



KIMBLE COMPANY/KIMBLE RECYCLING & DISPOSAL INC.
ALL ELIGIBLE EMPLOYEES
Group Number: 00456658



Customer Service (888) 600-1600
Monday to Friday | 8am to 8:30pm ET

Welcome to

Workplace benefits

Everyone deserves a Guardian

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

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

Know your benefits

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

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

1 Read through this information.

2 Find out more about your benefits.

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

Your coverage options



Dental insurance Taking care of teeth and overall health



Life insurance Protecting your family's financial future



Disability insurance Coverage if you're temporarily unable to work



Accident insurance Helping you cover expenses after an accident

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic; it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2018.

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



Your dental coverage

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

Your Dental Plan

PPO

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



Your dental coverage

A Sample of Services Covered by Your Plan:

PPO			
Plan pays (on average)			
	In-network	Out-of-network	
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride T Treatments	100%	100%
	Limits:	Under Age 14	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillingst	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
Major Care	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%

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



Your dental coverage

Manage Your Benefits:

Go to www.guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.guardianlife.com Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

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

consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al. **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

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

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works *

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,000	\$500	\$250	\$350	\$1,000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to a plan's annual maximum for future years	Additional dollars added if only in-network providers were used during the benefit year	The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states. Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

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Watch our video
How life insurance protects families and covers critical costs.

Life insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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

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

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



Preparing and planning

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

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

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

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

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

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

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

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

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



Your life coverage

VOLUNTARY TERM LIFE	
Employee Benefit	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Spouse Benefit	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details. [†]
Child Benefit	Your dependent children age 14 days to 26 years. \$1,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue coverage up to: Employee \$200,000. Spouse \$10,000. Dependent children \$10,000.
Premiums	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met



Your life coverage

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

Subject to coverage limits
+ Spouse coverage terminates at age 70.

Voluntary Life Cost Illustration:

