



Welcome to

Workplace benefits

Everyone deserves a Guardian

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

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

Know your benefits

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

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

1 Read through this information.

2 Find out more about your benefits.

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

Your coverage options



Life insurance

Protecting your family's financial future



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

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Life insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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

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

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



Preparing and planning

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

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

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

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

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

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

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

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

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



Your life coverage

VOLUNTARY TERM LIFE

Employee Benefit	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse 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. \$1,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue coverage up to: Employee \$200,000. Spouse \$25,000. 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



Your life coverage

VOLUNTARY TERM LIFE

<p>Waiver of Premiums: Premium will not need to be paid if you are totally disabled.</p>	<p>For employees disabled prior to age 60, with premiums waived until age 65, if conditions met</p>
<p>Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.</p>	<p>35% at age 70, 50% at age 75</p>

Subject to coverage limits

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

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

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

Voluntary Life Cost Illustration:

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

Employee	Monthly premiums displayed.								
	Policy Election Amount	Policy Election Cost Per Age Bracket							
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$10,000	\$.50	\$.60	\$.70	\$ 1.10	\$ 1.80	\$ 3.00	\$ 4.70	\$ 7.40	\$ 13.30
\$20,000	\$ 1.00	\$ 1.20	\$ 1.40	\$ 2.20	\$ 3.60	\$ 6.00	\$ 9.40	\$ 14.80	\$ 26.60
\$30,000	\$ 1.50	\$ 1.80	\$ 2.10	\$ 3.30	\$ 5.40	\$ 9.00	\$ 14.10	\$ 22.20	\$ 39.90
\$40,000	\$ 2.00	\$ 2.40	\$ 2.80	\$ 4.40	\$ 7.20	\$ 12.00	\$ 18.80	\$ 29.60	\$ 53.20
\$50,000	\$ 2.50	\$ 3.00	\$ 3.50	\$ 5.50	\$ 9.00	\$ 15.00	\$ 23.50	\$ 37.00	\$ 66.50
\$60,000	\$ 3.00	\$ 3.60	\$ 4.20	\$ 6.60	\$ 10.80	\$ 18.00	\$ 28.20	\$ 44.40	\$ 79.80
\$70,000	\$ 3.50	\$ 4.20	\$ 4.90	\$ 7.70	\$ 12.60	\$ 21.00	\$ 32.90	\$ 51.80	\$ 93.10
\$80,000	\$ 4.00	\$ 4.80	\$ 5.60	\$ 8.80	\$ 14.40	\$ 24.00	\$ 37.60	\$ 59.20	\$ 106.40
\$90,000	\$ 4.50	\$ 5.40	\$ 6.30	\$ 9.90	\$ 16.20	\$ 27.00	\$ 42.30	\$ 66.60	\$ 119.70
\$100,000	\$ 5.00	\$ 6.00	\$ 7.00	\$ 11.00	\$ 18.00	\$ 30.00	\$ 47.00	\$ 74.00	\$ 133.00
\$110,000	\$ 5.50	\$ 6.60	\$ 7.70	\$ 12.10	\$ 19.80	\$ 33.00	\$ 51.70	\$ 81.40	\$ 146.30
\$120,000	\$ 6.00	\$ 7.20	\$ 8.40	\$ 13.20	\$ 21.60	\$ 36.00	\$ 56.40	\$ 88.80	\$ 159.60
\$130,000	\$ 6.50	\$ 7.80	\$ 9.10	\$ 14.30	\$ 23.40	\$ 39.00	\$ 61.10	\$ 96.20	\$ 172.90
\$140,000	\$ 7.00	\$ 8.40	\$ 9.80	\$ 15.40	\$ 25.20	\$ 42.00	\$ 65.80	\$ 103.60	\$ 186.20
\$150,000	\$ 7.50	\$ 9.00	\$ 10.50	\$ 16.50	\$ 27.00	\$ 45.00	\$ 70.50	\$ 111.00	\$ 199.50
\$160,000	\$ 8.00	\$ 9.60	\$ 11.20	\$ 17.60	\$ 28.80	\$ 48.00	\$ 75.20	\$ 118.40	\$ 212.80
\$170,000	\$ 8.50	\$ 10.20	\$ 11.90	\$ 18.70	\$ 30.60	\$ 51.00	\$ 79.90	\$ 125.80	\$ 226.10
\$180,000	\$ 9.00	\$ 10.80	\$ 12.60	\$ 19.80	\$ 32.40	\$ 54.00	\$ 84.60	\$ 133.20	\$ 239.40
\$190,000	\$ 9.50	\$ 11.40	\$ 13.30	\$ 20.90	\$ 34.20	\$ 57.00	\$ 89.30	\$ 140.60	\$ 252.70
\$200,000	\$ 10.00	\$ 12.00	\$ 14.00	\$ 22.00	\$ 36.00	\$ 60.00	\$ 94.00	\$ 148.00	\$ 266.00
\$210,000	\$ 10.50	\$ 12.60	\$ 14.70	\$ 23.10	\$ 37.80	\$ 63.00	\$ 98.70	\$ 155.40	\$ 279.30
\$220,000	\$ 11.00	\$ 13.20	\$ 15.40	\$ 24.20	\$ 39.60	\$ 66.00	\$ 103.40	\$ 162.80	\$ 292.60
\$230,000	\$ 11.50	\$ 13.80	\$ 16.10	\$ 25.30	\$ 41.40	\$ 69.00	\$ 108.10	\$ 170.20	\$ 305.90
\$240,000	\$ 12.00	\$ 14.40	\$ 16.80	\$ 26.40	\$ 43.20	\$ 72.00	\$ 112.80	\$ 177.60	\$ 319.20
\$250,000	\$ 12.50	\$ 15.00	\$ 17.50	\$ 27.50	\$ 45.00	\$ 75.00	\$ 117.50	\$ 185.00	\$ 332.50
\$260,000	\$ 13.00	\$ 15.60	\$ 18.20	\$ 28.60	\$ 46.80	\$ 78.00	\$ 122.20	\$ 192.40	\$ 345.80
\$270,000	\$ 13.50	\$ 16.20	\$ 18.90	\$ 29.70	\$ 48.60	\$ 81.00	\$ 126.90	\$ 199.80	\$ 359.10
\$280,000	\$ 14.00	\$ 16.80	\$ 19.60	\$ 30.80	\$ 50.40	\$ 84.00	\$ 131.60	\$ 207.20	\$ 372.40
\$290,000	\$ 14.50	\$ 17.40	\$ 20.30	\$ 31.90	\$ 52.20	\$ 87.00	\$ 136.30	\$ 214.60	\$ 385.70

