



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



Long term disability insurance

Coverage for longer periods where you can't 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. 2018.

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



Your dental coverage

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 limited to our PPO fee schedule.

Your Dental Plan

PPO

Your Network is	DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$0	\$0
Family limit	Not Applicable	
Waived for	Not applicable	Not applicable
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	60%	60%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1000	\$1000
Lifetime Orthodontia Maximum	\$1000	
Dependent Age Limits	26	



Your dental coverage

A Sample of Services Covered by Your Plan:

		PPO	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Once Every 3 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
Major Care	Bridges and Dentures	60%	60%
	Dental Implants	60%	60%
	Inlays, Onlays, Veneers**	60%	60%
	Single Crowns	60%	60%
Orthodontia	Orthodontia	50%	50%
	Limits:	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 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
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.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00324707

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

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.
- **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



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.

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.

Option 2: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Target®, Sam's Club®, Pearle®, Visionworks®. You can also use your network benefits online at Visionworks®.com, glasses®.com, or 1800contacts®.com.

Your Vision Plan	Option 1: Full Feature		Option 2: Full Feature - Designer	
Your Network is	VSP Network Signature Plan		Davis Vision	
Copay				
Exams Copay	\$ 10		\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25		\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>		<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$50	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$48	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$126	\$0	Amount over \$126
Frames	80% of amount over \$130 ¹	Amount over \$48	80% of amount over \$135* ²	Amount over \$48
Contact Lenses (Elective)	Amount over \$130	Amount over \$120	N/A	N/A
Contact Lenses (Elective and conventional)	N/A	N/A	85% of amount over \$135*	Amount over \$105
Contact Lenses (Planned replacement and disposable)	N/A	N/A	85% of amount over \$135*	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	15% off UCR	No discounts	No discounts	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts	Avg. 40-60% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price [^]	No discounts	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts	Up to 25% off the usual charge or 5% off promotional price	No discounts
Service Frequencies				
Exams	Every calendar year		Every calendar year	
Lenses (for glasses or contact lenses)‡‡	Every calendar year		Every calendar year	
Frames	Every two calendar years		Every two calendar years	
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.		Applies to first purchase & courtesy discount from most providers on subsequent purchases.	



Your vision coverage

Your Vision Plan	Option 1: Full Feature	Option 2: Full Feature - Designer
Dependent Age Limits	26	26

Visit www.Guardianlife.com and click on "Find a Provider"

VSP

- ‡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. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.
- 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.
- ¹Extra \$20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.

Davis

- ‡Benefit includes coverage for glasses or contact lenses, not both.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Additional discounts are not available at all private practice locations. Costco, Walmart, Sam's Club, glasses.com, and 1800contacts.com do not allow additional discounts.
- For Davis Vision, 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. Only 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.
- ²Extra \$50 at Visionworks stores and at Visionworks.com.

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-DAVIS-05-VIS et al. Contract #GP-I-VSN-96-VIS et al.

Laser Correction 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
Employee Benefit	Your employer provides \$50,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Not available
Spouse/Domestic Partner Benefit	N/A	\$5,000 increments to a maximum of \$125,000. See Cost Illustration page for details.†
Child Benefit	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.
Guarantee Issue: 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 \$50,000 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 \$10,000, 65-69 \$10,000, 70+ \$0. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Conversion: 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
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: 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
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70	35% at age 65, 50% at age 70

Subject to coverage limits

‡ Spouse/DP coverage terminates at age 70.

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.

