Guardian

EMPLOYER SOLUTIONS GROUP, LLC
ALL ELIGIBLE NON-CORPORATE EMPLOYEES
EXCEPT FLT-MED EMPLOYEES
Group Number: 00466845

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
Vision care	Looking after your eyesight and related health issues
Life insurance	Protecting your family's financial future
Disability insurance	Coverage if you're temporarily unable to work
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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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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EMPLOYER SOLUTIONS GROUP, LLC
ALL ELIGIBLE NON-CORPORATE EMPLOYEES EXCEPT FLT-MED EMPLOYEES
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Your dental coverage

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

Your Dental Plan	**PPO**	
Your Network is	Premier	
Calendar year deductible	*In-Network*	*Out-of-Network*
Individual	$0	$50
Family limit	3 per family	
Waived for	Not applicable	Preventive
Charges covered for you (co-insurance)	*In-Network*	*Out-of-Network*
Preventive Care	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	$1000	
Maximum Rollover	Yes	
Rollover Threshold	$500	
Rollover Amount	$250	
Rollover In-network Amount	$350	
Rollover Account Limit	$1000	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26	

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Your dental coverage

A Sample of Services Covered by Your Plan:

		PPO *Plan pays (on average)*	
		In-network	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	No Age Limits	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
Basic Care	Anesthesia*	90%	80%
	Fillings‡	90%	80%
	Perio Surgery	90%	80%
	Periodontal Maintenance	90%	80%
	Frequency:	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%
	Root Canal	90%	80%
	Scaling & Root Planing (per quadrant)	90%	80%
	Simple Extractions	90%	80%
	Surgical Extractions	90%	80%
Major Care	Bridges and Dentures	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
	Single Crowns	60%	50%

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.

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: 00466845

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

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

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

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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
$1,000 Maximum claims reimbursement	**$500** Claims amount that determines rollover eligibility	**$250** Additional dollars added to a plan's annual maximum for future years	**$350** Additional dollars added if only in-network providers were used during the benefit year	**$1,000** 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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Vision care

Vision care helps protect the health of your eyes by providing services that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine eye exams, as well as access to glasses and contacts. Help keep your eyes in great shape at any age — no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Many people eventually need vision correction, which is why we offer vision care to manage some of the costs.[1]

What's included?

Vision care helps pay for services not typically included in medical insurance plans. This may include routine eye exams, support toward the cost of eyeglasses and contact lenses, and access to discounted pricing on corrective LASIK surgery.

Why should I consider it?

Regular eye exams can help detect more than failing eyesight, they can also pick up on symptoms associated with diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the US, making vision care especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to protect their eyesight and general health.



Vision

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, also known as nearsightedness, which means he needs glasses. He can now save on glasses and contacts.

Hypothetical examples are for illustrative purposes only. An individual's eligibility for benefits is determined on a case-by-case basis. Guardian's Group Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.

1. CDC, Why eye exams are important, May 15, 2024.

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

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Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations.

Your Vision Plan	**Full Feature**	
Your Network is	VSP Network Signature Plan	
Copay		
Exams Copay	$ 20	
Materials Copay *(waived for elective contact lenses)*	$ 20	
Sample of Covered Services	*You pay (after copay if applicable):*	
	In-network	*Out-of-network*
Eye Exams	$0	Amount over $46
Single Vision Lenses	$0	Amount over $47
Lined Bifocal Lenses	$0	Amount over $66
Lined Trifocal Lenses	$0	Amount over $85
Lenticular Lenses	$0	Amount over $125
Frames	80% of amount over $120[1]	Amount over $47
Contact Lenses *(Elective)*	Amount over $120	Amount over $120
Contact Lenses *(Medically Necessary)*	$0	Amount over $210
Contact Lenses *(Evaluation and fitting)*	15% off UCR	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts
Glasses *(Additional pair of frames and lenses)*	20% off retail price^	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every 12 months	
Lenses *(for glasses or contact lenses)*‡‡	Every 12 months	
Frames	Every 24 months‡‡‡	
Network discounts *(glasses and contact lens professional service)*	Limitless within 12 months of exam.	
Dependent Age Limits	26	
	Visit www.Guardianlife.com and click on "Find a Provider"	

VSP

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- ^ For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- [1]Extra $20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.

Your vision coverage

- ‡‡‡.*The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.*
- In Network Routine Retinal Screening Covered after no more than a $39 copay.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to $1,800 per eye for LASIK or $1,500 per eye for PRK or $2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage.
Policy Form # GP-1-GVSN-17

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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

	VOLUNTARY TERM LIFE
Employee Benefit	$10,000 increments to a maximum of $500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse/Domestic Partner Benefit	$5,000 increments to a maximum of $250,000. See Cost Illustration page for details.‡
Child Benefit	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.	We Guarantee Issue coverage up to: Employee $150,000. Spouse $50,000. Dependent children $10,000.
Premiums	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
Conversion: Allows you to continue your coverage after your group plan has terminated.	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

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Your life coverage

	VOLUNTARY TERM LIFE
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 met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

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.

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.

