



# Welcome to Workplace benefits

## Everyone deserves a Guardian

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

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

## Know your benefits

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

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

**1** Read through this information.

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

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

## Your coverage options



**Dental insurance**

Taking care of teeth and overall health



**Life insurance**

Protecting your family's financial future



**Disability insurance**

Coverage if you're temporarily unable to work



**Critical illness insurance**

Taking care of the expenses if you're critically ill



**Accident insurance**

Helping you cover expenses after an accident



**Hospital indemnity insurance**

Covering some of your hospital stay costs

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# Dental insurance

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

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

## Who is it for?

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

## What does it cover?

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

## Why should I consider it?

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



## Staying healthy

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

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

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

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

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

**Alzheimer's disease:** Worsening oral health is seen as Alzheimer's disease progresses.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, [www.mayoclinic.com](http://www.mayoclinic.com). 2021.

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



## Your dental coverage

**Option 1 or 2: LOW or HIGH** plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: LOW		Option 2: HIGH	
	Tier 1	Tier 2	Tier 1	Tier 2
<b>Your Network is</b> DentalGuard Preferred Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar year deductible</b>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$75	\$75	\$50	\$50
Family limit	3 per family (applies to all levels)		3 per family (applies to all levels)	
Waived for	Preventive	Preventive	Preventive	Preventive
<b>Charges covered for you</b> (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%	100%	100%
Basic Care	80%	80%	80%	80%
Major Care	50%	50%	50%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
<b>Annual Maximum Benefit</b>	\$1000 (applies to all levels)		\$1500 (applies to all levels)	
<b>Maximum Rollover</b>	Yes (applies to all levels)		Yes (applies to all levels)	
Rollover Threshold	\$500		\$700	
Rollover Amount	\$250		\$350	
Rollover In-network Amount	\$350		\$500	
Rollover Account Limit	\$1000		\$1250	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable (applies to all levels)		\$1000 (applies to all levels)	
<b>Dependent Age Limits</b>	26 (applies to all levels)		26 (applies to all levels)	



# Your dental coverage

## A Sample of Services Covered by Your Plan:

		<b>Option 1: LOW</b> <i>Plan pays (on average)</i>		<b>Option 2: HIGH</b> <i>Plan pays (on average)</i>	
Preventive Care	Cleaning (prophylaxis) Frequency:	Tier 1 100%	Tier 2 100%	Tier 1 100%	Tier 2 100%
		2 in 12 Months (applies to all levels)		2 in 12 Months (applies to all levels)	
	Fluoride Treatments Limits:	100%	100%	100%	100%
		Under Age 14 (applies to all levels)		Under Age 14 (applies to all levels)	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
Basic Care	X-rays	100%	100%	100%	100%
	Anesthesia*	80%	80%	80%	80%
	Fillings‡	80%	80%	80%	80%
	Perio Surgery	80%	80%	80%	80%
	Periodontal Maintenance Frequency:	80%	80%	80%	80%
		2 in 12 months (applies to all levels)		2 in 12 months (applies to all levels)	
	Root Canal	80%	80%	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%	80%	80%
	Simple Extractions	80%	80%	80%	80%
Major Care	Surgical Extractions	80%	80%	80%	80%
	Bridges and Dentures	50%	50%	50%	50%
	Dental Implants	50%	50%	50%	50%
	Inlays, Onlays, Veneers**	50%	50%	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	50%	50%
	Single Crowns	50%	50%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:	(applies to all levels)		Adults & Child(ren) (applies to all levels)	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit [www.Guardianlife.com](http://www.Guardianlife.com) to confirm your Dentist's tiered participation.

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



# Your dental coverage

## Manage Your Benefits:

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

## Find A Dentist:

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

## Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00087553

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

## EXCLUSIONS AND LIMITATIONS

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

no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # DG7-P et al.

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

# Oral Health Rewards Program

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

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

## How maximum rollover works\*

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



### Automatic rollover

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

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
<b>\$1,000</b> Maximum claims reimbursement	<b>\$500</b> Claims amount that determines rollover eligibility	<b>\$250</b> Additional dollars added to a plan’s annual maximum for future years	<b>\$350</b> Additional dollars added if only in-network providers were used during the benefit year	<b>\$1,000</b> The limit that cannot be exceeded within the maximum rollover account

\* This example has been created for illustrative purposes only.  
\*\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.  
Guardian’s Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2023 The Guardian Life Insurance Company of America.

