



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



Life insurance

Protecting your family's financial future



Long term disability insurance

Coverage for longer periods where you can't work



Critical illness insurance

Taking care of the expenses if you're critically ill



Accident insurance

Helping you cover expenses after an accident



Hospital indemnity insurance

Covering some of your hospital stay costs

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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 Basic Life Coverage for all full time employees in the amount of 100% of your annual salary, to a maximum of \$100,000.	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse/Domestic Partner Benefit	N/A	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.‡
Child Benefit	N/A	Your dependent children age 14 days to 26 years. \$2,000 increments to a maximum of \$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 \$100,000 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 \$25,000, 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
LifeAssistSM: 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	No
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 70, 50% at age 75	35% at age 70, 50% at age 75

Subject to coverage limits

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

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

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

Voluntary Life Cost Illustration:

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

Employee	Monthly premiums displayed.								
	Policy Election Amount	Policy Election Cost Per Age Bracket							
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$10,000	\$.49	\$.65	\$.96	\$ 1.45	\$ 2.25	\$ 3.29	\$ 4.75	\$ 6.18	\$ 8.88
\$20,000	\$.98	\$ 1.30	\$ 1.92	\$ 2.90	\$ 4.50	\$ 6.58	\$ 9.50	\$ 12.36	\$ 17.76
\$30,000	\$ 1.47	\$ 1.95	\$ 2.88	\$ 4.35	\$ 6.75	\$ 9.87	\$ 14.25	\$ 18.54	\$ 26.64
\$40,000	\$ 1.96	\$ 2.60	\$ 3.84	\$ 5.80	\$ 9.00	\$ 13.16	\$ 19.00	\$ 24.72	\$ 35.52
\$50,000	\$ 2.45	\$ 3.25	\$ 4.80	\$ 7.25	\$ 11.25	\$ 16.45	\$ 23.75	\$ 30.90	\$ 44.40
\$60,000	\$ 2.94	\$ 3.90	\$ 5.76	\$ 8.70	\$ 13.50	\$ 19.74	\$ 28.50	\$ 37.08	\$ 53.28
\$70,000	\$ 3.43	\$ 4.55	\$ 6.72	\$ 10.15	\$ 15.75	\$ 23.03	\$ 33.25	\$ 43.26	\$ 62.16
\$80,000	\$ 3.92	\$ 5.20	\$ 7.68	\$ 11.60	\$ 18.00	\$ 26.32	\$ 38.00	\$ 49.44	\$ 71.04
\$90,000	\$ 4.41	\$ 5.85	\$ 8.64	\$ 13.05	\$ 20.25	\$ 29.61	\$ 42.75	\$ 55.62	\$ 79.92
\$100,000	\$ 4.90	\$ 6.50	\$ 9.60	\$ 14.50	\$ 22.50	\$ 32.90	\$ 47.50	\$ 61.80	\$ 88.80
\$110,000	\$ 5.39	\$ 7.15	\$ 10.56	\$ 15.95	\$ 24.75	\$ 36.19	\$ 52.25	\$ 67.98	\$ 97.68
\$120,000	\$ 5.88	\$ 7.80	\$ 11.52	\$ 17.40	\$ 27.00	\$ 39.48	\$ 57.00	\$ 74.16	\$ 106.56
\$130,000	\$ 6.37	\$ 8.45	\$ 12.48	\$ 18.85	\$ 29.25	\$ 42.77	\$ 61.75	\$ 80.34	\$ 115.44
\$140,000	\$ 6.86	\$ 9.10	\$ 13.44	\$ 20.30	\$ 31.50	\$ 46.06	\$ 66.50	\$ 86.52	\$ 124.32
\$150,000	\$ 7.35	\$ 9.75	\$ 14.40	\$ 21.75	\$ 33.75	\$ 49.35	\$ 71.25	\$ 92.70	\$ 133.20
\$160,000	\$ 7.84	\$ 10.40	\$ 15.36	\$ 23.20	\$ 36.00	\$ 52.64	\$ 76.00	\$ 98.88	\$ 142.08
\$170,000	\$ 8.33	\$ 11.05	\$ 16.32	\$ 24.65	\$ 38.25	\$ 55.93	\$ 80.75	\$ 105.06	\$ 150.96
\$180,000	\$ 8.82	\$ 11.70	\$ 17.28	\$ 26.10	\$ 40.50	\$ 59.22	\$ 85.50	\$ 111.24	\$ 159.84
\$190,000	\$ 9.31	\$ 12.35	\$ 18.24	\$ 27.55	\$ 42.75	\$ 62.51	\$ 90.25	\$ 117.42	\$ 168.72
\$200,000	\$ 9.80	\$ 13.00	\$ 19.20	\$ 29.00	\$ 45.00	\$ 65.80	\$ 95.00	\$ 123.60	\$ 177.60
\$210,000	\$ 10.29	\$ 13.65	\$ 20.16	\$ 30.45	\$ 47.25	\$ 69.09	\$ 99.75	\$ 129.78	\$ 186.48
\$220,000	\$ 10.78	\$ 14.30	\$ 21.12	\$ 31.90	\$ 49.50	\$ 72.38	\$ 104.50	\$ 135.96	\$ 195.36
\$230,000	\$ 11.27	\$ 14.95	\$ 22.08	\$ 33.35	\$ 51.75	\$ 75.67	\$ 109.25	\$ 142.14	\$ 204.24
\$240,000	\$ 11.76	\$ 15.60	\$ 23.04	\$ 34.80	\$ 54.00	\$ 78.96	\$ 114.00	\$ 148.32	\$ 213.12
\$250,000	\$ 12.25	\$ 16.25	\$ 24.00	\$ 36.25	\$ 56.25	\$ 82.25	\$ 118.75	\$ 154.50	\$ 222.00
\$260,000	\$ 12.74	\$ 16.90	\$ 24.96	\$ 37.70	\$ 58.50	\$ 85.54	\$ 123.50	\$ 160.68	\$ 230.88
\$270,000	\$ 13.23	\$ 17.55	\$ 25.92	\$ 39.15	\$ 60.75	\$ 88.83	\$ 128.25	\$ 166.86	\$ 239.76
\$280,000	\$ 13.72	\$ 18.20	\$ 26.88	\$ 40.60	\$ 63.00	\$ 92.12	\$ 133.00	\$ 173.04	\$ 248.64
\$290,000	\$ 14.21	\$ 18.85	\$ 27.84	\$ 42.05	\$ 65.25	\$ 95.41	\$ 137.75	\$ 179.22	\$ 257.52