Policy Election Amount	Monthly premiums displayed.								
	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	\$.42	\$.48	\$.73	\$ 1.29	\$ 1.99	\$ 3.01	\$ 4.78	\$ 7.98	\$ 13.07
\$20,000	\$.84	\$.96	\$ 1.46	\$ 2.58	\$ 3.98	\$ 6.02	\$ 9.56	\$ 15.96	\$ 26.14
\$30,000	\$ 1.26	\$ 1.44	\$ 2.19	\$ 3.87	\$ 5.97	\$ 9.03	\$ 14.34	\$ 23.94	\$ 39.21
\$40,000	\$ 1.68	\$ 1.92	\$ 2.92	\$ 5.16	\$ 7.96	\$ 12.04	\$ 19.12	\$ 31.92	\$ 52.28
\$50,000	\$ 2.10	\$ 2.40	\$ 3.65	\$ 6.45	\$ 9.95	\$ 15.05	\$ 23.90	\$ 39.90	\$ 65.35
\$60,000	\$ 2.52	\$ 2.88	\$ 4.38	\$ 7.74	\$ 11.94	\$ 18.06	\$ 28.68	\$ 47.88	\$ 78.42
\$70,000	\$ 2.94	\$ 3.36	\$ 5.11	\$ 9.03	\$ 13.93	\$ 21.07	\$ 33.46	\$ 55.86	\$ 91.49
\$80,000	\$ 3.36	\$ 3.84	\$ 5.84	\$ 10.32	\$ 15.92	\$ 24.08	\$ 38.24	\$ 63.84	\$ 104.56
\$90,000	\$ 3.78	\$ 4.32	\$ 6.57	\$ 11.61	\$ 17.91	\$ 27.09	\$ 43.02	\$ 71.82	\$ 117.63
\$100,000	\$ 4.20	\$ 4.80	\$ 7.30	\$ 12.90	\$ 19.90	\$ 30.10	\$ 47.80	\$ 79.80	\$ 130.70
\$110,000	\$ 4.62	\$ 5.28	\$ 8.03	\$ 14.19	\$ 21.89	\$ 33.11	\$ 52.58	\$ 87.78	\$ 143.77
\$120,000	\$ 5.04	\$ 5.76	\$ 8.76	\$ 15.48	\$ 23.88	\$ 36.12	\$ 57.36	\$ 95.76	\$ 156.84
\$130,000	\$ 5.46	\$ 6.24	\$ 9.49	\$ 16.77	\$ 25.87	\$ 39.13	\$ 62.14	\$ 103.74	\$ 169.91
\$140,000	\$ 5.88	\$ 6.72	\$ 10.22	\$ 18.06	\$ 27.86	\$ 42.14	\$ 66.92	\$ 111.72	\$ 182.98
\$150,000	\$ 6.30	\$ 7.20	\$ 10.95	\$ 19.35	\$ 29.85	\$ 45.15	\$ 71.70	\$ 119.70	\$ 196.05
\$160,000	\$ 6.72	\$ 7.68	\$ 11.68	\$ 20.64	\$ 31.84	\$ 48.16	\$ 76.48	\$ 127.68	\$ 209.12
\$170,000	\$ 7.14	\$ 8.16	\$ 12.41	\$ 21.93	\$ 33.83	\$ 51.17	\$ 81.26	\$ 135.66	\$ 222.19
\$180,000	\$ 7.56	\$ 8.64	\$ 13.14	\$ 23.22	\$ 35.82	\$ 54.18	\$ 86.04	\$ 143.64	\$ 235.26
\$190,000	\$ 7.98	\$ 9.12	\$ 13.87	\$ 24.51	\$ 37.81	\$ 57.19	\$ 90.82	\$ 151.62	\$ 248.33
\$200,000	\$ 8.40	\$ 9.60	\$ 14.60	\$ 25.80	\$ 39.80	\$ 60.20	\$ 95.60	\$ 159.60	\$ 261.40
\$210,000	\$ 8.82	\$ 10.08	\$ 15.33	\$ 27.09	\$ 41.79	\$ 63.21	\$ 100.38	\$ 167.58	\$ 274.47
\$220,000	\$ 9.24	\$ 10.56	\$ 16.06	\$ 28.38	\$ 43.78	\$ 66.22	\$ 105.16	\$ 175.56	\$ 287.54
\$230,000	\$ 9.66	\$ 11.04	\$ 16.79	\$ 29.67	\$ 45.77	\$ 69.23	\$ 109.94	\$ 183.54	\$ 300.61
\$240,000	\$ 10.08	\$ 11.52	\$ 17.52	\$ 30.96	\$ 47.76	\$ 72.24	\$ 114.72	\$ 191.52	\$ 313.68
\$250,000	\$ 10.50	\$ 12.00	\$ 18.25	\$ 32.25	\$ 49.75	\$ 75.25	\$ 119.50	\$ 199.50	\$ 326.75
Spouse/DP	Policy Election Amount								
\$5,000	\$.21	\$.24	\$.37	\$.65	\$ 1.00	\$ 1.51	\$ 2.39	\$ 3.99	\$ 6.54
\$10,000	\$.42	\$.48	\$.73	\$ 1.29	\$ 1.99	\$ 3.01	\$ 4.78	\$ 7.98	\$ 13.07