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### Automatic rollover

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

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
<b>\$1,500</b> Maximum claims reimbursement	<b>\$700</b> Claims amount that determines rollover eligibility	<b>\$350</b> Additional dollars added to a plan’s annual maximum for future years	<b>\$500</b> Additional dollars added if only in-network providers were used during the benefit year	<b>\$1,250</b> The limit that cannot be exceeded within the maximum rollover account

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# Life insurance

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

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

## Who is it for?

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

## What does it cover?

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

## Why should I consider it?

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

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

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

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



## Preparing and planning

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

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

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

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

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

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

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

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

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



# Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
<b>Employee Benefit</b>	Your employer provides \$25,000 Basic Term Life coverage for all full time employees.	\$5,000 increments to a maximum of \$300,000. See Cost Illustration page for details.
<b>Accidental Death and Dismemberment</b>	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
<b>Spouse/Domestic Partner Benefit</b>	N/A	\$5,000 increments to a maximum of \$100,000. See Cost Illustration page for details.
<b>Child Benefit</b>	N/A	Your dependent children age birth† to 26 years. \$1,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$25,000 per employee	We Guarantee Issue coverage up to: Employee \$200,000. Spouse \$25,000. Dependent children \$10,000.
<b>Premiums</b>	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
<b>Portability:</b> Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
<b>Conversion:</b> Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits

# Your life coverage

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

Subject to coverage limits

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

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.

		Semi-monthly premiums displayed. Cost of AD&D is included.								
Policy Election Amount		Policy Election Cost Per Age Bracket								
Employee		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
	\$10,000	\$ .56	\$ .61	\$ .76	\$ 1.01	\$ 1.45	\$ 2.17	\$ 3.28	\$ 4.52	\$ 7.18
	\$15,000	\$ .84	\$ .92	\$ 1.13	\$ 1.51	\$ 2.17	\$ 3.25	\$ 4.92	\$ 6.77	\$ 10.76
	\$20,000	\$ 1.12	\$ 1.22	\$ 1.51	\$ 2.01	\$ 2.89	\$ 4.33	\$ 6.56	\$ 9.03	\$ 14.35
	\$25,000	\$ 1.40	\$ 1.53	\$ 1.89	\$ 2.51	\$ 3.61	\$ 5.41	\$ 8.20	\$ 11.29	\$ 17.94
	\$30,000	\$ 1.68	\$ 1.83	\$ 2.27	\$ 3.02	\$ 4.34	\$ 6.50	\$ 9.84	\$ 13.55	\$ 21.53
	\$35,000	\$ 1.96	\$ 2.14	\$ 2.64	\$ 3.52	\$ 5.06	\$ 7.58	\$ 11.48	\$ 15.80	\$ 25.11
	\$40,000	\$ 2.24	\$ 2.44	\$ 3.02	\$ 4.02	\$ 5.78	\$ 8.66	\$ 13.12	\$ 18.06	\$ 28.70
	\$45,000	\$ 2.52	\$ 2.75	\$ 3.40	\$ 4.52	\$ 6.50	\$ 9.74	\$ 14.76	\$ 20.32	\$ 32.29
	\$50,000	\$ 2.80	\$ 3.05	\$ 3.78	\$ 5.03	\$ 7.23	\$ 10.83	\$ 16.40	\$ 22.58	\$ 35.88
	\$55,000	\$ 3.08	\$ 3.36	\$ 4.15	\$ 5.53	\$ 7.95	\$ 11.91	\$ 18.04	\$ 24.83	\$ 39.46
	\$60,000	\$ 3.36	\$ 3.66	\$ 4.53	\$ 6.03	\$ 8.67	\$ 12.99	\$ 19.68	\$ 27.09	\$ 43.05
	\$65,000	\$ 3.64	\$ 3.97	\$ 4.91	\$ 6.53	\$ 9.39	\$ 14.07	\$ 21.32	\$ 29.35	\$ 46.64
	\$70,000	\$ 3.92	\$ 4.27	\$ 5.29	\$ 7.04	\$ 10.12	\$ 15.16	\$ 22.96	\$ 31.61	\$ 50.23
	\$75,000	\$ 4.20	\$ 4.58	\$ 5.66	\$ 7.54	\$ 10.84	\$ 16.24	\$ 24.60	\$ 33.86	\$ 53.81
	\$80,000	\$ 4.48	\$ 4.88	\$ 6.04	\$ 8.04	\$ 11.56	\$ 17.32	\$ 26.24	\$ 36.12	\$ 57.40
	\$85,000	\$ 4.76	\$ 5.19	\$ 6.42	\$ 8.54	\$ 12.28	\$ 18.40	\$ 27.88	\$ 38.38	\$ 60.99
	\$90,000	\$ 5.04	\$ 5.49	\$ 6.80	\$ 9.05	\$ 13.01	\$ 19.49	\$ 29.52	\$ 40.64	\$ 64.58
	\$95,000	\$ 5.32	\$ 5.80	\$ 7.17	\$ 9.55	\$ 13.73	\$ 20.57	\$ 31.16	\$ 42.89	\$ 68.16
	\$100,000	\$ 5.60	\$ 6.10	\$ 7.55	\$ 10.05	\$ 14.45	\$ 21.65	\$ 32.80	\$ 45.15	\$ 71.75
	\$105,000	\$ 5.88	\$ 6.41	\$ 7.93	\$ 10.55	\$ 15.17	\$ 22.73	\$ 34.44	\$ 47.41	\$ 75.34
	\$110,000	\$ 6.16	\$ 6.71	\$ 8.31	\$ 11.06	\$ 15.90	\$ 23.82	\$ 36.08	\$ 49.67	\$ 78.93
	\$115,000	\$ 6.44	\$ 7.02	\$ 8.68	\$ 11.56	\$ 16.62	\$ 24.90	\$ 37.72	\$ 51.92	\$ 82.51
	\$120,000	\$ 6.72	\$ 7.32	\$ 9.06	\$ 12.06	\$ 17.34	\$ 25.98	\$ 39.36	\$ 54.18	\$ 86.10
	\$125,000	\$ 7.00	\$ 7.63	\$ 9.44	\$ 12.56	\$ 18.06	\$ 27.06	\$ 41.00	\$ 56.44	\$ 89.69
	\$130,000	\$ 7.28	\$ 7.93	\$ 9.82	\$ 13.07	\$ 18.79	\$ 28.15	\$ 42.64	\$ 58.70	\$ 93.28
	\$135,000	\$ 7.56	\$ 8.24	\$ 10.19	\$ 13.57	\$ 19.51	\$ 29.23	\$ 44.28	\$ 60.95	\$ 96.86
	\$140,000	\$ 7.84	\$ 8.54	\$ 10.57	\$ 14.07	\$ 20.23	\$ 30.31	\$ 45.92	\$ 63.21	\$ 100.45
	\$145,000	\$ 8.12	\$ 8.85	\$ 10.95	\$ 14.57	\$ 20.95	\$ 31.39	\$ 47.56	\$ 65.47	\$ 104.04
	\$150,000	\$ 8.40	\$ 9.15	\$ 11.33	\$ 15.08	\$ 21.68	\$ 32.48	\$ 49.20	\$ 67.73	\$ 107.63