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$300,000	\$14.70	\$19.50	\$28.80	\$43.50	\$67.50	\$98.70	\$142.50	\$185.40	\$266.40
\$310,000	\$15.19	\$20.15	\$29.76	\$44.95	\$69.75	\$101.99	\$147.25	\$191.58	\$275.28
\$320,000	\$15.68	\$20.80	\$30.72	\$46.40	\$72.00	\$105.28	\$152.00	\$197.76	\$284.16
\$330,000	\$16.17	\$21.45	\$31.68	\$47.85	\$74.25	\$108.57	\$156.75	\$203.94	\$293.04
\$340,000	\$16.66	\$22.10	\$32.64	\$49.30	\$76.50	\$111.86	\$161.50	\$210.12	\$301.92
\$350,000	\$17.15	\$22.75	\$33.60	\$50.75	\$78.75	\$115.15	\$166.25	\$216.30	\$310.80
\$360,000	\$17.64	\$23.40	\$34.56	\$52.20	\$81.00	\$118.44	\$171.00	\$222.48	\$319.68
\$370,000	\$18.13	\$24.05	\$35.52	\$53.65	\$83.25	\$121.73	\$175.75	\$228.66	\$328.56
\$380,000	\$18.62	\$24.70	\$36.48	\$55.10	\$85.50	\$125.02	\$180.50	\$234.84	\$337.44
\$390,000	\$19.11	\$25.35	\$37.44	\$56.55	\$87.75	\$128.31	\$185.25	\$241.02	\$346.32
\$400,000	\$19.60	\$26.00	\$38.40	\$58.00	\$90.00	\$131.60	\$190.00	\$247.20	\$355.20
\$410,000	\$20.09	\$26.65	\$39.36	\$59.45	\$92.25	\$134.89	\$194.75	\$253.38	\$364.08
\$420,000	\$20.58	\$27.30	\$40.32	\$60.90	\$94.50	\$138.18	\$199.50	\$259.56	\$372.96
\$430,000	\$21.07	\$27.95	\$41.28	\$62.35	\$96.75	\$141.47	\$204.25	\$265.74	\$381.84
\$440,000	\$21.56	\$28.60	\$42.24	\$63.80	\$99.00	\$144.76	\$209.00	\$271.92	\$390.72
\$450,000	\$22.05	\$29.25	\$43.20	\$65.25	\$101.25	\$148.05	\$213.75	\$278.10	\$399.60
\$460,000	\$22.54	\$29.90	\$44.16	\$66.70	\$103.50	\$151.34	\$218.50	\$284.28	\$408.48
\$470,000	\$23.03	\$30.55	\$45.12	\$68.15	\$105.75	\$154.63	\$223.25	\$290.46	\$417.36
\$480,000	\$23.52	\$31.20	\$46.08	\$69.60	\$108.00	\$157.92	\$228.00	\$296.64	\$426.24
\$490,000	\$24.01	\$31.85	\$47.04	\$71.05	\$110.25	\$161.21	\$232.75	\$302.82	\$435.12
\$500,000	\$24.50	\$32.50	\$48.00	\$72.50	\$112.50	\$164.50	\$237.50	\$309.00	\$444.00
Policy Election Amount									
Spouse/DP									
\$5,000	\$3.39	\$5.52	\$7.75	\$11.12	\$17.75	\$25.99	\$38.82	\$55.30	\$77.55
\$10,000	\$7.78	\$11.03	\$15.49	\$22.24	\$35.49	\$51.18	\$76.64	\$109.59	\$155.09
\$15,000	\$11.17	\$16.55	\$22.24	\$33.36	\$52.24	\$77.77	\$114.46	\$165.89	\$226.64
\$20,000	\$15.56	\$23.06	\$32.98	\$48.48	\$73.98	\$109.36	\$162.28	\$231.18	\$330.18
\$25,000	\$19.95	\$29.58	\$43.73	\$65.60	\$99.73	\$147.95	\$219.10	\$316.48	\$451.73
\$30,000	\$24.34	\$36.09	\$54.47	\$83.72	\$126.47	\$187.54	\$278.92	\$401.77	\$575.27
\$35,000	\$28.73	\$42.61	\$65.22	\$103.84	\$156.22	\$230.13	\$341.74	\$497.07	\$701.82
\$40,000	\$33.12	\$49.12	\$76.96	\$126.96	\$187.96	\$275.72	\$409.56	\$592.36	\$831.36
\$45,000	\$37.51	\$55.64	\$88.71	\$152.08	\$221.71	\$324.31	\$482.38	\$697.66	\$964.91
\$50,000	\$41.90	\$62.15	\$100.45	\$178.20	\$258.45	\$375.90	\$561.20	\$812.95	\$1103.45