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

Employee	Policy Election Amount				Weekly premiums displayed. Policy Election Cost Per Age Bracket						
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†		
\$10,000	\$.21	\$.22	\$.30	\$.40	\$.59	\$ 1.00	\$ 1.75	\$ 2.53	\$ 4.06		
\$20,000	\$.42	\$.44	\$.60	\$.79	\$ 1.18	\$ 2.00	\$ 3.49	\$ 5.05	\$ 8.11		
\$30,000	\$.63	\$.66	\$.90	\$ 1.18	\$ 1.77	\$ 3.01	\$ 5.24	\$ 7.57	\$ 12.17		
\$40,000	\$.84	\$.88	\$ 1.20	\$ 1.58	\$ 2.36	\$ 4.01	\$ 6.99	\$ 10.10	\$ 16.23		
\$50,000	\$ 1.05	\$ 1.10	\$ 1.50	\$ 1.97	\$ 2.95	\$ 5.01	\$ 8.74	\$ 12.62	\$ 20.29		
\$60,000	\$ 1.26	\$ 1.32	\$ 1.80	\$ 2.37	\$ 3.55	\$ 6.01	\$ 10.48	\$ 15.15	\$ 24.34		
\$70,000	\$ 1.47	\$ 1.54	\$ 2.10	\$ 2.76	\$ 4.14	\$ 7.01	\$ 12.23	\$ 17.67	\$ 28.40		
\$80,000	\$ 1.68	\$ 1.75	\$ 2.40	\$ 3.16	\$ 4.73	\$ 8.01	\$ 13.98	\$ 20.20	\$ 32.46		
\$90,000	\$ 1.89	\$ 1.97	\$ 2.70	\$ 3.55	\$ 5.32	\$ 9.01	\$ 15.72	\$ 22.72	\$ 36.51		
\$100,000	\$ 2.10	\$ 2.19	\$ 3.00	\$ 3.95	\$ 5.91	\$ 10.02	\$ 17.47	\$ 25.25	\$ 40.57		
\$110,000	\$ 2.31	\$ 2.41	\$ 3.30	\$ 4.34	\$ 6.50	\$ 11.02	\$ 19.22	\$ 27.77	\$ 44.63		
\$120,000	\$ 2.52	\$ 2.63	\$ 3.60	\$ 4.74	\$ 7.09	\$ 12.02	\$ 20.96	\$ 30.30	\$ 48.68		
\$130,000	\$ 2.73	\$ 2.85	\$ 3.90	\$ 5.13	\$ 7.68	\$ 13.02	\$ 22.71	\$ 32.82	\$ 52.74		
\$140,000	\$ 2.94	\$ 3.07	\$ 4.20	\$ 5.53	\$ 8.27	\$ 14.02	\$ 24.46	\$ 35.35	\$ 56.80		
\$150,000	\$ 3.15	\$ 3.29	\$ 4.50	\$ 5.92	\$ 8.86	\$ 15.02	\$ 26.20	\$ 37.87	\$ 60.85		
\$160,000	\$ 3.36	\$ 3.51	\$ 4.80	\$ 6.31	\$ 9.45	\$ 16.03	\$ 27.95	\$ 40.39	\$ 64.91		
\$170,000	\$ 3.57	\$ 3.73	\$ 5.10	\$ 6.71	\$ 10.04	\$ 17.03	\$ 29.70	\$ 42.92	\$ 68.97		
\$180,000	\$ 3.78	\$ 3.95	\$ 5.40	\$ 7.10	\$ 10.63	\$ 18.03	\$ 31.45	\$ 45.44	\$ 73.03		
\$190,000	\$ 3.99	\$ 4.17	\$ 5.70	\$ 7.50	\$ 11.23	\$ 19.03	\$ 33.19	\$ 47.97	\$ 77.08		
\$200,000	\$ 4.20	\$ 4.39	\$ 6.00	\$ 7.89	\$ 11.82	\$ 20.03	\$ 34.94	\$ 50.49	\$ 81.14		
\$210,000	\$ 4.41	\$ 4.60	\$ 6.30	\$ 8.29	\$ 12.41	\$ 21.03	\$ 36.69	\$ 53.02	\$ 85.20		
\$220,000	\$ 4.62	\$ 4.82	\$ 6.60	\$ 8.68	\$ 13.00	\$ 22.03	\$ 38.43	\$ 55.54	\$ 89.25		
\$230,000	\$ 4.83	\$ 5.04	\$ 6.90	\$ 9.08	\$ 13.59	\$ 23.04	\$ 40.18	\$ 58.07	\$ 93.31		
\$240,000	\$ 5.04	\$ 5.26	\$ 7.20	\$ 9.47	\$ 14.18	\$ 24.04	\$ 41.93	\$ 60.59	\$ 97.37		
\$250,000	\$ 5.25	\$ 5.48	\$ 7.50	\$ 9.87	\$ 14.77	\$ 25.04	\$ 43.67	\$ 63.12	\$ 101.42		
\$260,000	\$ 5.46	\$ 5.70	\$ 7.80	\$ 10.26	\$ 15.36	\$ 26.04	\$ 45.42	\$ 65.64	\$ 105.48		
\$270,000	\$ 5.67	\$ 5.92	\$ 8.10	\$ 10.66	\$ 15.95	\$ 27.04	\$ 47.17	\$ 68.17	\$ 109.54		
\$280,000	\$ 5.88	\$ 6.14	\$ 8.40	\$ 11.05	\$ 16.54	\$ 28.04	\$ 48.91	\$ 70.69	\$ 113.59		
\$290,000	\$ 6.09	\$ 6.36	\$ 8.70	\$ 11.44	\$ 17.13	\$ 29.05	\$ 50.66	\$ 73.21	\$ 117.65		