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	$1.12	$1.17	$1.44	$1.90	$2.80	$4.35	$6.67	$9.82	$18.57
$20,000	$2.24	$2.34	$2.88	$3.80	$5.60	$8.70	$13.34	$19.64	$37.14
$30,000	$3.36	$3.51	$4.32	$5.70	$8.40	$13.05	$20.01	$29.46	$55.71
$40,000	$4.48	$4.68	$5.76	$7.60	$11.20	$17.40	$26.68	$39.28	$74.28
$50,000	$5.60	$5.85	$7.20	$9.50	$14.00	$21.75	$33.35	$49.10	$92.85
$60,000	$6.72	$7.02	$8.64	$11.40	$16.80	$26.10	$40.02	$58.92	$111.42
$70,000	$7.84	$8.19	$10.08	$13.30	$19.60	$30.45	$46.69	$68.74	$129.99
$80,000	$8.96	$9.36	$11.52	$15.20	$22.40	$34.80	$53.36	$78.56	$148.56
$90,000	$10.08	$10.53	$12.96	$17.10	$25.20	$39.15	$60.03	$88.38	$167.13
$100,000	$11.20	$11.70	$14.40	$19.00	$28.00	$43.50	$66.70	$98.20	$185.70
$110,000	$12.32	$12.87	$15.84	$20.90	$30.80	$47.85	$73.37	$108.02	$204.27
$120,000	$13.44	$14.04	$17.28	$22.80	$33.60	$52.20	$80.04	$117.84	$222.84
$130,000	$14.56	$15.21	$18.72	$24.70	$36.40	$56.55	$86.71	$127.66	$241.41
$140,000	$15.68	$16.38	$20.16	$26.60	$39.20	$60.90	$93.38	$137.48	$259.98
$150,000	$16.80	$17.55	$21.60	$28.50	$42.00	$65.25	$100.05	$147.30	$278.55
$160,000	$17.92	$18.72	$23.04	$30.40	$44.80	$69.60	$106.72	$157.12	$297.12
$170,000	$19.04	$19.89	$24.48	$32.30	$47.60	$73.95	$113.39	$166.94	$315.69
$180,000	$20.16	$21.06	$25.92	$34.20	$50.40	$78.30	$120.06	$176.76	$334.26
$190,000	$21.28	$22.23	$27.36	$36.10	$53.20	$82.65	$126.73	$186.58	$352.83
$200,000	$22.40	$23.40	$28.80	$38.00	$56.00	$87.00	$133.40	$196.40	$371.40
$210,000	$23.52	$24.57	$30.24	$39.90	$58.80	$91.35	$140.07	$206.22	$389.97
$220,000	$24.64	$25.74	$31.68	$41.80	$61.60	$95.70	$146.74	$216.04	$408.54
$230,000	$25.76	$26.91	$33.12	$43.70	$64.40	$100.05	$153.41	$225.86	$427.11
$240,000	$26.88	$28.08	$34.56	$45.60	$67.20	$104.40	$160.08	$235.68	$445.68
$250,000	$28.00	$29.25	$36.00	$47.50	$70.00	$108.75	$166.75	$245.50	$464.25
$260,000	$29.12	$30.42	$37.44	$49.40	$72.80	$113.10	$173.42	$255.32	$482.82
$270,000	$30.24	$31.59	$38.88	$51.30	$75.60	$117.45	$180.09	$265.14	$501.39
$280,000	$31.36	$32.76	$40.32	$53.20	$78.40	$121.80	$186.76	$274.96	$519.96
$290,000	$32.48	$33.93	$41.76	$55.10	$81.20	$126.15	$193.43	$284.78	$538.53