**Voluntary Life Cost Illustration** *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69
\$155,000	\$8.68	\$9.46	\$11.70	\$15.58	\$22.40	\$33.56	\$50.84	\$69.98	\$111.21
\$160,000	\$8.96	\$9.76	\$12.08	\$16.08	\$23.12	\$34.64	\$52.48	\$72.24	\$114.80
\$165,000	\$9.24	\$10.07	\$12.46	\$16.58	\$23.84	\$35.72	\$54.12	\$74.50	\$118.39
\$170,000	\$9.52	\$10.37	\$12.84	\$17.09	\$24.57	\$36.81	\$55.76	\$76.76	\$121.98
\$175,000	\$9.80	\$10.68	\$13.21	\$17.59	\$25.29	\$37.89	\$57.40	\$79.01	\$125.56
\$180,000	\$10.08	\$10.98	\$13.59	\$18.09	\$26.01	\$38.97	\$59.04	\$81.27	\$129.15
\$185,000	\$10.36	\$11.29	\$13.97	\$18.59	\$26.73	\$40.05	\$60.68	\$83.53	\$132.74
\$190,000	\$10.64	\$11.59	\$14.35	\$19.10	\$27.46	\$41.14	\$62.32	\$85.79	\$136.33
\$195,000	\$10.92	\$11.90	\$14.72	\$19.60	\$28.18	\$42.22	\$63.96	\$88.04	\$139.91
\$200,000	\$11.20	\$12.20	\$15.10	\$20.10	\$28.90	\$43.30	\$65.60	\$90.30	\$143.50
\$205,000	\$11.48	\$12.51	\$15.48	\$20.60	\$29.62	\$44.38	\$67.24	\$92.56	\$147.09
\$210,000	\$11.76	\$12.81	\$15.86	\$21.11	\$30.35	\$45.47	\$68.88	\$94.82	\$150.68
\$215,000	\$12.04	\$13.12	\$16.23	\$21.61	\$31.07	\$46.55	\$70.52	\$97.07	\$154.26
\$220,000	\$12.32	\$13.42	\$16.61	\$22.11	\$31.79	\$47.63	\$72.16	\$99.33	\$157.85
\$225,000	\$12.60	\$13.73	\$16.99	\$22.61	\$32.51	\$48.71	\$73.80	\$101.59	\$161.44
\$230,000	\$12.88	\$14.03	\$17.37	\$23.12	\$33.24	\$49.80	\$75.44	\$103.85	\$165.03
\$235,000	\$13.16	\$14.34	\$17.74	\$23.62	\$33.96	\$50.88	\$77.08	\$106.10	\$168.61
\$240,000	\$13.44	\$14.64	\$18.12	\$24.12	\$34.68	\$51.96	\$78.72	\$108.36	\$172.20
\$245,000	\$13.72	\$14.95	\$18.50	\$24.62	\$35.40	\$53.04	\$80.36	\$110.62	\$175.79
\$250,000	\$14.00	\$15.25	\$18.88	\$25.13	\$36.13	\$54.13	\$82.00	\$112.88	\$179.38
\$300,000	\$16.80	\$18.30	\$22.65	\$30.15	\$43.35	\$64.95	\$98.40	\$135.45	\$215.25
<b>Policy Election Amount</b>									
Spouse/DP									
\$5,000	\$0.28	\$0.31	\$0.38	\$0.50	\$0.72	\$1.08	\$1.64	\$2.26	\$3.59
\$10,000	\$0.56	\$0.61	\$0.76	\$1.01	\$1.45	\$2.17	\$3.28	\$4.52	\$7.18
\$15,000	\$0.84	\$0.92	\$1.13	\$1.51	\$2.17	\$3.25	\$4.92	\$6.77	\$10.76
\$20,000	\$1.12	\$1.22	\$1.51	\$2.01	\$2.89	\$4.33	\$6.56	\$9.03	\$14.35
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\$30,000	\$1.68	\$1.83	\$2.27	\$3.02	\$4.34	\$6.50	\$9.84	\$13.55	\$21.53
\$35,000	\$1.96	\$2.14	\$2.64	\$3.52	\$5.06	\$7.58	\$11.48	\$15.80	\$25.11
\$40,000	\$2.24	\$2.44	\$3.02	\$4.02	\$5.78	\$8.66	\$13.12	\$18.06	\$28.70
\$45,000	\$2.52	\$2.75	\$3.40	\$4.52	\$6.50	\$9.74	\$14.76	\$20.32	\$32.29
\$50,000	\$2.80	\$3.05	\$3.78	\$5.03	\$7.23	\$10.83	\$16.40	\$22.58	\$35.88