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$55,000	\$4.29	\$5.67	\$8.20	\$12.32	\$19.20	\$28.49	\$42.02	\$58.25	\$83.00
\$60,000	\$4.68	\$6.18	\$8.94	\$13.44	\$20.94	\$31.08	\$45.84	\$63.54	\$90.54
\$65,000	\$5.07	\$6.70	\$9.69	\$14.56	\$22.69	\$33.67	\$49.66	\$68.84	\$98.09
\$70,000	\$5.46	\$7.21	\$10.43	\$15.68	\$24.43	\$36.26	\$53.48	\$74.13	\$105.63
\$75,000	\$5.85	\$7.73	\$11.18	\$16.80	\$26.18	\$38.85	\$57.30	\$79.43	\$113.18
\$80,000	\$6.24	\$8.24	\$11.92	\$17.92	\$27.92	\$41.44	\$61.12	\$84.72	\$120.72
\$85,000	\$6.63	\$8.76	\$12.67	\$19.04	\$29.67	\$44.03	\$64.94	\$90.02	\$128.27
\$90,000	\$7.02	\$9.27	\$13.41	\$20.16	\$31.41	\$46.62	\$68.76	\$95.31	\$135.81
\$95,000	\$7.41	\$9.79	\$14.16	\$21.28	\$33.16	\$49.21	\$72.58	\$100.61	\$143.36
\$100,000	\$7.80	\$10.30	\$14.90	\$22.40	\$34.90	\$51.80	\$76.40	\$105.90	\$150.90
\$105,000	\$8.19	\$10.82	\$15.65	\$23.52	\$36.65	\$54.39	\$80.22	\$111.20	\$158.45
\$110,000	\$8.58	\$11.33	\$16.39	\$24.64	\$38.39	\$56.98	\$84.04	\$116.49	\$165.99
\$115,000	\$8.97	\$11.85	\$17.14	\$25.76	\$40.14	\$59.57	\$87.86	\$121.79	\$173.54
\$120,000	\$9.36	\$12.36	\$17.88	\$26.88	\$41.88	\$62.16	\$91.68	\$127.08	\$181.08
\$125,000	\$9.75	\$12.88	\$18.63	\$28.00	\$43.63	\$64.75	\$95.50	\$132.38	\$188.63
\$130,000	\$10.14	\$13.39	\$19.37	\$29.12	\$45.37	\$67.34	\$99.32	\$137.67	\$196.17
\$135,000	\$10.53	\$13.91	\$20.12	\$30.24	\$47.12	\$69.93	\$103.14	\$142.97	\$203.72
\$140,000	\$10.92	\$14.42	\$20.86	\$31.36	\$48.86	\$72.52	\$106.96	\$148.26	\$211.26
\$145,000	\$11.31	\$14.94	\$21.61	\$32.48	\$50.61	\$75.11	\$110.78	\$153.56	\$218.81
\$150,000	\$11.70	\$15.45	\$22.35	\$33.60	\$52.35	\$77.70	\$114.60	\$158.85	\$226.35
\$155,000	\$12.09	\$15.97	\$23.10	\$34.72	\$54.10	\$80.29	\$118.42	\$164.15	\$233.90
\$160,000	\$12.48	\$16.48	\$23.84	\$35.84	\$55.84	\$82.88	\$122.24	\$169.44	\$241.44
\$165,000	\$12.87	\$17.00	\$24.59	\$36.96	\$57.59	\$85.47	\$126.06	\$174.74	\$248.99
\$170,000	\$13.26	\$17.51	\$25.33	\$38.08	\$59.33	\$88.06	\$129.88	\$180.03	\$256.53
\$175,000	\$13.65	\$18.03	\$26.08	\$39.20	\$61.08	\$90.65	\$133.70	\$185.33	\$264.08
\$180,000	\$14.04	\$18.54	\$26.82	\$40.32	\$62.82	\$93.24	\$137.52	\$190.62	\$271.62
\$185,000	\$14.43	\$19.06	\$27.57	\$41.44	\$64.57	\$95.83	\$141.34	\$195.92	\$279.17
\$190,000	\$14.82	\$19.57	\$28.31	\$42.56	\$66.31	\$98.42	\$145.16	\$201.21	\$286.71
\$195,000	\$15.21	\$20.09	\$29.06	\$43.68	\$68.06	\$101.01	\$148.98	\$206.51	\$294.26
\$200,000	\$15.60	\$20.60	\$29.80	\$44.80	\$69.80	\$103.60	\$152.80	\$211.80	\$301.80
\$205,000	\$15.99	\$21.12	\$30.55	\$45.92	\$71.55	\$106.19	\$156.62	\$217.10	\$309.35
\$210,000	\$16.38	\$21.63	\$31.29	\$47.04	\$73.29	\$108.78	\$160.44	\$222.39	\$316.89

