



Welcome to

Workplace benefits

Everyone deserves a Guardian

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

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

Your coverage options



Critical illness insurance

Taking care of the expenses if you're critically ill

Know your benefits

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

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

1 Read through this information.

2 Find out more about your benefits.

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

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Critical illness insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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

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



Critical costs

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

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

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

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

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

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

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



Your critical illness coverage

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



Your critical illness coverage

	Option 1	Option 2
Type I Diabetes	100%	100%
Spouse Benefit	May choose a lump sum benefit of \$2,500 to \$25,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.	May choose a lump sum benefit of \$2,500 to \$25,000 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	25% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70	50% at age 70
Guarantee Issue/ Conditional Issue: The 'Guarantee/Conditional' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	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.	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	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after	3 months prior, 12 months after
WELLNESS BENEFIT		
Employee Per Year Limit	\$100	\$100
Spouse Per Year Limit	\$100	\$100
Child Per Year Limit	\$100	\$100



Your critical illness coverage

Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.
- Infectious Contagious Disease benefit is only payable if: 1) the insured is diagnosed with a covered infectious or contagious disease by a doctor while insured by Guardian and 2) the insured is hospital confined due to the infectious or contagious disease for 5 or more consecutive days. The Infectious Contagious Disease benefit covers Antibiotic resistant bacteria (including MRSA), Coronavirus (including Covid-19), Diphtheria, Encephalitis, Legionnaire's Disease, Lyme Disease, Malaria, Meningitis, Necrotizing fasciitis (flesh eating bacteria), Osteomyelitis, Rabies and Tuberculosis. This benefit will pay for only one Infectious Contagious Disease, once per lifetime.

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.

Option 1

Issue Age	Monthly Premiums Displayed					
	< 30	Election Cost Per Age Bracket		50-59	60-69	70+ [†]
		30-39	40-49			
Employee						
\$5,000	\$2.65	\$3.65	\$6.10	\$9.85	\$13.50	\$24.55
\$10,000	\$5.30	\$7.30	\$12.20	\$19.70	\$27.00	\$49.10
\$15,000	\$7.95	\$10.95	\$18.30	\$29.55	\$40.50	\$73.65
\$20,000	\$10.60	\$14.60	\$24.40	\$39.40	\$54.00	\$98.20
\$25,000	\$13.25	\$18.25	\$30.50	\$49.25	\$67.50	\$122.75
\$30,000	\$15.90	\$21.90	\$36.60	\$59.10	\$81.00	\$147.30
\$35,000	\$18.55	\$25.55	\$42.70	\$68.95	\$94.50	\$171.85
\$40,000	\$21.20	\$29.20	\$48.80	\$78.80	\$108.00	\$196.40
\$45,000	\$23.85	\$32.85	\$54.90	\$88.65	\$121.50	\$220.95
\$50,000	\$26.50	\$36.50	\$61.00	\$98.50	\$135.00	\$245.50
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$25,000						
Spouse						
\$2,500	\$1.33	\$1.83	\$3.05	\$4.93	\$6.75	\$12.28
\$5,000	\$2.65	\$3.65	\$6.10	\$9.85	\$13.50	\$24.55
\$7,500	\$3.98	\$5.48	\$9.15	\$14.78	\$20.25	\$36.83
\$10,000	\$5.30	\$7.30	\$12.20	\$19.70	\$27.00	\$49.10
\$12,500	\$6.63	\$9.13	\$15.25	\$24.63	\$33.75	\$61.38
\$15,000	\$7.95	\$10.95	\$18.30	\$29.55	\$40.50	\$73.65
\$17,500	\$9.28	\$12.78	\$21.35	\$34.48	\$47.25	\$85.93
\$20,000	\$10.60	\$14.60	\$24.40	\$39.40	\$54.00	\$98.20
\$22,500	\$11.93	\$16.43	\$27.45	\$44.33	\$60.75	\$110.48
\$25,000	\$13.25	\$18.25	\$30.50	\$49.25	\$67.50	\$122.75

Option 2

Issue Age	Monthly Premiums Displayed					
	< 30	30-39	Election Cost Per Age Bracket		60-69	70+ [†]
			40-49	50-59		
Employee						
\$5,000	\$3.40	\$5.30	\$9.70	\$17.05	\$24.70	\$41.60
\$10,000	\$6.80	\$10.60	\$19.40	\$34.10	\$49.40	\$83.20
\$15,000	\$10.20	\$15.90	\$29.10	\$51.15	\$74.10	\$124.80
\$20,000	\$13.60	\$21.20	\$38.80	\$68.20	\$98.80	\$166.40
\$25,000	\$17.00	\$26.50	\$48.50	\$85.25	\$123.50	\$208.00
\$30,000	\$20.40	\$31.80	\$58.20	\$102.30	\$148.20	\$249.60
\$35,000	\$23.80	\$37.10	\$67.90	\$119.35	\$172.90	\$291.20
\$40,000	\$27.20	\$42.40	\$77.60	\$136.40	\$197.60	\$332.80
\$45,000	\$30.60	\$47.70	\$87.30	\$153.45	\$222.30	\$374.40