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$300,000	\$15.00	\$18.00	\$21.00	\$33.00	\$54.00	\$90.00	\$141.00	\$222.00	\$399.00
\$310,000	\$15.50	\$18.60	\$21.70	\$34.10	\$55.80	\$93.00	\$145.70	\$229.40	\$412.30
\$320,000	\$16.00	\$19.20	\$22.40	\$35.20	\$57.60	\$96.00	\$150.40	\$236.80	\$425.60
\$330,000	\$16.50	\$19.80	\$23.10	\$36.30	\$59.40	\$99.00	\$155.10	\$244.20	\$438.90
\$340,000	\$17.00	\$20.40	\$23.80	\$37.40	\$61.20	\$102.00	\$159.80	\$251.60	\$452.20
\$350,000	\$17.50	\$21.00	\$24.50	\$38.50	\$63.00	\$105.00	\$164.50	\$259.00	\$465.50
\$360,000	\$18.00	\$21.60	\$25.20	\$39.60	\$64.80	\$108.00	\$169.20	\$266.40	\$478.80
\$370,000	\$18.50	\$22.20	\$25.90	\$40.70	\$66.60	\$111.00	\$173.90	\$273.80	\$492.10
\$380,000	\$19.00	\$22.80	\$26.60	\$41.80	\$68.40	\$114.00	\$178.60	\$281.20	\$505.40
\$390,000	\$19.50	\$23.40	\$27.30	\$42.90	\$70.20	\$117.00	\$183.30	\$288.60	\$518.70
\$400,000	\$20.00	\$24.00	\$28.00	\$44.00	\$72.00	\$120.00	\$188.00	\$296.00	\$532.00
\$410,000	\$20.50	\$24.60	\$28.70	\$45.10	\$73.80	\$123.00	\$192.70	\$303.40	\$545.30
\$420,000	\$21.00	\$25.20	\$29.40	\$46.20	\$75.60	\$126.00	\$197.40	\$310.80	\$558.60
\$430,000	\$21.50	\$25.80	\$30.10	\$47.30	\$77.40	\$129.00	\$202.10	\$318.20	\$571.90
\$440,000	\$22.00	\$26.40	\$30.80	\$48.40	\$79.20	\$132.00	\$206.80	\$325.60	\$585.20
\$450,000	\$22.50	\$27.00	\$31.50	\$49.50	\$81.00	\$135.00	\$211.50	\$333.00	\$598.50
\$460,000	\$23.00	\$27.60	\$32.20	\$50.60	\$82.80	\$138.00	\$216.20	\$340.40	\$611.80
\$470,000	\$23.50	\$28.20	\$32.90	\$51.70	\$84.60	\$141.00	\$220.90	\$347.80	\$625.10
\$480,000	\$24.00	\$28.80	\$33.60	\$52.80	\$86.40	\$144.00	\$225.60	\$355.20	\$638.40
\$490,000	\$24.50	\$29.40	\$34.30	\$53.90	\$88.20	\$147.00	\$230.30	\$362.60	\$651.70
\$500,000	\$25.00	\$30.00	\$35.00	\$55.00	\$90.00	\$150.00	\$235.00	\$370.00	\$665.00

Policy Election Amount

Spouse

\$5,000	\$0.25	\$0.30	\$0.35	\$0.55	\$0.90	\$1.50	\$2.35	\$3.70	\$6.65
\$10,000	\$0.50	\$0.60	\$0.70	\$1.10	\$1.80	\$3.00	\$4.70	\$7.40	\$13.30
\$15,000	\$0.75	\$0.90	\$1.05	\$1.65	\$2.70	\$4.50	\$7.05	\$11.10	\$19.95
\$20,000	\$1.00	\$1.20	\$1.40	\$2.20	\$3.60	\$6.00	\$9.40	\$14.80	\$26.60
\$25,000	\$1.25	\$1.50	\$1.75	\$2.75	\$4.50	\$7.50	\$11.75	\$18.50	\$33.25
\$30,000	\$1.50	\$1.80	\$2.10	\$3.30	\$5.40	\$9.00	\$14.10	\$22.20	\$39.90
\$35,000	\$1.75	\$2.10	\$2.45	\$3.85	\$6.30	\$10.50	\$16.45	\$25.90	\$46.55
\$40,000	\$2.00	\$2.40	\$2.80	\$4.40	\$7.20	\$12.00	\$18.80	\$29.60	\$53.20
\$45,000	\$2.25	\$2.70	\$3.15	\$4.95	\$8.10	\$13.50	\$21.15	\$33.30	\$59.85
\$50,000	\$2.50	\$3.00	\$3.50	\$5.50	\$9.00	\$15.00	\$23.50	\$37.00	\$66.50