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$300,000	\$6.30	\$6.58	\$9.00	\$11.84	\$17.72	\$30.05	\$52.41	\$75.74	\$121.71
\$310,000	\$6.51	\$6.80	\$9.30	\$12.23	\$18.31	\$31.05	\$54.16	\$78.26	\$125.77
\$320,000	\$6.72	\$7.02	\$9.60	\$12.63	\$18.91	\$32.05	\$55.90	\$80.79	\$129.82
\$330,000	\$6.93	\$7.24	\$9.90	\$13.02	\$19.50	\$33.05	\$57.65	\$83.31	\$133.88
\$340,000	\$7.14	\$7.45	\$10.20	\$13.42	\$20.09	\$34.05	\$59.40	\$85.84	\$137.94
\$350,000	\$7.35	\$7.67	\$10.50	\$13.81	\$20.68	\$35.05	\$61.14	\$88.36	\$141.99
\$360,000	\$7.56	\$7.89	\$10.80	\$14.21	\$21.27	\$36.06	\$62.89	\$90.89	\$146.05
\$370,000	\$7.77	\$8.11	\$11.10	\$14.60	\$21.86	\$37.06	\$64.64	\$93.41	\$150.11
\$380,000	\$7.98	\$8.33	\$11.40	\$15.00	\$22.45	\$38.06	\$66.38	\$95.94	\$154.16
\$390,000	\$8.19	\$8.55	\$11.70	\$15.39	\$23.04	\$39.06	\$68.13	\$98.46	\$158.22
\$400,000	\$8.40	\$8.77	\$12.00	\$15.79	\$23.63	\$40.06	\$69.88	\$100.99	\$162.28
\$410,000	\$8.61	\$8.99	\$12.30	\$16.18	\$24.22	\$41.06	\$71.62	\$103.51	\$166.33
\$420,000	\$8.82	\$9.21	\$12.60	\$16.57	\$24.81	\$42.07	\$73.37	\$106.03	\$170.39
\$430,000	\$9.03	\$9.43	\$12.90	\$16.97	\$25.40	\$43.07	\$75.12	\$108.56	\$174.45
\$440,000	\$9.24	\$9.65	\$13.20	\$17.36	\$25.99	\$44.07	\$76.87	\$111.08	\$178.51
\$450,000	\$9.45	\$9.87	\$13.50	\$17.76	\$26.59	\$45.07	\$78.61	\$113.61	\$182.56
\$460,000	\$9.66	\$10.09	\$13.80	\$18.15	\$27.18	\$46.07	\$80.36	\$116.13	\$186.62
\$470,000	\$9.87	\$10.30	\$14.10	\$18.55	\$27.77	\$47.07	\$82.11	\$118.66	\$190.68
\$480,000	\$10.08	\$10.52	\$14.40	\$18.94	\$28.36	\$48.07	\$83.85	\$121.18	\$194.73
\$490,000	\$10.29	\$10.74	\$14.70	\$19.34	\$28.95	\$49.08	\$85.60	\$123.71	\$198.79
\$500,000	\$10.50	\$10.96	\$15.00	\$19.73	\$29.54	\$50.08	\$87.35	\$126.23	\$202.85

Policy Election Amount

Spouse

\$5,000	\$1.11	\$1.11	\$1.15	\$2.20	\$3.30	\$5.50	\$8.87	\$12.26	\$20.03
\$10,000	\$2.21	\$2.22	\$3.30	\$4.40	\$5.59	\$10.00	\$17.75	\$25.53	\$40.06
\$15,000	\$3.32	\$3.33	\$4.45	\$5.59	\$8.89	\$15.50	\$26.62	\$37.79	\$60.09
\$20,000	\$4.42	\$4.44	\$6.60	\$7.79	\$11.18	\$22.00	\$34.49	\$55.05	\$88.11
\$25,000	\$5.53	\$5.55	\$7.75	\$9.99	\$14.48	\$25.50	\$43.37	\$66.31	\$101.14
\$30,000	\$6.63	\$6.66	\$9.90	\$11.18	\$17.77	\$33.01	\$55.24	\$77.57	\$121.17
\$35,000	\$7.74	\$7.77	\$10.05	\$13.38	\$20.07	\$35.51	\$66.11	\$88.84	\$142.20
\$40,000	\$8.84	\$8.88	\$12.20	\$15.58	\$23.36	\$40.01	\$69.99	\$101.10	\$162.23
\$45,000	\$9.95	\$9.99	\$13.35	\$17.78	\$26.66	\$45.51	\$78.86	\$111.36	\$182.26
\$50,000	\$10.05	\$11.10	\$15.50	\$19.97	\$29.95	\$50.01	\$87.74	\$122.62	\$202.29