**Voluntary Life Cost Illustration** *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69
\$55,000	\$3.08	\$3.36	\$4.15	\$5.53	\$7.95	\$11.91	\$18.04	\$24.83	\$39.46
\$60,000	\$3.36	\$3.66	\$4.53	\$6.03	\$8.67	\$12.99	\$19.68	\$27.09	\$43.05
\$65,000	\$3.64	\$3.97	\$4.91	\$6.53	\$9.39	\$14.07	\$21.32	\$29.35	\$46.64
\$70,000	\$3.92	\$4.27	\$5.29	\$7.04	\$10.12	\$15.16	\$22.96	\$31.61	\$50.23
\$75,000	\$4.20	\$4.58	\$5.66	\$7.54	\$10.84	\$16.24	\$24.60	\$33.86	\$53.81
\$80,000	\$4.48	\$4.88	\$6.04	\$8.04	\$11.56	\$17.32	\$26.24	\$36.12	\$57.40
\$85,000	\$4.76	\$5.19	\$6.42	\$8.54	\$12.28	\$18.40	\$27.88	\$38.38	\$60.99
\$90,000	\$5.04	\$5.49	\$6.80	\$9.05	\$13.01	\$19.49	\$29.52	\$40.64	\$64.58
\$95,000	\$5.32	\$5.80	\$7.17	\$9.55	\$13.73	\$20.57	\$31.16	\$42.89	\$68.16
\$100,000	\$5.60	\$6.10	\$7.55	\$10.05	\$14.45	\$21.65	\$32.80	\$45.15	\$71.75
<b>Policy Election Amount</b>									
Child(ren)									
\$1,000	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05
\$2,000	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09
\$3,000	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14
\$4,000	\$0.18	\$0.18	\$0.18	\$0.18	\$0.18	\$0.18	\$0.18	\$0.18	\$0.18
\$5,000	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23
\$6,000	\$0.27	\$0.27	\$0.27	\$0.27	\$0.27	\$0.27	\$0.27	\$0.27	\$0.27
\$7,000	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32	\$0.32
\$8,000	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36
\$9,000	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41
\$10,000	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46

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

Premiums for Voluntary Life Increase in five-year increments

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

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

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.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

### Voluntary Life Only:

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

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

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

**For AD&D:** We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

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

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# Disability insurance

## Short term disability

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

Disability is more common than you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illness, including common conditions like heart disease and arthritis. However, most 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 ensures that you'll receive a partial income if you're injured or too sick to work.

### What does it cover?

Most 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.



### Replacing Income

Mike injures his back bicycling and can't work or earn a paycheck for a few months.

After a brief waiting period, his disability plan starts paying him a portion of his normal weekly salary. The Guardian policy also provides personal guidance and support, including vocational rehabilitation and outplacement services, to help him get back to his job and full pay 13 weeks later.

Thanks to Mike's disability benefits, he was able to cover his expenses while he was out - without dipping into his family's savings.

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



# Disability insurance

## Long term disability

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

Disability is more common than you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illness, including common conditions like heart disease and arthritis. However, most 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 ensures that you'll receive a partial income if you're injured or too sick to work.

### What does it cover?

Most 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.



## Replacing Income

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

After a waiting period, his disability plan starts paying him a portion of his normal monthly salary. The Guardian policy also provides personal guidance and support, vocational rehabilitation and other services, to help him get back to his job and full pay two years later.

Thanks to Jim's disability benefits, he was able to cover his expenses while he was out - without dipping into his family's savings.