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$55,000	\$2.75	\$3.30	\$3.85	\$6.05	\$9.90	\$16.50	\$25.85	\$40.70	\$73.15
\$60,000	\$3.00	\$3.60	\$4.20	\$6.60	\$10.80	\$18.00	\$28.20	\$44.40	\$79.80
\$65,000	\$3.25	\$3.90	\$4.55	\$7.15	\$11.70	\$19.50	\$30.55	\$48.10	\$86.45
\$70,000	\$3.50	\$4.20	\$4.90	\$7.70	\$12.60	\$21.00	\$32.90	\$51.80	\$93.10
\$75,000	\$3.75	\$4.50	\$5.25	\$8.25	\$13.50	\$22.50	\$35.25	\$55.50	\$99.75
\$80,000	\$4.00	\$4.80	\$5.60	\$8.80	\$14.40	\$24.00	\$37.60	\$59.20	\$106.40
\$85,000	\$4.25	\$5.10	\$5.95	\$9.35	\$15.30	\$25.50	\$39.95	\$62.90	\$113.05
\$90,000	\$4.50	\$5.40	\$6.30	\$9.90	\$16.20	\$27.00	\$42.30	\$66.60	\$119.70
\$95,000	\$4.75	\$5.70	\$6.65	\$10.45	\$17.10	\$28.50	\$44.65	\$70.30	\$126.35
\$100,000	\$5.00	\$6.00	\$7.00	\$11.00	\$18.00	\$30.00	\$47.00	\$74.00	\$133.00
\$105,000	\$5.25	\$6.30	\$7.35	\$11.55	\$18.90	\$31.50	\$49.35	\$77.70	\$139.65
\$110,000	\$5.50	\$6.60	\$7.70	\$12.10	\$19.80	\$33.00	\$51.70	\$81.40	\$146.30
\$115,000	\$5.75	\$6.90	\$8.05	\$12.65	\$20.70	\$34.50	\$54.05	\$85.10	\$152.95
\$120,000	\$6.00	\$7.20	\$8.40	\$13.20	\$21.60	\$36.00	\$56.40	\$88.80	\$159.60
\$125,000	\$6.25	\$7.50	\$8.75	\$13.75	\$22.50	\$37.50	\$58.75	\$92.50	\$166.25
\$130,000	\$6.50	\$7.80	\$9.10	\$14.30	\$23.40	\$39.00	\$61.10	\$96.20	\$172.90
\$135,000	\$6.75	\$8.10	\$9.45	\$14.85	\$24.30	\$40.50	\$63.45	\$99.90	\$179.55
\$140,000	\$7.00	\$8.40	\$9.80	\$15.40	\$25.20	\$42.00	\$65.80	\$103.60	\$186.20
\$145,000	\$7.25	\$8.70	\$10.15	\$15.95	\$26.10	\$43.50	\$68.15	\$107.30	\$192.85
\$150,000	\$7.50	\$9.00	\$10.50	\$16.50	\$27.00	\$45.00	\$70.50	\$111.00	\$199.50
\$155,000	\$7.75	\$9.30	\$10.85	\$17.05	\$27.90	\$46.50	\$72.85	\$114.70	\$206.15
\$160,000	\$8.00	\$9.60	\$11.20	\$17.60	\$28.80	\$48.00	\$75.20	\$118.40	\$212.80
\$165,000	\$8.25	\$9.90	\$11.55	\$18.15	\$29.70	\$49.50	\$77.55	\$122.10	\$219.45
\$170,000	\$8.50	\$10.20	\$11.90	\$18.70	\$30.60	\$51.00	\$79.90	\$125.80	\$226.10
\$175,000	\$8.75	\$10.50	\$12.25	\$19.25	\$31.50	\$52.50	\$82.25	\$129.50	\$232.75
\$180,000	\$9.00	\$10.80	\$12.60	\$19.80	\$32.40	\$54.00	\$84.60	\$133.20	\$239.40
\$185,000	\$9.25	\$11.10	\$12.95	\$20.35	\$33.30	\$55.50	\$86.95	\$136.90	\$246.05
\$190,000	\$9.50	\$11.40	\$13.30	\$20.90	\$34.20	\$57.00	\$89.30	\$140.60	\$252.70
\$195,000	\$9.75	\$11.70	\$13.65	\$21.45	\$35.10	\$58.50	\$91.65	\$144.30	\$259.35
\$200,000	\$10.00	\$12.00	\$14.00	\$22.00	\$36.00	\$60.00	\$94.00	\$148.00	\$266.00
\$205,000	\$10.25	\$12.30	\$14.35	\$22.55	\$36.90	\$61.50	\$96.35	\$151.70	\$272.65
\$210,000	\$10.50	\$12.60	\$14.70	\$23.10	\$37.80	\$63.00	\$98.70	\$155.40	\$279.30