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$55,000	\$1.16	\$1.21	\$1.65	\$2.17	\$3.25	\$5.51	\$9.61	\$13.89	\$22.31
\$60,000	\$1.26	\$1.32	\$1.80	\$2.37	\$3.55	\$6.01	\$10.48	\$15.15	\$24.34
\$65,000	\$1.37	\$1.43	\$1.95	\$2.57	\$3.84	\$6.51	\$11.36	\$16.41	\$26.37
\$70,000	\$1.47	\$1.54	\$2.10	\$2.76	\$4.14	\$7.01	\$12.23	\$17.67	\$28.40
\$75,000	\$1.58	\$1.64	\$2.25	\$2.96	\$4.43	\$7.51	\$13.10	\$18.94	\$30.43
\$80,000	\$1.68	\$1.75	\$2.40	\$3.16	\$4.73	\$8.01	\$13.98	\$20.20	\$32.46
\$85,000	\$1.79	\$1.86	\$2.55	\$3.35	\$5.02	\$8.51	\$14.85	\$21.46	\$34.48
\$90,000	\$1.89	\$1.97	\$2.70	\$3.55	\$5.32	\$9.01	\$15.72	\$22.72	\$36.51
\$95,000	\$2.00	\$2.08	\$2.85	\$3.75	\$5.61	\$9.52	\$16.60	\$23.98	\$38.54
\$100,000	\$2.10	\$2.19	\$3.00	\$3.95	\$5.91	\$10.02	\$17.47	\$25.25	\$40.57
\$105,000	\$2.21	\$2.30	\$3.15	\$4.14	\$6.20	\$10.52	\$18.34	\$26.51	\$42.60
\$110,000	\$2.31	\$2.41	\$3.30	\$4.34	\$6.50	\$11.02	\$19.22	\$27.77	\$44.63
\$115,000	\$2.42	\$2.52	\$3.45	\$4.54	\$6.79	\$11.52	\$20.09	\$29.03	\$46.66
\$120,000	\$2.52	\$2.63	\$3.60	\$4.74	\$7.09	\$12.02	\$20.96	\$30.30	\$48.68
\$125,000	\$2.63	\$2.74	\$3.75	\$4.93	\$7.39	\$12.52	\$21.84	\$31.56	\$50.71
\$130,000	\$2.73	\$2.85	\$3.90	\$5.13	\$7.68	\$13.02	\$22.71	\$32.82	\$52.74
\$135,000	\$2.84	\$2.96	\$4.05	\$5.33	\$7.98	\$13.52	\$23.58	\$34.08	\$54.77
\$140,000	\$2.94	\$3.07	\$4.20	\$5.53	\$8.27	\$14.02	\$24.46	\$35.35	\$56.80
\$145,000	\$3.05	\$3.18	\$4.35	\$5.72	\$8.57	\$14.52	\$25.33	\$36.61	\$58.83
\$150,000	\$3.15	\$3.29	\$4.50	\$5.92	\$8.86	\$15.02	\$26.20	\$37.87	\$60.85
\$155,000	\$3.26	\$3.40	\$4.65	\$6.12	\$9.16	\$15.52	\$27.08	\$39.13	\$62.88
\$160,000	\$3.36	\$3.51	\$4.80	\$6.31	\$9.45	\$16.03	\$27.95	\$40.39	\$64.91
\$165,000	\$3.47	\$3.62	\$4.95	\$6.51	\$9.75	\$16.53	\$28.82	\$41.66	\$66.94
\$170,000	\$3.57	\$3.73	\$5.10	\$6.71	\$10.04	\$17.03	\$29.70	\$42.92	\$68.97
\$175,000	\$3.68	\$3.84	\$5.25	\$6.91	\$10.34	\$17.53	\$30.57	\$44.18	\$71.00
\$180,000	\$3.78	\$3.95	\$5.40	\$7.10	\$10.63	\$18.03	\$31.45	\$45.44	\$73.03
\$185,000	\$3.89	\$4.06	\$5.55	\$7.30	\$10.93	\$18.53	\$32.32	\$46.71	\$75.05
\$190,000	\$3.99	\$4.17	\$5.70	\$7.50	\$11.23	\$19.03	\$33.19	\$47.97	\$77.08
\$195,000	\$4.10	\$4.28	\$5.85	\$7.70	\$11.52	\$19.53	\$34.07	\$49.23	\$79.11
\$200,000	\$4.20	\$4.39	\$6.00	\$7.89	\$11.82	\$20.03	\$34.94	\$50.49	\$81.14
\$205,000	\$4.31	\$4.49	\$6.15	\$8.09	\$12.11	\$20.53	\$35.81	\$51.76	\$83.17
\$210,000	\$4.41	\$4.60	\$6.30	\$8.29	\$12.41	\$21.03	\$36.69	\$53.02	\$85.20

