
Group Number: 00513874

CHAMBLISS BAHNER & STOPHEL P.C

ALL ELIGIBLE EMPLOYEES

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Life
- Long Term Disability
- Critical Illness
- Accident

Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 8:00 AM to 8:30 PM, EST.

And refer to your plan number: 00513874

Welcome

Dear CHAMBLISS BAHNER & STOPHEL P.C Employee,

We are happy to have been chosen by CHAMBLISS BAHNER & STOPHEL P.C to be the provider of your employee benefits this year. For over 150 years, we have helped millions of people plan, secure and look after their families. We believe that life's unexpected surprises should be met with the support, guidance and understanding of someone who truly cares. And, we understand the power of help. It's why we go above and beyond to do what's right for you.

With Guardian® coverage you get:

- Affordable group rates
- Convenient payroll deduction
- Benefits for your unique needs

Take advantage of the benefits offered to you at work. Feel secure knowing that you have the coverage you need from a trusted provider and that it's there when you need it most.

Guardian

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products 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. Plan documents are the final arbiter of coverage.

2018-71635 (12/20)

Life Benefit Summary

Group Number: 00513874

A Life insurance plan through Guardian provides:

- The foundation of a smart financial plan that helps protect you and those who depend on you
- Affordable group rates
- Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

About Your Benefits:

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides Basic Life Coverage for all full time employees in the amount of 100% of your annual salary, to a maximum of \$100,000.	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	N/A	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.†
Child Benefit	N/A	Your dependent children age birth† to 26 years. \$2,000 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.	Guarantee Issue coverage up to \$100,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$150,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$25,000, 65-69 \$10,000, 70+ \$0. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes

BASIC LIFE**VOLUNTARY TERM LIFE**

Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
LifeAssistSM: Provides supplemental income that is calculated based off a percentage of your Life benefit to a specified dollar amount if you are ADL disabled. Benefits are paid to the lesser of 100 months or to when waiver of premium ends.	Yes	No
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 70, 50% at age 75	35% at age 70, 50% at age 75

Subject to coverage limits

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

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

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.

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: 00513874

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. To help you assess your needs, you can also go to Guardian Anytime and view a video: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life>