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$300,000	$33.60	$35.10	$43.20	$57.00	$84.00	$130.50	$200.10	$294.60	$557.10
$310,000	$34.72	$36.27	$44.64	$58.90	$86.80	$134.85	$206.77	$304.42	$575.67
$320,000	$35.84	$37.44	$46.08	$60.80	$89.60	$139.20	$213.44	$314.24	$594.24
$330,000	$36.96	$38.61	$47.52	$62.70	$92.40	$143.55	$220.11	$324.06	$612.81
$340,000	$38.08	$39.78	$48.96	$64.60	$95.20	$147.90	$226.78	$333.88	$631.38
$350,000	$39.20	$40.95	$50.40	$66.50	$98.00	$152.25	$233.45	$343.70	$649.95
$360,000	$40.32	$42.12	$51.84	$68.40	$100.80	$156.60	$240.12	$353.52	$668.52
$370,000	$41.44	$43.29	$53.28	$70.30	$103.60	$160.95	$246.79	$363.34	$687.09
$380,000	$42.56	$44.46	$54.72	$72.20	$106.40	$165.30	$253.46	$373.16	$705.66
$390,000	$43.68	$45.63	$56.16	$74.10	$109.20	$169.65	$260.13	$382.98	$724.23
$400,000	$44.80	$46.80	$57.60	$76.00	$112.00	$174.00	$266.80	$392.80	$742.80
$410,000	$45.92	$47.97	$59.04	$77.90	$114.80	$178.35	$273.47	$402.62	$761.37
$420,000	$47.04	$49.14	$60.48	$79.80	$117.60	$182.70	$280.14	$412.44	$779.94
$430,000	$48.16	$50.31	$61.92	$81.70	$120.40	$187.05	$286.81	$422.26	$798.51
$440,000	$49.28	$51.48	$63.36	$83.60	$123.20	$191.40	$293.48	$432.08	$817.08
$450,000	$50.40	$52.65	$64.80	$85.50	$126.00	$195.75	$300.15	$441.90	$835.65
$460,000	$51.52	$53.82	$66.24	$87.40	$128.80	$200.10	$306.82	$451.72	$854.22
$470,000	$52.64	$54.99	$67.68	$89.30	$131.60	$204.45	$313.49	$461.54	$872.79
$480,000	$53.76	$56.16	$69.12	$91.20	$134.40	$208.80	$320.16	$471.36	$891.36
$490,000	$54.88	$57.33	$70.56	$93.10	$137.20	$213.15	$326.83	$481.18	$909.93
$500,000	$56.00	$58.50	$72.00	$95.00	$140.00	$217.50	$333.50	$491.00	$928.50
Policy Election Amount									
Spouse/DP									
$10,000	$1.12	$1.17	$1.44	$1.90	$2.80	$4.35	$6.67	$9.82	$18.57
$15,000	$1.68	$1.76	$2.16	$2.85	$4.20	$6.53	$10.01	$14.73	$27.86
$20,000	$2.24	$2.34	$2.88	$3.80	$5.60	$8.70	$13.34	$19.64	$37.14
$25,000	$2.80	$2.93	$3.60	$4.75	$7.00	$10.88	$16.68	$24.55	$46.43
$30,000	$3.36	$3.51	$4.32	$5.70	$8.40	$13.05	$20.01	$29.46	$55.71
$35,000	$3.92	$4.10	$5.04	$6.65	$9.80	$15.23	$23.35	$34.37	$65.00
$40,000	$4.48	$4.68	$5.76	$7.60	$11.20	$17.40	$26.68	$39.28	$74.28
$45,000	$5.04	$5.27	$6.48	$8.55	$12.60	$19.58	$30.02	$44.19	$83.57
$50,000	$5.60	$5.85	$7.20	$9.50	$14.00	$21.75	$33.35	$49.10	$92.85
$55,000	$6.16	$6.44	$7.92	$10.45	$15.40	$23.93	$36.69	$54.01	$102.14

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$60,000	$6.72	$7.02	$8.64	$11.40	$16.80	$26.10	$40.02	$58.92	$111.42
$65,000	$7.28	$7.61	$9.36	$12.35	$18.20	$28.28	$43.36	$63.83	$120.71
$70,000	$7.84	$8.19	$10.08	$13.30	$19.60	$30.45	$46.69	$68.74	$129.99
$75,000	$8.40	$8.78	$10.80	$14.25	$21.00	$32.63	$50.03	$73.65	$139.28
$80,000	$8.96	$9.36	$11.52	$15.20	$22.40	$34.80	$53.36	$78.56	$148.56
$85,000	$9.52	$9.95	$12.24	$16.15	$23.80	$36.98	$56.70	$83.47	$157.85
$90,000	$10.08	$10.53	$12.96	$17.10	$25.20	$39.15	$60.03	$88.38	$167.13
$95,000	$10.64	$11.12	$13.68	$18.05	$26.60	$41.33	$63.37	$93.29	$176.42
$100,000	$11.20	$11.70	$14.40	$19.00	$28.00	$43.50	$66.70	$98.20	$185.70
$105,000	$11.76	$12.29	$15.12	$19.95	$29.40	$45.68	$70.04	$103.11	$194.99
$110,000	$12.32	$12.87	$15.84	$20.90	$30.80	$47.85	$73.37	$108.02	$204.27
$115,000	$12.88	$13.46	$16.56	$21.85	$32.20	$50.03	$76.71	$112.93	$213.56
$120,000	$13.44	$14.04	$17.28	$22.80	$33.60	$52.20	$80.04	$117.84	$222.84
$125,000	$14.00	$14.63	$18.00	$23.75	$35.00	$54.38	$83.38	$122.75	$232.13
$130,000	$14.56	$15.21	$18.72	$24.70	$36.40	$56.55	$86.71	$127.66	$241.41
$140,000	$15.68	$16.38	$20.16	$26.60	$39.20	$60.90	$93.38	$137.48	$259.98
$145,000	$16.24	$16.97	$20.88	$27.55	$40.60	$63.08	$96.72	$142.39	$269.27
$150,000	$16.80	$17.55	$21.60	$28.50	$42.00	$65.25	$100.05	$147.30	$278.55
$155,000	$17.36	$18.14	$22.32	$29.45	$43.40	$67.43	$103.39	$152.21	$287.84
$160,000	$17.92	$18.72	$23.04	$30.40	$44.80	$69.60	$106.72	$157.12	$297.12
$165,000	$18.48	$19.31	$23.76	$31.35	$46.20	$71.78	$110.06	$162.03	$306.41
$170,000	$19.04	$19.89	$24.48	$32.30	$47.60	$73.95	$113.39	$166.94	$315.69
$175,000	$19.60	$20.48	$25.20	$33.25	$49.00	$76.13	$116.73	$171.85	$324.98
$180,000	$20.16	$21.06	$25.92	$34.20	$50.40	$78.30	$120.06	$176.76	$334.26
$185,000	$20.72	$21.65	$26.64	$35.15	$51.80	$80.48	$123.40	$181.67	$343.55
$190,000	$21.28	$22.23	$27.36	$36.10	$53.20	$82.65	$126.73	$186.58	$352.83
$200,000	$22.40	$23.40	$28.80	$38.00	$56.00	$87.00	$133.40	$196.40	$371.40
$205,000	$22.96	$23.99	$29.52	$38.95	$57.40	$89.18	$136.74	$201.31	$380.69
$210,000	$23.52	$24.57	$30.24	$39.90	$58.80	$91.35	$140.07	$206.22	$389.97
$215,000	$24.08	$25.16	$30.96	$40.85	$60.20	$93.53	$143.41	$211.13	$399.26
$220,000	$24.64	$25.74	$31.68	$41.80	$61.60	$95.70	$146.74	$216.04	$408.54
$225,000	$25.20	$26.33	$32.40	$42.75	$63.00	$97.88	$150.08	$220.95	$417.83