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$215,000	\$16.77	\$22.15	\$32.04	\$48.16	\$75.04	\$111.37	\$164.26	\$227.69	\$324.44
\$220,000	\$17.16	\$22.66	\$32.78	\$49.28	\$76.78	\$113.96	\$168.08	\$232.98	\$331.98
\$225,000	\$17.55	\$23.18	\$33.53	\$50.40	\$78.53	\$116.55	\$171.90	\$238.28	\$339.53
\$230,000	\$17.94	\$23.69	\$34.27	\$51.52	\$80.27	\$119.14	\$175.72	\$243.57	\$347.07
\$235,000	\$18.33	\$24.21	\$35.02	\$52.64	\$82.02	\$121.73	\$179.54	\$248.87	\$354.62
\$240,000	\$18.72	\$24.72	\$35.76	\$53.76	\$83.76	\$124.32	\$183.36	\$254.16	\$362.16
\$245,000	\$19.11	\$25.24	\$36.51	\$54.88	\$85.51	\$126.91	\$187.18	\$259.46	\$369.71
\$250,000	\$19.50	\$25.75	\$37.25	\$56.00	\$87.25	\$129.50	\$191.00	\$264.75	\$377.25
Policy Election Amount									
Child(ren)									
\$2,000	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75
\$4,000	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50
\$6,000	\$2.26	\$2.26	\$2.26	\$2.26	\$2.26	\$2.26	\$2.26	\$2.26	\$2.26
\$8,000	\$3.01	\$3.01	\$3.01	\$3.01	\$3.01	\$3.01	\$3.01	\$3.01	\$3.01
\$10,000	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76	\$3.76

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.

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-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-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

CHAMBLISS BAHNER & STOPHEL, PC

ALL OTHER ELIGIBLE EMPLOYEES

Kit created 07/02/2024
Group number: 00578644

Accidental Death and Dismemberment Life Cost Illustration:

AD&D coverage provides additional benefits following an accidental death or certain bodily injuries. Election amount will equal 1 times the election amount for Voluntary life election.

Employee Policy Election Amount	Monthly Premiums displayed	Spouse Policy Election Amount	Monthly Premiums displayed	Child(ren) Policy Election Amount	Monthly Premiums displayed
\$10,000	\$0.36	\$5,000	\$0.19	\$2,000	\$0.08
\$20,000	\$0.72	\$10,000	\$0.38	\$4,000	\$0.16
\$30,000	\$1.08	\$15,000	\$0.57	\$6,000	\$0.23
\$40,000	\$1.44	\$20,000	\$0.76	\$8,000	\$0.31
\$50,000	\$1.80	\$25,000	\$0.95	\$10,000	\$0.39
\$60,000	\$2.16	\$30,000	\$1.14		
\$70,000	\$2.52	\$35,000	\$1.33		
\$80,000	\$2.88	\$40,000	\$1.52		
\$90,000	\$3.24	\$45,000	\$1.71		
\$100,000	\$3.60	\$50,000	\$1.90		
\$110,000	\$3.96	\$55,000	\$2.09		
\$120,000	\$4.32	\$60,000	\$2.28		
\$130,000	\$4.68	\$65,000	\$2.47		
\$140,000	\$5.04	\$70,000	\$2.66		
\$150,000	\$5.40	\$75,000	\$2.85		
\$160,000	\$5.76	\$80,000	\$3.04		
\$170,000	\$6.12	\$85,000	\$3.23		
\$180,000	\$6.48	\$90,000	\$3.42		
\$190,000	\$6.84	\$95,000	\$3.61		
\$200,000	\$7.20	\$100,000	\$3.80		
\$210,000	\$7.56	\$105,000	\$3.99		
\$220,000	\$7.92	\$110,000	\$4.18		
\$230,000	\$8.28	\$115,000	\$4.37		
\$240,000	\$8.64	\$120,000	\$4.56		
\$250,000	\$9.00	\$125,000	\$4.75		
\$260,000	\$9.36	\$130,000	\$4.94		
\$270,000	\$9.72	\$135,000	\$5.13		
\$280,000	\$10.08	\$140,000	\$5.32		
\$290,000	\$10.44	\$145,000	\$5.51		
\$300,000	\$10.80	\$150,000	\$5.70		
\$310,000	\$11.16	\$155,000	\$5.89		
\$320,000	\$11.52	\$160,000	\$6.08		
\$330,000	\$11.88	\$165,000	\$6.27		
\$340,000	\$12.24	\$170,000	\$6.46		
\$350,000	\$12.60	\$175,000	\$6.65		
\$360,000	\$12.96	\$180,000	\$6.84		
\$370,000	\$13.32	\$185,000	\$7.03		
\$380,000	\$13.68	\$190,000	\$7.22		
\$390,000	\$14.04	\$195,000	\$7.41		
\$400,000	\$14.40	\$200,000	\$7.60		
\$410,000	\$14.76	\$205,000	\$7.79		
\$420,000	\$15.12	\$210,000	\$7.98		
\$430,000	\$15.48	\$215,000	\$8.17		
\$440,000	\$15.84	\$220,000	\$8.36		
\$450,000	\$16.20	\$225,000	\$8.55		
\$460,000	\$16.56	\$230,000	\$8.74		

Employee Policy Election Amount	Monthly Premiums displayed	Spouse Policy Election Amount	Monthly Premiums displayed	Child(ren) Policy Election Amount	Monthly Premiums displayed
\$470,000	\$16.92	\$235,000	\$8.93		
\$480,000	\$17.28	\$240,000	\$9.12		
\$490,000	\$17.64	\$245,000	\$9.31		
\$500,000	\$18.00	\$250,000	\$9.50		

Benefit reductions apply.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR AD&D

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. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet 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.