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



# Your disability coverage

	Short-Term Disability	Long-Term Disability
<b>Coverage amount</b>	60% of salary to maximum \$1500/week	60% of salary to maximum \$8000/month
<b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.	12 weeks	Social Security Normal Retirement Age
<b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 8	Day 91
<b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.	Day 8	Day 91
<b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1500 in coverage	We Guarantee Issue \$8000 in coverage
<b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
<b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after full limitation.	3 months look back; 12 months after exclusion
<b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.	Yes	Yes
<b>Survivor benefit:</b> Additional benefit payable to your family if you die while disabled.	No	3 months

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

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary 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.

## Disability Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

## Short-Term Disability Plan Cost Illustration:

Policy amounts shown based on sample salary amounts only.

Your premium rate \$0.179

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\$20,000 Annual Salary \$231 Weekly Benefit	\$2.07	Deduction
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\$30,000 Annual Salary \$346 Weekly Benefit	\$3.10	Deduction
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\$40,000 Annual Salary \$462 Weekly Benefit	\$4.14	Deduction
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\$50,000 Annual Salary \$577 Weekly Benefit	\$5.16	Deduction
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\$60,000 Annual Salary \$692 Weekly Benefit	\$6.19	Deduction
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\$70,000 Annual Salary \$808 Weekly Benefit	\$7.23	Deduction
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\$80,000 Annual Salary \$923 Weekly Benefit	\$8.26	Deduction
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\$90,000 Annual Salary \$1,038 Weekly Benefit	\$9.29	Deduction
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\$100,000 Annual Salary \$1,154 Weekly Benefit	\$10.33	Deduction
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\$110,000 Annual Salary \$1,269 Weekly Benefit	\$11.36	Deduction
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\$120,000 Annual Salary \$1,385 Weekly Benefit	\$12.40	Deduction
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\$130,000 Annual Salary \$1,500 Weekly Benefit	\$13.43	Deduction
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## Long-Term Disability Plan Cost Illustration:

Policy amounts shown based on sample salary amounts only.

Your premium rate \$0.506

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\$20,000 Annual Salary \$1,000 Monthly Benefit	\$4.22	Deduction
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\$30,000 Annual Salary \$1,500 Monthly Benefit	\$6.33	Deduction
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\$40,000 Annual Salary \$2,000 Monthly Benefit	\$8.43	Deduction
\$50,000 Annual Salary \$2,500 Monthly Benefit	\$10.54	Deduction
\$60,000 Annual Salary \$3,000 Monthly Benefit	\$12.65	Deduction
\$70,000 Annual Salary \$3,500 Monthly Benefit	\$14.76	Deduction
\$80,000 Annual Salary \$4,000 Monthly Benefit	\$16.87	Deduction
\$90,000 Annual Salary \$4,500 Monthly Benefit	\$18.98	Deduction
\$100,000 Annual Salary \$5,000 Monthly Benefit	\$21.08	Deduction
\$110,000 Annual Salary \$5,500 Monthly Benefit	\$23.19	Deduction
\$120,000 Annual Salary \$6,000 Monthly Benefit	\$25.30	Deduction
\$140,000 Annual Salary \$7,000 Monthly Benefit	\$29.52	Deduction
\$160,000 Annual Salary \$8,000 Monthly Benefit	\$33.73	Deduction

## 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.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

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

# Cancer support service

Personalized, empathetic support to help you navigate a cancer diagnosis.

With cancer cases in the United States continuing to rise and remaining a leading cause of long-term disability, employees may be looking for improved benefits that can support them to a better quality of life. That's why Guardian partnered with Osara Health to bring our members facing a cancer diagnosis the support services that can help you focus on your holistic well-being throughout your treatment. Because you have Guardian Long-Term Disability Insurance as a benefit through your employer, you have access to this unique 6 to 12 week program.

## A comprehensive solution to help cancer patients navigate their diagnosis



### Dedicated health coach

One-on-one coaching for holistic support, education and guidance with scheduled calls over 6-12 weeks that works around your schedule.



### Digital resource modules

Weekly resources sent directly to you, covering the key areas of cancer self-management as developed by Osara Health's clinical research team.



### Tailored well-being information

Access to the Osara Health app to track symptoms and access tailored and verified well being content.

**"My health coach understood exactly what I was going through and provided a wealth of resources on how to manage my stress, as well as other tips on food and exercise that I wouldn't have otherwise."** - Osara Health Cancer Coach Program Participant

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

Guardian's Group Long Term Disability Insurance are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs.

Osara Health ("Osara") is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Osara and Guardian are not affiliated entities. Osara provides a personalized support program through certified health coaches to address cancer management issues for the benefit of a member ("Services"). Services are designed for members 18 years+ of age, diagnosed with cancer, regardless of cancer type, stage, or prognosis. Services are not meant to provide medical advice/care. Medical advice/care should be sought from your independent healthcare provider(s). Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and Osara reserve the right to discontinue Services at any time without notice. Services may not be available in all states. Guardian® is a registered trademark of The Guardian Life Insurance Company of America, New York, NY and is used with permission. ©2024 The Guardian Life Insurance Company of America. All rights reserved.



