

Dental Plans

Option 1: With your **LOW** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Option 2 or 3: With your **MIDDLE or HIGH** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: LOW		Option 2: MIDDLE		Option 3: HIGH	
Network	DentalGuard Preferred		DentalGuard Preferred		DentalGuard Preferred	
Your Bi-weekly premium	\$9.86		\$16.60		\$20.80	
You and spouse	\$20.42		\$34.30		\$42.86	
You and child(ren)	\$23.81		\$41.24		\$50.81	
You, spouse and child(ren)	\$36.96		\$63.55		\$78.44	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive and Basic	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	100%	100%	100%
Basic Care	50%	50%	80%	80%	80%	80%
Major Care	40%	40%	50%	50%	50%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%	50%	50%
Annual Maximum Benefit	\$750	\$750	\$1000	\$1000	\$3000	\$3000
Lifetime Orthodontia Maximum	Not Applicable		\$1000		\$2500	
Dependent Age Limits	26		26		26	

YOUR GUARDIAN PLAN OFFERS:

No charge for preventive care (subject to plan limits)

Great selection of dentists convenient to you - yours is likely in our network!

Reliable claims payment four days on average

Find out if your dentist is in Guardian's network at www.GuardianAnytime.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY	PLAN DETAILS	Option 1: LOW <i>Plan pays (on average)</i>		Option 2: MIDDLE <i>Plan pays (on average)</i>		Option 3: HIGH <i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%	100%	100%
	Limits:	Under Age 14		Under Age 14		Under Age 14	
	Oral Exams	100%	100%	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%	100%	100%
Basic Care	Fillings†	50%	50%	80%	80%	80%	80%
	Periodontal Maintenance	50%	50%	80%	80%	80%	80%
	Frequency:	Once Every 3 Months		Once Every 3 Months		Once Every 3 Months	
	Simple Extractions	50%	50%	80%	80%	80%	80%
Major Care	Anesthesia*	40%	40%	50%	50%	50%	50%
	Bridges and Dentures	40%	40%	50%	50%	50%	50%
	Dental Implants	40%	40%	50%	50%	50%	50%
	Inlays, Onlays, Veneers**	40%	40%	50%	50%	50%	50%
	Perio Surgery	40%	40%	50%	50%	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	40%	40%	50%	50%	50%	50%
	Root Canal	40%	40%	50%	50%	80%	80%
	Scaling & Root Planing (per quadrant)	40%	40%	50%	50%	80%	80%
	Single Crowns	40%	40%	50%	50%	50%	50%
	Surgical Extractions	40%	40%	50%	50%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%	50%	50%
	Limits:			Child(ren)		Child(ren)	

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

Some services may be paid under a different category than listed. The actual co-insurance shown reflects your plan's coverage.

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

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

EXCLUSIONS AND LIMITATIONS

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

above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

- **For PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan.R3-DG2000

Guardian Choice – Additional Details

You have the flexibility to choose the plan that can best meet your needs.

Both plans can meet your needs; the difference is how out-of-network benefits are reimbursed. If you visit a dentist in the Guardian network, you will receive the most savings through the Value Plan. If there is a possibility of using an out-of-network dentist then the Network Access Plan offers the highest out-of-network reimbursement.

Here's how this benefit works:

- **Premiums are the same for either plan**
- **Option to switch plans each year at annual enrollment time**
- **Save an average of 30% over what dentists usually charge by using network providers**

	Value Plan	Network Access Plan
Plan Description:	You receive a higher co-insurance level with this plan than you would if you selected the NAP plan – which means less out-of-pocket costs. All benefits are paid based on a fee schedule. Therefore, when using out-of-network care, the dentist may charge the difference between the fee schedule and their regular fee.	You will receive the same reimbursement for in and out-of-network dentists. Co-insurance percentages for in-network care are not as high as with the Value Plan. In-network benefits are based on a negotiated PPO fee schedule, out-of-network charges are based on local UCR (usual, customary, reasonable) charges.
Out-of-network:	<ul style="list-style-type: none"> ▪ Benefits are based on the discounted fee schedules agreed upon by our network dentists. ▪ Any amount that is charged over the fee schedule is the responsibility of the patient. 	<ul style="list-style-type: none"> ▪ Benefits are based on usual, customary and reasonable (UCR) charges that dentists in your area charge for each procedure.
Co-insurance:	<ul style="list-style-type: none"> ▪ Preventive services are covered 100%. ▪ Co-insurance for other services is higher than the Network Access Plan. 	<ul style="list-style-type: none"> ▪ Preventive services are covered 100%. ▪ Co-insurance for other services is lower than the Value Plan.