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$215,000	\$4.52	\$4.71	\$6.45	\$8.48	\$12.70	\$21.53	\$37.56	\$54.28	\$87.22
\$220,000	\$4.62	\$4.82	\$6.60	\$8.68	\$13.00	\$22.03	\$38.43	\$55.54	\$89.25
\$225,000	\$4.73	\$4.93	\$6.75	\$8.88	\$13.29	\$22.54	\$39.31	\$56.80	\$91.28
\$230,000	\$4.83	\$5.04	\$6.90	\$9.08	\$13.59	\$23.04	\$40.18	\$58.07	\$93.31
\$235,000	\$4.94	\$5.15	\$7.05	\$9.27	\$13.88	\$23.54	\$41.05	\$59.33	\$95.34
\$240,000	\$5.04	\$5.26	\$7.20	\$9.47	\$14.18	\$24.04	\$41.93	\$60.59	\$97.37
\$245,000	\$5.15	\$5.37	\$7.35	\$9.67	\$14.47	\$24.54	\$42.80	\$61.85	\$99.40
\$250,000	\$5.25	\$5.48	\$7.50	\$9.87	\$14.77	\$25.04	\$43.67	\$63.12	\$101.42

Policy Election Amount

Child(ren)									
\$1,000	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02
\$2,000	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05
\$3,000	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07
\$4,000	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09
\$5,000	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12
\$6,000	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14
\$7,000	\$0.16	\$0.16	\$0.16	\$0.16	\$0.16	\$0.16	\$0.16	\$0.16	\$0.16
\$8,000	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19
\$9,000	\$0.21	\$0.21	\$0.21	\$0.21	\$0.21	\$0.21	\$0.21	\$0.21	\$0.21
\$10,000	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23

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

Premiums for Voluntary Life Increase in five-year increments

Spouse coverage premium is based on Employee age.

†Benefit reductions apply.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE COVERAGE:

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

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

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

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

GP-1-R-EOPT-96

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

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

WillPrep

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

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

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

How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney



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

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

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Disability insurance

Short term disability

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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



Partial income replacement

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

Unpaid time off work: **13 weeks**
Elimination period: **1 week**

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

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

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



Disability insurance

Long term disability

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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



Partial income replacement

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

Unpaid time off work: **24 months**

Elimination period: **6 months**

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

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

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



Your disability coverage

Short-Term Disability		Long-Term Disability
Coverage amount	60% of salary to maximum \$3000/week	Choose monthly benefit amount from \$500 to \$7500. See cost illustration page for monthly benefit offering.
Maximum payment period: Maximum length of time you can receive disability benefits.	13 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 91
Conversion: Allows you to continue disability coverage after your group plan has terminated.	Not Available	Yes
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$3000 in coverage	We Guarantee Issue \$7500 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	6 months look back; 24 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Not Applicable	Yes

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

Disability (long-term): For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.

