Guardian

ADDEPAR, INC.
ALL ELIGIBLE CALIFORNIA, NEW JERSEY, WASHINGTON, RHODE ISLAND AND MASSACHUSETTS EMPLOYEES
Group Number: 00579839

Customer Service (888) 600-1600
Monday to Friday | 8am to 8:30pm ET

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

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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Watch our video
Learn how dental insurance can help you protect your long-term health and save.*

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.

Source: An Ounce of Prevention: The link between preventive dental care and better oral health and wellness, Guardian 12th Annual Workplace Benefits Study, 2024

You will receive these benefits if you meet the conditions listed in the policy. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.

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ALL ELIGIBLE CALIFORNIA, NEW JERSEY, WASHINGTON, RHODE ISLAND AND MASSACHUSETTS EMPLOYE
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Kit created 11/05/2026
Group number: 00579839

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Your dental coverage

Option 1 or 2: BASE PLAN or BUY UP PLAN plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	**Option 1: BASE PLAN**		**Option 2: BUY UP PLAN**	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Individual	$50	$50	$50	$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Preventive Care	100%	100%	100%	100%
Basic Care	90%	80%	90%	80%
Major Care	60%	50%	60%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
Annual Maximum Benefit	$2000		$5000	
Maximum Rollover	Yes		Yes	
Rollover Threshold	$800		$1000	
Rollover Amount	$400		$500	
Rollover In-network Amount	$600		$750	
Rollover Account Limit	$1500		$1500	
Lifetime Orthodontia Maximum	Not Applicable		$2000	
Dependent Age Limits	26		26	

Guardian®

Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: BASE PLAN *Plan pays (on average)*		Option 2: BUY UP PLAN *Plan pays (on average)*	
		In-network	*Out-of-network*	*In-network*	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	2 in 12 Months		2 in 12 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
Basic Care	Anesthesia*	90%	80%	90%	80%
	Fillings‡	90%	80%	90%	80%
	Perio Surgery	90%	80%	90%	80%
	Periodontal Maintenance	90%	80%	90%	80%
	Frequency:	2 in 12 months		2 in 12 months	
	Root Canal	90%	80%	90%	80%
	Scaling & Root Planing (per quadrant)	90%	80%	90%	80%
	Simple Extractions	90%	80%	90%	80%
	Surgical Extractions	90%	80%	90%	80%
Major Care	Bridges and Dentures	60%	50%	60%	50%
	Dental Implants	60%	50%	60%	50%
	Inlays, Onlays, Veneers**	60%	50%	60%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	60%	50%	60%	50%
	Single Crowns	60%	50%	60%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:			Adults & Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material.

When Orthodontia coverage is for "Child(ren)" only, the dependent limiting age and the orthodontia limiting age may differ. Please review your certificate of benefits to confirm the age limit specific to orthodontic treatment. For Orthodontia to be covered, the orthodontic appliance must be placed prior to the orthodontia 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.

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Your dental coverage

Manage Your Benefits:

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

Find A Dentist:

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

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

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

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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.



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.

How maximum rollover works*

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

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
$2,000 Maximum claims reimbursement	**$800** Claims amount that determines rollover eligibility	**$400** Additional dollars added to a plan's annual maximum for future years	**$600** Additional dollars added if only in-network providers were used during the benefit year	**$1,500** 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.

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Oral Health Rewards Program

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Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
$5,000 Maximum claims reimbursement	**$1,000** Claims amount that determines rollover eligibility	**$500** Additional dollars added to a plan's annual maximum for future years	**$750** Additional dollars added if only in-network providers were used during the benefit year	**$1,500** The limit that cannot be exceeded within the maximum rollover account

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Guardian®

Watch our video
How life insurance protects families and covers critical costs.*

Life insurance

If something happens to you, life insurance can help provide your family with financial security.

Life insurance helps protect you family's finances by providing a death benefit if you pass away.** This helps ensure that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get cost-effective 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 can be a more cost-effective 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.