Employee	Semi-monthly premiums displayed.								
	Policy Election Cost Per Age Bracket								
Policy Election Amount	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 [†]
\$10,000	\$.25	\$.33	\$.48	\$.73	\$ 1.13	\$ 1.65	\$ 2.38	\$ 3.09	\$ 4.44
\$20,000	\$.49	\$.65	\$.96	\$ 1.45	\$ 2.25	\$ 3.29	\$ 4.75	\$ 6.18	\$ 8.88
\$30,000	\$.74	\$.98	\$ 1.44	\$ 2.18	\$ 3.38	\$ 4.94	\$ 7.13	\$ 9.27	\$ 13.32
\$40,000	\$.98	\$ 1.30	\$ 1.92	\$ 2.90	\$ 4.50	\$ 6.58	\$ 9.50	\$ 12.36	\$ 17.76
\$50,000	\$ 1.23	\$ 1.63	\$ 2.40	\$ 3.63	\$ 5.63	\$ 8.23	\$ 11.88	\$ 15.45	\$ 22.20
\$60,000	\$ 1.47	\$ 1.95	\$ 2.88	\$ 4.35	\$ 6.75	\$ 9.87	\$ 14.25	\$ 18.54	\$ 26.64
\$70,000	\$ 1.72	\$ 2.28	\$ 3.36	\$ 5.08	\$ 7.88	\$ 11.52	\$ 16.63	\$ 21.63	\$ 31.08
\$80,000	\$ 1.96	\$ 2.60	\$ 3.84	\$ 5.80	\$ 9.00	\$ 13.16	\$ 19.00	\$ 24.72	\$ 35.52
\$90,000	\$ 2.21	\$ 2.93	\$ 4.32	\$ 6.53	\$ 10.13	\$ 14.81	\$ 21.38	\$ 27.81	\$ 39.96
\$100,000	\$ 2.45	\$ 3.25	\$ 4.80	\$ 7.25	\$ 11.25	\$ 16.45	\$ 23.75	\$ 30.90	\$ 44.40
\$110,000	\$ 2.70	\$ 3.58	\$ 5.28	\$ 7.98	\$ 12.38	\$ 18.10	\$ 26.13	\$ 33.99	\$ 48.84
\$120,000	\$ 2.94	\$ 3.90	\$ 5.76	\$ 8.70	\$ 13.50	\$ 19.74	\$ 28.50	\$ 37.08	\$ 53.28
\$130,000	\$ 3.19	\$ 4.23	\$ 6.24	\$ 9.43	\$ 14.63	\$ 21.39	\$ 30.88	\$ 40.17	\$ 57.72
\$140,000	\$ 3.43	\$ 4.55	\$ 6.72	\$ 10.15	\$ 15.75	\$ 23.03	\$ 33.25	\$ 43.26	\$ 62.16
\$150,000	\$ 3.68	\$ 4.88	\$ 7.20	\$ 10.88	\$ 16.88	\$ 24.68	\$ 35.63	\$ 46.35	\$ 66.60
\$160,000	\$ 3.92	\$ 5.20	\$ 7.68	\$ 11.60	\$ 18.00	\$ 26.32	\$ 38.00	\$ 49.44	\$ 71.04
\$170,000	\$ 4.17	\$ 5.53	\$ 8.16	\$ 12.33	\$ 19.13	\$ 27.97	\$ 40.38	\$ 52.53	\$ 75.48
\$180,000	\$ 4.41	\$ 5.85	\$ 8.64	\$ 13.05	\$ 20.25	\$ 29.61	\$ 42.75	\$ 55.62	\$ 79.92
\$190,000	\$ 4.66	\$ 6.18	\$ 9.12	\$ 13.78	\$ 21.38	\$ 31.26	\$ 45.13	\$ 58.71	\$ 84.36
\$200,000	\$ 4.90	\$ 6.50	\$ 9.60	\$ 14.50	\$ 22.50	\$ 32.90	\$ 47.50	\$ 61.80	\$ 88.80
\$210,000	\$ 5.15	\$ 6.83	\$ 10.08	\$ 15.23	\$ 23.63	\$ 34.55	\$ 49.88	\$ 64.89	\$ 93.24
\$220,000	\$ 5.39	\$ 7.15	\$ 10.56	\$ 15.95	\$ 24.75	\$ 36.19	\$ 52.25	\$ 67.98	\$ 97.68
\$230,000	\$ 5.64	\$ 7.48	\$ 11.04	\$ 16.68	\$ 25.88	\$ 37.84	\$ 54.63	\$ 71.07	\$ 102.12
\$240,000	\$ 5.88	\$ 7.80	\$ 11.52	\$ 17.40	\$ 27.00	\$ 39.48	\$ 57.00	\$ 74.16	\$ 106.56
\$250,000	\$ 6.13	\$ 8.13	\$ 12.00	\$ 18.13	\$ 28.13	\$ 41.13	\$ 59.38	\$ 77.25	\$ 111.00
\$260,000	\$ 6.37	\$ 8.45	\$ 12.48	\$ 18.85	\$ 29.25	\$ 42.77	\$ 61.75	\$ 80.34	\$ 115.44
\$270,000	\$ 6.62	\$ 8.78	\$ 12.96	\$ 19.58	\$ 30.38	\$ 44.42	\$ 64.13	\$ 83.43	\$ 119.88
\$280,000	\$ 6.86	\$ 9.10	\$ 13.44	\$ 20.30	\$ 31.50	\$ 46.06	\$ 66.50	\$ 86.52	\$ 124.32
\$290,000	\$ 7.11	\$ 9.43	\$ 13.92	\$ 21.03	\$ 32.63	\$ 47.71	\$ 68.88	\$ 89.61	\$ 128.76
\$300,000	\$ 7.35	\$ 9.75	\$ 14.40	\$ 21.75	\$ 33.75	\$ 49.35	\$ 71.25	\$ 92.70	\$ 133.20
\$310,000	\$ 7.60	\$ 10.08	\$ 14.88	\$ 22.48	\$ 34.88	\$ 51.00	\$ 73.63	\$ 95.79	\$ 137.64