Earnings definition: Your covered salary excludes bonuses and commissions.

Special limitations: Provides a 24-month benefit limit for 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.



Your disability coverage

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.

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

Evidence of Insurability may be required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

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

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

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

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 #'s GP-1-STD94-1.0 et al; GP-1-STD2K-1.0 et al; GP-1-STD07-1.0 et al; GP-1-STD-15-1.0 et al. Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-LTD2K-1.0 et al; GP-1-LTD07-1.0 et al; GP-1-LTD-15-1.0 et al.

Guardian's Group Short Term Disability and Long Term Disability Insurance are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al; GP-1-STD-15, #GP-1-LTD07-1.0, et al; GP-1-LTD-15

Long-Term Disability Plan Weekly Cost Illustration

Monthly Benefit	Minimum Annual Salary	Election Cost Per Age Bracket							
		<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$500	\$10,000	\$0.57	\$0.79	\$1.18	\$1.67	\$2.49	\$3.11	\$3.57	\$2.91
\$1,000	\$20,000	\$1.14	\$1.58	\$2.37	\$3.34	\$4.98	\$6.23	\$7.15	\$5.82
\$1,500	\$30,000	\$1.70	\$2.37	\$3.55	\$5.01	\$7.47	\$9.34	\$10.72	\$8.73
\$2,000	\$40,000	\$2.27	\$3.16	\$4.73	\$6.68	\$9.97	\$12.46	\$14.29	\$11.64
\$2,500	\$50,000	\$2.84	\$3.95	\$5.91	\$8.35	\$12.46	\$15.57	\$17.87	\$14.55
\$3,000	\$60,000	\$3.41	\$4.74	\$7.10	\$10.03	\$14.95	\$18.69	\$21.44	\$17.46
\$3,500	\$70,000	\$3.97	\$5.53	\$8.28	\$11.70	\$17.44	\$21.80	\$25.01	\$20.37
\$4,000	\$80,000	\$4.54	\$6.31	\$9.46	\$13.37	\$19.93	\$24.91	\$28.59	\$23.28
\$4,500	\$90,000	\$5.11	\$7.10	\$10.64	\$15.04	\$22.42	\$28.03	\$32.16	\$26.19
\$5,000	\$100,000	\$5.68	\$7.89	\$11.83	\$16.71	\$24.91	\$31.14	\$35.74	\$29.10
\$5,500	\$110,000	\$6.25	\$8.68	\$13.01	\$18.38	\$27.40	\$34.26	\$39.31	\$32.01
\$6,000	\$120,000	\$6.81	\$9.47	\$14.19	\$20.05	\$29.89	\$37.37	\$42.88	\$34.92
\$6,500	\$130,000	\$7.38	\$10.26	\$15.38	\$21.72	\$32.39	\$40.49	\$46.46	\$37.83
\$7,000	\$140,000	\$7.95	\$11.05	\$16.56	\$23.39	\$34.88	\$43.60	\$50.03	\$40.74

Long Term Disability General Limitations and Exclusions: 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 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, and an employee who is receiving treatment outside of the US or Canada and the employee's loss of earning 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 the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition.

A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives advice or treatment, or takes prescribed drugs. 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. Please refer to the plan details for specific time periods. State variations may apply.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al.; GP-1-LTD07-1.0 et al.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails. Your company has selected Guardian to provide disability coverage to eligible employees according to plan terms which have been mutually agreed upon. As an eligible employee, you can purchase this coverage at the group premium levels illustrated above.

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

Accident insurance

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

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

Who is it for?

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

What does it cover?

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

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

Why should I consider it?