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$230,000	$25.76	$26.91	$33.12	$43.70	$64.40	$100.05	$153.41	$225.86	$427.11
$235,000	$26.32	$27.50	$33.84	$44.65	$65.80	$102.23	$156.75	$230.77	$436.40
$240,000	$26.88	$28.08	$34.56	$45.60	$67.20	$104.40	$160.08	$235.68	$445.68
$245,000	$27.44	$28.67	$35.28	$46.55	$68.60	$106.58	$163.42	$240.59	$454.97
$250,000	$28.00	$29.25	$36.00	$47.50	$70.00	$108.75	$166.75	$245.50	$464.25
Policy Election Amount									
Child(ren)									
$10,000	$2.04	$2.04	$2.04	$2.04	$2.04	$2.04	$2.04	$2.04	$2.04

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.

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-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

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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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.

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

EMPLOYER SOLUTIONS GROUP, LLC
ALL ELIGIBLE NON-CORPORATE EMPLOYEES EXCEPT FLT-MED EMPLOYEES
2024-179688 (07-26)

Kit created 11/19/2026
Group number: 00466845

Guardian®

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.

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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.

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

Guardian®

Your disability coverage

	Short-Term Disability	Long-Term Disability
Coverage amount	60% of salary to maximum $1000/week	60% of salary to maximum $5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	13 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 1	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 may be 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.	We Guarantee Issue $1000 in coverage	We Guarantee Issue $5000 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.	3 months look back; 12 months after 2 week limitation	6 months look back; 24 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	Yes

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

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for mental health and substance abuse.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

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	$0.260	
$10,000 Annual Salary $115 Weekly Benefit	$2.99	Deduction
$15,000 Annual Salary $173 Weekly Benefit	$4.50	Deduction
$20,000 Annual Salary $231 Weekly Benefit	$6.01	Deduction
$25,000 Annual Salary $288 Weekly Benefit	$7.49	Deduction
$30,000 Annual Salary $346 Weekly Benefit	$9.00	Deduction
$35,000 Annual Salary $404 Weekly Benefit	$10.50	Deduction
$40,000 Annual Salary $462 Weekly Benefit	$12.01	Deduction
$45,000 Annual Salary $519 Weekly Benefit	$13.49	Deduction
$50,000 Annual Salary $577 Weekly Benefit	$15.00	Deduction
$55,000 Annual Salary $635 Weekly Benefit	$16.51	Deduction
$60,000 Annual Salary $692 Weekly Benefit	$17.99	Deduction
$65,000 Annual Salary $750 Weekly Benefit	$19.50	Deduction
$70,000 Annual Salary $808 Weekly Benefit	$21.01	Deduction
$75,000 Annual Salary $865 Weekly Benefit	$22.49	Deduction
$80,000 Annual Salary $923 Weekly Benefit	$24.00	Deduction
$85,000 Annual Salary $981 Weekly Benefit	$25.51	Deduction
$90,000 Annual Salary $1,000 Weekly Benefit	$26.00	Deduction

Long-Term Disability Plan Cost Illustration:

Policy amounts shown based on sample salary amounts only.

Your premium rate	$0.470	
$20,000 Annual Salary $1,000 Monthly Benefit	$7.84	Deduction
$40,000 Annual Salary $2,000 Monthly Benefit	$15.67	Deduction
$60,000 Annual Salary $3,000 Monthly Benefit	$23.50	Deduction
$80,000 Annual Salary $4,000 Monthly Benefit	$31.34	Deduction
$100,000 Annual Salary $5,000 Monthly Benefit	$39.17	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

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Guardian®

Watch our video
How critical illness insurance helps cover the costs of treatment.*

Critical illness insurance

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

Critical illness Insurance provides financial support following the diagnosis of a covered critical illness. The lump sum benefit is paid to you, so you can focus more on recovery, less on expenses.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional lump sum benefits 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 a cost-effective way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide lump sum benefits 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. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



Critical costs

Bob has had a couple of health scares over the years including a heart attack and stroke.

Bob suffered a heart attack and received a lump sum benefit payment from his critical illness plan. Four years later, he had a stroke and got another payment.