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$320,000	\$7.84	\$10.40	\$15.36	\$23.20	\$36.00	\$52.64	\$76.00	\$98.88	\$142.08
\$330,000	\$8.09	\$10.73	\$15.84	\$23.93	\$37.13	\$54.29	\$78.38	\$101.97	\$146.52
\$340,000	\$8.33	\$11.05	\$16.32	\$24.65	\$38.25	\$55.93	\$80.75	\$105.06	\$150.96
\$350,000	\$8.58	\$11.38	\$16.80	\$25.38	\$39.38	\$57.58	\$83.13	\$108.15	\$155.40
\$360,000	\$8.82	\$11.70	\$17.28	\$26.10	\$40.50	\$59.22	\$85.50	\$111.24	\$159.84
\$370,000	\$9.07	\$12.03	\$17.76	\$26.83	\$41.63	\$60.87	\$87.88	\$114.33	\$164.28
\$380,000	\$9.31	\$12.35	\$18.24	\$27.55	\$42.75	\$62.51	\$90.25	\$117.42	\$168.72
\$390,000	\$9.56	\$12.68	\$18.72	\$28.28	\$43.88	\$64.16	\$92.63	\$120.51	\$173.16
\$400,000	\$9.80	\$13.00	\$19.20	\$29.00	\$45.00	\$65.80	\$95.00	\$123.60	\$177.60
\$410,000	\$10.05	\$13.33	\$19.68	\$29.73	\$46.13	\$67.45	\$97.38	\$126.69	\$182.04
\$420,000	\$10.29	\$13.65	\$20.16	\$30.45	\$47.25	\$69.09	\$99.75	\$129.78	\$186.48
\$430,000	\$10.54	\$13.98	\$20.64	\$31.18	\$48.38	\$70.74	\$102.13	\$132.87	\$190.92
\$440,000	\$10.78	\$14.30	\$21.12	\$31.90	\$49.50	\$72.38	\$104.50	\$135.96	\$195.36
\$450,000	\$11.03	\$14.63	\$21.60	\$32.63	\$50.63	\$74.03	\$106.88	\$139.05	\$199.80
\$460,000	\$11.27	\$14.95	\$22.08	\$33.35	\$51.75	\$75.67	\$109.25	\$142.14	\$204.24
\$470,000	\$11.52	\$15.28	\$22.56	\$34.08	\$52.88	\$77.32	\$111.63	\$145.23	\$208.68
\$480,000	\$11.76	\$15.60	\$23.04	\$34.80	\$54.00	\$78.96	\$114.00	\$148.32	\$213.12
\$490,000	\$12.01	\$15.93	\$23.52	\$35.53	\$55.13	\$80.61	\$116.38	\$151.41	\$217.56
\$500,000	\$12.25	\$16.25	\$24.00	\$36.25	\$56.25	\$82.25	\$118.75	\$154.50	\$222.00
Policy Election Amount									
Spouse									
\$5,000	\$0.20	\$0.26	\$0.37	\$0.56	\$0.87	\$1.30	\$1.91	\$2.65	\$3.77
\$10,000	\$0.39	\$0.52	\$0.75	\$1.12	\$1.75	\$2.59	\$3.82	\$5.30	\$7.55
\$15,000	\$0.59	\$0.77	\$1.12	\$1.68	\$2.62	\$3.89	\$5.73	\$7.94	\$11.32
\$20,000	\$0.78	\$1.03	\$1.49	\$2.24	\$3.49	\$5.18	\$7.64	\$10.59	\$15.09
\$25,000	\$0.98	\$1.29	\$1.86	\$2.80	\$4.36	\$6.48	\$9.55	\$13.24	\$18.86
\$30,000	\$1.17	\$1.55	\$2.24	\$3.36	\$5.24	\$7.77	\$11.46	\$15.89	\$22.64
\$35,000	\$1.37	\$1.80	\$2.61	\$3.92	\$6.11	\$9.07	\$13.37	\$18.53	\$26.41
\$40,000	\$1.56	\$2.06	\$2.98	\$4.48	\$6.98	\$10.36	\$15.28	\$21.18	\$30.18
\$45,000	\$1.76	\$2.32	\$3.35	\$5.04	\$7.85	\$11.66	\$17.19	\$23.83	\$33.95
\$50,000	\$1.95	\$2.58	\$3.73	\$5.60	\$8.73	\$12.95	\$19.10	\$26.48	\$37.73
\$55,000	\$2.15	\$2.83	\$4.10	\$6.16	\$9.60	\$14.25	\$21.01	\$29.12	\$41.50
\$60,000	\$2.34	\$3.09	\$4.47	\$6.72	\$10.47	\$15.54	\$22.92	\$31.77	\$45.27

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$65,000	\$2.54	\$3.35	\$4.84	\$7.28	\$11.34	\$16.84	\$24.83	\$34.42	\$49.04
\$70,000	\$2.73	\$3.61	\$5.22	\$7.84	\$12.22	\$18.13	\$26.74	\$37.07	\$52.82
\$75,000	\$2.93	\$3.86	\$5.59	\$8.40	\$13.09	\$19.43	\$28.65	\$39.71	\$56.59
\$80,000	\$3.12	\$4.12	\$5.96	\$8.96	\$13.96	\$20.72	\$30.56	\$42.36	\$60.36
\$85,000	\$3.32	\$4.38	\$6.33	\$9.52	\$14.83	\$22.02	\$32.47	\$45.01	\$64.13
\$90,000	\$3.51	\$4.64	\$6.71	\$10.08	\$15.71	\$23.31	\$34.38	\$47.66	\$67.91
\$95,000	\$3.71	\$4.89	\$7.08	\$10.64	\$16.58	\$24.61	\$36.29	\$50.30	\$71.68
\$100,000	\$3.90	\$5.15	\$7.45	\$11.20	\$17.45	\$25.90	\$38.20	\$52.95	\$75.45
\$105,000	\$4.10	\$5.41	\$7.82	\$11.76	\$18.32	\$27.20	\$40.11	\$55.60	\$79.22
\$110,000	\$4.29	\$5.67	\$8.20	\$12.32	\$19.20	\$28.49	\$42.02	\$58.25	\$83.00
\$115,000	\$4.49	\$5.92	\$8.57	\$12.88	\$20.07	\$29.79	\$43.93	\$60.89	\$86.77
\$120,000	\$4.68	\$6.18	\$8.94	\$13.44	\$20.94	\$31.08	\$45.84	\$63.54	\$90.54
\$125,000	\$4.88	\$6.44	\$9.31	\$14.00	\$21.81	\$32.38	\$47.75	\$66.19	\$94.31
\$130,000	\$5.07	\$6.70	\$9.69	\$14.56	\$22.69	\$33.67	\$49.66	\$68.84	\$98.09
\$135,000	\$5.27	\$6.95	\$10.06	\$15.12	\$23.56	\$34.97	\$51.57	\$71.48	\$101.86
\$140,000	\$5.46	\$7.21	\$10.43	\$15.68	\$24.43	\$36.26	\$53.48	\$74.13	\$105.63
\$145,000	\$5.66	\$7.47	\$10.80	\$16.24	\$25.30	\$37.56	\$55.39	\$76.78	\$109.40
\$150,000	\$5.85	\$7.73	\$11.18	\$16.80	\$26.18	\$38.85	\$57.30	\$79.43	\$113.18
\$155,000	\$6.05	\$7.98	\$11.55	\$17.36	\$27.05	\$40.15	\$59.21	\$82.07	\$116.95
\$160,000	\$6.24	\$8.24	\$11.92	\$17.92	\$27.92	\$41.44	\$61.12	\$84.72	\$120.72
\$165,000	\$6.44	\$8.50	\$12.29	\$18.48	\$28.79	\$42.74	\$63.03	\$87.37	\$124.49
\$170,000	\$6.63	\$8.76	\$12.67	\$19.04	\$29.67	\$44.03	\$64.94	\$90.02	\$128.27
\$175,000	\$6.83	\$9.01	\$13.04	\$19.60	\$30.54	\$45.33	\$66.85	\$92.66	\$132.04
\$180,000	\$7.02	\$9.27	\$13.41	\$20.16	\$31.41	\$46.62	\$68.76	\$95.31	\$135.81
\$185,000	\$7.22	\$9.53	\$13.78	\$20.72	\$32.28	\$47.92	\$70.67	\$97.96	\$139.58
\$190,000	\$7.41	\$9.79	\$14.16	\$21.28	\$33.16	\$49.21	\$72.58	\$100.61	\$143.36
\$195,000	\$7.61	\$10.04	\$14.53	\$21.84	\$34.03	\$50.51	\$74.49	\$103.25	\$147.13
\$200,000	\$7.80	\$10.30	\$14.90	\$22.40	\$34.90	\$51.80	\$76.40	\$105.90	\$150.90
\$205,000	\$8.00	\$10.56	\$15.27	\$22.96	\$35.77	\$53.10	\$78.31	\$108.55	\$154.67
\$210,000	\$8.19	\$10.82	\$15.65	\$23.52	\$36.65	\$54.39	\$80.22	\$111.20	\$158.45
\$215,000	\$8.39	\$11.07	\$16.02	\$24.08	\$37.52	\$55.69	\$82.13	\$113.84	\$162.22
\$220,000	\$8.58	\$11.33	\$16.39	\$24.64	\$38.39	\$56.98	\$84.04	\$116.49	\$165.99