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

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

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



Added support during recovery

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

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

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

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

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

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

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



Your accident coverage

COVERAGE - DETAILS		ACCIDENT
Your Weekly premium		\$3.46
You and Spouse		\$5.88
You and Child(ren)		\$6.09
You, Spouse and Child(ren)		\$8.51
Accident Coverage Type	Off Job	
Portability - Allows you to take your Accident coverage with you if you terminate employment.		Included
ACCIDENTAL DEATH AND DISMEMBERMENT		
Benefit Amount(s)	Employee \$25,000 Spouse \$12,500 Child \$5,000	
Catastrophic Loss	Quadruplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D	
Common Carrier	200% of AD&D benefit	
Common Disaster	200% of Spouse AD&D benefit	
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000	
Reasonable Accommodation to Home or Vehicle	\$2,500	
WELLNESS BENEFIT - Per Year Limit	\$50	
Child(ren) Age Limits	Children age birth to 26 years	
FEATURES		
Accident Emergency Room Treatment	\$175	
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments	
Air Ambulance	\$1,000	
Ambulance	\$150	
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125	
Blood/Plasma/Platelets	\$300	
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000	
Burn - Skin Graft	50% of burn benefit	
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits	



Your accident coverage

FEATURES (Cont.)

Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500
Hospital Admission	\$1,000
Hospital Confinement	\$225/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$500, 3 times per accident
X - Ray	\$30

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.



Your accident coverage

UNDERSTANDING YOUR BENEFITS (Cont.):

- **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.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

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

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

This proposal is hedged subject to satisfactory financial evaluation.

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

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

Contract # GP-1-AC-IC-12

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

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

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18

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.

Electronic Evidence of Insurability (EOI)

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

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

Electronic EOI keeps things simple

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

Electronic EOI can be used for*:

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



How it works

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

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

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

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

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guardianlife.com

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2020-109652 (10/22)

Employee Assistance Program

We all need a little support every now and then.

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

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

How it can help



Consultative services are available to provide direct support and assistance



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



Access legal and financial assistance and resources – including WillPrep Services

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

WorkLifeMatters Program services are provided by 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. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

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



How to access

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



Visit

ibhworklife.com



User ID
Matters



Password
wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week¹.

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2021-117403 (3/23)

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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.

Dental insurance



Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notice50> to read more.

Disability insurance



Disability Offset Notice

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

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

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

Please print clearly and mark carefully.

Employer Name: **KIMBLE COMPANY/KIMBLE RECYCLING & DISPOSAL INC.**

Group Plan Number: **00456658**

Benefits Effective: _____

PLEASE CHECK APPROPRIATE BOX

Initial Enrollment

Add Employee/Dependents

Drop/Refuse Coverage

Information Change

Class: ALL ELIGIBLE EMPLOYEES

Division: _____

Subtotal Code: _____

(Please obtain this from your Employer)

About You:

First, MI, Last Name:

Employer Provided Identification:

Social Security Number

Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.

Address

City

State

Zip

Gender: M F

Date of Birth (mm-dd-yy): ____ - ____ - ____

Phone (indicate primary):

Home (____) ____ - ____

Work (____) ____ - ____

Mobile (____) ____ - ____

Email Address (indicate primary)

Home

Work

Are you married or do you have a partner? Yes No

Date of marriage/union: ____ - ____ - ____

Do you have children or other dependents? Yes No

Placement date of adopted child: ____ - ____ - ____

About Your Job:

Job Title:

Work Status:

Active

Retired

Cobra/State Continuation

Date of full time hire: ____ - ____ - ____

Annual Salary: \$ _____

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
M F

Date of Birth (mm-dd-yyyy)
____ - ____ - ____

Child/Dependent 1:

Add

Drop

Gender
M F

Date of Birth (mm-dd-yyyy)
____ - ____ - ____

Status (check all that apply)
Student (post high school) Disabled
Non standard dependent
State of Residence: _____

Child/Dependent 2:

Add

Drop

Gender
M F

Date of Birth (mm-dd-yyyy)
____ - ____ - ____

Status (check all that apply)
Student (post high school) Disabled
Non standard dependent
State of Residence: _____

Child/Dependent 3:	Add	Drop	Gender M F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Non standard dependent State of Residence: _____	Disabled
Child/Dependent 4:	Add	Drop	Gender M F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Non standard dependent State of Residence: _____	Disabled