During both illnesses, he used his lump sum benefits to help pay for out-of-pocket medical costs, as well as household expenses while he recovered.

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.

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

Guardian

Your critical illness coverage

	CRITICAL ILLNESS	
Benefit Amount(s)	Employee may choose a lump sum benefit of $5,000 to $20,000 in $5,000 increments.	
CONDITIONS		
Cancer	**1st OCCURRENCE**	**2nd OCCURRENCE**
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
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	
Severe Burns	100%	
Childhood Conditions	**1st OCCURRENCE ONLY**	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	
Spina Bifida	100%	

Guardian

Your critical illness coverage

	CRITICAL ILLNESS
Type 1 Diabetes	100%
Spouse/Domestic Partner Benefit	May choose a lump sum benefit of $2,500 to $10,000 in $2,500 increments up to 50% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue: 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.	We Guarantee Issue up to: $20,000 For a spouse: $10,000 For a child: All Amounts **Health questions are required if the elected amount exceeds the Guarantee Issue.**
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after
WELLNESS BENEFIT	
Employee Per Year Limit	$50
Spouse Per Year Limit	$50
Child Per Year Limit	$50

Condition Definitions

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

Your critical illness coverage

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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

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

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

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

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

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

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

Contract # GP-1-CI-14

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

Guardian®

Watch our video
How accident insurance can get you back on your feet.*

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 lump sum benefit payment to help cover out-of-pocket expenses.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is a great add-on policy for people who want to supplement the heath 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 is becoming more expensive, with higher co-pays, premiums, and deductibles. Accident insurance is a simple, cost-effective way to 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.



Support during recovery

Sue hurts her knee while hiking and needs emergency treatment.

Sue fell while hiking in a local park and tore the cartilage in her knee. She went to the hospital emergency room for treatment.

Her accident insurance paid her a lump sum benefit that helped offset her injury-related expenses for an MRI, knee brace, and follow-up visits to her doctor.

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. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.

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

Guardian

Your accident coverage

	ACCIDENT	
COVERAGE - DETAILS	**Option 1: Basic**	**Option 2: Advantage**
Accident Coverage Type	Off Job	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included
ACCIDENTAL DEATH AND DISMEMBERMENT		
Benefit Amount(s)	Employee $10,000 Spouse $5,000 Child $5,000	Employee $25,000 Spouse $12,500 Child $5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: $10,000 & Airbags: $15,000	Seatbelts: $10,000 & Airbags: $15,000
Reasonable Accommodation to Home or Vehicle	$2,500	$2,500
HOSPITAL CONFINEMENT SICKNESS BENEFIT - Benefit is paid if you are admitted to the hospital due to sickness.		
Employee	$50 per day, up to 10 days after a 3 day elimination period.	$100 per day, up to 20 days after a 3 day elimination period.
Spouse	$50 per day, up to 10 days after a 3 day elimination period.	$100 per day, up to 20 days after a 3 day elimination period.
Child	$50 per day, up to 10 days after a 3 day elimination period.	$100 per day, up to 20 days after a 3 day elimination period.
Hospital Confinement Sickness Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 month look back period, 12 month exclusion period.	3 month look back period, 12 month exclusion period.
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: $250 Rollover Maximum: $125 Fund Maximum: $500	Benefit Amount: $400 Rollover Maximum: $200 Fund Maximum: $800
FEATURES		
Air Ambulance	$500	$1,000

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Guardian

Your accident coverage

FEATURES (Cont.)	Option 1: Basic	Option 2: Advantage
Ambulance	$100	$200
Blood/Plasma/Platelets	No Benefit	$300
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: $0/$1,000 18 sq inches To 35 sq inches: $500/$2,000 Over 35 sq inches: $1,500/$6,000	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	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	No Benefit	$50/visit, up to 6 visits
Coma	$5,000	$10,000
Concussion Baseline Study	$25	$25
Concussions	$50	$200
Diagnostic Exam (Major)	$50	$200
Dislocations	Schedule up to $2,000	Schedule up to $5,000
Doctor Follow-Up Visits	$25, up to 6 treatments	$50, up to 6 treatments
Emergency Dental Work	No Benefit	$300/Crown, $75/Extraction
Emergency Room Treatment	$100	$200
Epidural Anesthesia Pain Management	No Benefit	$100, 2 times per accident
Eye Injury	$100	$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.	No Benefit	$20/day, up to 30 days
Fractures	Schedule up to $3,000	Schedule up to $6,000
Gun Shot Wound	$250	$750
Hospital Admission	$500	$1,000
Hospital Confinement	$100/day - up to 1 year	$250/day - up to 1 year
Hospital ICU Admission	$1,000	$2,000
Hospital ICU Confinement	$200/day - up to 15 days	$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	$50	$100
Joint Replacement (Hip/Knee/Shoulder)	No Benefit	$2,500/$1,250/$1,250
Knee Cartilage	No Benefit	$500
Laceration	Schedule up to $200	Schedule up to $400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	No Benefit	$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 $300	Schedule up to $500
Outpatient Therapies	$25/day, up to 10 days	$35/day, up to 10 days

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Guardian

Your accident coverage

FEATURES (Cont.)	Option 1: Basic	Option 2: Advantage
Post-Traumatic Stress Disorder	No Benefit	$400
Prosthetic Device/Artificial Limb	No Benefit	1: $500 2 or more: $1,000
Rehabilitation Unit Confinement	No Benefit	$100/day, up to 15 days
Ruptured Disc With Surgical Repair	No Benefit	$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to $750 Hernia: $150	Schedule up to $1,250 Hernia: $250
Surgery (Exploratory or Arthroscopic)	$200	$400
Tendon/Ligament/Rotator Cuff	1: $250 2 or more: $500	1: $500 2 or more: $1,000
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.	No Benefit	$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.	No Benefit	$4,000
X - Ray	$15	$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 passanger 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 Accomodation** – 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.