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$225,000	\$8.78	\$11.59	\$16.76	\$25.20	\$39.26	\$58.28	\$85.95	\$119.14	\$169.76
\$230,000	\$8.97	\$11.85	\$17.14	\$25.76	\$40.14	\$59.57	\$87.86	\$121.79	\$173.54
\$235,000	\$9.17	\$12.10	\$17.51	\$26.32	\$41.01	\$60.87	\$89.77	\$124.43	\$177.31
\$240,000	\$9.36	\$12.36	\$17.88	\$26.88	\$41.88	\$62.16	\$91.68	\$127.08	\$181.08
\$245,000	\$9.56	\$12.62	\$18.25	\$27.44	\$42.75	\$63.46	\$93.59	\$129.73	\$184.85
\$250,000	\$9.75	\$12.88	\$18.63	\$28.00	\$43.63	\$64.75	\$95.50	\$132.38	\$188.63
Policy Election Amount									
Child(ren)									
\$2,000	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38
\$4,000	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75
\$6,000	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13
\$8,000	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50
\$10,000	\$1.88	\$1.88	\$1.88	\$1.88	\$1.88	\$1.88	\$1.88	\$1.88	\$1.88

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.

LIMITATIONS AND EXCLUSIONS:

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

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

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

A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.

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

Voluntary Life Only:

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

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

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

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCL-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.

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.