To find a dentist in your network, visit www.GuardianAnytime.com. You can also download our GuardianAnytime mobile app to use our Find-a-Provider tool.

For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, 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-DG2000, et al.

Vision Plans

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network, including Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, . Visioncare Associates, Rxoptical and more.

Your Vision Plan	Full Feature
Network	VSP Choice Network
Your Bi-weekly premium	\$ 3.89
You and spouse	\$ 6.54
You and child(ren)	\$ 6.67
You, spouse and child(ren)	\$ 10.56
Copay	
Exams Copay	\$ 20
Materials Copay (waived for elective contact lenses)	\$ 20
Service Frequencies	
Exams	Every calendar year
Lenses (<i>for glasses or contact lenses</i>)##	Every calendar year
Frames	Every two calendar years###
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.
Dependent Age Limits	26

YOUR GUARDIAN PLAN OFFERS:

Reduced prices An average 15% to 30% discount off an extensive list of "cosmetic extras", including special lenses and scratch-resistant coatings.

Participating Retail Chain Providers Retail providers in the VSP Network, such as: Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates, Rxoptical and other regional retailers.

Contact Lens Exam Fitting and Evaluation Benefit Standard and Premium contact fits are covered in full after maximum copay.

No claims submission for in-network services and supplies.

Did you know?

"Two-thirds of employees would rather trade a vacation day for eyecare benefits." – Bests Review, 2006

PLAN DETAILS

FULL FEATURE

You pay (after copay if applicable):

In-network Out-of-network

Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$130 ¹	Amount over \$46
Costco Frame Allowance	Amount over \$70	
Contact Lenses <i>(Elective)</i>	Amount over \$130	Amount over \$100
Contact Lenses <i>(Medically Necessary)</i>	\$0	Amount over \$210
Contact Lenses <i>(Evaluation and fitting)</i>	Up to \$60	Not Applicable
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses <i>(Additional pair of frames and lenses)</i>	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
To Find a Provider:	Register at VSP.com to find a participating provider.	

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

VSP

- ‡Benefit includes coverage for glasses or contact lenses, not both.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- ¹Extra \$20 on select brands.
- ‡‡‡The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.

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Life Plans

You may elect Voluntary Term coverage.
Premiums will be deducted from your bi-weekly payroll check.

COVERAGE OPTIONS	VOLUNTARY TERM LIFE
Employee Benefit	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse‡ benefit	\$10,000 increments to a maximum of \$100,000. See Cost Illustration page for details.
Child benefit—children age birth† to 26 years	\$2,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.

Subject to coverage limits

† *Infant coverage is limited based on age.*

‡ *Spouse coverage terminates at age 70.*

Premiums for Voluntary Life increase in five-year increments. See enrollment form for details.

YOUR GUARDIAN PLAN OFFERS:

Low group rates

Family coverage for spouse
and children

Reliable claims payments

Did you know?

According to the National Safety Council, someone dies in an accident every six minutes.

PLAN DETAILS**VOLUNTARY TERM LIFE**

Guarantee Issue	We Guarantee Issue coverage up to: Employee Less than age 65 \$200,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$20,000, 65-69 \$10,000, 70+ \$0. Dependent children \$10,000.
Premiums	Increase on plan anniversary after you enter next 5 year age group
Portability	Yes, with age and other restrictions
Conversion	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit	Yes
Waiver of Premiums	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met

EXCLUSIONS AND LIMITATIONS**A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for Voluntary Term Life:**

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.

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

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

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.

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.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for AD&D:

We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs:

As the result of a disease or a bodily infirmity; By declared or undeclared war or act of war or armed aggression, or while a member of any armed force. May vary by state; Through intentional self-injury; While driving without a valid driver's license; While legally intoxicated; While participating in civil disorder or committing a felony; Traveling on any type of aircraft while having any duties on that aircraft; While voluntarily using a non-prescription controlled substance; GP-1-R-ADCL1-00 et al.