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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-1-ACC-18

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

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

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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** 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) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Guardian®

Watch our video
How hospital indemnity insurance can give you a comfortable stay.*

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?

Medical insurance insures medical expenses while hospitalized, but other costs can add up like extra childcare, transportation, help around the house, and pet care. Hospital Indemnity coverage pays lump sum benefits based on admission and days hospitalized that can be used to help any costs.

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 financial confidence for unplanned expenses brought on by a hospital stay.

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

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.

Be prepared

Kevin is hospitalized after an illness, and has to cover the cost of two days as an inpatient.

Kevin became ill and was admitted to the hospital. He had emergency surgery and was there for two days while recovering.

His hospital indemnity insurance paid him a lump sum benefit which provided financial support during his hospital stay.

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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EMPLOYER SOLUTIONS GROUP, LLC
ALL ELIGIBLE NON-CORPORATE EMPLOYEES EXCEPT FLT-MED EMPLOYEES
2024-179695 (08/26)

Kit created 11/19/2026
Group number: 00466845

Guardian

Your hospital indemnity coverage

	Hospital Indemnity
	Option 1
Coverage Details	
Your Monthly premium	$10.26
You and Spouse/Domestic Partner	$20.22
You and Child(ren)	$17.12
You, Spouse/Domestic Partner and Child(ren)	$27.08
Benefits	
Hospital/ICU Admission	$1,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	$100/$200 per day, limited to 30 day(s) per insured per benefit year.
Hospital Short Stay	$200 per day, limited to 1 day(s) per insured per benefit year.
Newborn Nursery Care	$100 per day, limited to 1 day(s) per benefit year.
Newborn Increased Admission/Confinement Benefit	25% increase to a newborn benefit.
Child Organized Sport	25% increase to child benefits.
Treatments Covered	Sickness and Injury
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. The pre-existing condition limitations apply to late entrants only.	6 months prior, 6 months after
Child(ren) Age Limits	Children age birth to 26 years

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

The Hospital/ICU Admission requires a hospital stay of at least 20 hours to be payable.

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/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.

Hospital Short Stay - Must be held in a hospital for observation or treatment for a period of 8 - 19 hours. Hospital Short Stay is not payable on the same day as the Hospital/ICU Admission or Hospital /ICU Confinement.

Child Organized Sport - Benefit is paid if the covered hospitalization occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate. This benefit is only payable if the child coverage is included on the plan.

Newborn Increased Admission/Confinement Benefit - Percentage increase applies to a newborn's ICU admission and ICU confinement benefits when admitted to the neonatal intensive care unit (NICU).

Newborn Nursery Care - Benefit is paid each day your newborn is confined to a hospital immediately following birth. This benefit is not payable any day another benefit is payable for your newborn baby.

Guardian

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.
Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period. 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:
Any care, service, product or treatment that's received when this coverage isn't in place.
Any care, service, product or treatment that's provided by a member of your immediate family.
An illness or condition that's contributed to or results from any of the following:

- Voluntarily using any poison, chemical, substance defined as a controlled substance by Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, or prescription drug, unless prescribed by a physician and used as prescribed
- Voluntarily using a non-prescription drug inconsistent with package instructions
- Being legally intoxicated
- Engaging in any illegal activity
- Travel or flight in any kind of aircraft, except as a fare-paying passenger on an airline licensed to transport passengers for a fee
- Participating 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
- Participating in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving
- War or act of war, even if war isn't declared

Any care, service, product or treatment that violates local, state or federal law or for which our paying a benefit would violate local, state or federal law.
Elective or cosmetic surgery. Elective surgery is one or more of the following:

- Surgery that isn't needed to diagnose, treat or prevent an illness or injury
- Surgery that isn't medically appropriate and within the standards of generally accepted medical practice
- Surgery aimed at improving physical appearance, unless it's needed to correct a deformity resulting from a congenital abnormality or a disfigurement resulting from an illness or injury

This exclusion doesn't apply to reconstructive surgery that's any of the following:

- On an injured part of the body following infection or disease of the involved part
- On a non-diseased breast to restore and achieve symmetry between two breasts following a mastectomy
- To correct a congenital defect or anomaly of a covered newborn or adopted infant
- Gender transformation

Any care, service, product or treatment that's related to alcoholism or drug addiction.
Any care, service, product or treatment for mental, nervous or emotional disorders.
Dental cleanings, X-rays, care or treatment
Testing and treatment of sleep disorders
Any treatment, service or product that's experimental or investigative as determined by the U.S. Food and Drug Administration.