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	Semi-monthly Premiums displayed	Spouse Policy Election Amount	Semi-monthly Premiums displayed	Child(ren) Policy Election Amount	Semi-monthly Premiums displayed
\$10,000	\$0.18	\$5,000	\$0.10	\$2,000	\$0.04
\$20,000	\$0.36	\$10,000	\$0.19	\$4,000	\$0.08
\$30,000	\$0.54	\$15,000	\$0.29	\$6,000	\$0.12
\$40,000	\$0.72	\$20,000	\$0.38	\$8,000	\$0.16
\$50,000	\$0.90	\$25,000	\$0.48	\$10,000	\$0.20
\$60,000	\$1.08	\$30,000	\$0.57		
\$70,000	\$1.26	\$35,000	\$0.67		
\$80,000	\$1.44	\$40,000	\$0.76		
\$90,000	\$1.62	\$45,000	\$0.86		
\$100,000	\$1.80	\$50,000	\$0.95		
\$110,000	\$1.98	\$55,000	\$1.05		
\$120,000	\$2.16	\$60,000	\$1.14		
\$130,000	\$2.34	\$65,000	\$1.24		
\$140,000	\$2.52	\$70,000	\$1.33		
\$150,000	\$2.70	\$75,000	\$1.43		
\$160,000	\$2.88	\$80,000	\$1.52		
\$170,000	\$3.06	\$85,000	\$1.62		
\$180,000	\$3.24	\$90,000	\$1.71		
\$190,000	\$3.42	\$95,000	\$1.81		
\$200,000	\$3.60	\$100,000	\$1.90		
\$210,000	\$3.78	\$105,000	\$2.00		
\$220,000	\$3.96	\$110,000	\$2.09		
\$230,000	\$4.14	\$115,000	\$2.19		
\$240,000	\$4.32	\$120,000	\$2.28		
\$250,000	\$4.50	\$125,000	\$2.38		
\$260,000	\$4.68	\$130,000	\$2.47		
\$270,000	\$4.86	\$135,000	\$2.57		
\$280,000	\$5.04	\$140,000	\$2.66		
\$290,000	\$5.22	\$145,000	\$2.76		
\$300,000	\$5.40	\$150,000	\$2.85		
\$310,000	\$5.58	\$155,000	\$2.95		
\$320,000	\$5.76	\$160,000	\$3.04		
\$330,000	\$5.94	\$165,000	\$3.14		
\$340,000	\$6.12	\$170,000	\$3.23		
\$350,000	\$6.30	\$175,000	\$3.33		
\$360,000	\$6.48	\$180,000	\$3.42		
\$370,000	\$6.66	\$185,000	\$3.52		
\$380,000	\$6.84	\$190,000	\$3.61		
\$390,000	\$7.02	\$195,000	\$3.71		
\$400,000	\$7.20	\$200,000	\$3.80		
\$410,000	\$7.38	\$205,000	\$3.90		
\$420,000	\$7.56	\$210,000	\$3.99		
\$430,000	\$7.74	\$215,000	\$4.09		
\$440,000	\$7.92	\$220,000	\$4.18		
\$450,000	\$8.10	\$225,000	\$4.28		
\$460,000	\$8.28	\$230,000	\$4.37		
\$470,000	\$8.46	\$235,000	\$4.47		
\$480,000	\$8.64	\$240,000	\$4.56		
\$490,000	\$8.82	\$245,000	\$4.66		
\$500,000	\$9.00	\$250,000	\$4.75		

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

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: 00513874

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.

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.

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.

Long-Term Disability Benefit Summary

Group Number: 00513874

A Disability insurance plan through Guardian provides:

- Income protection while you are unable to work
- Affordable group rates
- Fast claim payments paid directly to you that can help pay for expenses while you recover
- Extensive resources and support to help you get back to work and a productive life

About Your Benefits:

	Long-Term Disability
Coverage amount	60% of salary to maximum \$5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
Lifetime Benefit ADL: Allows monthly benefits to continue beyond the maximum payment period if you are severely disabled.	Yes
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	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 \$5000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	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 exclusion
Survivor benefit: Additional benefit payable to your family if you die while disabled.	3 months

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

Disability (long-term): For first three years of disability, you will receive benefit payments while you are unable to work in your own occupation. After three 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 is based on your previous year's W2 statement.

Special limitations: Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.

Work incentive: Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

Benefit information illustrated within this material reflects the plan covered by Guardian as of 07/10/2020

ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

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: 00513874

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

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.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

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

For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or

intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.

If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.

When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

Contract # GP-I-LTD-15-1.0 et al.

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.



BENEFITS OFFSET NOTICE

Your Guardian Group Disability Policy (Policy) may provide that any Guardian Disability benefits you receive may be offset by Other Income/ Benefits you or your dependents receive while you are receiving Guardian Disability Benefits. This means that Guardian may deduct the amount of any Other/Income Benefit payments made to you or your dependents from your weekly or monthly Guardian Disability Benefit prior to issuing payment. Examples of Other Income Benefits described in your Policy include:

- U.S. Social Security Disability Income or Retirement Benefits
- Disability or Retirement Benefits payable from any other source, including state mandated disability plans, U.S. Railroad Retirement plan or similar U.S./Canadian plan
- Salary earned or paid during your disability period, including sick leave, paid time off, severance payments, bonuses and commissions
- Workers' Compensation benefits
- No-fault motor vehicle coverage benefits
- Distributions, profit sharing, royalties

Upon enrollment, please review your certificate booklet for the full definition of Other Income Benefits and provisions pertaining benefit offsets and overpayment recovery. If you or your dependents are awarded any Other Income Benefits, including lump sum payments while you are receiving Guardian Disability benefits, you should contact Guardian promptly to calculate the appropriate offset amount and prevent an overpayment of benefits.

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Critical Illness Benefit Summary

Group Number: 00513874

A Critical Illness insurance plan through Guardian provides:

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover
- Payments are made directly to you and can be used for any purpose

About Your Benefits:

CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$50,000 in \$5,000 increments.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
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%	

CRITICAL ILLNESS

Spina Bifida	100%
Type I Diabetes	100%
Spouse Benefit	May choose a lump sum benefit of \$3,000 to \$30,000 in \$3,000 increments up to 60% 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/ 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.	We Guarantee Issue up to: \$20,000 For a spouse: \$10,000 For a child: All Amounts
	Health questions are required if the elected amount exceeds the Guarantee Issue.
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 months prior, 12 months after
Occupational HIV/Hepatitis Benefit	100% of employee benefit for the first occurrence.

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.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Semi-monthly Premiums Displayed
Election Cost Per Age Bracket

Benefit Amount	Issue Age	< 30	30-39	40-49	50-59	60-69	70+ [†]
Employee							
\$5,000	Non-tobacco	\$1.65	\$2.30	\$4.18	\$7.45	\$11.63	\$23.60
	Tobacco	\$2.85	\$4.30	\$9.08	\$18.63	\$31.58	\$59.70
\$10,000	Non-tobacco	\$3.30	\$4.60	\$8.35	\$14.90	\$23.25	\$47.20
	Tobacco	\$5.70	\$8.60	\$18.15	\$37.25	\$63.15	\$119.40
\$15,000	Non-tobacco	\$4.95	\$6.90	\$12.53	\$22.35	\$34.88	\$70.80
	Tobacco	\$8.55	\$12.90	\$27.23	\$55.88	\$94.73	\$179.10
\$20,000	Non-tobacco	\$6.60	\$9.20	\$16.70	\$29.80	\$46.50	\$94.40
	Tobacco	\$11.40	\$17.20	\$36.30	\$74.50	\$126.30	\$238.80
\$25,000	Non-tobacco	\$8.25	\$11.50	\$20.88	\$37.25	\$58.13	\$118.00
	Tobacco	\$14.25	\$21.50	\$45.38	\$93.13	\$157.88	\$298.50
\$30,000	Non-tobacco	\$9.90	\$13.80	\$25.05	\$44.70	\$69.75	\$141.60
	Tobacco	\$17.10	\$25.80	\$54.45	\$111.75	\$189.45	\$358.20
\$35,000	Non-tobacco	\$11.55	\$16.10	\$29.23	\$52.15	\$81.38	\$165.20
	Tobacco	\$19.95	\$30.10	\$63.53	\$130.38	\$221.03	\$417.90
\$40,000	Non-tobacco	\$13.20	\$18.40	\$33.40	\$59.60	\$93.00	\$188.80
	Tobacco	\$22.80	\$34.40	\$72.60	\$149.00	\$252.60	\$477.60
\$45,000	Non-tobacco	\$14.85	\$20.70	\$37.58	\$67.05	\$104.63	\$212.40
	Tobacco	\$25.65	\$38.70	\$81.68	\$167.63	\$284.18	\$537.30
\$50,000	Non-tobacco	\$16.50	\$23.00	\$41.75	\$74.50	\$116.25	\$236.00
	Tobacco	\$28.50	\$43.00	\$90.75	\$186.25	\$315.75	\$597.00
Benefit Amount Up To 60% of Employee Amount to a Maximum of \$30,000							
Spouse							
\$3,000	Non-tobacco	\$1.41	\$2.12	\$4.47	\$9.17	\$15.54	\$29.37
	Tobacco	\$1.70	\$2.57	\$5.43	\$11.18	\$18.95	\$35.81
\$6,000	Non-tobacco	\$2.82	\$4.23	\$8.94	\$18.33	\$31.08	\$58.74
	Tobacco	\$3.39	\$5.13	\$10.86	\$22.35	\$37.89	\$71.61
\$9,000	Non-tobacco	\$4.23	\$6.35	\$13.41	\$27.50	\$46.62	\$88.11
	Tobacco	\$5.09	\$7.70	\$16.29	\$33.53	\$56.84	\$107.42
\$12,000	Non-tobacco	\$5.64	\$8.46	\$17.88	\$36.66	\$62.16	\$117.48
	Tobacco	\$6.78	\$10.26	\$21.72	\$44.70	\$75.78	\$143.22
\$15,000	Non-tobacco	\$7.05	\$10.58	\$22.35	\$45.83	\$77.70	\$146.85
	Tobacco	\$8.48	\$12.83	\$27.15	\$55.88	\$94.73	\$179.03
\$18,000	Non-tobacco	\$8.46	\$12.69	\$26.82	\$54.99	\$93.24	\$176.22
	Tobacco	\$10.17	\$15.39	\$32.58	\$67.05	\$113.67	\$214.83
\$21,000	Non-tobacco	\$9.87	\$14.81	\$31.29	\$64.16	\$108.78	\$205.59
	Tobacco	\$11.87	\$17.96	\$38.01	\$78.23	\$132.62	\$250.64
\$24,000	Non-tobacco	\$11.28	\$16.92	\$35.76	\$73.32	\$124.32	\$234.96
	Tobacco	\$13.56	\$20.52	\$43.44	\$89.40	\$151.56	\$286.44
\$27,000	Non-tobacco	\$12.69	\$19.04	\$40.23	\$82.49	\$139.86	\$264.33
	Tobacco	\$15.26	\$23.09	\$48.87	\$100.58	\$170.51	\$322.25
\$30,000	Non-tobacco	\$14.10	\$21.15	\$44.70	\$91.65	\$155.40	\$293.70
	Tobacco	\$16.95	\$25.65	\$54.30	\$111.75	\$189.45	\$358.05

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: 00513874.

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 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 late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

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

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

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

Contract # GP-1-CI-14

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.

Group Number: 00513874
Accident Benefit Summary
Accident insurance through Guardian provides you:

- A cash benefit for covered injuries, treatments and services, in addition to whatever your medical plan may cover
- Payments go directly to you, not the doctor
- Easy enrollment with no medical questions

About Your Benefits:

	ACCIDENT
COVERAGE - DETAILS	
Your Semi-monthly premium	\$8.89
You and Spouse	\$14.66
You and Child(ren)	\$16.05
You, Spouse and Child(ren)	\$21.81
Accident Coverage Type	On and 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 \$50,000 Spouse \$20,000 Child \$10,000
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
RAINY DAY FUND	Benefit Amount: \$500 Rollover Maximum: \$250 Fund Maximum: \$1,000
FEATURES	
Air Ambulance	\$1,500
Ambulance	\$300
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

FEATURES (Cont.)

Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$12,500
Concussion Baseline Study	\$25
Concussions	\$300
Diagnostic Exam (Major)	\$300
Dislocations	Schedule up to \$7,000
Doctor Follow-Up Visits	\$75, up to 6 treatments
Emergency Dental Work	\$400/Crown, \$100/Extraction
Emergency Room Treatment	\$250
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.	\$30/day, up to 30 days
Fractures	Schedule up to \$8,000
Gun Shot Wound	\$1,000
Hospital Admission	\$1,500
Hospital Confinement	\$300/day - up to 1 year
Hospital ICU Admission	\$3,000
Hospital ICU Confinement	\$600/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$125
Joint Replacement (Hip/Knee/Shoulder)	\$3,500/\$1,750/\$1,750
Knee Cartilage	\$750
Laceration	Schedule up to \$500
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$150/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 \$600
Outpatient Therapies	\$50/day, up to 10 days
Post-Traumatic Stress Disorder	\$500
Prosthetic Device/Artificial Limb	1: \$1,000 2 or more: \$2,000
Rehabilitation Unit Confinement	\$150/day, up to 15 days
Ruptured Disc With Surgical Repair	\$750
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,500 Hernia: \$300
Surgery (Exploratory or Arthroscopic)	\$500
Tendon/Ligament/Rotator Cuff	1: \$750 2 or more: \$1,500
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 \$600/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.	\$5,000
X - Ray	\$50

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.

UNDERSTANDING YOUR BENEFITS (Cont.):

- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.

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.

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: 00513874

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

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

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a

fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-I-ACC-18

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



Easy-To-Use Online Link Provides Faster Processing

Guardian's online electronic Evidence of Insurability (EOI) provides an alternative to paper EOI forms when you need to provide additional information for requested coverage.

Common situations include:

- Answering yes to one of the health questions on your enrollment form
- Enrolling for coverage in excess of the guaranteed issue amount
- Requesting coverage after your initial eligibility for coverage

Electronic Evidence of Insurability can be used for the following coverages*:

- Basic Life
- Voluntary Life
- Short Term Disability
- Long Term Disability

Guardian's online EOI form offers several advantages:

- Your personal data is kept secure
- No errors due to hand-written data
- Faster submission of your completed form

Accessing the electronic Evidence of Insurability link

Simply go to : guardiananytime.com/eoi

No registration is required. The process is easy and secure, simply follow the steps outlined below:

- 1 Fill in your Group ID #
- 2 Enter your personal information
- 3 Answer the health questions
- 4 Electronically sign your name and click 'Submit'

Guardian receives the completed EOI form in minutes!

- 1 Guardian's Medical Underwriting Team moves through the EOI process and will contact you with any questions.
- 2 We will send you a letter in the mail regarding the status of your request for coverage.
- 3 We will notify your employer of the outcome of your request only if your coverage amount is changed.

If you have questions about the process or if you need to provide evidence of insurability, please contact your Plan Administrator.

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.

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

Please print clearly and mark carefully.

Employer Name: CHAMBLISS BAHNER & STOPHEL P.C		Group Plan Number: 00513874	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX	Initial Enrollment	Re-Enrollment	Add Employee/Dependents
Increase Amount	Family Status Change	Drop/Refuse Coverage	Information Change

Class: ALL ELIGIBLE EMPLOYEES Division: _____ Subtotal Code: _____ (Please obtain this from your Employer)

About You: First, MI, Last Name:		Social Security Number ____ - ____ - ____	
Address	City	State	Zip
Gender: M F	Date of Birth (mm-dd-yy): ____ - ____ - ____	Phone: () - -	
Email Address:	Are you married or do you have a spouse? Yes No	Date of marriage/union: ____ - ____ - ____	
	Do you have children or other dependents? Yes No	Placement date of adopted child: ____ - ____ - ____	

About Your Job:	Hours worked per week: _____	Job Title:
Work Status: Active Retired Cobra/State Continuation	Date of full time hire: ____ - ____ - ____	Annual Salary: \$ _____

About Your Family: Please include the names of the dependents you wish to enroll for coverage. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

Spouse (First, MI, Last Name)		Gender M F	Social Security Number ____ - ____ - ____	
Address/City/State/Zip:			Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Phone: () - -				
Child/Dependent 1:	Add Drop	Gender M F	Social Security Number ____ - ____ - ____	Status (check all that apply) Student (if over age 24) Disabled Non standard dependent State of Residence: _____
Address/City/State/Zip:			Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Phone: () - -				
Child/Dependent 2:	Add Drop	Gender M F	Social Security Number ____ - ____ - ____	Status (check all that apply) Student (if over age 24) Disabled Non standard dependent State of Residence: _____
Address/City/State/Zip:			Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Phone: () - -				