You will receive these benefits if you meet the conditions listed in the policy. 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. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR. **As long as premiums are paid.

Preparing and planning

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

Jorge has a mortgage. His wife helps take care of her mother and only works part-time. With his daughter about to start college, he knows that many expenses would go unmet if his family lost him.

Jorge purchases enough life insurance coverage to help cover the mortgage, tuition, and family living costs 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.

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Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides Basic Life Coverage for all full time employees in the amount of 200% of your annual salary, to a maximum of $1,000,000.	$10,000 increments to a maximum of $500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Not available
Spouse/Domestic Partner Benefit	N/A	$5,000 increments to a maximum of $250,000. See Cost Illustration page for details.‡
Child Benefit	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: $10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to $1,000,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 $200,000, 65-69 $50,000, 70+ $10,000. Spouse Less than age 65 $50,000, 65-69 $10,000. Dependent children $10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions

Guardian®

Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	50% at age 70	35% at age 65, 50% at age 70

Subject to coverage limits

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

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

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

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

Voluntary Life Cost Illustration:

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

Policy Election Amount	Semi-monthly premiums displayed. Policy Election Cost Per Age Bracket								
Employee	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$10,000	$.20	$.25	$.35	$.50	$.75	$1.15	$2.05	$3.30	$5.50
$20,000	$.40	$.50	$.70	$1.00	$1.50	$2.30	$4.10	$6.60	$11.00
$30,000	$.60	$.75	$1.05	$1.50	$2.25	$3.45	$6.15	$9.90	$16.50
$40,000	$.80	$1.00	$1.40	$2.00	$3.00	$4.60	$8.20	$13.20	$22.00
$50,000	$1.00	$1.25	$1.75	$2.50	$3.75	$5.75	$10.25	$16.50	$27.50
$60,000	$1.20	$1.50	$2.10	$3.00	$4.50	$6.90	$12.30	$19.80	$33.00
$70,000	$1.40	$1.75	$2.45	$3.50	$5.25	$8.05	$14.35	$23.10	$38.50
$80,000	$1.60	$2.00	$2.80	$4.00	$6.00	$9.20	$16.40	$26.40	$44.00
$90,000	$1.80	$2.25	$3.15	$4.50	$6.75	$10.35	$18.45	$29.70	$49.50
$100,000	$2.00	$2.50	$3.50	$5.00	$7.50	$11.50	$20.50	$33.00	$55.00
$110,000	$2.20	$2.75	$3.85	$5.50	$8.25	$12.65	$22.55	$36.30	$60.50
$120,000	$2.40	$3.00	$4.20	$6.00	$9.00	$13.80	$24.60	$39.60	$66.00
$130,000	$2.60	$3.25	$4.55	$6.50	$9.75	$14.95	$26.65	$42.90	$71.50
$140,000	$2.80	$3.50	$4.90	$7.00	$10.50	$16.10	$28.70	$46.20	$77.00
$150,000	$3.00	$3.75	$5.25	$7.50	$11.25	$17.25	$30.75	$49.50	$82.50
$160,000	$3.20	$4.00	$5.60	$8.00	$12.00	$18.40	$32.80	$52.80	$88.00
$170,000	$3.40	$4.25	$5.95	$8.50	$12.75	$19.55	$34.85	$56.10	$93.50
$180,000	$3.60	$4.50	$6.30	$9.00	$13.50	$20.70	$36.90	$59.40	$99.00
$190,000	$3.80	$4.75	$6.65	$9.50	$14.25	$21.85	$38.95	$62.70	$104.50
$200,000	$4.00	$5.00	$7.00	$10.00	$15.00	$23.00	$41.00	$66.00	$110.00
$210,000	$4.20	$5.25	$7.35	$10.50	$15.75	$24.15	$43.05	$69.30	$115.50
$220,000	$4.40	$5.50	$7.70	$11.00	$16.50	$25.30	$45.10	$72.60	$121.00
$230,000	$4.60	$5.75	$8.05	$11.50	$17.25	$26.45	$47.15	$75.90	$126.50
$240,000	$4.80	$6.00	$8.40	$12.00	$18.00	$27.60	$49.20	$79.20	$132.00
$250,000	$5.00	$6.25	$8.75	$12.50	$18.75	$28.75	$51.25	$82.50	$137.50
$260,000	$5.20	$6.50	$9.10	$13.00	$19.50	$29.90	$53.30	$85.80	$143.00
$270,000	$5.40	$6.75	$9.45	$13.50	$20.25	$31.05	$55.35	$89.10	$148.50
$280,000	$5.60	$7.00	$9.80	$14.00	$21.00	$32.20	$57.40	$92.40	$154.00
$290,000	$5.80	$7.25	$10.15	$14.50	$21.75	$33.35	$59.45	$95.70	$159.50