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$215,000	\$10.75	\$12.90	\$15.05	\$23.65	\$38.70	\$64.50	\$101.05	\$159.10	\$285.95
\$220,000	\$11.00	\$13.20	\$15.40	\$24.20	\$39.60	\$66.00	\$103.40	\$162.80	\$292.60
\$225,000	\$11.25	\$13.50	\$15.75	\$24.75	\$40.50	\$67.50	\$105.75	\$166.50	\$299.25
\$230,000	\$11.50	\$13.80	\$16.10	\$25.30	\$41.40	\$69.00	\$108.10	\$170.20	\$305.90
\$235,000	\$11.75	\$14.10	\$16.45	\$25.85	\$42.30	\$70.50	\$110.45	\$173.90	\$312.55
\$240,000	\$12.00	\$14.40	\$16.80	\$26.40	\$43.20	\$72.00	\$112.80	\$177.60	\$319.20
\$245,000	\$12.25	\$14.70	\$17.15	\$26.95	\$44.10	\$73.50	\$115.15	\$181.30	\$325.85
\$250,000	\$12.50	\$15.00	\$17.50	\$27.50	\$45.00	\$75.00	\$117.50	\$185.00	\$332.50
Policy Election Amount									
Child(ren)									
\$1,000	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17
\$2,000	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34
\$3,000	\$0.51	\$0.51	\$0.51	\$0.51	\$0.51	\$0.51	\$0.51	\$0.51	\$0.51
\$4,000	\$0.68	\$0.68	\$0.68	\$0.68	\$0.68	\$0.68	\$0.68	\$0.68	\$0.68
\$5,000	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85
\$6,000	\$1.02	\$1.02	\$1.02	\$1.02	\$1.02	\$1.02	\$1.02	\$1.02	\$1.02
\$7,000	\$1.19	\$1.19	\$1.19	\$1.19	\$1.19	\$1.19	\$1.19	\$1.19	\$1.19
\$8,000	\$1.36	\$1.36	\$1.36	\$1.36	\$1.36	\$1.36	\$1.36	\$1.36	\$1.36
\$9,000	\$1.53	\$1.53	\$1.53	\$1.53	\$1.53	\$1.53	\$1.53	\$1.53	\$1.53
\$10,000	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70	\$1.70

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

GP-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.

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

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

MARS HILL UNIVERSITY

ALL ELIGIBLE EMPLOYEES

Kit created 11/15/2022
Group number: 00568977

Accidental Death and Dismemberment Life Cost Illustration:

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

Employee Policy Election Amount	Monthly Premiums displayed	Spouse Policy Election Amount	Monthly Premiums displayed	Child(ren) Policy Election Amount	Monthly Premiums displayed
\$10,000	\$0.30	\$5,000	\$0.15	\$1,000	\$0.03
\$20,000	\$0.60	\$10,000	\$0.30	\$2,000	\$0.06
\$30,000	\$0.90	\$15,000	\$0.45	\$3,000	\$0.09
\$40,000	\$1.20	\$20,000	\$0.60	\$4,000	\$0.12
\$50,000	\$1.50	\$25,000	\$0.75	\$5,000	\$0.15
\$60,000	\$1.80	\$30,000	\$0.90	\$6,000	\$0.18
\$70,000	\$2.10	\$35,000	\$1.05	\$7,000	\$0.21
\$80,000	\$2.40	\$40,000	\$1.20	\$8,000	\$0.24
\$90,000	\$2.70	\$45,000	\$1.35	\$9,000	\$0.27
\$100,000	\$3.00	\$50,000	\$1.50	\$10,000	\$0.30
\$110,000	\$3.30	\$55,000	\$1.65		
\$120,000	\$3.60	\$60,000	\$1.80		
\$130,000	\$3.90	\$65,000	\$1.95		
\$140,000	\$4.20	\$70,000	\$2.10		
\$150,000	\$4.50	\$75,000	\$2.25		
\$160,000	\$4.80	\$80,000	\$2.40		
\$170,000	\$5.10	\$85,000	\$2.55		
\$180,000	\$5.40	\$90,000	\$2.70		
\$190,000	\$5.70	\$95,000	\$2.85		
\$200,000	\$6.00	\$100,000	\$3.00		
\$210,000	\$6.30	\$105,000	\$3.15		
\$220,000	\$6.60	\$110,000	\$3.30		
\$230,000	\$6.90	\$115,000	\$3.45		
\$240,000	\$7.20	\$120,000	\$3.60		
\$250,000	\$7.50	\$125,000	\$3.75		
\$260,000	\$7.80	\$130,000	\$3.90		
\$270,000	\$8.10	\$135,000	\$4.05		
\$280,000	\$8.40	\$140,000	\$4.20		
\$290,000	\$8.70	\$145,000	\$4.35		
\$300,000	\$9.00	\$150,000	\$4.50		
\$310,000	\$9.30	\$155,000	\$4.65		
\$320,000	\$9.60	\$160,000	\$4.80		
\$330,000	\$9.90	\$165,000	\$4.95		
\$340,000	\$10.20	\$170,000	\$5.10		
\$350,000	\$10.50	\$175,000	\$5.25		
\$360,000	\$10.80	\$180,000	\$5.40		
\$370,000	\$11.10	\$185,000	\$5.55		
\$380,000	\$11.40	\$190,000	\$5.70		
\$390,000	\$11.70	\$195,000	\$5.85		
\$400,000	\$12.00	\$200,000	\$6.00		
\$410,000	\$12.30	\$205,000	\$6.15		
\$420,000	\$12.60	\$210,000	\$6.30		
\$430,000	\$12.90	\$215,000	\$6.45		
\$440,000	\$13.20	\$220,000	\$6.60		
\$450,000	\$13.50	\$225,000	\$6.75		
\$460,000	\$13.80	\$230,000	\$6.90		

