



## 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

**Accident insurance**

Helping you cover expenses after an accident

## Ready to enroll?

Only you know what's right for you and your family. Which is why you can choose from a range of plans to pick the best fit.

Whatever you pick, 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**

Choose the benefits you'd like to take.

**3**

Follow your employer's instructions to complete the enrollment process.

**THIS PAGE INTENTIONALLY LEFT BLANK**



# 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

## CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit up to \$20,000. Please see your cost illustration for a full list of available benefit amounts.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	0%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	0%
Stroke	100%	0%
Heart Failure	100%	0%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	0%
Kidney Failure	100%	0%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Spouse Benefit	May choose a lump sum benefit up to \$20,000. Please see your cost illustration for a full list of available benefit amounts.	
Child Benefit- children age Birth to 26 years	50% of employee's lump sum benefit	
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70	



# Your critical illness coverage

## CRITICAL ILLNESS

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

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

For a spouse:  
Less than age 70 \$20,000

For a child: All Amounts

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

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

Included

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

12 months prior, 12 months after

## WELLNESS BENEFIT

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

## Condition Definitions

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

## Critical Illness Cost Illustration

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

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Semi-monthly Premiums Displayed  
Election Cost Per Age Bracket

Benefit Amount		Semi-monthly Premiums Displayed Election Cost Per Age Bracket					
	Issue Age	< 30	30-39	40-49	50-59	60-69	70+ <sup>†</sup>
Employee							
\$10,000	Non-tobacco	\$2.90	\$3.90	\$7.00	\$12.25	\$18.90	\$38.65
	Tobacco	\$3.55	\$5.20	\$10.55	\$21.25	\$35.70	\$67.60
\$20,000	Non-tobacco	\$5.80	\$7.80	\$14.00	\$24.50	\$37.80	\$77.30
	Tobacco	\$7.10	\$10.40	\$21.10	\$42.50	\$71.40	\$135.20
Benefit Amount Up To 100% of Employee Amount to a Maximum of \$20,000							
Spouse							
\$10,000	Non-tobacco	\$2.90	\$3.90	\$7.00	\$12.25	\$18.90	\$38.65
	Tobacco	\$3.55	\$5.20	\$10.55	\$21.25	\$35.70	\$67.60
\$20,000	Non-tobacco	\$5.80	\$7.80	\$14.00	\$24.50	\$37.80	\$77.30
	Tobacco	\$7.10	\$10.40	\$21.10	\$42.50	\$71.40	\$135.20

<sup>†</sup>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 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

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-I4

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

**THIS PAGE INTENTIONALLY LEFT BLANK**





# 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 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 a great 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 you suffer an accident. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer a special benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Accident insurance is a simple, affordable way to 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.



## Support during recovery

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

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

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

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

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

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

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



# Your accident coverage

ACCIDENT	
<b>COVERAGE - DETAILS</b>	
<b>Your Semi-monthly premium</b>	\$7.60
You and Spouse	\$12.33
You and Child(ren)	\$12.30
You, Spouse and Child(ren)	\$17.03
<b>Accident Coverage Type</b>	On and Off Job
<b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.	Included
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	
<b>Benefit Amount(s)</b>	Employee \$42,000 Spouse \$42,000 Child \$21,000
<b>Catastrophic Loss</b>	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
<b>Common Carrier</b>	200% of AD&D benefit
<b>Common Disaster</b>	200% of Spouse AD&D benefit
<b>Dismemberment</b> - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
<b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
<b>Seatbelts and Airbags</b>	Seatbelts: \$10,000 & Airbags: \$15,000
<b>Reasonable Accommodation to Home or Vehicle</b>	\$2,500
<b>Child(ren) Age Limits</b>	Children age birth to 26 years
<b>RAINY DAY FUND</b>	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800
<b>FEATURES</b>	
Air Ambulance	\$1,000
Ambulance	\$200
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$2,000 18 sq inches To 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits



# Your accident coverage

## FEATURES (Cont.)

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

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

**CHESTERFIELD HOLDING COMPANY**

**ALL ELIGIBLE EMPLOYEES**

Your benefits as of 10/16/2020

Group number: 00568678 **11**



# Your accident coverage

## FEATURES (Cont.)

X - Ray

\$40

## UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

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

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

This proposal is hedged subject to satisfactory financial evaluation.

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

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

Contract # GP-I-ACC-18

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



# Your accident coverage

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

## TravelAid

Stay safe while you're away from home, with comprehensive travel assistance that helps keep you protected.