Drop Coverage: 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: ____ - ____ - ____	Coverage Being Dropped: Dental Employee Spouse Child(ren) Voluntary Life Employee Spouse Child(ren) Accident Employee Spouse Child(ren) Long Term Disability Short Term Disability
Loss Of Other Coverage: I and/or my dependents were previously covered under Loss of coverage was due to: Termination of Employment: ____ - ____ - ____ Divorce/Separation ____ - ____ - ____ Death of Spouse ____ - ____ - ____ Termination/Expiration of Coverage ____ - ____ - ____ Coverage Lost Dental	I have been offered the above coverage(s) and wish to drop enrollment for the following reasons: Covered under another insurance plan Other _____ (additional information may be required)

Dental Coverage: You must be enrolled to cover your dependents. Check only one box. <div style="display: flex; justify-content: space-around;"> Employee Only EE, Spouse & Dependent/Child(ren) </div> PPO I do not want Dental Coverage because (Check all that apply): <div style="display: flex; justify-content: space-between;"> I am covered under another Dental plan My spouse is covered under another Dental plan </div> <div style="display: flex; justify-content: space-between;"> My dependents are covered under another Dental plan </div>

Voluntary Term Life Coverage: You must be enrolled to cover your dependents. Benefit reductions apply. Please see plan administrator. The amount of life insurance coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions as stated in the certificate of coverage covering you or your dependents.						
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 Amount. The Health History section must be completed if any amount above the Guarantee Issue Amount is elected. I do not want this coverage						

LIFE INSURANCE *continued*

Add Voluntary Life for Spouse

Policy Amount	\$10,000*	\$15,000	\$20,000	\$25,000	\$30,000
\$5,000					
\$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 Amount*

****The amount may not be more than 50% of the employee amount for Voluntary Life.***

I do not want this coverage

Add Voluntary Life for Dependent/Child(ren)

Policy Amount	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000
\$1,000					
\$7,000	\$8,000	\$9,000	\$10,000*		

**Guarantee Issue Amount*

****The amount may not be more than 10% of the employee amount for Voluntary Life.***

I do not want this coverage

Important Notes:

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

LIFE INSURANCE *continued*

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

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

Primary Beneficiaries:

Name: _____ Social Security Number: _____ - _____ - _____ %
Date of Birth (mm-dd-yy): _____ - _____ - _____ Address/City/State/Zip: _____
Phone: () - _____ Relationship to Employee: _____
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.

Please contact your employer for any record of or changes to your beneficiary information.

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

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

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

Custodian to Minor Beneficiaries:

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

Short-Term Disability (STD) Coverage:

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

Weekly Benefit

☒ 60% of salary to a maximum of \$3,000

Long-Term Disability (LTD) Coverage:

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

<i>Monthly Benefit</i>	<i>Monthly Benefit</i>
\$500.00	\$3,000.00
\$750.00	\$3,500.00
\$1,000.00	\$4,000.00
\$1,250.00	\$4,500.00
\$1,500.00	\$5,000.00
\$1,750.00	\$5,500.00
\$2,000.00	\$6,000.00
\$2,250.00	\$6,500.00
\$2,500.00	\$7,000.00
\$2,750.00	\$7,500.00

This amount may not exceed 60% of your monthly salary.

I do not want this coverage.

Accident Coverage You must be enrolled to cover your dependents.

Your Weekly premium	Employee Only	EE & Spouse	EE & Dependent/Child(ren)	EE, Spouse & Dependent/Child(ren)
	\$3.46	\$5.88	\$6.09	\$8.51

I do not want this coverage.

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

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

Primary Beneficiaries:

Name: _____ Social Security Number: _____ %
Date of Birth (mm-dd-yy): _____ - - - - Address/City/State/Zip: _____
Phone: () - _____ Relationship to Employee: _____
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.

Please contact your employer for any record of or changes to your 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.

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

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

Custodian to Minor Beneficiaries:

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

Signature

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

LIFE ONLY: I understand that life insurance coverage for a dependent, 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.

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.

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 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.

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 00456658, 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.

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.