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$15,000	\$.63	\$.72	\$ 1.10	\$ 1.94	\$ 2.99	\$ 4.52	\$ 7.17	\$ 11.97	\$ 19.61
\$20,000	\$.84	\$.96	\$ 1.46	\$ 2.58	\$ 3.98	\$ 6.02	\$ 9.56	\$ 15.96	\$ 26.14
\$25,000	\$ 1.05	\$ 1.20	\$ 1.83	\$ 3.23	\$ 4.98	\$ 7.53	\$ 11.95	\$ 19.95	\$ 32.68
\$30,000	\$ 1.26	\$ 1.44	\$ 2.19	\$ 3.87	\$ 5.97	\$ 9.03	\$ 14.34	\$ 23.94	\$ 39.21
\$35,000	\$ 1.47	\$ 1.68	\$ 2.56	\$ 4.52	\$ 6.97	\$ 10.54	\$ 16.73	\$ 27.93	\$ 45.75
\$40,000	\$ 1.68	\$ 1.92	\$ 2.92	\$ 5.16	\$ 7.96	\$ 12.04	\$ 19.12	\$ 31.92	\$ 52.28
\$45,000	\$ 1.89	\$ 2.16	\$ 3.29	\$ 5.81	\$ 8.96	\$ 13.55	\$ 21.51	\$ 35.91	\$ 58.82
\$50,000	\$ 2.10	\$ 2.40	\$ 3.65	\$ 6.45	\$ 9.95	\$ 15.05	\$ 23.90	\$ 39.90	\$ 65.35
\$55,000	\$ 2.31	\$ 2.64	\$ 4.02	\$ 7.10	\$ 10.95	\$ 16.56	\$ 26.29	\$ 43.89	\$ 71.89
\$60,000	\$ 2.52	\$ 2.88	\$ 4.38	\$ 7.74	\$ 11.94	\$ 18.06	\$ 28.68	\$ 47.88	\$ 78.42
\$65,000	\$ 2.73	\$ 3.12	\$ 4.75	\$ 8.39	\$ 12.94	\$ 19.57	\$ 31.07	\$ 51.87	\$ 84.96
\$70,000	\$ 2.94	\$ 3.36	\$ 5.11	\$ 9.03	\$ 13.93	\$ 21.07	\$ 33.46	\$ 55.86	\$ 91.49
\$75,000	\$ 3.15	\$ 3.60	\$ 5.48	\$ 9.68	\$ 14.93	\$ 22.58	\$ 35.85	\$ 59.85	\$ 98.03
\$80,000	\$ 3.36	\$ 3.84	\$ 5.84	\$ 10.32	\$ 15.92	\$ 24.08	\$ 38.24	\$ 63.84	\$ 104.56
\$85,000	\$ 3.57	\$ 4.08	\$ 6.21	\$ 10.97	\$ 16.92	\$ 25.59	\$ 40.63	\$ 67.83	\$ 111.10
\$90,000	\$ 3.78	\$ 4.32	\$ 6.57	\$ 11.61	\$ 17.91	\$ 27.09	\$ 43.02	\$ 71.82	\$ 117.63
\$95,000	\$ 3.99	\$ 4.56	\$ 6.94	\$ 12.26	\$ 18.91	\$ 28.60	\$ 45.41	\$ 75.81	\$ 124.17
\$100,000	\$ 4.20	\$ 4.80	\$ 7.30	\$ 12.90	\$ 19.90	\$ 30.10	\$ 47.80	\$ 79.80	\$ 130.70
\$105,000	\$ 4.41	\$ 5.04	\$ 7.67	\$ 13.55	\$ 20.90	\$ 31.61	\$ 50.19	\$ 83.79	\$ 137.24
\$110,000	\$ 4.62	\$ 5.28	\$ 8.03	\$ 14.19	\$ 21.89	\$ 33.11	\$ 52.58	\$ 87.78	\$ 143.77
\$115,000	\$ 4.83	\$ 5.52	\$ 8.40	\$ 14.84	\$ 22.89	\$ 34.62	\$ 54.97	\$ 91.77	\$ 150.31
\$120,000	\$ 5.04	\$ 5.76	\$ 8.76	\$ 15.48	\$ 23.88	\$ 36.12	\$ 57.36	\$ 95.76	\$ 156.84
\$125,000	\$ 5.25	\$ 6.00	\$ 9.13	\$ 16.13	\$ 24.88	\$ 37.63	\$ 59.75	\$ 99.75	\$ 163.38
Policy Election Amount									
Child(ren)									
\$10,000	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80