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$300,000	$6.00	$7.50	$10.50	$15.00	$22.50	$34.50	$61.50	$99.00	$165.00
$310,000	$6.20	$7.75	$10.85	$15.50	$23.25	$35.65	$63.55	$102.30	$170.50
$320,000	$6.40	$8.00	$11.20	$16.00	$24.00	$36.80	$65.60	$105.60	$176.00
$330,000	$6.60	$8.25	$11.55	$16.50	$24.75	$37.95	$67.65	$108.90	$181.50
$340,000	$6.80	$8.50	$11.90	$17.00	$25.50	$39.10	$69.70	$112.20	$187.00
$350,000	$7.00	$8.75	$12.25	$17.50	$26.25	$40.25	$71.75	$115.50	$192.50
$360,000	$7.20	$9.00	$12.60	$18.00	$27.00	$41.40	$73.80	$118.80	$198.00
$370,000	$7.40	$9.25	$12.95	$18.50	$27.75	$42.55	$75.85	$122.10	$203.50
$380,000	$7.60	$9.50	$13.30	$19.00	$28.50	$43.70	$77.90	$125.40	$209.00
$390,000	$7.80	$9.75	$13.65	$19.50	$29.25	$44.85	$79.95	$128.70	$214.50
$400,000	$8.00	$10.00	$14.00	$20.00	$30.00	$46.00	$82.00	$132.00	$220.00
$410,000	$8.20	$10.25	$14.35	$20.50	$30.75	$47.15	$84.05	$135.30	$225.50
$420,000	$8.40	$10.50	$14.70	$21.00	$31.50	$48.30	$86.10	$138.60	$231.00
$430,000	$8.60	$10.75	$15.05	$21.50	$32.25	$49.45	$88.15	$141.90	$236.50
$440,000	$8.80	$11.00	$15.40	$22.00	$33.00	$50.60	$90.20	$145.20	$242.00
$450,000	$9.00	$11.25	$15.75	$22.50	$33.75	$51.75	$92.25	$148.50	$247.50
$460,000	$9.20	$11.50	$16.10	$23.00	$34.50	$52.90	$94.30	$151.80	$253.00
$470,000	$9.40	$11.75	$16.45	$23.50	$35.25	$54.05	$96.35	$155.10	$258.50
$480,000	$9.60	$12.00	$16.80	$24.00	$36.00	$55.20	$98.40	$158.40	$264.00
$490,000	$9.80	$12.25	$17.15	$24.50	$36.75	$56.35	$100.45	$161.70	$269.50
$500,000	$10.00	$12.50	$17.50	$25.00	$37.50	$57.50	$102.50	$165.00	$275.00
Policy Election Amount									
Spouse/DP									
$5,000	$.10	$.13	$.18	$.25	$.38	$.58	$1.03	$1.65	$2.75
$10,000	$.20	$.25	$.35	$.50	$.75	$1.15	$2.05	$3.30	$5.50
$15,000	$.30	$.38	$.53	$.75	$1.13	$1.73	$3.08	$4.95	$8.25
$20,000	$.40	$.50	$.70	$1.00	$1.50	$2.30	$4.10	$6.60	$11.00
$25,000	$.50	$.63	$.88	$1.25	$1.88	$2.88	$5.13	$8.25	$13.75
$30,000	$.60	$.75	$1.05	$1.50	$2.25	$3.45	$6.15	$9.90	$16.50
$35,000	$.70	$.88	$1.23	$1.75	$2.63	$4.03	$7.18	$11.55	$19.25
$40,000	$.80	$1.00	$1.40	$2.00	$3.00	$4.60	$8.20	$13.20	$22.00
$45,000	$.90	$1.13	$1.58	$2.25	$3.38	$5.18	$9.23	$14.85	$24.75
$50,000	$1.00	$1.25	$1.75	$2.50	$3.75	$5.75	$10.25	$16.50	$27.50