We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared

or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated.

The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

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 AD&D 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.
Policy Form # GP-1-ADD-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	60% of salary to maximum \$7500/month
Maximum payment period: Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
Lifetime Benefit ADL: Allows monthly benefits to continue beyond the maximum payment period if you are severely disabled.	Yes
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 \$7500 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 exclusion
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 three years of disability, you will receive benefit payments while you are unable to work in your own occupation. After three 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 includes average bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **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 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 # 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

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Critical illness insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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

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



Critical costs

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

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

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

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

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

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

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



Your critical illness coverage

CRITICAL ILLNESS

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



Your critical illness coverage

CRITICAL ILLNESS

Spouse/Domestic Partner Benefit	May choose a lump sum benefit of \$2,500 to \$25,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue/Conditional Issue: The 'Guarantee/Conditional' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	<p>We Guarantee Issue up to: \$20,000</p> <p>For a spouse: \$10,000</p> <p>For a child: All Amounts</p> <p>Health questions are required if the elected amount exceeds the Guarantee Issue.</p>
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 months prior, 12 months after

WELLNESS BENEFIT

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

Condition Definitions

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



Your critical illness coverage

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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

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

Employees must be legally working in the United States in order to be eligible

for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

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

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

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

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

Contract # GP-1-CI-14

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



Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?

Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

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

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



Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

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

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

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



Your accident coverage

ACCIDENT	
COVERAGE - DETAILS	
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$50,000 Spouse \$20,000 Child \$10,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: \$500 Rollover Maximum: \$250 Fund Maximum: \$1,000
FEATURES	
Air Ambulance	\$1,500
Ambulance	\$300
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$2,000 18 sq inches To 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$12,500
Concussion Baseline Study	\$25



Your accident coverage

FEATURES (Cont.)

Concussions	\$300
Diagnostic Exam (Major)	\$300
Dislocations	Schedule up to \$7,000
Doctor Follow-Up Visits	\$75, up to 6 treatments
Emergency Dental Work	\$400/Crown, \$100/Extraction
Emergency Room Treatment	\$250
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	\$30/day, up to 30 days
Fractures	Schedule up to \$8,000
Gun Shot Wound	\$1,000
Hospital Admission	\$1,500
Hospital Confinement	\$300/day - up to 1 year
Hospital ICU Admission	\$3,000
Hospital ICU Confinement	\$600/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$125
Joint Replacement (Hip/Knee/Shoulder)	\$3,500/\$1,750/\$1,750
Knee Cartilage	\$750
Laceration	Schedule up to \$500
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$150/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$600
Outpatient Therapies	\$50/day, up to 10 days
Post-Traumatic Stress Disorder	\$500
Prosthetic Device/Artificial Limb	1: \$1,000 2 or more: \$2,000
Rehabilitation Unit Confinement	\$150/day, up to 15 days
Ruptured Disc With Surgical Repair	\$750
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,500 Hernia: \$300
Surgery (Exploratory or Arthroscopic)	\$500
Tendon/Ligament/Rotator Cuff	1: \$750 2 or more: \$1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$600/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$5,000
X - Ray	\$50



Your accident coverage

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the

policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-ACC-18

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



Your accident coverage

Guardian's Accident 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 Accident 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.

IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18

TravelAid - 24/7 Emergency Medical and Travel Assistance

Expect the unexpected.

A comprehensive travel assistance program providing 24/7 emergency medical and travel assistance services when you are outside your home country or 100 or more miles away from your primary residence in your home country. The program also provides emergency security assistance services when you are outside of your home country. This program is not a travel insurance policy. Requests for reimbursement for medical transport or other services arranged independently by you will not be accepted.

How it can help



Medical Evacuation & Repatriation Services

- Emergency medical evacuation^{1,2}
- Dispatch of doctors/specialists
- Medical repatriation
- And more



Medical Assistance Services

- Worldwide medical and dental referrals
- Monitoring of treatment
- Facilitation of hospital payment
- And more



Travel Assistance Services

- Replacement of lost or stolen travel documents
- Emergency travel arrangements
- Transfer of funds
- And more

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

¹ Transportation cost incurred will be paid for by Uprise Health.

² Coverage subject to a \$20,000 per incident maximum.

TravelAid services are provided by Uprise Health, and United Healthcare Global. UHC Global provides non-insurance Assistance Services and is not financially responsible for the Services. UHC Global does not guarantee clinical outcomes. The Guardian Life Insurance Company of America (Guardian) does not provide any part of TravelAid 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 policy can provide the actual terms, services, limitations and exclusions. We are not responsible for availability, quality, result of or failure to provide any medical, legal or other care or service caused by conditions beyond Our control. Guardian and Uprise Health reserve the right to discontinue TravelAid at any time, without notice. TravelAid services may not be available in all states. Legal/financial assistance and resources services are not available in the states of New York and Hawaii.