Employee Policy Election Amount	Monthly Premiums displayed	Spouse Policy Election Amount	Monthly Premiums displayed	Child(ren) Policy Election Amount	Monthly Premiums displayed
\$470,000	\$14.10	\$235,000	\$7.05		
\$480,000	\$14.40	\$240,000	\$7.20		
\$490,000	\$14.70	\$245,000	\$7.35		
\$500,000	\$15.00	\$250,000	\$7.50		

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

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR AD&D

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

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

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

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

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

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

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

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MARS HILL UNIVERSITY
ALL ELIGIBLE EMPLOYEES

Kit created 11/15/2022
Group number: 00568977

WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney

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

WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of Will Prep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer.



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Visit

willprep.uprisehealth.com



Username

WillPrep



Password

GLIC09

For more information or support, you can reach out by phoning **1 877 433 6789**.

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Disability insurance

Short term disability

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

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

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



Partial income replacement

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **\$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **\$4,800** to cover his expenses while he's unable to work.

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



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 may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

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



Partial income replacement

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

Unpaid time off work: **24 months**

Elimination period: **6 months**

After a 6 month elimination period, Jim's Guardian Long Term Disability policy kicks in and replaces **\$2,000** of his monthly income for the remaining **18 months** of his disability or illness.

This gives him a total of **\$36,000** to cover his expenses while he's unable to work.

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



Your disability coverage

	Short-Term Disability	Long-Term Disability	
		Core	Buy-Up Option I
Coverage amount	60% of salary to maximum \$500/week	60% of salary to maximum \$1000/month	60% of salary to maximum \$5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	24 weeks	Social Security Normal Retirement Age	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 181	Day 181
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 181	Day 181
Critical Disability Supplement: Provides a supplemental benefit if you are ADL-disabled or functionally impaired.	Not Available	10% to maximum of \$1000 if you are ADL disabled	10% to maximum of \$5000 if you are ADL disabled
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	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 \$500 in coverage	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	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	3 months look back; 12 months after exclusion	3 months look back; 12 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	Yes	Yes
Survivor benefit: Additional benefit payable to your family if you die while disabled.	No	3 months	3 months



Your disability coverage

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

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary includes average bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for 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	\$0.696	
<hr/>		
\$10,000 Annual Salary \$115 Weekly Benefit	\$8.00	Deduction
<hr/>		
\$20,000 Annual Salary \$231 Weekly Benefit	\$16.08	Deduction
<hr/>		
\$30,000 Annual Salary \$346 Weekly Benefit	\$24.08	Deduction
<hr/>		
\$40,000 Annual Salary \$462 Weekly Benefit	\$32.16	Deduction
<hr/>		
\$50,000 Annual Salary \$500 Weekly Benefit	\$34.80	Deduction
<hr/>		

Long-Term Disability Plan Cost Illustration:

Employer Paid Plan 60% to \$1,000 per month
Elimination Period: 180 days
Benefit Duration: SS Normal Retirement Age, Standard ADEA

Buy-up Plan Option I 60% to \$5,000 per month
Elimination Period: 180 days
Benefit Duration: SS Normal Retirement Age, Standard ADEA

Policy amounts shown based on sample salary amounts only.

Your premium rate	\$0.300	
<hr/>		
\$10,000 Annual Salary Option I*: \$500 Monthly Benefit	\$2.50	Deduction
<hr/>		
\$20,000 Annual Salary Option I*: \$1,000 Monthly Benefit	\$5.00	Deduction
<hr/>		
\$30,000 Annual Salary Option I*: \$1,500 Monthly Benefit	\$7.50	Deduction
<hr/>		
\$40,000 Annual Salary Option I*: \$2,000 Monthly Benefit	\$10.00	Deduction
<hr/>		
\$50,000 Annual Salary Option I*: \$2,500 Monthly Benefit	\$12.50	Deduction
<hr/>		
\$60,000 Annual Salary Option I*: \$3,000 Monthly Benefit	\$15.00	Deduction
<hr/>		

\$70,000 Annual Salary Option 1*: \$3,500 Monthly Benefit	\$17.50	Deduction
\$80,000 Annual Salary Option 1*: \$4,000 Monthly Benefit	\$20.00	Deduction
\$90,000 Annual Salary Option 1*: \$4,500 Monthly Benefit	\$22.50	Deduction
\$100,000 Annual Salary Option 1*: \$5,000 Monthly Benefit	\$25.00	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



Critical illness insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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