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$55,000	$1.10	$1.38	$1.93	$2.75	$4.13	$6.33	$11.28	$18.15	$30.25
$60,000	$1.20	$1.50	$2.10	$3.00	$4.50	$6.90	$12.30	$19.80	$33.00
$65,000	$1.30	$1.63	$2.28	$3.25	$4.88	$7.48	$13.33	$21.45	$35.75
$70,000	$1.40	$1.75	$2.45	$3.50	$5.25	$8.05	$14.35	$23.10	$38.50
$75,000	$1.50	$1.88	$2.63	$3.75	$5.63	$8.63	$15.38	$24.75	$41.25
$80,000	$1.60	$2.00	$2.80	$4.00	$6.00	$9.20	$16.40	$26.40	$44.00
$85,000	$1.70	$2.13	$2.98	$4.25	$6.38	$9.78	$17.43	$28.05	$46.75
$90,000	$1.80	$2.25	$3.15	$4.50	$6.75	$10.35	$18.45	$29.70	$49.50
$95,000	$1.90	$2.38	$3.33	$4.75	$7.13	$10.93	$19.48	$31.35	$52.25
$100,000	$2.00	$2.50	$3.50	$5.00	$7.50	$11.50	$20.50	$33.00	$55.00
$105,000	$2.10	$2.63	$3.68	$5.25	$7.88	$12.08	$21.53	$34.65	$57.75
$110,000	$2.20	$2.75	$3.85	$5.50	$8.25	$12.65	$22.55	$36.30	$60.50
$115,000	$2.30	$2.88	$4.03	$5.75	$8.63	$13.23	$23.58	$37.95	$63.25
$120,000	$2.40	$3.00	$4.20	$6.00	$9.00	$13.80	$24.60	$39.60	$66.00
$125,000	$2.50	$3.13	$4.38	$6.25	$9.38	$14.38	$25.63	$41.25	$68.75
$130,000	$2.60	$3.25	$4.55	$6.50	$9.75	$14.95	$26.65	$42.90	$71.50
$135,000	$2.70	$3.38	$4.73	$6.75	$10.13	$15.53	$27.68	$44.55	$74.25
$140,000	$2.80	$3.50	$4.90	$7.00	$10.50	$16.10	$28.70	$46.20	$77.00
$145,000	$2.90	$3.63	$5.08	$7.25	$10.88	$16.68	$29.73	$47.85	$79.75
$150,000	$3.00	$3.75	$5.25	$7.50	$11.25	$17.25	$30.75	$49.50	$82.50
$155,000	$3.10	$3.88	$5.43	$7.75	$11.63	$17.83	$31.78	$51.15	$85.25
$160,000	$3.20	$4.00	$5.60	$8.00	$12.00	$18.40	$32.80	$52.80	$88.00
$165,000	$3.30	$4.13	$5.78	$8.25	$12.38	$18.98	$33.83	$54.45	$90.75
$170,000	$3.40	$4.25	$5.95	$8.50	$12.75	$19.55	$34.85	$56.10	$93.50
$175,000	$3.50	$4.38	$6.13	$8.75	$13.13	$20.13	$35.88	$57.75	$96.25
$180,000	$3.60	$4.50	$6.30	$9.00	$13.50	$20.70	$36.90	$59.40	$99.00
$185,000	$3.70	$4.63	$6.48	$9.25	$13.88	$21.28	$37.93	$61.05	$101.75
$190,000	$3.80	$4.75	$6.65	$9.50	$14.25	$21.85	$38.95	$62.70	$104.50
$195,000	$3.90	$4.88	$6.83	$9.75	$14.63	$22.43	$39.98	$64.35	$107.25
$200,000	$4.00	$5.00	$7.00	$10.00	$15.00	$23.00	$41.00	$66.00	$110.00
$205,000	$4.10	$5.13	$7.18	$10.25	$15.38	$23.58	$42.03	$67.65	$112.75
$210,000	$4.20	$5.25	$7.35	$10.50	$15.75	$24.15	$43.05	$69.30	$115.50