How to access



Email

assistance@uhcglobal.com



UHCG ID

329111



Call

1 410 453 6330



Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

Who is it for?

Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

What does it cover?

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you – even if you didn't incur any out-of-pocket expenses.

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



Be prepared

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

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

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

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

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

John's Guardian Hospital Indemnity policy pays him **\$1,000** for hospital admission.

The policy gives him a total payment of **\$1,000** to help cover the out-of-pocket amount.

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 hospital indemnity coverage

Hospital Indemnity	
	Option I
Coverage Details	
Your Monthly premium	\$22.21
You and Spouse/Domestic Partner	\$44.10
You and Child(ren)	\$34.45
You, Spouse/Domestic Partner and Child(ren)	\$56.34
Benefits	
Hospital/ICU Admission	\$1,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 15 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.



Your hospital indemnity coverage

LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

- Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;

Rest cures or custodial care, or treatment of sleep disorders;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

GP-1-HI-15

Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-HI-15, GP-1-LAH-12R



Watch our videos
See how Guardian + Spring Health can help provide better ways to deal with burnout and stress.

Mental Wellness Benefits

Caring for your mental health is essential, since it affects how you think, feel, and act.

When you need support, it is critical that it be quick, effective, confidential, and come at no cost to you. Personalized mental wellness benefits provided by Spring Health through Guardian range from online exercises to deal with day-to-day stressors to in-person or virtual licensed therapy — all clinically proven to improve your overall well-being.¹

What does it cover?

Spring Health offers:

- Confidential in-person and virtual therapy
- On-the-go mental wellness exercises with *Moments*
- A personalized care plan specific to you
- Dedicated, ongoing support from licensed Care Navigators
- Virtual small-group led support sessions through *WellSprings*
- 30-minute coaching sessions with a life coach

Why should I consider it?

Spring Health provides:

- 100% confidentiality - your information is never shared with your employer
- Immediate access - less than 2 days on average to first appointment
- Real results - nearly 70% of members report reliable improvements in anxiety and depression²
- Network diversity - with 45% of providers identifying as Black, Indigenous, or People of Color; 28% specializing in LGBTQIA+ issues; 15 unique racial and ethnic backgrounds; 48 languages spoken fluently



Get started

These benefits are available to you now. Activate your account and get started today.

Go to

guardianbenefits.springhealth.com

Create your account

Provide your legal name, date of birth, and if available, a work email address.

You could also search for “Spring Health Mobile” in your app store.

For more information or support, go to springhealth.com/support or call **1 855 629 0554** (option 2 for crisis support).

¹Spring Health proprietary research based on results from use of the Spring Health platform, May 2021. ²Bondar J. Babich Morrow C. Gueorguieva R, et al. Clinical and Financial Outcomes Associated With a Workplace Mental Health Program Before and During the COVID-19 Pandemic. *JAMA Netw Open.* 2022;5(6):e2216349. doi:10.1001/jamanetworkopen.2022.16349; 5/13, 7/13.

Mental wellness benefits discussed herein are provided by Spring Care, Inc., d/b/a Spring Health (“Spring Health”), 60 Madison Avenue, Floor 2, New York, NY 10010. Spring Health is not an insured benefit. Insured products are offered by The Guardian Life Insurance Company, New York, N.Y. (“Guardian”) which has a financial interest in Spring Health.

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.

Legal/financial assistance and resources services are not available in the state of New York.

The Employee Assistance Program is a suite of services solely created and offered by Integrated Behavioral Health, Inc. (IBH), doing business as Uprise Health. Guardian is not responsible or liable for care or advice given by any provider or any service offering within the Employee Assistance Program. This information is for informational purposes only. It is not a contract. Only the plan service agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the Employee Assistance Program at any time without notice. Legal services provided through the Employee Assistance Program will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. The Employee Assistance Program, or any individual service offering within the Program, is not an insurance benefit and may not be available in all states.



How to access



Visit

worklife.uprisehealth.com



Access Code

worklife



Call

1 800 386 7055

24 hour crisis help available.
Regular office hours:
Monday-Friday 6am-5pm PST.



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.

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

Please print clearly and mark carefully.

Employer/Planholder Name: CHAMBLISS BAHNER & STOPHEL, PC	Group Plan Number: 00578644	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Add Employee/Member Dependents/Family Members <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change		
<p>In this form, you will be referred to as an Employee/Member. Members of your family will be referred to as Dependents/Family Members. There will also be times, when referring to Dependents/Family Members, this form will distinguish between your spouse and your children. Depending on the type of plan your Planholder selected, other plan documents may refer to you as an employee, a member, or a similar term, and, to members of your family, as family members, dependents, eligible dependents, or a similar term. Please refer to the group policy, certificate of coverage, (sometimes called a member guide), to see how terms are defined and to determine which members of your family are eligible for coverage. Plan documents such as the group policy, certificate of coverage, (sometimes called a member guide), control if there is any dispute concerning the meaning of terms used in this form.</p>		

Class: ALL OTHER ELIGIBLE EMPLOYEES	Division: _____	Subtotal Code: _____	(Please obtain this from your Employer/Planholder)
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About You: Full Legal Name-First, MI, Last Name: What is the name you go by? (optional)	Employer/Planholder Provided Identification: _____	Social Security Number ____ - ____ - ____ Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.	
Address	City	State	Zip
Gender Identity: <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 in a civil union? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Placement date of adopted child: ____ - ____ - ____		Date of marriage/civil union: ____ - ____ - ____	

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/Family Members you wish to enroll. You can enroll only those Dependents/Family Members that are eligible for coverage. Please refer to the plan documents such as the group policy, member guide, or certificate to determine if a Dependent/Family Member is eligible for coverage.

