

Group Number: 00453048

# Wilbert Funeral Services

## ALL OTHER ELIGIBLE EMPLOYEES

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

### **PLAN HIGHLIGHTS**

- Dental
- Vision
- Life

### **Questions? Concerns?**

Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST.

And refer to your plan number: 00453048

# Welcome

Dear Wilbert Funeral Services Employee,

We're pleased to tell you that Guardian will be our coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and extensive plan designs.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

Wilbert Funeral Services

## Dental Benefit Summary

**Group Number:** 00453048

### About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as \$1,400<sup>1</sup>? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!

<sup>1</sup><http://health.costhelper.com/dental-crown.html>.

With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

#### Your Dental Plan

#### PPO

<b>Your Network is</b>	<b>DentalGuard Preferred</b>	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$25	\$25
Family limit		3 per family
Waived for	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia		Not Covered
<b>Annual Maximum Benefit</b>	\$1000	
<b>Maximum Rollover</b>	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover Account Limit	\$1000	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable	
<b>Dependent Age Limits</b>	26	

## A Sample of Services Covered by Your Plan:

		<b>PPO</b>	
		<i>Plan pays (on average)</i>	
Preventive Care	Cleaning (prophylaxis)	<i>In-network</i>	<i>Out-of-network</i>
	Frequency:	100%	100%
	Fluoride Treatments	2 in 12 Months	1 in 6 Months
	Limits:	100%	100%
	Oral Exams	Under Age 19	
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
	Root Canal	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months (Standard)	
	Scaling & Root Planing (per quadrant)	50%	50%
	Single Crowns	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. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

*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.*

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.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.GuardianAnytime.com](http://www.GuardianAnytime.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.

### Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00453048

**Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.**

## 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-I-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



# Dental Maximum Rollover<sup>®</sup>

## Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on [www.GuardianAnytime.com](http://www.GuardianAnytime.com).

*Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.*

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1000	\$500	\$250	\$350	\$1000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,000 in total

\* 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.

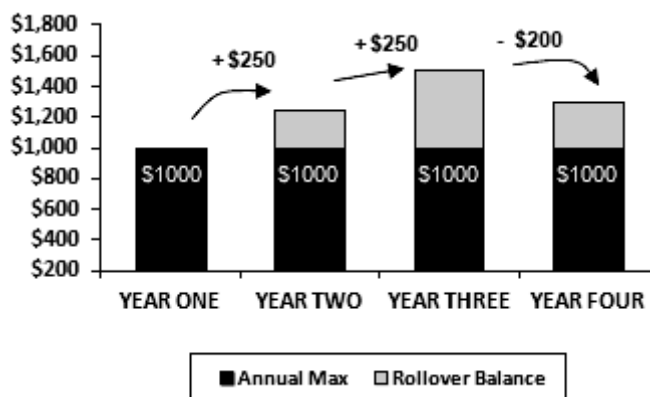
### Here's how the benefits work:

**YEAR ONE:** Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

**YEAR TWO:** Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$50 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

**YEAR THREE:** Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

**YEAR FOUR:** Jane's Plan Annual Maximum is \$1,300 (\$1,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



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

### NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply.

Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form #GP-1-DG2000, et al.

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## Vision Benefit Summary

**Group Number:** 00453048

### About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Your Monthly premium	\$ 6.96	
You and spouse/domestic partner	\$ 13.92	
You and child(ren)	\$ 15.33	
You, spouse/domestic partner and child(ren)	\$ 22.59	
Copay		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25	
Sample of Covered Services	You pay (after copay if applicable):	
	In-network	Out-of-network
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$130 <sup>1</sup>	Amount over \$46
Contact Lenses (Elective)	Amount over \$130	Amount over \$100
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses) <sup>‡‡</sup>	Every calendar year	
Frames	Every two calendar years <sup>‡‡‡</sup>	
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.	
Dependent Age Limits	26	
Visit <a href="http://www.GuardianAnytime.com">www.GuardianAnytime.com</a> and click on “Find a Provider”		

## VSP

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

***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.***

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.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.

## Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00453048.

**Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.**

**Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.**

## EXCLUSIONS AND LIMITATIONS

**Important Information:** This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

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-I-VSN-96-VIS et al.