It doesn't matter if you're going 100 miles away for a business trip or 5,000 miles away on vacation, TravelAid makes sure you and your loved ones are never too far from help when you need it.

The service is available globally and around the clock, to make sure you can get the assistance you need, when you need it.

### How it can help



Preventative information and tips before you travel



Security/response services and 24/7 assistance



Medical referrals and medical transportation services

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

TravelAid services are provided by Integrated Behavioral Health, Inc., and UnitedHealthcare Global. The Guardian Life Insurance Company of America (Guardian) does not provide any part of TravelAid 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 policy can provide the actual terms, services, limitations and exclusions. We are not responsible for availability, quality, result of or failure to provide any medical, legal or other care or service caused by conditions beyond Our control. Guardian and IBH reserve the right to discontinue TravelAid at any time. TravelAid services may not be available in all states.



### How to access

For more information or assistance contact TravelAid at **410 453 6330** or **800 527 0218**.



**Visit**  
[ibhtravelaid.com](https://ibhtravelaid.com)

**You can access TravelAid services 24 hours a day, 7 days a week, 365 days a year.**

If the condition is an emergency, go immediately to the nearest physician or hospital, and then contact the 24-hour Emergency Response Center. We will then take appropriate actions to assist you and monitor your care until the situation is resolved.



# College Tuition Benefit Program

Get closer to your college savings 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 – helping you save and reduce 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, 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.

**THIS PAGE INTENTIONALLY LEFT BLANK**





## 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.

---

**THIS PAGE INTENTIONALLY LEFT BLANK**

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

Please print clearly and mark carefully.

Employer Name: <b>CHESTERFIELD HOLDING COMPANY</b>		Group Plan Number: <b>00568678</b>	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX	Initial Enrollment	Re-Enrollment	Add Employee/Dependents
Drop/Refuse Coverage	Information Change		
Increase Amount	Family Status Change		

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

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

<b>About Your Job:</b>		Job Title:
Work Status: Active Retired 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. A dependent is a person that you, as a taxpayer, claim; who relies on you for financial support; and for whom you qualify for a dependency tax exception. Dependency tax exemptions are subject to IRS rules and regulations. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

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

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

<b>Drop Coverage:</b> 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: _____ - _____ - _____	<b>Coverage Being Dropped:</b> Critical Illness Accident   Employee   Spouse   Child(ren)
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)	

<b>Critical Illness Coverage:</b> You must be enrolled to cover your dependents <i>Benefit reductions apply. Please see plan administrator.</i> <b>Employee</b> Insurance Amount:            \$10,000            \$20,000 I do not want this coverage.
<b>Spouse</b> Insurance Amount:       Up to 100% of the employee's amount to a maximum of \$20,000 \$10,000            \$20,000 I do not want this coverage.
<b>Dependent/Child(ren)</b> Insurance Amount:       50% of the employee's amount I do not want this coverage.
Have you used any form of tobacco in the past 6 months (e.g. pipe, chewing tobacco) and/or have you smoked cigarettes in the past 12 months? Employee   Yes   No   Spouse   Yes   No
Employee   Yes   No   Spouse   Yes   No
<b>IMPORTANT NOTES:</b> • Based on your plan benefits and age, you may be required to complete an additional evidence of insurability form for Critical Illness.

<b>Accident Coverage</b> You must be enrolled to cover your dependents.										
<table> <tr> <th>Your Semi-monthly premium</th> <th>Employee Only</th> <th>EE &amp; Spouse</th> <th>EE &amp; Dependent/Child(ren)</th> <th>EE, Spouse &amp; Dependent/Child(ren)</th> </tr> <tr> <td></td> <td>\$7.60</td> <td>\$12.33</td> <td>\$12.30</td> <td>\$17.03</td> </tr> </table>	Your Semi-monthly premium	Employee Only	EE & Spouse	EE & Dependent/Child(ren)	EE, Spouse & Dependent/Child(ren)		\$7.60	\$12.33	\$12.30	\$17.03
Your Semi-monthly premium	Employee Only	EE & Spouse	EE & Dependent/Child(ren)	EE, Spouse & Dependent/Child(ren)						
	\$7.60	\$12.33	\$12.30	\$17.03						
I do not want this coverage.										

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

Primary Beneficiaries:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % \_\_\_\_\_

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

Phone: ( ) - \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % \_\_\_\_\_

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

Phone: ( ) - \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Phone: ( ) - \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

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

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

## Signature

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

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

I understand that 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 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.

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

SIGNATURE OF EMPLOYEE X \_\_\_\_\_

DATE \_\_\_\_\_

## Fraud Warning Statements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

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

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

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