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



Critical costs

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

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

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

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

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

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

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



Your critical illness coverage

Benefit Amount(s)	Core		Buy-Up Option I	
	Lump Sum Amount of \$5,000		Employee may choose a lump sum benefit of \$5,000 to \$40,000 in \$5,000 increments.	
CONDITIONS	1st OCCURRENCE	2nd OCCURRENCE	1st OCCURRENCE	2nd OCCURRENCE
Cancer				
Invasive Cancer	100%	100%	100%	100%
Carcinoma In Situ	30%	0%	30%	0%
Benign Brain Tumor	75%	0%	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered	\$250 per lifetime	Not Covered
Vascular				
Heart Attack	100%	100%	100%	100%
Stroke	100%	100%	100%	100%
Heart Failure	100%	100%	100%	100%
Coronary Arteriosclerosis	30%	0%	30%	0%
Other				
Organ Failure	100%	100%	100%	100%
Kidney Failure	100%	100%	100%	100%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY		1st OCCURRENCE ONLY	
Addison's Disease		30%		30%
ALS (Lou Gehrig's Disease)		100%		100%
Alzheimer's Disease		50%		50%
Coma		100%		100%
Huntington's Disease		30%		30%
Loss of Hearing		100%		100%
Loss of Sight		100%		100%
Loss of Speech		100%		100%
Multiple Sclerosis		30%		30%
Parkinson's Disease		100%		100%
Permanent Paralysis		50% for 1 limb, 100% for 2 limbs		50% for 1 limb, 100% for 2 limbs
Severe Burns		100%		100%
Childhood Conditions	1st OCCURRENCE ONLY		1st OCCURRENCE ONLY	
Cerebral Palsy		Not Applicable		100%
Cleft Lip/Palate		Not Applicable		100%
Club Foot		Not Applicable		100%
Cystic Fibrosis		Not Applicable		100%
Down's Syndrome		Not Applicable		100%
Muscular Dystrophy		Not Applicable		100%
Spina Bifida		Not Applicable		100%
Type I Diabetes		Not Applicable		100%



Your critical illness coverage

	Core	Buy-Up Option I
Spouse Benefit	Not Applicable	May choose a lump sum benefit of \$2,500 to \$20,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	Not Applicable	50% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70	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: Less than age 70 \$5,000 Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.	Not Applicable
Guarantee Issue/ Conditional Issue: The 'Guarantee/Conditional' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	Not Applicable	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 Evidence of Insurability is Required.	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.	Not Applicable	3 months prior, 12 months after
Cancer Vaccine Benefit	\$50 per lifetime for receiving a cancer vaccine	\$50 per lifetime for receiving a cancer vaccine
Cancer Death Benefit	\$1,000 benefit if Employee dies due to cancer and a Critical Illness benefit was paid for that cancer.	\$1,000 benefit if Employee, Spouse or Child dies due to cancer and a Critical Illness benefit was paid for that cancer.
WELLNESS BENEFIT		
Employee Per Year Limit	\$100	\$100
Spouse Per Year Limit	Not Applicable	\$100
Child Per Year Limit	Not Applicable	\$100



Your critical illness coverage

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.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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

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

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

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

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

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

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

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

Contract # GP-1-CI-14

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



Accident insurance

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

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

Who is it for?

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

What does it cover?

Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

The child must be covered at the time the accident occurred and be 18 years of age or younger.

Why should I consider it?

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

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

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



Added support during recovery

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

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

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

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

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

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

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



Your accident coverage

ACCIDENT	
COVERAGE - DETAILS	
Your Monthly premium	\$8.70
You and Spouse	\$14.58
You and Child(ren)	\$15.38
You, Spouse and Child(ren)	\$21.26
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$20,000 Spouse \$10,000 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
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Air Ambulance	\$1,000
Ambulance	\$200
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$2,000 18 sq inches To 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$10,000

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



Your accident coverage

FEATURES (Cont.)

Concussion Baseline Study	\$25
Concussions	\$200
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$5,000
Doctor Follow-Up Visits	\$50, up to 6 treatments
Emergency Dental Work	\$300/Crown, \$75/Extraction
Emergency Room Treatment	\$200
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	\$20/day, up to 30 days
Fractures	Schedule up to \$6,000
Gun Shot Wound	\$750
Hospital Admission	\$1,000
Hospital Confinement	\$250/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100
Joint Replacement (Hip/Knee/Shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$500
Outpatient Therapies	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$100/day, up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,250 Hernia: \$250
Surgery (Exploratory or Arthroscopic)	\$400
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$4,000
X - Ray	\$40

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

MARS HILL UNIVERSITY
ALL ELIGIBLE EMPLOYEES

Kit created 11/15/2022 27
Group number: 00568977



Your accident coverage

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

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

Electronic Evidence of Insurability (EOI)

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

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

Electronic EOI keeps things simple

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

Electronic EOI can be used for*:

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

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



How it works

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

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

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

Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services

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

WorkLifeMatters Program services are provided by Uprise Health, and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

¹Office hours: Monday-Friday 6 a.m.–5 p.m. PST.



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



Visit

worklife.uprisehealth.com



Access Code

worklife

For more information or support, you can reach out by phoning **1 800 386 7055**. The team is available 24 hours a day, 7 days a week¹.



Our commitment to you

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

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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

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

No Cost Language Services

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

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

Disability insurance



Disability Offset Notice

Offsets are provisions in your disability coverage that allow the insurer to deduct from your regular benefit other types of income you receive or are eligible to receive from other sources due to your disability.

Visit <https://www.guardiananytime.com/notice51> to read more.

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

Please print clearly and mark carefully.