### Laser Correction Surgery:

On average, 15% off the usual charge or 5% off promotional price for vision laser surgery. Members' out-of-pocket costs are limited to \$1,800 per eye for LASIK and \$1,500 per eye for PRK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

# *Good News! We've added more places to use your vision insurance- more than 4,600 participating retail chain locations*

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## **Vision Insurance with Guardian**

Since Guardian and VSP are committed to providing you with the best vision care possible, we have made it easier than ever to take advantage of your vision benefits.

**You can use your in network benefits at retail chains like Costco<sup>1</sup>, Visionworks, and others, at more than 4,600 participating locations<sup>2</sup>.**

**Plus you have a choice of providers from the largest national network of independent doctors<sup>3</sup>.**

## **Other VSP advantages include:**

- Special savings for lowest out-of-pocket costs<sup>3</sup>
- Extra \$20 to spend on featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West and more
- 94% of VSP doctors offer early morning, evening and weekend appointments. 24-hour access to emergency care<sup>3</sup>
- Integrated medical management with the VSP Eye Health Management Program®
- You can use eyeconic.com®, where you can shop online while maintaining your relationship with your VSP Doctor

**Go to [VSP.com](http://VSP.com) for more information or to find a provider.**

1. Benefits may vary at Costco 2. May not be available in all states. 3. 2015 VSP Report. Guardian's Vision 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. This policy provides vision care 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. Plan documents are the final arbiter of coverage. Policy Form #GP-1-VSN-96-1 et al. File #2016-16585 (exp. 1/18).



# *Good News! Contact lens fittings, evaluations and follow-ups are included in your VSP Vision Coverage*

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## **Vision Insurance with Guardian**

Since Guardian and VSP are committed to providing you with the best vision care possible, we offer a network with true freedom of choice in providers and eyewear, while lowering your out-of-pocket costs.

**When you visit a VSP Network Provider the contact lens fittings, evaluations and follow-ups are included in VSP coverage, reducing out-of-pocket costs.**

**You pay up to \$60 for the fitting and evaluation fee and can use your entire contact lens allowance towards contact lens materials.**

## **VSP Advantages for you**

- 94% of VSP doctors offer early morning, evening and weekend appointments. 24-hour access to emergency care\*
- Integrated medical management with the VSP Eye Health Management Program®
- You can use eyeconic.com®, where you can shop online while maintaining your relationship with your VSP Doctor

## **Eyeconic®**

You can use your in-network benefits to shop designer frames plus the most popular contacts at eyeconic.com®, the online eyewear store for VSP members.

**Go to [VSP.com](https://www.vsp.com) for more information and to find a provider**

\* VSP Report, 2015. Guardian's Vision 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. This policy provides vision care 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. Plan documents are the final arbiter of coverage. Policy Form #GP-1-VSN-96-1 et al. File #2016-16585 (exp. 1/18).

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**Life Benefit Summary**

**Group Number:** 00453048

**About Your Benefits:**

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents- a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

**What Your Benefits Cover:**

	<b>BASIC LIFE</b>	<b>VOLUNTARY TERM LIFE</b>
<b>Employee Benefit</b>	Your employer provides \$25,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$300,000. See Cost Illustration page for details.
<b>Accidental Death and Dismemberment</b>	Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
<b>Spouse/Domestic Partner† Benefit</b>	N/A	\$5,000 increments to a maximum of \$150,000. See Cost Illustration page for details.
<b>Child Benefit</b>	N/A	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.
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$25,000 per employee	We Guarantee Issue coverage up to: Employee \$200,000. Spouse \$50,000. Dependent children \$10,000.
<b>Premiums</b>	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
<b>Portability:</b> Allows you to take your coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
<b>Conversion:</b> Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits

**BASIC LIFE****VOLUNTARY TERM LIFE**

<b>Accelerated Life Benefit:</b> A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
<b>Waiver of Premiums:</b> Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.	35% at age 70, 55% at age 75	35% at age 70, 55% at age 75

Subject to coverage limits

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

**Manage Your Benefits:**

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

**Need Assistance?**

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00453048



## Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style. To help you assess your needs, you can also go to Guardian Anytime and use our Life Insurance Explorer Tool.