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

Premiums for Voluntary Life Increase in five-year increments

Spouse/DP coverage premium is based on Employee age.

†Benefit reductions apply.

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-ADCL I-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



Long term disability insurance

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 long term disability coverage

Long-Term Disability

Coverage amount	66.67% of salary to maximum \$8000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: 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 \$8000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
Pre-existing conditions: 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 limitation
Survivor benefit: Additional benefit payable to your family if you die while disabled.	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 long term 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 limit 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 # GP-1-LTD-15-1.0 et al.

Guardian's Group Long Term Disability 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 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-LTD07-1.0, et al, GP-1-LTD-15

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.

¹Office 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



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 week¹.



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.

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.

Long term 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.

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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THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

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

Please print clearly and mark carefully.

Employer Name: DAEMEN UNIVERSITY	Group Plan Number: 00324707	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: STAFF Division: _____ Subtotal Code: _____ (Please obtain this from your Employer)

About You: First, MI, Last Name: _____	Employer Provided Identification: _____	Social Security Number or Taxpayer Identification Number (TIN) ____ - ____ - ____ Your Social Security Number or TIN 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: ____ - ____ - ____

About Your Job:	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 or TIN 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"). Address/City/State/Zip: Phone: () -	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number or TIN ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____
Child/Dependent 1: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number or TIN ____ - ____ - ____ 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		

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

	Employee Only	EE, Spouse & Dependent/Child(ren)
Option 1: Full Feature	<input type="checkbox"/>	<input type="checkbox"/>
Option 2: Full Feature - Designer	<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 with Accidental Death and Dismemberment (AD&D):

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

\$50,000

The Guarantee Issue

Amount is \$50,000.

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:** 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"/> \$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 | | | | | |

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"/> \$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 | | | | | |

Guarantee Issue up to: Spouse Less than age 65 \$10,000*, 65-69 \$10,000, 70+ \$0.

**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**

- \$10,000***

**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: () - _____

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

66.67% of salary to a maximum of \$8,000

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 two or more Activities of Daily Living (ADL's).
- I understand no later than 30 days following delivery of accident-only, hospital indemnity, and/or specified disease coverage, Guardian will ask in a written request whether at least major medical insurance or at least basic hospital insurance and basic medical insurance (required underlying coverage) is in force on the effective date of coverage. If Guardian receives a written response that the required underlying coverage is not in force for an insured person on the effective date of coverage, the accident-only, hospital indemnity, and/or specified disease coverage for that insured person will be voided from its beginning with a full premium refund for such person.
- 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 agree that my [employer] or my employer's designated administrator may deduct premiums from my pay apply premiums to my credit card or debit card add premiums to my dues withdraw premiums from my designated bank account, apply premiums to my credit or debit card if they are required for the coverage I have chosen.
- By my signature below, I affirmatively 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
- By my signature below, I affirmatively 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 state that the information provided above is true and correct to the best of my knowledge and belief.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. A discount is associated with the accelerated death benefits. A fee of up to \$250.00 will be required for the administrative cost of evaluating and processing Your application for this benefit.

The Policy permits the group Policyholder to change, reduce, restrict or terminate Your rights or benefits under the Policy without Your consent; and b) such change, reduction, restriction or termination may occur at a time when Your health status has changed and may affect Your ability to procure individual coverage. The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

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

READ YOUR CERTIFICATE CAREFULLY. CERTAIN WAR RISKS ARE NOT ASSUMED. IN CASE OF ANY DOUBT, CONTACT YOUR COMPANY FOR FURTHER EXPLANATION.

The laws of New York require the following statement appear: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

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.