Employer/Planholder Name: MARS HILL UNIVERSITY	Group Plan Number: 00568977	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Add Employee/Member Dependents/Family Members <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change		
<p>In this form, you will be referred to as an Employee/Member. Members of your family will be referred to as Dependents/Family Members. There will also be times, when referring to Dependents/Family Members, this form will distinguish between your spouse and your children. Depending on the type of plan your Planholder selected, other plan documents may refer to you as an employee, a member, or a similar term, and, to members of your family, as family members, dependents, eligible dependents, or a similar term. Please refer to the group policy, certificate of coverage, (sometimes called a member guide), to see how terms are defined and to determine which members of your family are eligible for coverage. Plan documents such as the group policy, certificate of coverage, (sometimes called a member guide), control if there is any dispute concerning the meaning of terms used in this form.</p>		

Class: _____	Division: _____	Subtotal Code: _____	(Please obtain this from your Employer/Planholder)
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About You: Full Legal Name-First, MI, Last Name: What is the name you go by? (optional)	Employer/Planholder Provided Identification: _____	Social Security Number ____ - ____ - ____ Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.	
Address	City	State	Zip
Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth (mm-dd-yy): ____ - ____ - ____	
Phone (indicate primary): <input type="checkbox"/> Home (____) ____ - ____ <input type="checkbox"/> Work (____) ____ - ____ <input type="checkbox"/> Mobile (____) ____ - ____			
E mail Address (indicate primary) <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____			
Are you married or in a civil union? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of marriage/civil union: ____ - ____ - ____	
Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No		Placement date of adopted child: ____ - ____ - ____	

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

About Your Family: Please include the names of the dependents you wish to enroll for coverage.			
Spouse (wherever the term "Spouse" appears on this form, it also includes "Civil Union Partner"). Address/City/State/Zip: Phone: () -	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	

Child/Foster Child/Dependent 1: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____ Placement date of adopted/ foster child ____ - ____ - ____	Status (check as applicable) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent State of Residence: _____
Child/Foster Child/Dependent 2: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____ Placement date of adopted/ foster child ____ - ____ - ____	Status (check as applicable) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent State of Residence: _____
Child/Foster Child/Dependent 3: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____ Placement date of adopted/ foster child ____ - ____ - ____	Status (check as applicable) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent State of Residence: _____
Child/Foster Child/Dependent 4: Address/City/State/Zip: Phone: () -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____ Placement date of adopted/ foster child ____ - ____ - ____	Status (check as applicable) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent State of Residence: _____

Drop Coverage: <input type="checkbox"/> Drop Employee/Member <input type="checkbox"/> Drop Dependents/Family Members The date of withdrawal cannot be prior to the date this form is completed and signed. Last Day of Coverage: ____ - ____ - ____ <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Retirement Last Day Worked: ____ - ____ - ____ <input type="checkbox"/> Other Event: _____ Date of Event: ____ - ____ - ____	Coverage Being Dropped: <input type="checkbox"/> Voluntary Life <input type="checkbox"/> Employee/Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Critical Illness <input type="checkbox"/> Accident <input type="checkbox"/> Employee/Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Short Term Disability
I have been offered the above coverage(s) and wish to drop enrollment for the following reasons: <input type="checkbox"/> Covered under another insurance plan <input type="checkbox"/> Other _____ (additional information may be required)	

LIFE INSURANCE *continued*

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

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

Employee/Member

Policy Amount	<i>Check one box only</i>				
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$60,000
<input type="checkbox"/> \$70,000	<input type="checkbox"/> \$80,000	<input type="checkbox"/> \$90,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$110,000	<input type="checkbox"/> \$120,000
<input type="checkbox"/> \$130,000	<input type="checkbox"/> \$140,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$160,000	<input type="checkbox"/> \$170,000	<input type="checkbox"/> \$180,000
<input type="checkbox"/> \$190,000	<input type="checkbox"/> \$200,000*	<input type="checkbox"/> \$210,000	<input type="checkbox"/> \$220,000	<input type="checkbox"/> \$230,000	<input type="checkbox"/> \$240,000
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$260,000	<input type="checkbox"/> \$270,000	<input type="checkbox"/> \$280,000	<input type="checkbox"/> \$290,000	<input type="checkbox"/> \$300,000
<input type="checkbox"/> \$310,000	<input type="checkbox"/> \$320,000	<input type="checkbox"/> \$330,000	<input type="checkbox"/> \$340,000	<input type="checkbox"/> \$350,000	<input type="checkbox"/> \$360,000
<input type="checkbox"/> \$370,000	<input type="checkbox"/> \$380,000	<input type="checkbox"/> \$390,000	<input type="checkbox"/> \$400,000	<input type="checkbox"/> \$410,000	<input type="checkbox"/> \$420,000
<input type="checkbox"/> \$430,000	<input type="checkbox"/> \$440,000	<input type="checkbox"/> \$450,000	<input type="checkbox"/> \$460,000	<input type="checkbox"/> \$470,000	<input type="checkbox"/> \$480,000
<input type="checkbox"/> \$490,000	<input type="checkbox"/> \$500,000				

*Guarantee Issue Amount. The Health History section must be completed if any amount above the Guarantee Issue Amount is elected.