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$215,000	$4.30	$5.38	$7.53	$10.75	$16.13	$24.73	$44.08	$70.95	$118.25
$220,000	$4.40	$5.50	$7.70	$11.00	$16.50	$25.30	$45.10	$72.60	$121.00
$225,000	$4.50	$5.63	$7.88	$11.25	$16.88	$25.88	$46.13	$74.25	$123.75
$230,000	$4.60	$5.75	$8.05	$11.50	$17.25	$26.45	$47.15	$75.90	$126.50
$235,000	$4.70	$5.88	$8.23	$11.75	$17.63	$27.03	$48.18	$77.55	$129.25
$240,000	$4.80	$6.00	$8.40	$12.00	$18.00	$27.60	$49.20	$79.20	$132.00
$245,000	$4.90	$6.13	$8.58	$12.25	$18.38	$28.18	$50.23	$80.85	$134.75
$250,000	$5.00	$6.25	$8.75	$12.50	$18.75	$28.75	$51.25	$82.50	$137.50
Policy Election Amount									
Child(ren)									
$10,000	$0.85	$0.85	$0.85	$0.85	$0.85	$0.85	$0.85	$0.85	$0.85

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.

†Benefit reductions apply.

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

LIMITATIONS AND EXCLUSIONS:

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

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

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 employee or spouse death is due to suicide within two years from the insured employee or spouse original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-1-R-LB-90, GP-1-R-EOPT-96

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

For AD&D: We pay no benefits for any loss caused: by willful self-injury*; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

*the willful self-injury does not apply to children with Voluntary AD&D

Enhanced AD&D: A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

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

Guardian®

Watch our video
How short term disability insurance can supplement your income.

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 that 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.



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.

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

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Watch our video
How long term disability insurance can supplement your income.

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 that 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.

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Guardian®

Your disability coverage

	Short-Term Disability	Long-Term Disability
Coverage amount	60% of salary to maximum $2500/week	60% of salary to maximum $12000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	12 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement not required	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	Not Applicable	We Guarantee Issue $12000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	6 months look back; 24 months after exclusion
Survivor benefit: 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):** You will receive benefit payments while you are unable to work in your own occupation, up to the maximum payment period.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for mental health and substance abuse.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

Guardian®

Your disability coverage

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

  Contract #.s GP-1-STD94-1.0 et al; GP-1-STD2K-1.0 et al; GP-1-STD07-1.0 et al; GP-1-STD-15-1.0 et al. Contract #.s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-LTD2K-1.0 et al; GP-1-LTD07-1.0 et al; GP-1-LTD-15-1.0 et al.

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

Guardian + Wellthy

Caregiving service

Comprehensive support for every stage of life

Employees like you juggle complex responsibilities both at work and at home. The caregiving support offered through Guardian + Wellthy is tailored to your individual needs. From navigating parenthood to arranging in-home care for a loved one, you're covered with this service that's integrated directly into your Guardian disability benefit.

Access support that's truly personalized, to help assist you in your caregiving journey. Including if you're in need of:

- **Help managing a health condition**
- **Childcare and teen support**
- **Caring for an aging loved one**
- **Mental health and well-being**
- **End of life and loss**
- **Financial hardships**

With the help of Guardian + Wellthy caregiving support services, you can plan for future care responsibilities, get guidance for your current needs, or connect with others who are navigating care for similar situations. You will have access to self-serve tools, resources, and dedicated support.