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Life Cost Illustration

Voluntary Life Cost Illustration

Bi-weekly premiums displayed. Cost of AD&D is included.
Policy Election Cost Per Age Bracket

Employee	Policy Election Amount								
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$.38	\$.41	\$.49	\$.67	\$.98	\$ 1.45	\$ 2.29	\$ 3.26	\$ 4.88
\$20,000	\$.76	\$.82	\$.98	\$ 1.35	\$ 1.97	\$ 2.90	\$ 4.57	\$ 6.53	\$ 9.76
\$30,000	\$ 1.14	\$ 1.23	\$ 1.47	\$ 2.02	\$ 2.95	\$ 4.35	\$ 6.85	\$ 9.79	\$ 14.64
\$40,000	\$ 1.51	\$ 1.64	\$ 1.96	\$ 2.70	\$ 3.93	\$ 5.80	\$ 9.14	\$ 13.05	\$ 19.51
\$50,000	\$ 1.89	\$ 2.05	\$ 2.45	\$ 3.37	\$ 4.92	\$ 7.25	\$ 11.42	\$ 16.32	\$ 24.39
\$60,000	\$ 2.27	\$ 2.47	\$ 2.94	\$ 4.04	\$ 5.90	\$ 8.70	\$ 13.71	\$ 19.58	\$ 29.27
\$70,000	\$ 2.65	\$ 2.88	\$ 3.43	\$ 4.72	\$ 6.88	\$ 10.15	\$ 15.99	\$ 22.84	\$ 34.15
\$80,000	\$ 3.03	\$ 3.29	\$ 3.91	\$ 5.39	\$ 7.87	\$ 11.59	\$ 18.28	\$ 26.11	\$ 39.03
\$90,000	\$ 3.41	\$ 3.70	\$ 4.40	\$ 6.07	\$ 8.85	\$ 13.04	\$ 20.56	\$ 29.37	\$ 43.91
\$100,000	\$ 3.79	\$ 4.11	\$ 4.89	\$ 6.74	\$ 9.83	\$ 14.49	\$ 22.85	\$ 32.63	\$ 48.79
\$110,000	\$ 4.16	\$ 4.52	\$ 5.38	\$ 7.41	\$ 10.81	\$ 15.94	\$ 25.13	\$ 35.89	\$ 53.66
\$120,000	\$ 4.54	\$ 4.93	\$ 5.87	\$ 8.09	\$ 11.80	\$ 17.39	\$ 27.42	\$ 39.16	\$ 58.54
\$130,000	\$ 4.92	\$ 5.34	\$ 6.36	\$ 8.76	\$ 12.78	\$ 18.84	\$ 29.70	\$ 42.42	\$ 63.42
\$140,000	\$ 5.30	\$ 5.75	\$ 6.85	\$ 9.43	\$ 13.76	\$ 20.29	\$ 31.99	\$ 45.68	\$ 68.30
\$150,000	\$ 5.68	\$ 6.16	\$ 7.34	\$ 10.11	\$ 14.75	\$ 21.74	\$ 34.27	\$ 48.95	\$ 73.18
\$160,000	\$ 6.06	\$ 6.57	\$ 7.83	\$ 10.78	\$ 15.73	\$ 23.19	\$ 36.55	\$ 52.21	\$ 78.06
\$170,000	\$ 6.43	\$ 6.98	\$ 8.32	\$ 11.46	\$ 16.71	\$ 24.64	\$ 38.84	\$ 55.47	\$ 82.93
\$180,000	\$ 6.81	\$ 7.39	\$ 8.81	\$ 12.13	\$ 17.70	\$ 26.09	\$ 41.12	\$ 58.74	\$ 87.81
\$190,000	\$ 7.19	\$ 7.81	\$ 9.30	\$ 12.80	\$ 18.68	\$ 27.54	\$ 43.41	\$ 62.00	\$ 92.69
\$200,000	\$ 7.57	\$ 8.22	\$ 9.79	\$ 13.48	\$ 19.66	\$ 28.99	\$ 45.69	\$ 65.26	\$ 97.57
\$210,000	\$ 7.95	\$ 8.63	\$ 10.27	\$ 14.15	\$ 20.65	\$ 30.43	\$ 47.98	\$ 68.53	\$ 102.45
\$220,000	\$ 8.33	\$ 9.04	\$ 10.76	\$ 14.83	\$ 21.63	\$ 31.88	\$ 50.26	\$ 71.79	\$ 107.33
\$230,000	\$ 8.71	\$ 9.45	\$ 11.25	\$ 15.50	\$ 22.61	\$ 33.33	\$ 52.55	\$ 75.05	\$ 112.21
\$240,000	\$ 9.08	\$ 9.86	\$ 11.74	\$ 16.17	\$ 23.59	\$ 34.78	\$ 54.83	\$ 78.31	\$ 117.08