If additional space is needed, please attach a separate page with this information along with your enrollment form. Each Dependent/Family Member's Social Security Number must be provided if enrolling them for Life Coverage. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a niece or a nephew.

Spouse Address/City/State/Zip: Phone: () -	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
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Child/Dependent 1: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check as applicable) <input type="checkbox"/> Student (if over age 24) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent State of Residence: _____
Child/Dependent 2: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check as applicable) <input type="checkbox"/> Student (if over age 24) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent State of Residence: _____
Child/Dependent 3: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check as applicable) <input type="checkbox"/> Student (if over age 24) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent State of Residence: _____
Child/Dependent 4: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check as applicable) <input type="checkbox"/> Student (if over age 24) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent State of Residence: _____

<p>Drop Coverage:</p> <p><input type="checkbox"/> Drop Employee/Member <input type="checkbox"/> Drop Dependents/Family Members</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>Coverage Being Dropped:</p> <p><input type="checkbox"/> Basic Term Life</p> <p><input type="checkbox"/> Voluntary Term Life <input type="checkbox"/> Employee/Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)</p> <p><input type="checkbox"/> Critical Illness</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Employee/Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)</p> <p><input type="checkbox"/> Hospital Indemnity <input type="checkbox"/> Employee/Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)</p> <p><input type="checkbox"/> Long Term Disability</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>(additional information may be required)</p>	

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.

Policy Amount

Employee/Member Only

100% of your annual salary to a maximum of \$100,000

The Guarantee Issue Amount is \$100,000.

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

Employee/Member 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/Member: _____

Name: _____ Social Security Number: _____ - _____ - _____ %

Date of Birth (mm-dd-yy): ____ - ____ - ____

Address/City/State/Zip: _____

Phone: () - _____ Relationship to Employee/Member: _____

Contingent Beneficiary: _____ Social Security Number: _____ - _____ - _____

Date of Birth (mm-dd-yy): ____ - ____ - ____

Address/City/State/Zip: _____

Phone: () - _____ Relationship to Employee/Member: _____

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

Dependents/Family Members – If the intended beneficiary is to be someone other than the Employee/Member, 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 coverage will replace your existing life insurance coverage through your current Employer/Planholder, 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/family members. *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.

Employee/Member

Policy Amount	<i>Check one box only</i>				
<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	<input type="checkbox"/> \$260,000	<input type="checkbox"/> \$270,000	<input type="checkbox"/> \$280,000	<input type="checkbox"/> \$290,000	<input type="checkbox"/> \$300,000
<input type="checkbox"/> \$310,000	<input type="checkbox"/> \$320,000	<input type="checkbox"/> \$330,000	<input type="checkbox"/> \$340,000	<input type="checkbox"/> \$350,000	<input type="checkbox"/> \$360,000
<input type="checkbox"/> \$370,000	<input type="checkbox"/> \$380,000	<input type="checkbox"/> \$390,000	<input type="checkbox"/> \$400,000	<input type="checkbox"/> \$410,000	<input type="checkbox"/> \$420,000
<input type="checkbox"/> \$430,000	<input type="checkbox"/> \$440,000	<input type="checkbox"/> \$450,000	<input type="checkbox"/> \$460,000	<input type="checkbox"/> \$470,000	<input type="checkbox"/> \$480,000
<input type="checkbox"/> \$490,000	<input type="checkbox"/> \$500,000				

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

I do not want this coverage

Add Voluntary Life for Spouse

Policy Amount					
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000*	<input type="checkbox"/> \$30,000
<input type="checkbox"/> \$35,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$45,000	<input type="checkbox"/> \$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 up to: Spouse Less than age 65 \$25,000*, 65-69 \$10,000, 70+ \$0.

**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				
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$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

Add Voluntary AD&D

You must enroll for voluntary term life to be eligible for this coverage. Your elected amount of coverage will be 1 time(s) the coverage elected for voluntary life. You must be enrolled to cover your dependents/family members.

- | | | |
|--|--|--|
| <input type="checkbox"/> Employee/Member | <input type="checkbox"/> Spouse | <input type="checkbox"/> Child(ren) |
| <input type="checkbox"/> I do not want this coverage | <input type="checkbox"/> I do not want this coverage | <input type="checkbox"/> 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*

Employee/Member Only Name your beneficiaries: (Primary beneficiary percentages must total 100%) If electing different beneficiaries that are not the same as those named for Basic Life or Voluntary Term 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/Member: _____

Name: _____ Social Security Number: _____ - _____ - _____ % _____

Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____

Phone: () - _____ Relationship to Employee/Member: _____

Contingent Beneficiary: _____ Social Security Number: _____ - _____ - _____

Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____

Phone: () - _____ Relationship to Employee/Member: _____

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

Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the Employee/Member, 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: () - _____

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.

Monthly Benefit

60% of salary to a maximum of \$7,500

Critical Illness Coverage: You must be enrolled to cover your dependents/family members

Benefit reductions apply. Please see plan administrator.