How to access

Visit

guardianwell.com

Look for the Guardian + Wellthy page to learn how to access your caregiving benefits.

Note: First-time GuardianWell users will need to register.

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

Individual outcomes may vary due to the unique aspects of each caregiving scenario. 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. Wellthy, Inc. ("Wellthy") is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Wellthy and Guardian are not affiliated entities. Wellthy provides a care coordinator to integrate separately retained caregiver resources (e.g., senior care, childcare, etc.) for the benefit of a member or their permitted dependents ("Services"). 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 Wellthy reserve the right to discontinue Services at any time without notice. Services may not be available in all states.

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Guardian®

Electronic Evidence of Insurability (EOI)

Completing your Evidence of Insurability (EOI) online — it's simple, secure, and takes just a few minutes.

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).

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Guardian®

GuidanceResources® your Employee Assistance Program

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

Guardian's Employee Assistance Program provides confidential counseling, specialized 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, and stress

Work and lifestyle support

- Child, elder, and pet care

Financial resources and legal guidance

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

How to access
24/7 live assistance

Call
1 855 239 0743
TRS: Dial 711

Visit
guidanceresources.com

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

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.

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Guardian

Our commitment to you

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

Important information

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.
Visit **https://www.guardiananytime.com/notice48** to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.
Visit **https://www.guardiananytime.com/notice46** to read more.

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.

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.

Outline of Coverage

A short explanation of benefits, coverage, exclusions and premiums that is given to an applicant for insurance in requisite states. It serves only as a brief summary and does not include all the information the policy contract does, and is not part of the contract.
Visit **https://www.guardiananytime.com/notice53** to read more.

Outline of Coverage

A short explanation of benefits, coverage, exclusions and premiums that is given to an applicant for insurance in requisite states. It serves only as a brief summary and does not include all the information the policy contract does, and is not part of the contract.
Visit **https://www.guardiananytime.com/notice52** 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: **ADDEPAR, INC.**	Group Plan Number: **00579839**	Benefits Effective:_____

PLEASE CHECK APPROPRIATE BOX ❑ Initial Enrollment ❑ Add Employee/Member Dependents/Family Members ❑ Drop/Refuse Coverage ❑ 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 ELIGIBLE CALIFORNIA, NEW JERSEY, WASHINGTON, RHODE ISLAND AND MASSACHUSETTS EMPLOYEES

Division:_____

Subtotal Code:_____

(Please obtain this from your Employer/Planholder)

About You:

Full Legal Name-First, MI, Last Name:

What is the name you go by? (optional)

Employer/Planholder Provided Identification:

_____

Social Security Number

___ ___ ___ - ___ ___ - ___ ___ ___ ___

Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.

Address	City	State	Zip

Gender Identity: ❑ M ❑ F Date of Birth (mm-dd-yy): ____ - ____ - ____

Phone (indicate primary): ❑ Home (____) ____ - ____
❑ Work (____) ____ - ____
❑ Mobile (____) ____ - ____

Email Address (indicate primary) ❑ Home _____ ❑ Work _____

Are you married or in a domestic partnership? ❑ Yes ❑ No Date of marriage/domestic partnership:____-____-_____
Do you have children or other dependents? ❑ Yes ❑ No Placement date of adopted child: ____-____-_____

About Your Job: Job Title:

Work Status: ❑ Active ❑ Retired ❑ COBRA/State Continuation Hours worked per week: _____	Date of full time hire: _____ - _____ - _____	Annual Salary: $_____