## How to access

As part of the Guardian disability claims process, you will be proactively provided with the details on how to access this valuable benefit.

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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.

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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 \$10,000 to \$30,000 in \$10,000 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%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%
Infectious Contagious Disease	30%	0%
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	
Childhood Conditions	1st OCCURRENCE ONLY	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	
Spina Bifida	100%	
Type I Diabetes	100%	



# Your critical illness coverage

## CRITICAL ILLNESS

<b>Spouse/Domestic Partner Benefit</b>	May choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments up to 100% of the employee's lump sum benefit.
<b>Child Benefit-</b> children age Birth to 26 years	50% of employee's lump sum benefit
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	<p>We Guarantee Issue up to: \$30,000</p> <p>For a spouse: \$30,000</p> <p>For a child: All Amounts</p> <p><b>Health questions are required if the elected amount exceeds the Guarantee Issue.</b></p>
<b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
<b>Pre-Existing Condition Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable

## 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.
- **Infectious Contagious Disease benefit** is only payable if: 1) the insured is diagnosed with a covered infectious or contagious disease by a doctor while insured by Guardian and 2) the insured is hospital confined due to the infectious or contagious disease for 5 or more consecutive days. The Infectious Contagious Disease benefit covers Antibiotic resistant bacteria (including MRSA), Coronavirus (including Covid-19), Diphtheria, Encephalitis, Legionnaire's Disease, Lyme Disease, Malaria, Meningitis, Necrotizing fasciitis (flesh eating bacteria), Osteomyelitis, Rabies and Tuberculosis. This benefit will pay for only one Infectious Contagious Disease, once per lifetime.

## Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

	Semi-monthly Premiums Displayed										
	Election Cost Per Age Bracket										
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee											
\$10,000	\$1.40	\$1.70	\$2.20	\$2.85	\$4.05	\$5.80	\$8.10	\$11.00	\$16.35	\$23.05	\$35.05
\$20,000	\$2.80	\$3.40	\$4.40	\$5.70	\$8.10	\$11.60	\$16.20	\$22.00	\$32.70	\$46.10	\$70.10
\$30,000	\$4.20	\$5.10	\$6.60	\$8.55	\$12.15	\$17.40	\$24.30	\$33.00	\$49.05	\$69.15	\$105.15
<b>Benefit Amount Up To 100% of Employee Amount to a Maximum of \$30,000</b>											
Spouse											
\$10,000	\$1.40	\$1.70	\$2.20	\$2.85	\$4.05	\$5.80	\$8.10	\$11.00	\$16.35	\$23.05	\$35.05
\$20,000	\$2.80	\$3.40	\$4.40	\$5.70	\$8.10	\$11.60	\$16.20	\$22.00	\$32.70	\$46.10	\$70.10
\$30,000	\$4.20	\$5.10	\$6.60	\$8.55	\$12.15	\$17.40	\$24.30	\$33.00	\$49.05	\$69.15	\$105.15

## 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.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

*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-I-CI-I4

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-I-CI-I4

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

**WellHaven Pet Health, LLC**

**ALL OTHER ELIGIBLE EMPLOYEES**

Kit created 10/06/2025

Group number: 00087553



# 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	
<b>COVERAGE - DETAILS</b>	
<b>Your Semi-monthly premium</b>	\$6.71
You and Spouse/Domestic Partner	\$9.88
You and Child(ren)	\$10.32
You, Spouse/Domestic Partner and Child(ren)	\$13.49
<b>Accident Coverage Type</b>	On and Off Job
<b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.	Included
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	
<b>Benefit Amount(s)</b>	Employee \$25,000 Spouse \$10,000 Child \$5,000
<b>Catastrophic Loss</b>	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
<b>Common Carrier</b>	200% of AD&D benefit
<b>Common Disaster</b>	200% of Spouse AD&D benefit
<b>Dismemberment</b> - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
<b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
<b>Seatbelts and Airbags</b>	Seatbelts: \$10,000 & Airbags: \$15,000
<b>Reasonable Accommodation to Home or Vehicle</b>	\$2,500
<b>WELLNESS BENEFIT</b> - Per Year Limit	\$50
<b>Child(ren) Age Limits</b>	Children age birth to 26 years
<b>RAINY DAY FUND</b>	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800
<b>FEATURES</b>	
Air Ambulance	\$1,000
Ambulance	\$200
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



# Your accident coverage

## FEATURES (Cont.)

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	\$10,000
Concussion Baseline Study	\$25
Concussions	\$200
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$5,000
Doctor Follow-Up Visits	\$50, up to 6 treatments
Emergency Dental Work	\$300/Crown, \$75/Extraction
Emergency Room Treatment	\$200
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.	\$20/day, up to 30 days
Fractures	Schedule up to \$6,000
Gun Shot Wound	\$750
Hospital Admission	\$1,000
Hospital Confinement	\$250/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100
Joint Replacement (Hip/Knee/Shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$125/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 \$500
Outpatient Therapies	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$100/day, up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,250 Hernia: \$250
Surgery (Exploratory or Arthroscopic)	\$400
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000