Child/Dependent 3: Address/City/State/Zip: Phone: () -	Add Drop	Gender M F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (if over age 24) Disabled Non standard dependent State of Residence: _____
Child/Dependent 4: Address/City/State/Zip: Phone: () -	Add Drop	Gender M F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (if over age 24) Disabled Non standard dependent State of Residence: _____

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

<u>Basic Life Coverage:</u> <i>Benefit reductions apply. Please see plan administrator.</i> Policy Amount Employee Only <input checked="" type="checkbox"/> 100% of your annual salary to a maximum of \$100,000 The Guarantee Issue Amount is \$100,000.	Name your beneficiaries: (Primary beneficiary percentages must total 100%) <u>Primary Beneficiaries:</u> Name: _____ Social Security Number: ____ - ____ - ____ % Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____ Phone: () - Relationship to Employee: _____ Name: _____ Social Security Number: ____ - ____ - ____ % Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____ Phone: () - Relationship to Employee: _____ Contingent Beneficiary: _____ Social Security Number: ____ - ____ - ____ Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____ Phone: () - Relationship to Employee: _____ (In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer maintains beneficiary information.)
If this Basic Life policy will replace your existing life insurance policy under your current employer, provide the amount of the previous policy \$ _____	
Important Notes: • Based on your plan benefits and age, you may be required to complete an evidence of insurability form for Basic Life.	

LIFE INSURANCE *continued*

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

Employee

Policy Amount *Check one box only*

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

Guarantee Issue up to: Employee Less than age 65 \$150,000*, 65-69 \$50,000, 70+ \$10,000. The Health History section must be completed if any amount above the Guarantee Issue Amount is elected.

I do not want this coverage

Add Voluntary Life for Spouse

Policy Amount

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

Guarantee Issue up to: Spouse Less than age 65 \$25,000*, 65-69 \$10,000, 70+ \$0.

**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

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000*
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**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.

Employee	Spouse	Child(ren)
I do not want this coverage	I do not want this coverage	I do not want this coverage

Important Notes:

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

LIFE INSURANCE *continued*

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

Primary Beneficiaries:

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

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

Phone: () - _____ Relationship to Employee: _____

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

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

Phone: () - _____ Relationship to Employee: _____

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

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

Phone: () - _____ Relationship to Employee: _____

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

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

Long-Term Disability (LTD) Coverage:

Monthly Benefit

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

Critical Illness Coverage: You must be enrolled to cover your dependents

Benefit reductions apply. Please see plan administrator.

Employee

Insurance Amount:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
	\$35,000	\$40,000	\$45,000	\$50,000		

I do not want this coverage.

Spouse

Insurance Amount: Up to 60% of the employee's amount to a maximum of \$30,000

\$3,000	\$6,000	\$9,000	\$12,000	\$15,000	\$18,000	\$21,000
\$24,000	\$27,000	\$30,000				

I do not want this coverage.

Dependent/Child(ren)

Insurance Amount: 25% of the employee's amount

I do not want this coverage.

Have you used any form of tobacco in the past 6 months (e.g. pipe, chewing tobacco) and/or have you smoked cigarettes in the past 12 months?

Employee Yes No Spouse Yes No

If you or your dependent spouse elect Critical Illness Coverage and elect an amount above the Guaranteed Issue amount, you must answer the following health questions.

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 AIDS or HIV), 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?

Employee Yes No Spouse Yes No

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?

Employee Yes No Spouse Yes No

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)?)

Employee Yes No Spouse Yes No

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 ?

Employee Yes No Spouse Yes No

5. Has any proposed insured been diagnosed with or treated by a medical professional for AIDS (acquired immune deficiency syndrome), AIDS-Related Complex or tested positive for HIV (human immunodeficiency virus)?

Employee Yes No Spouse Yes No

IMPORTANT NOTES:

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

Accident Coverage You must be enrolled to cover your dependents.

Your Semi-monthly premium	Employee Only	EE & Spouse	EE & Dependent/Child(ren)	EE, Spouse & Dependent/Child(ren)
	\$8.89	\$14.66	\$16.05	\$21.81

I do not want this coverage.

Name your beneficiaries: (Primary beneficiary percentages must total 100%)

Primary Beneficiaries:

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

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

Phone: () - _____ Relationship to Employee: _____

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

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

Phone: () - _____ Relationship to Employee: _____

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

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

Phone: () - _____ Relationship to Employee: _____

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

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

Signature

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

I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.

I understand that the premium amounts shown above are estimations and are for illustrative purposes only.

Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.

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.

Plan design limitations and exclusions may apply. For complete details of coverage, please refer to your benefit booklet. State limitations may apply.

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.

I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.

I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.

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.

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

SIGNATURE OF EMPLOYEE X _____

DATE _____

Enrollment Kit 00513874, 0001, EN

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.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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.

Connecticut, Iowa, Nebraska, and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

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.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

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.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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.

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.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20

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 or denial of insurance benefits.

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.

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

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