A pre-existing condition includes any condition (including pregnancy) for which a covered person, in the look back period prior to coverage in this plan, (1) receives advice or treatment from a Doctor, (2) undergoes diagnostic procedures, other than routine screening in the absence of symptoms or suspicion of disease process by a Doctor, (3) are prescribed or take prescription drugs, or (4) receives other medical care or treatment, including consultation with a Doctor. Please refer to the plan documents for specific time periods. State variations may apply.

If the plan is new (not transferred): During the exclusion period, this plan does not pay charges relating to a pre-existing condition. If the 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. Please refer to the plan details for specific time periods.

HI-25-P

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. In the state of Colorado coverage is called Hospital Indemnity and Wellness Benefits, when Wellness Benefits are included. 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 # HI-25-P

Guardian + Wellthy

Caregiving support services

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 hospital indemnity insurance.

Access support that is truly personalized to assist you in your caregiving journey, including if you need:

- **Help managing a health condition**
- **Support with childcare and teen support**
- **Assistance with caring for an aging loved one**
- **Support for mental health and well-being**
- **Guidance through end of life and loss**
- **Help navigating 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 Hospital Indemnity Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. This advertising content is not currently intended for anyone in the state of New Mexico. In the state of Colorado, coverage is called Hospital Indemnity with Wellness Benefits, when Wellness Benefits are included. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This is a limited plan of supplemental health insurance that provides the specified financial support, as a lump sum or indemnity payment, following a covered hospitalization. This is not minimum essential coverage as defined by federal law. This coverage will not reimburse for hospital or medical expenses. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services. In Washington, the Certificate Form is the state approved form governing document. Generic Policy Form #HI-25-P. The state approved form is the governing document. 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. GuardianWell is a d/b/a of Guardian Membership LLC, a subsidiary of The Guardian Life Insurance Company of America ("GLIC"). GuardianWell is neither an insurance company nor is it licensed to sell insurance products. GuardianWell is a trademark of GLIC.

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Guardian + CARROT

Fertility health and family-building support

Personalized guidance and comprehensive educational resources

Navigating fertility, family-building, or hormonal health can feel overwhelming. Through your Guardian Hospital Indemnity Insurance, you have access to educational resources including 'live' expert sessions to keep you informed along your journey.

Access support and education

- schedule up to three educational sessions, per plan year, with experts across a wide range of specialties - including emotional support, nutrition, pelvic health, lactation, and more
- attend unlimited online group sessions based on relevant topics
- unlimited virtual access to educational resources such as articles, videos, and a vetted provider finder

You can get support through a variety of health journeys, including:

- **Family building**
- **Fertility**
- **Urology**
- **Maternity**
- **Parenting support**
- **Menopause and low testosterone**
- **Postpartum support**
- **And more**

How to access

Visit

guardianwell.com

Look for the Guardian + Carrot page to learn how to access your lifelong fertility health and family-building support.

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. Carrot provides educational resources only and is not a provider of health services.

Guardian Hospital Indemnity Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. This advertising content is not currently intended for anyone in the state of New Mexico. In the state of Colorado, coverage is called Hospital Indemnity with Wellness Benefits, when Wellness Benefits are included. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This is a limited plan of supplemental health insurance that provides the specified financial support, as a lump sum or indemnity payment, following a covered hospitalization. This is not minimum essential coverage as defined by federal law. This coverage will not reimburse for hospital or medical expenses.It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services. In Washington, the Certificate Form is the state approved form governing document. Generic Policy Form #HI-25-P. The state approved form is the governing document. Individual outcomes may vary due to the unique aspects of each scenario. Carrot provides educational resources only and is not a provider of health services. Carrot is a vendor to The Guardian Life Insurance Company of America ("Guardian"). Carrot and Guardian are not affiliated entities. Guardian does not control or provide any part of the Carrot services and does not bear any liability for their provision. This informational resource is not a contract and is for illustrative purposes only. Guardian and Carrot reserve the right to discontinue services at any time without notice. Services may not be available in all states. GuardianWell is a d/b/a of Guardian Membership LLC, a subsidiary of The Guardian Life Insurance Company of America ("GLIC"). GuardianWell is neither an insurance company nor is it licensed to sell insurance products. GuardianWell is a trademark of GLIC.

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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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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

Complete a customized will:
No cost to you

Have your will printed and sent to you:
$14.99

Draft a living will:
$14.99

Draft a final arragements document:
$9.99

How to access
24/7 live assistance

Call
1 855 239 0743
TRS: Dial 711

Visit
estateguidance.com

App: GuidanceNow℠
Enter promotional code:
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. Online will preparation services (Services) are 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.

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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.

Disability insurance

Disability Offset Notice

Offsets are provisions in your disability coverage that allow the insurer to deduct from your regular benefit other types of income you receive or are eligible to receive from other sources due to your disability.
Visit **https://www.guardiananytime.com/notice51** to read more.

Vision Care

Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.
Visit **https://www.guardiananytime.com/notice50** to read more.

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

Please print clearly and mark carefully.