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

WELLHAVEN PET HEALTH, LLC  
ALL OTHER ELIGIBLE EMPLOYEES

Kit created 10/06/2025 31  
Group number: 00087553



# Your accident coverage

## FEATURES (Cont.)

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 \$500/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.	\$4,000
X - Ray	\$40

## 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.





# Your accident coverage

## 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-I-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.*

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

# Global Emergency Assistance Services

Connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days. Requests for reimbursement for medical transport or other services arranged independently by you will not be accepted.

## How it can help



### Medical Emergency Assistance

- Medical consultation, evaluation, and referrals
- Medical monitoring
- Emergency medical evacuation
- And more



### Travel Emergency Assistance

- Care of minor children
- Compassionate visit
- Return of traveling companion
- And more



### Additional Emergency Assistance Services

- Lost luggage
- Document assistance
- Legal and interpreter referrals
- And more

## ID Theft Protection Services

Prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. Services include:

- 24/7 access to identity protection specialists
- Credit card and document registration
- Lost and stolen credit and debit card assistance
- 24/7 identity fraud support

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

ComPsych Corporation (ComPsych) is a vendor to The Guardian Life Insurance Company of America (Guardian). ComPsych and Guardian are not affiliated entities. Global emergency assistance services (Services) are provided by ComPsych through its subcontractor Assist America. Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and ComPsych reserve the right to discontinue Services at anytime without notice. Services may not be available in all states. Global emergency assistance services are not available in the state of New York. Provision of Services shall be in a manner consistent with applicable law.



## How to access

Reference number  
01-AA-GLI-10231



### Call

1 800 872 1414 (within the US)  
1 609 986 1234 (outside the US)



### Email

medservices@assistamerica.com



### Download

Assist America mobile app  
Available on Google Play and the App Store

## How to access ID Theft Protection

Access code  
18327



### Call

1 877 409 9597 (within the US)  
1 816 396 9192 (outside the US)

**THE FOLLOWING NOTICE ONLY PERTAINS TO HOSPITAL INDEMNITY COVERAGE**

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance.**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



# 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 1: LOW	Option 2: HIGH
<b>Coverage Details</b>		
<b>Your Semi-monthly premium</b>	\$4.53	\$9.06
You and Spouse/Domestic Partner	\$7.02	\$14.05
You and Child(ren)	\$6.98	\$13.95
You, Spouse/Domestic Partner and Child(ren)	\$9.47	\$18.94
<b>Benefits</b>		
Hospital/ICU Admission	\$500/\$1,000 per admission, limited to 2 admission(s) per insured and 10 admission(s) per covered family per benefit year.	\$1,000/\$2,000 per admission, limited to 2 admission(s) per insured and 10 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 30 day(s) per insured per benefit year.	\$200/\$400 per day, limited to 30 day(s) per insured per benefit year.
<b>Pre-Existing Conditions Limitation</b> - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	Not Applicable
<b>Portability</b> - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	Included
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years

## 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

# Electronic Evidence of Insurability (EOI)

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

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

## Electronic EOI keeps things simple

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

Electronic EOI can be used for\*:

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



### How it works

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

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

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

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

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

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2023-158794 (07/25)

# GuidanceResources® - Employee Assistance Program

Sometimes life can feel overwhelming.  
It doesn't have to.

Guardian's Employee Assistance Program provides confidential counseling, expert guidance, and valuable resources to help you handle any of life's challenges, big or small.

How it can help



## Confidential emotional support

- Anxiety, depression, stress



## Work and lifestyle support

- Child, elder and pet care



## Financial resources and legal guidance

- Retirement planning, taxes
- Wills, trusts and estate planning

**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 ComPsych. 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 ComPsych 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 any action against Guardian, ComPsych, 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 24/7 live assistance



**Call**  
**1 855 239 0743**  
TRS: Dial 711



**Visit**  
[guidanceresources.com](https://guidanceresources.com)

App: GuidanceNow<sup>SM</sup>  
Organization web ID: Guardian  
Note: First-time users will need to register first with the organization web ID: Guardian.

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2023-159687 (8/25)







# EstateGuidance® Online Will Preparation

Secure your wishes with a legally binding will.

EstateGuidance makes drafting a will easy with online tools that walk you through the process in minutes. You can also draft a living will to ensure you get the end-of-life care you desire and a final arrangements document expressing your wishes for your funeral services.

## How it can help


			
<b>Complete a customized will:</b>	<b>Have your will printed and sent to you:</b>	<b>Draft a living will:</b>	<b>Draft a final arrangements document:</b>
No cost to you	\$14.99	\$14.99	\$9.99


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

ComPsych Corporation (ComPsych) is a vendor to The Guardian Life Insurance Company of America (Guardian). ComPsych and Guardian are not affiliated entities. The Employee Assistance Program (Services) is provided by ComPsych. Guardian does not control or provide any part of the Services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Only the policy contains applicable terms. Guardian and ComPsych reserve the right to discontinue Services at anytime without notice. 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. Provision of Services shall be in a manner consistent with applicable law.



## How to access 24/7 live assistance

 **Call**  
**1 855 239 0743**  
TRS: Dial 711

 **Visit**  
[estateguidance.com](https://estateguidance.com)

App: GuidanceNow<sup>SM</sup>  
Enter promotional code:  
Guardian

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# Our commitment to you

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

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## Important information



### Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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

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

### No Cost Language Services

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

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

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## Dental insurance



### Guardian's HIPAA Notice of Privacy Practices

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

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

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## 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: <b>WellHaven Pet Health, LLC</b>	Group Plan Number: <b>00087553</b>	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		
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.		

Class: ALL OTHER ELIGIBLE EMPLOYEES	Division: _____	Subtotal Code: _____	(Please obtain this from your Employer/Planholder)
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<b>About You:</b> 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 (____) ____ - ____			
Email Address (indicate primary) <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____			
Are you married or do you have a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of marriage/union: ____ - ____ - ____ Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No      Placement date of adopted child: ____ - ____ - ____			

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

<b>About Your Family:</b> 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	Gender Identity:	Social Security Number	
Address/City/State/Zip: _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ - _____ - _____	
Phone: ( ) - _____		Date of Birth (mm-dd-yyyy)	
		_____ - ____ - ____	

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 (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
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 (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
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 (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
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 (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent

<b>Dental Coverage:</b> You must be enrolled to cover your dependents/family members. Check only one box.				
	Employee/Member Only	Employee/Member & Spouse	Employee/Member & Dependent/Child(ren)	Employee/Member, Spouse & Dependent/Child(ren)
Option 1: LOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2: HIGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I do not want Dental Coverage because (Check as applicable):				
<input type="checkbox"/> I am covered under another Dental plan				
<input type="checkbox"/> My spouse is covered under another Dental plan				
<input type="checkbox"/> My dependents/family members are covered under another Dental plan				

**Basic Life Coverage with Accidental Death and Dismemberment (AD&D):***Benefit reductions apply. Please see plan administrator.*

The amount of life insurance coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions.

**Policy Amount**

Employee/Member Only

☒ \$25,000

The Guarantee Issue Amount is \$25,000.

\* 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 With Accidental Death and Dismemberment (AD&D):** 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 *Check one box only*

<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	<input type="checkbox"/> \$300,000				

\*Guarantee Issue Amount. 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				

\*Guarantee Issue Amount

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

☐ I do not want this coverage

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

Policy Amount

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

\*Guarantee Issue Amount

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

☐ I do not want this coverage

### Important Notes:

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



**LIFE INSURANCE** *continued*

**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: ( ) - \_\_\_\_\_

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

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

*Weekly Benefit*

☐ 60% of salary to a maximum of \$1,500

☐ I do not want this coverage.

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

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

*Monthly Benefit*

☐ 60% of salary to a maximum of \$8,000

☐ I do not want this coverage.

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

*Benefit reductions apply. Please see plan administrator.*

Employee/Member

Insurance Amount: ☐ \$10,000 ☐ \$20,000 ☐ \$30,000

☐ I do not want this coverage.

**Spouse**

Insurance Amount: Up to 100% of the employee/member's amount to a maximum of \$30,000

☐ \$10,000 ☐ \$20,000 ☐ \$30,000

☐ I do not want this coverage.

**Dependent/Child(ren)**

Insurance Amount: ☐ 50% of the employee/member's amount

☐ 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: ( ) - \_\_\_\_\_

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

Your Semi-monthly premium

Employee/Member  
Only

Employee/Member &  
Spouse

Employee/Member &  
Dependent/Child(ren)

Employee/Member, Spouse &  
Dependent/Child(ren)

☐ \$6.71

☐ \$9.88

☐ \$10.32

☐ \$13.49

☐ 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 Semi-monthly premium	Employee/Member Only	Employee/Member & Spouse	Employee/Member & Child(ren)	Employee/Member, Spouse & Child(ren)
Option 1: LOW	<input type="checkbox"/> \$4.53	<input type="checkbox"/> \$7.02	<input type="checkbox"/> \$6.98	<input type="checkbox"/> \$9.47
Option 2: HIGH	<input type="checkbox"/> \$9.06	<input type="checkbox"/> \$14.05	<input type="checkbox"/> \$13.95	<input type="checkbox"/> \$18.94
	<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.	<input type="checkbox"/> I do not want this 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.
- Your coverage will not be effective until approved by a Guardian or its designated underwriter.
- I hereby apply for the group benefit(s) that I have chosen above.

- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- 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 hereto, may be guilty of committing a fraudulent insurance act as determined by a court of law, which may be 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.