Employee/Member

Insurance Amount: \$5,000 \$10,000 \$15,000 \$20,000 \$25,000 \$30,000
 \$35,000 \$40,000 \$45,000 \$50,000

I do not want this coverage.

Spouse

Insurance Amount: Up to 50% of the employee/member’s amount to a maximum of \$25,000

\$2,500 \$5,000 \$7,500 \$10,000 \$12,500 \$15,000 \$17,500
 \$20,000 \$22,500 \$25,000

I do not want this coverage.

Dependent/Child(ren)

Insurance Amount: 25% of the employee/member's amount

I do not want this coverage.

Have you smoked cigarettes, cigars, or cannabis/marijuana, or used e-cigarettes/vape products in the past 12 months or used chewing tobacco or a pipe in the past 6 months?

Employee/Member Yes No Spouse Yes No

You must answer the following health questions if you or your dependent spouse elect Critical Illness Coverage :

- and elect an amount above the Guaranteed Issue amount
- or elect coverage outside the Group Enrollment Period as established by the Employer/Planholder

1. Has any proposed insured been diagnosed with or treated by a medical professional for any of the following conditions: cancer, carcinoma in situ, malignant melanoma, tumor (benign or malignant), Barrett's esophagus, Crohn's disease, ulcerative colitis, blood disorder (other than AIDS or HIV), any chronic or progressive disease of kidneys, liver (including hepatitis), lungs, including emphysema and COPD, pancreas or bone marrow? Or, been advised to have an organ transplant, including bone marrow or stem cell transplant?

Employee/Member Yes No Spouse Yes No

2. Has any proposed insured been diagnosed with or treated by a medical professional for heart attack, heart disease or coronary artery disease, stroke or transient ischemic attack (TIA), or been advised to have bypass surgery, stent insertions or treatment for coronary arteries?

Employee/Member Yes No Spouse Yes No

3. Has any proposed insured been diagnosed with or treated by a medical professional for uncontrolled blood pressure (requiring a change in medication or dosage in the past 6 months or been diagnosed with or treated for diabetes (except if present only in pregnancy)?

Employee/Member Yes No Spouse Yes No

4. Has any proposed insured been diagnosed with or treated by a medical professional for any progressive vision, speech or hearing disorder, or dementia (including Alzheimer's disease) or any neurological disease or disorder, including seizures, Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease), Huntington's disease, Multiple Sclerosis or Parkinson's Disease ?

Employee/Member Yes No Spouse Yes No

5. Has any proposed insured been diagnosed with or treated by a medical professional for AIDS(acquired immune deficiency syndrome),or tested positive for HIV (human immunodeficiency virus)?

Employee/Member Yes No Spouse Yes No

Employee/Member Only - Name your beneficiaries: (Primary beneficiary percentages must total 100%) If electing different beneficiaries that are not the same as those named for Basic Life or Voluntary Term 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/Member: _____

Name: _____ Social Security Number: _____ - _____ - _____ % _____

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

Phone: () - _____ Relationship to Employee/Member: _____

Contingent Beneficiary: _____ Social Security Number: _____ - _____ - _____

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

Phone: () - _____ Relationship to Employee/Member: _____

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

Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the Employee/Member, 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: () - _____

Accident Coverage You must be enrolled to cover your family members.

Your Monthly premium	Employee/Member Only	Employee/Member & Spouse	Employee/Member & Dependent/Child(ren)	Employee/Member, Spouse & Dependent/Child(ren)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I do not want this coverage.

Employee/Member Only Name your beneficiaries: (Primary beneficiary percentages must total 100%) If electing different beneficiaries that are not the same as those named for Basic Life or Voluntary Term 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/Member: _____

Name: _____ Social Security Number: _____ - _____ - _____ % _____

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

Phone: () - _____ Relationship to Employee/Member: _____

Contingent Beneficiary: _____ Social Security Number: _____ - _____ - _____

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

Phone: () - _____ Relationship to Employee/Member: _____

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

Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the Employee/Member, 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: () - _____

Hospital Indemnity Coverage

You must be enrolled to cover your dependents/family members. Check only one box.

Your Monthly premium

Employee/Member Only

Employee/Member & Spouse

Employee/Member & Child(ren)

Employee/Member, Spouse & Child(ren)

\$22.21

\$44.10

\$34.45

\$56.34

I do not want this coverage.

I do not want this coverage.

I do not want this coverage.

I do not want this coverage.

Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.

Signature

- I understand that my dependents/family members cannot be enrolled for a coverage if I am not enrolled for that coverage.
- HOSPITAL INDEMNITY ONLY: This is a limited plan of Hospital Indemnity insurance. It is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.
- 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 two or more Activities of Daily Living (ADL's).
- 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.
- If coverage is waived and you later decide to enroll, late entrant penalties may apply. You may also have to provide, at your own expense, proof of each person's insurability. Guardian or its designee has the right to reject your request.
- I understand that plan design limitations and exclusions may apply. For complete details of coverage, please refer to the plan documents or enrollment materials. State limitations may apply.
- 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.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements.
- I agree that my employer/planholder may deduct premiums from my pay if they are required for the coverage I have chosen above.
- I attest that the information provided above is true and correct to the best of my knowledge.

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

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

SIGNATURE OF EMPLOYEE/MEMBER X _____

DATE _____

Fraud Warning Statements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