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

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

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

DATE FORM PUBLISHED: Nov 05, 2026

Spouse Address/City/State/Zip: Phone: ( ) -		Gender Identity: ❑ M ❑ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Child/Dependent 1: Address/City/State/Zip: Phone: ( ) -	❑ Add ❑ Drop	Gender Identity: ❑ M ❑ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check as applicable) ❑ Student (post high school) ❑ Disabled ❑ Non standard dependent
Child/Dependent 2: Address/City/State/Zip: Phone: ( ) -	❑ Add ❑ Drop	Gender Identity: ❑ M ❑ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check as applicable) ❑ Student (post high school) ❑ Disabled ❑ Non standard dependent
Child/Dependent 3: Address/City/State/Zip: Phone: ( ) -	❑ Add ❑ Drop	Gender Identity: ❑ M ❑ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check as applicable) ❑ Student (post high school) ❑ Disabled ❑ Non standard dependent
Child/Dependent 4: Address/City/State/Zip: Phone: ( ) -	❑ Add ❑ Drop	Gender Identity: ❑ M ❑ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check as applicable) ❑ Student (post high school) ❑ Disabled ❑ Non standard dependent

Drop Coverage:

❑ Drop Employee/Member ❑ Drop Dependents/Family Members

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

Last Day of Coverage: _____-_____-_____

❑ Termination of Employment ❑ Retirement

Last Day Worked: _____-_____-_____

❑ Other Event: _____

Date of Event: _____-_____-_____

Coverage Being Dropped:

❑ Dental ❑ Employee/Member ❑ Spouse ❑ Child(ren)

❑ Basic Term Life

❑ Voluntary Term Life ❑ Employee/Member ❑ Spouse ❑ Child(ren)

❑ Long Term Disability

❑ Short Term Disability

Loss Of Other Coverage:

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

❑ Termination of Employment: _____-_____-_____

❑ Divorce/Separation _____-_____-_____

❑ Death of Spouse or Partner _____-_____-_____

❑ Termination/Expiration of Coverage _____-_____-_____

Coverage Lost ❑ Dental

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

❑ Covered under another insurance plan

❑ Other _____

(additional information may be required)

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

	Employee/Member Only	Employee/Member, Spouse or Partner & Dependent/Child(ren)
Option 1: BASE PLAN	❑	❑
Option 2: BUY UP PLAN	❑	❑

❑ I do not want Dental Coverage because (Check as applicable):

❑ I am covered under another Dental plan

❑ 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
☑ 200% of your annual salary to a maximum of $1,000,000
The Guarantee Issue Amount is $1,000,000.

* 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 infformation 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.

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

LIFE INSURANCE *continued*

Voluntary Term Life Coverage: **You must be enrolled to cover your dependents/family members.** ***Benefit reductions apply. Please see plan administrator.***

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

Employee/Member

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

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

Guarantee Issue up to: Employee Less than age 65 $200,000*, 65-69 $50,000, 70+ $10,000. The Health History section must be completed if any amount above the Guarantee Issue Amount is elected.

❑ I do not want this coverage

Add **Voluntary Life for Spouse or Partner**

Policy Amount

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

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

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

❑ I do not want this coverage

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

Policy Amount

❑ **$10,000***

**Guarantee Issue Amount*

****The amount may not be more than 10% of the employee amount for Voluntary Life.***

❑ I do not want this coverage

Important Notes:

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

LIFE INSURANCE *continued*

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 or Partner 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 $2,500

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 $12,000

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

Signature

- I understand that my dependents/family members cannot be enrolled for a coverage if I am not enrolled for that coverage.
- LIFE ONLY: I understand that life insurance coverage for a dependent/family member, other than a newborn child, will not take effect if that dependent/family member is confined to a hospital or other health care facility, or is home confined, or is unable to perform 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.**
- **"California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage."**

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

California law requires that insurers offering Accident, Cancer, Critical Illness and Hospital Indemnity policies or certificates must require that the person to be insured is covered for essential health benefits or minimum essential coverage as defined in federal law. If you do not have such essential health benefits or minimum essential coverage as defined in federal law, you may not enroll for Accident, Cancer, Critical Illness or Hospital Indemnity Coverage. By your signature below, you affirmatively attest that you, and any dependents to be covered, are covered by essential health benefits or minimum essential coverage as defined in federal law.

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.

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 York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

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.

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER