$ 40.86
\$30,000	\$ 1.82	\$ 1.94	\$ 2.54	\$ 3.54	\$ 5.36	\$ 8.67	\$ 13.83	\$ 22.26	\$ 49.04
\$35,000	\$ 2.12	\$ 2.26	\$ 2.96	\$ 4.13	\$ 6.25	\$ 10.12	\$ 16.14	\$ 25.97	\$ 57.21
\$40,000	\$ 2.42	\$ 2.58	\$ 3.38	\$ 4.72	\$ 7.14	\$ 11.56	\$ 18.44	\$ 29.68	\$ 65.38
\$45,000	\$ 2.72	\$ 2.90	\$ 3.80	\$ 5.31	\$ 8.03	\$ 13.01	\$ 20.75	\$ 33.39	\$ 73.55
\$50,000	\$ 3.03	\$ 3.23	\$ 4.23	\$ 5.90	\$ 8.93	\$ 14.45	\$ 23.05	\$ 37.10	\$ 81.73
\$55,000	\$ 3.33	\$ 3.55	\$ 4.65	\$ 6.49	\$ 9.82	\$ 15.90	\$ 25.36	\$ 40.81	\$ 89.90
\$60,000	\$ 3.63	\$ 3.87	\$ 5.07	\$ 7.08	\$ 10.71	\$ 17.34	\$ 27.66	\$ 44.52	\$ 98.07
\$65,000	\$ 3.93	\$ 4.19	\$ 5.49	\$ 7.67	\$ 11.60	\$ 18.79	\$ 29.97	\$ 48.23	\$ 106.24
\$70,000	\$ 4.24	\$ 4.52	\$ 5.92	\$ 8.26	\$ 12.50	\$ 20.23	\$ 32.27	\$ 51.94	\$ 114.42
\$75,000	\$ 4.54	\$ 4.84	\$ 6.34	\$ 8.85	\$ 13.39	\$ 21.68	\$ 34.58	\$ 55.65	\$ 122.59
\$80,000	\$ 4.84	\$ 5.16	\$ 6.76	\$ 9.44	\$ 14.28	\$ 23.12	\$ 36.88	\$ 59.36	\$ 130.76
\$85,000	\$ 5.14	\$ 5.48	\$ 7.18	\$ 10.03	\$ 15.17	\$ 24.57	\$ 39.19	\$ 63.07	\$ 138.93
\$90,000	\$ 5.45	\$ 5.81	\$ 7.61	\$ 10.62	\$ 16.07	\$ 26.01	\$ 41.49	\$ 66.78	\$ 147.11
\$95,000	\$ 5.75	\$ 6.13	\$ 8.03	\$ 11.21	\$ 16.96	\$ 27.46	\$ 43.80	\$ 70.49	\$ 155.28
\$100,000	\$ 6.05	\$ 6.45	\$ 8.45	\$ 11.80	\$ 17.85	\$ 28.90	\$ 46.10	\$ 74.20	\$ 163.45
\$105,000	\$ 6.35	\$ 6.77	\$ 8.87	\$ 12.39	\$ 18.74	\$ 30.35	\$ 48.41	\$ 77.91	\$ 171.62
\$110,000	\$ 6.66	\$ 7.10	\$ 9.30	\$ 12.98	\$ 19.64	\$ 31.79	\$ 50.71	\$ 81.62	\$ 179.80
\$115,000	\$ 6.96	\$ 7.42	\$ 9.72	\$ 13.57	\$ 20.53	\$ 33.24	\$ 53.02	\$ 85.33	\$ 187.97
\$120,000	\$ 7.26	\$ 7.74	\$ 10.14	\$ 14.16	\$ 21.42	\$ 34.68	\$ 55.32	\$ 89.04	\$ 196.14
\$125,000	\$ 7.56	\$ 8.06	\$ 10.56	\$ 14.75	\$ 22.31	\$ 36.13	\$ 57.63	\$ 92.75	\$ 204.31
\$130,000	\$ 7.87	\$ 8.39	\$ 10.99	\$ 15.34	\$ 23.21	\$ 37.57	\$ 59.93	\$ 96.46	\$ 212.49
\$135,000	\$ 8.17	\$ 8.71	\$ 11.41	\$ 15.93	\$ 24.10	\$ 39.02	\$ 62.24	\$ 100.17	\$ 220.66
\$140,000	\$ 8.47	\$ 9.03	\$ 11.83	\$ 16.52	\$ 24.99	\$ 40.46	\$ 64.54	\$ 103.88	\$ 228.83
\$145,000	\$ 8.77	\$ 9.35	\$ 12.25	\$ 17.11	\$ 25.88	\$ 41.91	\$ 66.85	\$ 107.59	\$ 237.00
\$150,000	\$ 9.08	\$ 9.68	\$ 12.68	\$ 17.70	\$ 26.78	\$ 43.35	\$ 69.15	\$ 111.30	\$ 245.18
\$155,000	\$ 9.38	\$ 10.00	\$ 13.10	\$ 18.29	\$ 27.67	\$ 44.80	\$ 71.46	\$ 115.01	\$ 253.35

**Voluntary Life Cost Illustration** *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$160,000	\$9.68	\$10.32	\$13.52	\$18.88	\$28.56	\$46.24	\$73.76	\$118.72	\$261.52
\$165,000	\$9.98	\$10.64	\$13.94	\$19.47	\$29.45	\$47.69	\$76.07	\$122.43	\$269.69
\$170,000	\$10.29	\$10.97	\$14.37	\$20.06	\$30.35	\$49.13	\$78.37	\$126.14	\$277.87
\$175,000	\$10.59	\$11.29	\$14.79	\$20.65	\$31.24	\$50.58	\$80.68	\$129.85	\$286.04
\$180,000	\$10.89	\$11.61	\$15.21	\$21.24	\$32.13	\$52.02	\$82.98	\$133.56	\$294.21
\$185,000	\$11.19	\$11.93	\$15.63	\$21.83	\$33.02	\$53.47	\$85.29	\$137.27	\$302.38
\$190,000	\$11.50	\$12.26	\$16.06	\$22.42	\$33.92	\$54.91	\$87.59	\$140.98	\$310.56
\$195,000	\$11.80	\$12.58	\$16.48	\$23.01	\$34.81	\$56.36	\$89.90	\$144.69	\$318.73
\$200,000	\$12.10	\$12.90	\$16.90	\$23.60	\$35.70	\$57.80	\$92.20	\$148.40	\$326.90
\$205,000	\$12.40	\$13.22	\$17.32	\$24.19	\$36.59	\$59.25	\$94.51	\$152.11	\$335.07
\$210,000	\$12.71	\$13.55	\$17.75	\$24.78	\$37.49	\$60.69	\$96.81	\$155.82	\$343.25
\$215,000	\$13.01	\$13.87	\$18.17	\$25.37	\$38.38	\$62.14	\$99.12	\$159.53	\$351.42
\$220,000	\$13.31	\$14.19	\$18.59	\$25.96	\$39.27	\$63.58	\$101.42	\$163.24	\$359.59
\$225,000	\$13.61	\$14.51	\$19.01	\$26.55	\$40.16	\$65.03	\$103.73	\$166.95	\$367.76
\$230,000	\$13.92	\$14.84	\$19.44	\$27.14	\$41.06	\$66.47	\$106.03	\$170.66	\$375.94
\$235,000	\$14.22	\$15.16	\$19.86	\$27.73	\$41.95	\$67.92	\$108.34	\$174.37	\$384.11
\$240,000	\$14.52	\$15.48	\$20.28	\$28.32	\$42.84	\$69.36	\$110.64	\$178.08	\$392.28
\$245,000	\$14.82	\$15.80	\$20.70	\$28.91	\$43.73	\$70.81	\$112.95	\$181.79	\$400.45
\$250,000	\$15.13	\$16.13	\$21.13	\$29.50	\$44.63	\$72.25	\$115.25	\$185.50	\$408.63
<b>Policy Election Amount</b>									
Child(ren)									
\$10,000	\$0.81	\$0.81	\$0.81	\$0.81	\$0.81	\$0.81	\$0.81	\$0.81	\$0.81

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

Premiums for Voluntary Life Increase in five-year increments

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

†Benefit reductions apply.

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

## 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.

A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.

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-1-R-LB-90, GP-1-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-1-R-ADCL1-00 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.

**Enhanced AD&D:** A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 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

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

LINK UNLIMITED SCHOLARS

ALL FULL-TIME ELIGIBLE EMPLOYEES

Kit created 06/09/2023

Group number: 00565330

## 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 Uprise Health, 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 Uprise Health 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, Uprise Health, or your employer.



### How to access

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



#### Visit

[willprep.uprisehealth.com](http://willprep.uprisehealth.com)



#### Username

WillPrep



#### Password

GLIC09

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

**1 877 433 6789.**



# 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.

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>	66.7% of salary to maximum \$2308/week	66.7% of salary to maximum \$6000/month
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	25 weeks	Social Security Normal Retirement Age
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 8	Day 181
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 8	Day 181
<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 \$2308 in coverage	We Guarantee Issue \$6000 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.	Not Applicable	3 months look back; 12 months after exclusion
<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 may be 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.

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



# 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

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



## 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).

# 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 Uprise Health, 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 Uprise Health 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, Uprise Health, 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

[worklife.uprisehealth.com](http://worklife.uprisehealth.com)



### Access Code

worklife

For more information or support, you can reach out by phoning **1 800 386 7055**. The team is available 24 hours a day, 7 days a week<sup>1</sup>.



## 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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### Dental insurance



#### DHMO Plan and Orthodontic Schedules, Limitations and Exclusions, Fine Print

May include one or more of the following publications, depending upon plan and state: Employee out of pocket charges based on CDT codes, brief summary of limitations and exclusions applicable to the DHMO plan and important plan rules for: emergency & alternate treatment; crown, bridges & dentures; pediatric services; second surgical opinions; noble and high noble metals; general anesthesia & IV sedation; orthodontic treatment; treatment on progress; and continuity of care.

Visit <https://www.guardiananytime.com/notice398> 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>LINK UNLIMITED SCHOLARS</b>	Group Plan Number: <b>00565330</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: \_\_\_\_\_ Division: \_\_\_\_\_ Subtotal Code: \_\_\_\_\_ (Please obtain this from your Employer)

<b>About You:</b> First, MI, Last Name: _____	Employer Provided Identification: _____	Social Security Number ____ - ____ - ____ <small>Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.</small>	
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 (____) ____ - ____			
E mail Address (indicate primary) <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____			
Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you married or do you have a partner? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of marriage/union: ____ - ____ - ____ 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. Your dependent's Social Security Number must be provided if enrolling for Life Coverage. 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

<p><b>Drop Coverage:</b></p> <p><input type="checkbox"/> Drop Employee    <input type="checkbox"/> Drop Dependents</p> <p>The date of withdrawal cannot be prior to the date this form is completed and signed.</p> <p>Last Day of Coverage: ____ - ____ - ____</p> <p><input type="checkbox"/> Termination of Employment    <input type="checkbox"/> Retirement</p> <p>Last Day Worked: ____ - ____ - ____</p> <p><input type="checkbox"/> Other Event: _____</p> <p>Date of Event: ____ - ____ - ____</p>	<p><b>Coverage Being Dropped:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Dental</td> <td><input type="checkbox"/> Employee</td> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> Child(ren)</td> </tr> <tr> <td><input type="checkbox"/> Vision</td> <td><input type="checkbox"/> Employee</td> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> Child(ren)</td> </tr> <tr> <td><input type="checkbox"/> Basic Life</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Voluntary Life</td> <td><input type="checkbox"/> Employee</td> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> Child(ren)</td> </tr> <tr> <td><input type="checkbox"/> Long Term Disability</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Short Term Disability</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Dental	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Vision	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Basic Life				<input type="checkbox"/> Voluntary Life	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Long Term Disability				<input type="checkbox"/> Short Term Disability			
<input type="checkbox"/> Dental	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren)																						
<input type="checkbox"/> Vision	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren)																						
<input type="checkbox"/> Basic Life																									
<input type="checkbox"/> Voluntary Life	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren)																						
<input type="checkbox"/> Long Term Disability																									
<input type="checkbox"/> Short Term Disability																									
<p><b>Loss Of Other Coverage:</b></p> <p>I and/or my dependents were previously covered under Loss of coverage was due to:</p> <p><input type="checkbox"/> Termination of Employment: ____ - ____ - ____</p> <p><input type="checkbox"/> Divorce/Separation ____ - ____ - ____</p> <p><input type="checkbox"/> Death of Spouse ____ - ____ - ____</p> <p><input type="checkbox"/> Termination/Expiration of Coverage ____ - ____ - ____</p> <p>Coverage Lost    <input type="checkbox"/> Dental    <input type="checkbox"/> Vision</p>	<p>I have been offered the above coverage(s) and wish to drop enrollment for the following reasons:</p> <p><input type="checkbox"/> Covered under another insurance plan</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">(additional information may be required)</p>																								

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

	Employee Only	Employee & Spouse	Employee & Dependent/Child(ren)	Employee, Spouse & Dependent/Child(ren)
Option 1: First Commonwealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2: PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• If First Commonwealth is elected, you must have a Primary Care Dentist (PCD). Please designate your PCD(s) by listing dental office location number(s) for each person. Please visit [guardianlife.com](http://guardianlife.com) for a list of providers. If you do not select a PCD, one will be assigned for you.

Employee \_\_\_\_\_ Spouse \_\_\_\_\_ Child(ren) \_\_\_\_\_

I do not want Dental Coverage because (Check 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	Employee & Spouse	Employee & Dependent/Child(ren)	Employee, Spouse & Dependent/Child(ren)
Full Feature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I do not want this Vision coverage because (Check 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:**

*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

\$10,000

The Guarantee Issue Amount is \$10,000.

\* If Employee is 65+ benefit reductions may apply which may change the GI amount. Please see enrollment materials for details.

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.)

**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"/> \$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"/> \$125,000** |
| <input type="checkbox"/> \$130,000 | <input type="checkbox"/> \$140,000 | <input type="checkbox"/> \$150,000  | <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   |

Guarantee Issue up to: Employee Less than age 65 \$100,000\*, 65-69 \$50,000, 70+ \$10,000. The Health History section must be completed if any amount above the Guarantee Issue Amount is elected. Additional Amount: per employee \$25,000\*\*. The Additional amount is available for ages Less than age 65. An Evidence of Insurability form must be completed if any amount above the Guarantee Issue Amount plus Additional 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"/> \$50,000** | <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 Amount \*\*Guarantee Issue Amount plus Additional Amount

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

I do not want this coverage

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

Policy Amount

- \$10,000\*

\*Guarantee Issue Amount

\*The amount may not be more than 10% 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*

66.7% of salary to a maximum of \$2,308

**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*

66.7% of salary to a maximum of \$6,000

**Health History**

Complete the following question(s) if you are enrolling for one or more of the following benefits listed below and you are electing an amount above coverage that is Guaranteed Issue. NOTE: Additional information may be required.

**Voluntary Life**

In the last 6 months have you or any of your dependents received medical care, including treatment, consultation services, diagnostic measures or monitoring of a condition in remission; or taken prescribed drugs for: Cancer, Heart Disease, Diabetes; or any other chronic condition?

Yes, I have.  No, I haven't.  Yes, my spouse has.  No, my spouse hasn't.  Yes, my dependent child(ren) have.  No, my dependent child(ren) haven't.

Have you or any of your dependents ever been diagnosed with, treated for or received testing related to AIDS or AIDS Related Complex by a physician or appropriately licensed clinical professional acting within the scope of his/her license?

Yes, I have.  No I haven't.  Yes, my spouse has.  No, my spouse hasn't.  Yes, my dependent child(ren) have.  No, my dependent child(ren) haven't.

An Evidence of Insurability form must be completed for any person with a "Yes" answer to the question(s) above.

## Signature

- I understand that my dependents cannot be enrolled for a coverage if I am not enrolled for that coverage.
- LIFE ONLY: I understand that life insurance coverage for a dependent/family member, other than a newborn child, will not take effect if that dependent/family member 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.

NOTICE: This coverage under the policy may only be issued if you have minimum essential coverage within the meaning of section 500A(f) of the Internal Revenue Code. By signing below, you are confirming that you have other health coverage.

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:** 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.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefit.

**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.

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

**Oregon:** 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, may be committing a fraudulent act, and may be subject to civil penalties or denial of insurance benefits.

**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.

**Oklahoma:** WARNING: Any person who knowingly, and with the 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.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.

**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.

**Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Virginia:** 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 may have violated state law.