Policy Election Amount		Monthly premiums displayed. Cost of AD&D is included.							
		Policy Election Cost Per Age Bracket							
Employee	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 <sup>†</sup>
\$10,000	\$1.45	\$1.64	\$1.92	\$2.48	\$3.54	\$5.25	\$8.76	\$11.04	\$14.79
\$20,000	\$2.90	\$3.28	\$3.84	\$4.96	\$7.08	\$10.50	\$17.52	\$22.08	\$29.58
\$30,000	\$4.35	\$4.92	\$5.76	\$7.44	\$10.62	\$15.75	\$26.28	\$33.12	\$44.37
\$40,000	\$5.80	\$6.56	\$7.68	\$9.92	\$14.16	\$21.00	\$35.04	\$44.16	\$59.16
\$50,000	\$7.25	\$8.20	\$9.60	\$12.40	\$17.70	\$26.25	\$43.80	\$55.20	\$73.95
\$60,000	\$8.70	\$9.84	\$11.52	\$14.88	\$21.24	\$31.50	\$52.56	\$66.24	\$88.74
\$70,000	\$10.15	\$11.48	\$13.44	\$17.36	\$24.78	\$36.75	\$61.32	\$77.28	\$103.53
\$80,000	\$11.60	\$13.12	\$15.36	\$19.84	\$28.32	\$42.00	\$70.08	\$88.32	\$118.32
\$90,000	\$13.05	\$14.76	\$17.28	\$22.32	\$31.86	\$47.25	\$78.84	\$99.36	\$133.11
\$100,000	\$14.50	\$16.40	\$19.20	\$24.80	\$35.40	\$52.50	\$87.60	\$110.40	\$147.90
\$110,000	\$15.95	\$18.04	\$21.12	\$27.28	\$38.94	\$57.75	\$96.36	\$121.44	\$162.69
\$120,000	\$17.40	\$19.68	\$23.04	\$29.76	\$42.48	\$63.00	\$105.12	\$132.48	\$177.48
\$130,000	\$18.85	\$21.32	\$24.96	\$32.24	\$46.02	\$68.25	\$113.88	\$143.52	\$192.27
\$140,000	\$20.30	\$22.96	\$26.88	\$34.72	\$49.56	\$73.50	\$122.64	\$154.56	\$207.06
\$150,000	\$21.75	\$24.60	\$28.80	\$37.20	\$53.10	\$78.75	\$131.40	\$165.60	\$221.85
\$160,000	\$23.20	\$26.24	\$30.72	\$39.68	\$56.64	\$84.00	\$140.16	\$176.64	\$236.64
\$170,000	\$24.65	\$27.88	\$32.64	\$42.16	\$60.18	\$89.25	\$148.92	\$187.68	\$251.43
\$180,000	\$26.10	\$29.52	\$34.56	\$44.64	\$63.72	\$94.50	\$157.68	\$198.72	\$266.22
\$190,000	\$27.55	\$31.16	\$36.48	\$47.12	\$67.26	\$99.75	\$166.44	\$209.76	\$281.01
\$200,000	\$29.00	\$32.80	\$38.40	\$49.60	\$70.80	\$105.00	\$175.20	\$220.80	\$295.80
\$210,000	\$30.45	\$34.44	\$40.32	\$52.08	\$74.34	\$110.25	\$183.96	\$231.84	\$310.59
\$220,000	\$31.90	\$36.08	\$42.24	\$54.56	\$77.88	\$115.50	\$192.72	\$242.88	\$325.38
\$230,000	\$33.35	\$37.72	\$44.16	\$57.04	\$81.42	\$120.75	\$201.48	\$253.92	\$340.17
\$240,000	\$34.80	\$39.36	\$46.08	\$59.52	\$84.96	\$126.00	\$210.24	\$264.96	\$354.96
\$250,000	\$36.25	\$41.00	\$48.00	\$62.00	\$88.50	\$131.25	\$219.00	\$276.00	\$369.75
\$260,000	\$37.70	\$42.64	\$49.92	\$64.48	\$92.04	\$136.50	\$227.76	\$287.04	\$384.54
\$270,000	\$39.15	\$44.28	\$51.84	\$66.96	\$95.58	\$141.75	\$236.52	\$298.08	\$399.33
\$280,000	\$40.60	\$45.92	\$53.76	\$69.44	\$99.12	\$147.00	\$245.28	\$309.12	\$414.12
\$290,000	\$42.05	\$47.56	\$55.68	\$71.92	\$102.66	\$152.25	\$254.04	\$320.16	\$428.91
\$300,000	\$43.50	\$49.20	\$57.60	\$74.40	\$106.20	\$157.50	\$262.80	\$331.20	\$443.70