I do not want this coverage

Add Voluntary Life for Spouse

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

*Guarantee Issue Amount

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

I do not want this coverage

Add Voluntary Life for Dependent/Child(ren)

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

*Guarantee Issue Amount

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

I do not want this coverage

Add Voluntary AD&D

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

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

If you have elected to enroll in Voluntary Term Life Insurance, by electing such coverage do you intend to replace, discontinue, or change an existing policy or contract?
 Yes No

Important Notes:

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

LIFE INSURANCE *continued*

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

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

Primary Beneficiaries:

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

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

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

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

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

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

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

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

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

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

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

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

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

Custodian to Minor Beneficiaries:

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

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

Phone: () - _____

Short-Term Disability (STD) Coverage:

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

Weekly Benefit

60% of salary to a maximum of \$500

I do not want this coverage.

Long-Term Disability (LTD) Coverage:

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

Core

Monthly Benefit

60% of salary to a maximum of \$1,000

I do not want this coverage.

Buy-Up Option 1

Monthly Benefit

60% of salary to a maximum of \$5,000

Critical Illness Coverage:

Benefit reductions apply. Please see plan administrator.

Core

Employee/Member

Insurance Amount: \$5,000

Buy-Up Option 1	
Employee/Member	You must be enrolled to cover your dependents/family members
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000
<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$30,000
<input type="checkbox"/> \$35,000	<input type="checkbox"/> \$40,000
<input type="checkbox"/> I do not want this coverage.	
Spouse	
Insurance Amount:	Up to 50% of the employee/member's amount to a maximum of \$20,000
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$12,500	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$17,500	<input type="checkbox"/> \$20,000
<input type="checkbox"/> I do not want this coverage.	
Dependent/Child(ren)	
Insurance Amount:	<input type="checkbox"/> 50% of the employee/member's amount
<input type="checkbox"/> I do not want this coverage.	
<p>You must answer the following health questions if you or your dependent spouse elect Critical Illness Coverage :</p> <ul style="list-style-type: none"> • and elect an amount above the Guaranteed Issue amount • or elect coverage outside the Group Enrollment Period as established by the Employer/Planholder • or elect coverage age 70 or over 	
<p>1. Has any proposed insured been diagnosed with or treated by a medical professional for any of the following conditions: cancer, carcinoma in situ, malignant melanoma, tumor (benign or malignant), Barrett's esophagus, Crohn's disease, ulcerative colitis, blood disorder (other than acquired immune deficiency syndrome or human immunodeficiency virus), any chronic or progressive disease of kidneys, liver (including hepatitis), lungs, including emphysema and COPD, pancreas or bone marrow? Or, been advised to have an organ transplant, including bone marrow or stem cell transplant?</p> <p>Employee/Member <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Has any proposed insured been diagnosed with or treated by a medical professional for heart attack, heart disease or coronary artery disease, stroke or transient ischemic attack (TIA), or been advised to have bypass surgery, stent insertions or treatment for coronary arteries?</p> <p>Employee/Member <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>3. Has any proposed insured been diagnosed with or treated by a medical professional for uncontrolled blood pressure (requiring a change in medication or dosage in the past 6 months or been diagnosed with or treated for diabetes (except if present only in pregnancy))?</p> <p>Employee/Member <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4. Has any proposed insured been diagnosed with or treated by a medical professional for any progressive vision, speech or hearing disorder, or dementia (including Alzheimer's disease) or any neurological disease or disorder, including seizures, Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease), Huntington's disease, Multiple Sclerosis or Parkinson's Disease ?</p> <p>Employee/Member <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>5. Has any proposed insured been diagnosed with or treated by a medical professional for acquired immune deficiency syndrome, AIDS-Related Complex or tested positive for human immunodeficiency virus?</p> <p>Employee/Member <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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

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

Primary Beneficiaries:

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

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

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

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

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

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

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

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

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

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

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

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

Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only. Yes No

If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

Custodian to Minor Beneficiaries:

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

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

Phone: () - _____

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

Your Monthly premium	Employee/Member Only	Employee/Member & Spouse	Employee/Member & Dependent/Child(ren)	Employee/Member, Spouse & Dependent/Child(ren)
	<input type="checkbox"/> \$8.70	<input type="checkbox"/> \$14.58	<input type="checkbox"/> \$15.38	<input type="checkbox"/> \$21.26

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.

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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: () - _____

Signature

- I understand that my dependents/family members cannot be enrolled for a coverage if I am not enrolled for that coverage.
- LIFE ONLY: I understand that life insurance coverage for a dependent/family member, other than a newborn child, will not take effect if that dependent/family member is confined to a hospital or other health care facility, or is home confined, or is unable to perform two or more Activities of Daily Living (ADL's).
- I understand that I must be actively at work or my elected coverage will not take effect until I have met the eligibility requirements (as defined in the benefit booklet.) This does not apply to eligible retirees.
- If coverage is waived and you later decide to enroll, late entrant penalties may apply. You may also have to provide, at your own expense, proof of each person's insurability. Guardian or its designee has the right to reject your request.
- Your coverage will not be effective until approved by a Guardian or its designated underwriter.
- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements.
- I agree that my employer/planholder may deduct premiums from my pay if they are required for the coverage I have chosen above.
- I attest that the information provided above is true and correct to the best of my knowledge.

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

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

SIGNATURE OF EMPLOYEE/MEMBER X _____

SIGNATURE OF SPOUSE X _____

DATE _____

SIGNATURE OF CHILD (IF AGE 18 OR OVER) X _____

DATE _____

SIGNATURE OF CHILD (IF AGE 18 OR OVER) X _____

DATE _____

Fraud Warning Statements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Virginia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.