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$250,000	\$9.46	\$10.27	\$12.23	\$16.85	\$24.58	\$36.23	\$57.12	\$81.58	\$121.96
\$260,000	\$9.84	\$10.68	\$12.72	\$17.52	\$25.56	\$37.68	\$59.40	\$84.84	\$126.84
\$270,000	\$10.22	\$11.09	\$13.21	\$18.19	\$26.54	\$39.13	\$61.69	\$88.10	\$131.72
\$280,000	\$10.60	\$11.50	\$13.70	\$18.87	\$27.53	\$40.58	\$63.97	\$91.37	\$136.60
\$290,000	\$10.98	\$11.91	\$14.19	\$19.54	\$28.51	\$42.03	\$66.25	\$94.63	\$141.48
\$300,000	\$11.35	\$12.32	\$14.68	\$20.22	\$29.49	\$43.48	\$68.54	\$97.89	\$146.35
\$310,000	\$11.73	\$12.73	\$15.17	\$20.89	\$30.48	\$44.93	\$70.82	\$101.16	\$151.23
\$320,000	\$12.11	\$13.15	\$15.66	\$21.56	\$31.46	\$46.38	\$73.11	\$104.42	\$156.11
\$330,000	\$12.49	\$13.56	\$16.15	\$22.24	\$32.44	\$47.83	\$75.39	\$107.68	\$160.99
\$340,000	\$12.87	\$13.97	\$16.63	\$22.91	\$33.43	\$49.27	\$77.68	\$110.95	\$165.87
\$350,000	\$13.25	\$14.38	\$17.12	\$23.59	\$34.41	\$50.72	\$79.96	\$114.21	\$170.75
\$360,000	\$13.63	\$14.79	\$17.61	\$24.26	\$35.39	\$52.17	\$82.25	\$117.47	\$175.63
\$370,000	\$14.00	\$15.20	\$18.10	\$24.93	\$36.37	\$53.62	\$84.53	\$120.73	\$180.50
\$380,000	\$14.38	\$15.61	\$18.59	\$25.61	\$37.36	\$55.07	\$86.82	\$124.00	\$185.38
\$390,000	\$14.76	\$16.02	\$19.08	\$26.28	\$38.34	\$56.52	\$89.10	\$127.26	\$190.26
\$400,000	\$15.14	\$16.43	\$19.57	\$26.95	\$39.32	\$57.97	\$91.39	\$130.52	\$195.14
\$410,000	\$15.52	\$16.84	\$20.06	\$27.63	\$40.31	\$59.42	\$93.67	\$133.79	\$200.02
\$420,000	\$15.90	\$17.25	\$20.55	\$28.30	\$41.29	\$60.87	\$95.95	\$137.05	\$204.90
\$430,000	\$16.27	\$17.66	\$21.04	\$28.98	\$42.27	\$62.32	\$98.24	\$140.31	\$209.77
\$440,000	\$16.65	\$18.07	\$21.53	\$29.65	\$43.26	\$63.77	\$100.52	\$143.58	\$214.65
\$450,000	\$17.03	\$18.49	\$22.02	\$30.32	\$44.24	\$65.22	\$102.81	\$146.84	\$219.53
\$460,000	\$17.41	\$18.90	\$22.51	\$31.00	\$45.22	\$66.67	\$105.09	\$150.10	\$224.41
\$470,000	\$17.79	\$19.31	\$22.99	\$31.67	\$46.21	\$68.11	\$107.38	\$153.37	\$229.29
\$480,000	\$18.17	\$19.72	\$23.48	\$32.35	\$47.19	\$69.56	\$109.66	\$156.63	\$234.17
\$490,000	\$18.55	\$20.13	\$23.97	\$33.02	\$48.17	\$71.01	\$111.95	\$159.89	\$239.05
\$500,000	\$18.92	\$20.54	\$24.46	\$33.69	\$49.15	\$72.46	\$114.23	\$163.15	\$243.92

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Policy Election Amount									
Spouse									
\$10,000	\$.39	\$.40	\$.48	\$.67	\$ 1.12	\$ 1.99	\$ 3.47	\$ 7.75	\$ 13.70
\$20,000	\$.78	\$.79	\$.96	\$ 1.35	\$ 2.23	\$ 3.98	\$ 6.94	\$ 15.49	\$ 27.41
\$30,000	\$ 1.16	\$ 1.19	\$ 1.44	\$ 2.02	\$ 3.35	\$ 5.97	\$ 10.41	\$ 23.23	\$ 41.11
\$40,000	\$ 1.55	\$ 1.59	\$ 1.92	\$ 2.70	\$ 4.47	\$ 7.96	\$ 13.88	\$ 30.98	\$ 54.81
\$50,000	\$ 1.94	\$ 1.99	\$ 2.40	\$ 3.37	\$ 5.59	\$ 9.95	\$ 17.35	\$ 38.72	\$ 68.52
\$60,000	\$ 2.33	\$ 2.38	\$ 2.88	\$ 4.04	\$ 6.70	\$ 11.94	\$ 20.83	\$ 46.47	\$ 82.22
\$70,000	\$ 2.71	\$ 2.78	\$ 3.36	\$ 4.72	\$ 7.82	\$ 13.93	\$ 24.30	\$ 54.21	\$ 95.92
\$80,000	\$ 3.10	\$ 3.18	\$ 3.84	\$ 5.39	\$ 8.94	\$ 15.91	\$ 27.77	\$ 61.96	\$ 109.63
\$90,000	\$ 3.49	\$ 3.57	\$ 4.32	\$ 6.07	\$ 10.05	\$ 17.90	\$ 31.24	\$ 69.70	\$ 123.33
\$100,000	\$ 3.88	\$ 3.97	\$ 4.80	\$ 6.74	\$ 11.17	\$ 19.89	\$ 34.71	\$ 77.45	\$ 137.03
Policy Election Amount									
Child(ren)									
\$2,000	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.24
\$4,000	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48
\$6,000	\$ 0.71	\$ 0.71	\$ 0.71	\$ 0.71	\$ 0.71	\$ 0.71	\$ 0.71	\$ 0.71	\$ 0.71
\$8,000	\$ 0.95	\$ 0.95	\$ 0.95	\$ 0.95	\$ 0.95	\$ 0.95	\$ 0.95	\$ 0.95	\$ 0.95
\$10,000	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19	\$ 1.19

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

As an eligible employee, you can purchase this coverage at the group premium levels illustrated above. For more details see enrollment form.

Subject to coverage limits

Premiums for Voluntary Life Increase in 5 year increments

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

‡Spouse coverage premium is based on Employee age. Coverage for the spouse terminates at spouse's age 70.

WillPrep Services

Special bonus for participants in voluntary life plan

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

- | | | |
|-----------------------------------|------------------------------------|--------------------------|
| ▪ Advanced Health Care Directives | ▪ Financial Power of Attorney | ▪ Wills and Living Wills |
| ▪ Estate Taxes | ▪ Guardianship and Conservatorship | ▪ Resource Library |
| ▪ Executors & Probate | ▪ Healthcare Power of Attorney | ▪ Trusts |

For more information about WillPrep Services, go to www.ibhwillprep.com; User name: WillPrep; Password: GLIC09 or call 1-877-433-6789

*The Option of an attorney prepared will is available for a small fee.

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep 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 IBH 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, IBH, or your employer.

Critical Illness Benefit Summary

Group Number: 00554101

About Your Benefits:

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

What Your Benefits Cover:

CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$20,000 in \$5,000 increments.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions	1st OCCURRENCE ONLY	
Cerebral Palsy	100%	

Cleft Lip/Palate	100%
Club Foot	100%
Cystic Fibrosis	100%
Down's Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type I Diabetes	100%

Spouse Benefit May choose a lump sum benefit of \$2,500 to \$10,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.

Child Benefit- children age Birth to 26 years 25% of employee's lump sum benefit

Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages 50% at age 70

Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.

We Guarantee Issue up to:
 Less than age 70 \$20,000

For a spouse:
 Less than age 70 \$10,000

For a child: All Amounts

Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.

Portability: Allows you to take your Critical Illness coverage with you if you terminate employment. Included

Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. 12 months prior, 12 months after

WELLNESS BENEFIT

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

Condition Definitions

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

Critical Illness Cost Illustration

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

Your premium will not increase as you age.

Child cost is included with employee election.

Issue Age	Bi-weekly Premiums Displayed Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+ [†]
Employee						
\$5,000	\$1.97	\$2.59	\$4.67	\$8.43	\$12.91	\$24.79
\$10,000	\$3.47	\$4.72	\$8.87	\$16.39	\$25.35	\$49.12
\$15,000	\$4.97	\$6.84	\$13.07	\$24.36	\$37.79	\$73.44
\$20,000	\$6.47	\$8.96	\$17.27	\$32.32	\$50.23	\$97.76
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$10,000						
Spouse						
\$2,500	\$1.18	\$1.49	\$2.53	\$4.41	\$6.65	\$12.59
\$5,000	\$1.93	\$2.55	\$4.63	\$8.39	\$12.86	\$24.75
\$7,500	\$2.68	\$3.61	\$6.73	\$12.37	\$19.08	\$36.91
\$10,000	\$3.43	\$4.67	\$8.83	\$16.35	\$25.30	\$49.07

[†]Benefit reductions may apply. See plan details.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00554101.

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.

If the plan is new (not transferred): During the exclusion period, this Critical

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Illness plan does not pay charges relating to a pre-existing condition. 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. A pre-existing condition includes any condition for which an employee, in a specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply.

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 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). 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-CL-14

Accident Plans

	ACCIDENT
COVERAGE - DETAILS	
Your Bi-weekly premium	\$8.60
You and Spouse	\$12.01
You and Child(ren)	\$12.16
You, Spouse and Child(ren)	\$15.57
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$50,000 Spouse \$25,000 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	
Accident Emergency Room Treatment	\$175
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125
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
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$10,000

FEATURES (Cont.)

Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500
Hospital Admission	\$1,000
Hospital Confinement	\$225/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$250
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.	\$500, 3 times per accident
X - Ray	\$30

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

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.

This plan will not pay benefits for any injury caused by or related to: declared or undeclared war, act of war or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; intentionally self inflicted injury, while sane or insane; suicide, while sane or insane. The covered person being legally intoxicated. Treatment rendered or hospital confinement outside the United States or Canada. Travel of flight in any kind of aircraft including any aircraft owned by or for the employer 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, sailgliding, parasailing, parakiting, ballooning, parachuting, and/or skydiving. Injuries to a dependent child received during the birth. An accident that occurred before the covered person is covered by this plan. Sickness, disease, mental infirmity or medical or surgical treatment.

Contract # GP-1-AC-IC-12

Group Number: 00554101

Hospital Indemnity Benefit Summary

About Your Benefits:

Focus on recovery during a hospital stay – not your out-of-pocket costs. A hospital confinement due to an illness or injury can happen to anyone. Chances are when it occurs you will have unplanned expenses to pay. Will you be prepared? Hospital Indemnity insurance benefit payments are made directly to you, no matter what other coverage you may have, and can be used however you choose. These benefit payments can help pay for out-of-pocket healthcare costs or other household expenses which can pile up during a hospital stay. Hospital Indemnity insurance helps provide financial peace of mind – please enroll today!

What Your Benefits Cover:

Hospital Indemnity	
Option 1	
Coverage Details	
Your Bi-weekly premium	\$5.49
You and spouse	\$12.72
You and Child(ren)	\$9.61
You, spouse and Child(ren)	\$16.84
Benefits	
Hospital/ICU Admission	\$500 per admission, limited to 1 admission(s) per insured and 3 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	\$200/\$200 per day, limited to 15 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

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

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

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

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

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

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.
www.guardiananytime.com.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00554101

LIMITATIONS AND EXCLUSIONS:

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

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

This Plan will not pay benefits for:

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

- Suicide or any intentionally self-inflicted injury

Elective surgery;

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

Dental care, dental xrays, or dental treatment;

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

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

Services, treatment or supplies rendered outside the United States or Canada;

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

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

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

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

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

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

Care or treatment for mental or nervous disorders;

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

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

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

Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness

Treatment of a Covered Dependent Child's Children;

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

GP- I-HI-15

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

ONLINE EVIDENCE OF INSURABILITY

Go to www.guardiananytime.com/eoi

GUARDIAN Online Evidence of Insurability

1 Select Coverage → 2 Personal Information → 3 Health Information → 4 Review

Step 1: Select Coverage * required

Welcome to Online Evidence of Insurability

To complete this process, you may need to provide:

- Group ID/Plan Number
- Coverage(s) being requested
- Health history/Doctor information
- Current insured amount
- Additional amount being requested

If applying for dependent coverage, you may need to provide their:

- Date of Birth
- Height
- Weight
- Health history/Doctor information
- Current insured amount
- Additional amount being requested

To help you understand the Online Evidence of Insurability process, please read our [FAQ's](#).

To complete a paper version of the Evidence of Insurability Form, please select this [link](#) to obtain the proper form.

If your employer is located in Montana, New York, Virginia or New Hampshire, your group is not eligible for Online Evidence of Insurability. Please complete a paper version of the Evidence of Insurability Form.

Before you can begin the Online Evidence of Insurability Process, you must indicate that you have read the Disclosure Statement below.

Yes, I have read and agree to the [Disclosure Statement](#).

To get started, we need some information.

Group ID/Plan Number: 2 If you do not know your Group ID/Plan Number, please contact your plan administrator.

Planholder Name (Company Name):

Select coverage(s) you are requesting: (Select all that apply)

- Basic Life (Employer Sponsored Coverage)
- Voluntary Life (Employee Paid Coverage)

3 Who is applying for coverage? (Select all that apply)

- Employee
 - Current insured amount: \$
 - Additional amount being requested: \$
- Spouse
- Child(ren)
- Short Term Disability
- Long Term Disability

1. Click “Yes, I have read and agree to the [Disclosure Statement](#).”

If your employer is located in a state where online EOI is not available, please download the EOI form from GuardianAnytime

2. Enter Group ID shown on your enrollment materials and click “Enter”

3. Select the coverages you are applying for and fill in your current and new election amounts

HELPFUL TIP: Enter “0” for current amount if this is a new election or if this is a request to increase your short term disability or long term disability coverage.

Click “Continue”.

ON THE FOLLOWING SCREEN, YOU WILL:

- Input your personal information
- Answer the health questions
- Review your answers, electronically provide your signature and click “Submit” to receive confirmation (PDF)
- Guardian will soon contact you directly regarding your application.

WWW.GUARDIANANYTIME.COM/EOI



The Guardian Life Insurance
Company of America
7 Hanover Square
New York, NY 10004-4025
www.guardiananytime.com

ADDITIONAL NOTES: Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts)
Electronic EOI is not available in the following states: New York, New Hampshire, Virginia and Montana Electronic EOI is available using most internet browsers.

WorkLifeMatters

Your Confidential Employee Assistance Program – Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- **Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055**
- **Referrals to local counselors — up to three sessions free of charge**
- **State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center**

WorkLifeMatters can offer help with:

Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Working Smarter

- Career development
- Effective managing
- Relocation

Legal and financial

- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

For more information about WorkLifeMatters, go to www.ibhworklife.com; User Name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., 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 IBH 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, IBH, or your employer.



GUARDIAN®

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective: 05/01/2016

This Notice of Privacy Practices describes how Guardian and its subsidiaries may use and disclose your Protected Health Information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law.

Guardian is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices concerning PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. If we make material changes to our privacy practices, copies of revised notices will be made available on request and circulated as required by law. Copies of our current Notice may be obtained by contacting Guardian (using the information supplied below), or on our Web site at www.guardianlife.com/privacy-policy.

What is Protected Health Information (PHI):

PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. PHI refers particularly to information acquired or maintained by us as a result of your having health coverage (including medical, dental, vision and long term care coverage).

In What Ways may Guardian Use and Disclose your Protected Health Information (PHI):

Guardian has the right to use or disclose your PHI without your written authorization to assist in your treatment, to facilitate payment and for health care operations purposes. There are certain circumstances where we are required by law to use or disclose your PHI. And there are other purposes, listed below, where we are permitted to use or disclose your PHI without further authorization from you. Please note that examples are provided for illustrative purposes only and are not intended to indicate every use or disclosure that may be made for a particular purpose.

Guardian has the right to use or disclose your PHI for the following purposes:

Treatment. Guardian may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to supply information about alternative treatments.

Payment. Guardian may use and disclose your PHI in order to pay for the services and resources you may receive. For example, we may disclose your PHI for payment purposes to a health care provider or a health plan. Such purposes may include: ascertaining your range of benefits; certifying that you received treatment; requesting details regarding your treatment to determine if your benefits will cover, or pay for, your treatment.

Health Care Operations. Guardian may use and disclose your PHI to perform health care operations, such as administrative or business functions. For example, we may use your PHI for underwriting and premium rating purposes. However, we will not use or disclose your genetic information for underwriting purposes and are prohibited by law from doing so.

Appointment Reminders. Guardian may use and disclose your PHI to contact you and remind you of appointments.

Health Related Benefits and Services. Guardian may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

Plan Sponsors. Guardian may use or disclose PHI to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan may contact us regarding benefits, service or coverage issues. We may also disclose summary health information about the enrollees in your group health plan to the plan sponsor so that the sponsor can obtain premium bids for health insurance coverage, or to decide whether to modify, amend or terminate your group health plan.

Guardian is required to use or disclose your PHI:

- To you or your personal representative (someone with the legal right to make health care decisions for you);
- To the Secretary of the Department of Health and Human Services, when conducting a compliance investigation, review or enforcement action related to health information privacy or security; and
- Where otherwise required by law.

Guardian is Required to Notify You of any Breaches of Your Unsecured PHI.

Although Guardian takes reasonable, industry-standard measures to protect your PHI, should a breach occur, Guardian is required by law to notify affected individuals. Under federal medical privacy law, a breach means the acquisition, access, use, or disclosure of unsecured PHI in a manner not permitted by law that compromises the security or privacy of the PHI.

Other Uses and Disclosures.

Guardian may also use and disclose your PHI for the following purposes without your authorization:

- We may disclose your PHI to persons involved in your care or payment for care, such as a family member or close personal friend, when you are present and do not object, when you are incapacitated, under certain circumstances during an emergency or when otherwise permitted by law.
- We may use or disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may use or disclose your PHI in an emergency, directly to or through a disaster relief entity, to find and tell those close to you of your location or condition
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI to a government oversight agency authorized by law to conducting audits, investigations, or civil or criminal proceedings.
- We may use or disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for organ or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services.
- We may use or disclose your PHI to comply with workers' compensation and other similar programs.
- We may disclose your PHI to third party business associates that perform services for us, or on our behalf (e.g. vendors).
- We may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to authorized federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations authorized by law.
- We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official (e.g., for the institution to provide you with health care services, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals).
- We may use or disclose your PHI to your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

We generally will not sell your PHI, or use or disclose PHI about you for marketing purposes without your authorization unless otherwise permitted by law.

Your Rights with Regard to Your Protected Health Information (PHI):

Your Authorization for Other Uses and Disclosures. Other than for the purposes described above, or as otherwise permitted by law, Guardian must obtain your written authorization to use or disclosure your PHI. You have the right to revoke that authorization in writing except to the extent that: (i) we have taken action in reliance upon the authorization prior to your written revocation, or (ii) you were required to give us your authorization as a condition of obtaining coverage, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Under federal and state law, certain kinds of PHI may require enhanced privacy protections. These forms of PHI include information pertaining to:

- HIV/AIDS testing, diagnosis or treatment
- Venereal and /or communicable Disease(s)
- Genetic Testing
- Alcohol and drug abuse prevention, treatment and referral
- Psychotherapy notes

We will only disclose these types of delineated information when permitted or required by law or upon your prior written authorization.

Your Right to an Accounting of Disclosures. An ‘accounting of disclosures’ is a list of certain disclosures we have made, if any, of your PHI. You have the right to receive an accounting of certain disclosures of your PHI that were made by us. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

We ask that you submit your request in writing by completing our form. Your request may state a requested time period not more than six years prior to the date when you make your request. Your request should indicate in what form you want the list (e.g., paper, electronically). Our form for Accounting of Disclosure requests is available at www.guardianlife.com/privacy-policy.

Your Right to Obtain a Paper Copy of This Notice. You have a right to request a paper copy of this notice even if you have previously agreed to accept this notice electronically. You may obtain a paper copy of this notice by sending a request to the contact information listed at the end of this notice.

Your Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with Guardian or the Secretary of U.S. Department of Health and Human Services. If you wish to file a complaint with Guardian, you may do so using the contact information below. You will not be penalized for filing a complaint.

Please submit any exercise of the Rights designated below to Guardian in writing using the contact information listed below. For some requests, Guardian may charge for reasonable costs associated with complying with your requests; in such a case, we will notify you of the cost involved and provide you the opportunity to modify your request before any costs are incurred.

Your Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a restriction on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

Guardian is not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit Guardian's use, disclosure or both; and (c) to whom you want the limits to apply.

Your Right to Request Confidential Communications. You have the right to request that Guardian communicate with you about your PHI be in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We are required to accommodate all reasonable requests made in writing, when such requests clearly state that your life could be endangered by the disclosure of all or part of your PHI.

Your Right to Amend Your PHI If you feel that any PHI about you, which is maintained by Guardian, is inaccurate or incomplete, you have the right to request that such PHI be amended or corrected. Within your written request, you must provide a reason in support of your request. Guardian reserves the right to deny your request if: (i) the PHI was not created by Guardian, unless the person or entity that created the information is no longer available to amend it (ii) if we do not maintain the PHI at issue (iii) if you would not be permitted to inspect and copy the PHI at issue or (iv) if the PHI we maintain about you is accurate and complete. If we deny your request, you may submit a written statement of your disagreement to us, and we will record it with your health information.

Your Right to Access to Your PHI. You have the right to inspect and obtain a copy of your PHI that we maintain in designated record sets. Under certain circumstances, we may deny your request to inspect and copy your PHI. In an instance where you are denied access and have a right to have that determination reviewed, a licensed health care professional chosen by Guardian will review your request and the denial. The person conducting the review will not be the person who denied your request. Guardian promises to comply with the outcome of the review.

How to Contact Us:

If you have any questions about this Notice or need further information about matters covered in this Notice, please call the toll-free number on the back of your Guardian ID card. If you are a broker please call 800-627-4200. All others please contact us at 800-541-7846. You can also write to us with your questions, or to exercise any of your rights, at the address below:

Attention: Guardian Corporate Privacy Officer
National Operations

Address: The Guardian Life Insurance Company of America
Group Quality Assurance - Northeast
P.O. Box 981573
El Paso, TX 79998-1573