Employer/Planholder Name: **EMPLOYER SOLUTIONS GROUP, LLC**	Group Plan Number: **00466845**	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
NON-CORPORATE EMPLOYEES
EXCEPT FLT-MED EMPLOYEES

Division:_____ Subtotal Code:_____ **(Please obtain this from your Employer/Planholder)**

About You:	**Employer/Planholder Provided Identification:**	**Social Security Number**
Full Legal Name-First, MI, Last Name: What is the name you go by? (optional)	_____	___ ___ ___ - ___ ___ - ___ ___ ___ ___ 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 civil union? ❑ Yes ❑ No Date of marriage/civil union:____-____-_____
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 you wish to enroll for coverage. Your dependent's Social Security Number must be provided if enrolling for Life Coverage. Additional information may be required for dependents.

Spouse Address/City/State/Zip: Phone: ( ) -	Gender Identity: ❑ M ❑ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER
DATE FORM PUBLISHED: Nov 19, 2026

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)
❑ Vision	❑ Employee/Member	❑ Spouse	❑ Child(ren)
❑ Basic Term Life			
❑ Voluntary Term Life	❑ Employee/Member	❑ Spouse	❑ Child(ren)
❑ Critical Illness			
❑ Accident	❑ 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 _____-_____-_____

❑ Termination/Expiration of Coverage _____-_____-_____

Coverage Lost ❑ Dental ❑ Vision

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

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

- ❑ I am covered under another Dental plan
- ❑ My spouse is covered under another Dental plan
- ❑ My dependents/family members are covered under another Dental plan

Guardian Group Plan Number: **00466845** Please print employee name:

Vision Coverage: **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)
Full Feature	❑	❑	❑	❑

❑ I do not want this Vision coverage because (Check as applicable):

- ❑ I am covered under another Vision plan
- ❑ My spouse is covered under another Vision plan
- ❑ My dependents/family members are covered under another Vision plan

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***

❑ $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 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

❑ $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	❑ $140,000	❑ $145,000	❑ $150,000	❑ $155,000	❑ $160,000
❑ $165,000	❑ $170,000	❑ $175,000	❑ $180,000	❑ $185,000	❑ $190,000
❑ $200,000	❑ $205,000	❑ $210,000	❑ $215,000	❑ $220,000	❑ $225,000
❑ $230,000	❑ $235,000	❑ $240,000	❑ $245,000	❑ $250,000	

**Guarantee Issue 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

❑ **$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.**

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

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 $1,000

❑ 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 $5,000

❑ 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: ❑ $5,000 ❑ $10,000 ❑ $15,000 ❑ $20,000

❑ I do not want this coverage.

Spouse Insurance Amount: Up to 50% of the employee/member's amount to a maximum of $10,000

❑ $2,500 ❑ $5,000 ❑ $7,500 ❑ $10,000

❑ I do not want this coverage.

Dependent/Child(ren) Insurance Amount: ❑ 25% of the employee/member's amount

❑ I do not want this coverage.

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 decieased, the contingent beneficiary will receive the benefit. Employer/Planholder maintains beneficiary information.)

Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the Employee/Member, please complete the Beneficiary Designation form.

Attention: If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only. ❑ Yes ❑ No
If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

Custodian to Minor Beneficiaries:

Name: _____ **Social Security Number (or FEIN/TIN # if a corporate entity):** ____ ____ ____ ____ ____-____ _____ ____

Date of Birth (mm-dd-yyyy) (if an individual): _____ - _____ - _____ Address/City/State/Zip: _____

Phone: ( ) -

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

Your Monthly premium	Employee/Member Only	Employee/Member & Spouse	Employee/Member & Dependent/Child(ren)	Employee/Member, Spouse & Dependent/Child(ren)
Option 1: Basic	❑	❑	❑	❑
Option 2: Advantage	❑	❑	❑	❑

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

❑ I do not want this coverage.

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

If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records

Primary Beneficiaries:

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

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

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

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

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

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

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

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

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

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

Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the Employee/Member, please complete the Beneficiary Designation form.

Attention: If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only. ❑ Yes ❑ No
If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

Custodian to Minor Beneficiaries:
Name: _____ **Social Security Number (or FEIN/TIN # if a corporate entity):** ____ ____ ____ ____ ____-____ _____ ____
Date of Birth (mm-dd-yyyy) (if an individual): _____ - _____ - _____ Address/City/State/Zip: _____
Phone: ( ) -

Hospital Indemnity Coverage

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

Your Monthly premium	Employee/Member Only	Employee/Member & Spouse	Employee/Member & Child(ren)	Employee/Member, Spouse & Child(ren)
	❑ $10.26	❑ $20.22	❑ $17.12	❑ $27.08
	❑ I do not want this coverage.	❑ I do not want this coverage.	❑ I do not want this coverage.	❑ 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.
- 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 insurance coverage for an adopted child begins on the date of placement for adoption.
- I understand that insurance coverage, other than life insurance coverage, for a newborn child begins at the moment of birth.
- 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 state that the information provided above is true and correct to the best of my knowledge or belief.**

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.

The following section applies to these coverage(s): Accident Coverage, Cancer Coverage, Critical Illness Coverage, Hospital Indemnity Coverage:

NOTICE TO CONSUMER: THIS COVERAGE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

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.

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

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.