Issue Age	< 30	30-39	40-49	50-59	60-69	70+†
\$50,000	\$34.00	\$53.00	\$97.00	\$170.50	\$247.00	\$416.00
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$25,000						
Spouse						
\$2,500	\$1.70	\$2.65	\$4.85	\$8.53	\$12.35	\$20.80
\$5,000	\$3.40	\$5.30	\$9.70	\$17.05	\$24.70	\$41.60
\$7,500	\$5.10	\$7.95	\$14.55	\$25.58	\$37.05	\$62.40
\$10,000	\$6.80	\$10.60	\$19.40	\$34.10	\$49.40	\$83.20
\$12,500	\$8.50	\$13.25	\$24.25	\$42.63	\$61.75	\$104.00
\$15,000	\$10.20	\$15.90	\$29.10	\$51.15	\$74.10	\$124.80
\$17,500	\$11.90	\$18.55	\$33.95	\$59.68	\$86.45	\$145.60
\$20,000	\$13.60	\$21.20	\$38.80	\$68.20	\$98.80	\$166.40
\$22,500	\$15.30	\$23.85	\$43.65	\$76.72	\$111.15	\$187.20
\$25,000	\$17.00	\$26.50	\$48.50	\$85.25	\$123.50	\$208.00

†Benefit reductions may apply. See plan details.

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-I-CI-14

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



College Tuition Benefit Program

Get closer to your college goals by earning valuable rewards that can help you pay for a loved one's tuition.

Paying for college is one of the most significant financial goals families face. That can mean decades of saving, but Guardian is able to help.

Our College Tuition Benefit Program gives you reward-based points when you sign up for a plan. These rewards can be used toward the cost of tuition.

How it works



Every reward point equals \$1 off the cost of full tuition



You'll earn 2,000 points annually, per line of qualifying Guardian coverage purchased*



Every student on your account starts with 500 reward points

Tuition Reward points can be used at over 400+ four-year undergraduate colleges and universities across the U.S. that are in the SAGE network. Plus, Guardian dental members earn an extra 2,500 points after the fourth year.

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

* Except for Guardian Davis Vision Plan Rewards, which are provided by Davis Vision.

The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.



How to sign up

To set up your Sage Scholars Tuition Rewards account, visit www.guardian.collegetuitionbenefit.com/. You'll need a few personal details.



User ID

Your Guardian
Group Plan Number



Password

Guardian

There are two important deadlines that must be met to utilize rewards points:

1. Adding Students and Pledging

Tuition Rewards: Students must be registered by the member by August 31 of the year when the student begins 12th grade. The last day for pledging earned Tuition Rewards to a student is August 31 of the year the student begins 12th grade. This is also the last day for a student to earn any Student Tuition Rewards from any source.

2. Submitting Student Tuition Rewards to member schools:

Using the college and university list available in the member's account, the member must submit a Tuition Rewards statement to any member school(s) a registered student applies to within ten days of the application being submitted.

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Our commitment to you

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

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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

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

No Cost Language Services

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

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

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

Please print clearly and mark carefully.

Employer Name: Redsail Technologies, LLC	Group Plan Number: 00027663	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Add Employee/Dependents <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change		

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

About You: First, MI, Last Name: _____	Employer Provided Identification: _____	Social Security Number ____ - ____ - ____ <small>Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.</small>	
Address _____	City _____	State _____	Zip _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yy): ____ - ____ - ____		
Phone (indicate primary): <input type="checkbox"/> Home (____) ____ - ____ <input type="checkbox"/> Work (____) ____ - ____ <input type="checkbox"/> Mobile (____) ____ - ____			
Email Address (indicate primary) <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____			
		Are you married or do you have a partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of marriage/union: ____ - ____ - ____
		Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Placement date of adopted child: ____ - ____ - ____

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

About Your Family: Please include the names of the dependents you wish to enroll for coverage. If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

Spouse (wherever the term "Spouse" appears on this form, it also includes "Partner").	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Child/Dependent 1:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____ Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 2:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____ Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 3:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____ Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 4:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____ Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent

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

Benefit reductions apply. Please see plan administrator.

Option 1

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 50% of the employee's amount to a maximum of \$25,000

\$2,500 \$5,000 \$7,500 \$10,000 \$12,500 \$15,000 \$17,500
 \$20,000 \$22,500 \$25,000

I do not want this coverage.

Dependent/Child(ren)

Insurance Amount: 25% of the employee's amount

I do not want this coverage.

Option 2

Employee

You must be enrolled to cover your dependents

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 50% of the employee's amount to a maximum of \$25,000

\$2,500 \$5,000 \$7,500 \$10,000 \$12,500 \$15,000 \$17,500
 \$20,000 \$22,500 \$25,000

I do not want this coverage.

Dependent/Child(ren)

Insurance Amount: 25% of the employee's amount

I do not want this coverage.

You must answer the following health questions if you or your dependent spouse elect Critical Illness Coverage :

- and elect an amount above the Guaranteed Issue amount
- or elect coverage outside the Group Enrollment Period as established by the employer
- or elect coverage age 70 or over

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), or tested positive for HIV (human immunodeficiency virus)?

Employee Yes No Spouse Yes No

Signature

- 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 if I waive coverage, I may not be eligible to enroll until the next open enrollment period. Late entrant penalties may apply. I understand that I may also have to provide, at my own expense, proof of each person's insurability. Guardian or its designee has the right to reject my request.
- I understand that my coverage will not be effective until approved by Guardian or its designated underwriter.
- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- 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 consent to electronic communication from Guardian, such as emails and text messages, regarding my coverage(s). I may change this election only by providing (thirty) 30 days 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.

SIGNATURE OF EMPLOYEE X _____

DATE _____

Enrollment Kit 00027663, 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.

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

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

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

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

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

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

Louisiana: 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: 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 benefit.

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.

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

Oregon: 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, may be committing a fraudulent act, and may be subject to civil penalties or denial of insurance benefits.

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

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

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

Oklahoma: WARNING: Any person who knowingly, and with the 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.

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.

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.

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.

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.