**Voluntary Life Cost Illustration** *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
<b>Policy Election Amount</b>									
Spouse/DP									
\$5,000	\$ .73	\$ .82	\$ .96	\$ 1.24	\$ 1.77	\$ 2.63	\$ 4.38	\$ 5.52	\$ 7.40
\$10,000	\$ 1.45	\$ 1.64	\$ 1.92	\$ 2.48	\$ 3.54	\$ 5.25	\$ 8.76	\$ 11.04	\$ 14.79
\$15,000	\$ 2.18	\$ 2.46	\$ 2.88	\$ 3.72	\$ 5.31	\$ 7.88	\$ 13.14	\$ 16.56	\$ 22.19
\$20,000	\$ 2.90	\$ 3.28	\$ 3.84	\$ 4.96	\$ 7.08	\$ 10.50	\$ 17.52	\$ 22.08	\$ 29.58
\$25,000	\$ 3.63	\$ 4.10	\$ 4.80	\$ 6.20	\$ 8.85	\$ 13.13	\$ 21.90	\$ 27.60	\$ 36.98
\$30,000	\$ 4.35	\$ 4.92	\$ 5.76	\$ 7.44	\$ 10.62	\$ 15.75	\$ 26.28	\$ 33.12	\$ 44.37
\$35,000	\$ 5.08	\$ 5.74	\$ 6.72	\$ 8.68	\$ 12.39	\$ 18.38	\$ 30.66	\$ 38.64	\$ 51.77
\$40,000	\$ 5.80	\$ 6.56	\$ 7.68	\$ 9.92	\$ 14.16	\$ 21.00	\$ 35.04	\$ 44.16	\$ 59.16
\$45,000	\$ 6.53	\$ 7.38	\$ 8.64	\$ 11.16	\$ 15.93	\$ 23.63	\$ 39.42	\$ 49.68	\$ 66.56
\$50,000	\$ 7.25	\$ 8.20	\$ 9.60	\$ 12.40	\$ 17.70	\$ 26.25	\$ 43.80	\$ 55.20	\$ 73.95
\$55,000	\$ 7.98	\$ 9.02	\$ 10.56	\$ 13.64	\$ 19.47	\$ 28.88	\$ 48.18	\$ 60.72	\$ 81.35
\$60,000	\$ 8.70	\$ 9.84	\$ 11.52	\$ 14.88	\$ 21.24	\$ 31.50	\$ 52.56	\$ 66.24	\$ 88.74
\$65,000	\$ 9.43	\$ 10.66	\$ 12.48	\$ 16.12	\$ 23.01	\$ 34.13	\$ 56.94	\$ 71.76	\$ 96.14
\$70,000	\$ 10.15	\$ 11.48	\$ 13.44	\$ 17.36	\$ 24.78	\$ 36.75	\$ 61.32	\$ 77.28	\$ 103.53
\$75,000	\$ 10.88	\$ 12.30	\$ 14.40	\$ 18.60	\$ 26.55	\$ 39.38	\$ 65.70	\$ 82.80	\$ 110.93
\$80,000	\$ 11.60	\$ 13.12	\$ 15.36	\$ 19.84	\$ 28.32	\$ 42.00	\$ 70.08	\$ 88.32	\$ 118.32
\$85,000	\$ 12.33	\$ 13.94	\$ 16.32	\$ 21.08	\$ 30.09	\$ 44.63	\$ 74.46	\$ 93.84	\$ 125.72
\$90,000	\$ 13.05	\$ 14.76	\$ 17.28	\$ 22.32	\$ 31.86	\$ 47.25	\$ 78.84	\$ 99.36	\$ 133.11
\$95,000	\$ 13.78	\$ 15.58	\$ 18.24	\$ 23.56	\$ 33.63	\$ 49.88	\$ 83.22	\$ 104.88	\$ 140.51
\$100,000	\$ 14.50	\$ 16.40	\$ 19.20	\$ 24.80	\$ 35.40	\$ 52.50	\$ 87.60	\$ 110.40	\$ 147.90
\$105,000	\$ 15.23	\$ 17.22	\$ 20.16	\$ 26.04	\$ 37.17	\$ 55.13	\$ 91.98	\$ 115.92	\$ 155.30
\$110,000	\$ 15.95	\$ 18.04	\$ 21.12	\$ 27.28	\$ 38.94	\$ 57.75	\$ 96.36	\$ 121.44	\$ 162.69
\$115,000	\$ 16.68	\$ 18.86	\$ 22.08	\$ 28.52	\$ 40.71	\$ 60.38	\$ 100.74	\$ 126.96	\$ 170.09
\$120,000	\$ 17.40	\$ 19.68	\$ 23.04	\$ 29.76	\$ 42.48	\$ 63.00	\$ 105.12	\$ 132.48	\$ 177.48
\$125,000	\$ 18.13	\$ 20.50	\$ 24.00	\$ 31.00	\$ 44.25	\$ 65.63	\$ 109.50	\$ 138.00	\$ 184.88
\$130,000	\$ 18.85	\$ 21.32	\$ 24.96	\$ 32.24	\$ 46.02	\$ 68.25	\$ 113.88	\$ 143.52	\$ 192.27
\$135,000	\$ 19.58	\$ 22.14	\$ 25.92	\$ 33.48	\$ 47.79	\$ 70.88	\$ 118.26	\$ 149.04	\$ 199.67
\$140,000	\$ 20.30	\$ 22.96	\$ 26.88	\$ 34.72	\$ 49.56	\$ 73.50	\$ 122.64	\$ 154.56	\$ 207.06
\$145,000	\$ 21.03	\$ 23.78	\$ 27.84	\$ 35.96	\$ 51.33	\$ 76.13	\$ 127.02	\$ 160.08	\$ 214.46
\$150,000	\$ 21.75	\$ 24.60	\$ 28.80	\$ 37.20	\$ 53.10	\$ 78.75	\$ 131.40	\$ 165.60	\$ 221.85

## Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
<b>Policy Election Amount</b>									
Child(ren)									
\$1,000	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12
\$2,000	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24	\$0.24
\$3,000	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36
\$4,000	\$0.48	\$0.48	\$0.48	\$0.48	\$0.48	\$0.48	\$0.48	\$0.48	\$0.48
\$5,000	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60
\$6,000	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72
\$7,000	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84
\$8,000	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96
\$9,000	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08	\$1.08
\$10,000	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20	\$1.20

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

Premiums for Voluntary Life Increase in five-year increments

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

†Benefit reductions apply.

### Manage Your Benefits:

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

### Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00453048

## LIMITATIONS AND EXCLUSIONS:

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

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

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

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

### Voluntary Life Only:

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

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

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

**For AD&D:** We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties or on that aircraft; by declared or undecleared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

**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.**



# WillPrep Services

## Special bonus for participants in voluntary life plan

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

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

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

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

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

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

## **ADDITIONAL MATERIALS**

# WorkLifeMatters

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

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

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

WorkLifeMatters can offer help with:		
<b>Education</b> <ul style="list-style-type: none"><li>▪ Admissions testing &amp; procedures</li><li>▪ Adult re-entry programs</li><li>▪ College Planning</li><li>▪ Financial aid resources</li><li>▪ Finding a pre-school</li></ul>	<b>Dependent Care &amp; Care Giving</b> <ul style="list-style-type: none"><li>▪ Adoption Assistance</li><li>▪ Before/after school programs</li><li>▪ Day Care/Elder Care</li><li>▪ Elder care</li><li>▪ In-home services</li></ul>	<b>Legal and financial</b> <ul style="list-style-type: none"><li>▪ Basic tax planning</li><li>▪ Credit &amp; collections</li><li>▪ Debt Counseling</li><li>▪ Home buying</li><li>▪ Immigration</li></ul>
<b>Lifestyle &amp; Fitness Management</b> <ul style="list-style-type: none"><li>▪ Anxiety &amp; depression</li><li>▪ Divorce &amp; separation</li><li>▪ Drugs &amp; alcohol</li></ul>	<b>Working Smarter</b> <ul style="list-style-type: none"><li>▪ Career development</li><li>▪ Effective managing</li><li>▪ Relocation</li></ul>	

For more information about WorkLifeMatters, go to [www.ibhworklife.com](http://www.ibhworklife.com); User Name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.







GUARDIAN®

**NOTICE OF PRIVACY PRACTICES**

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

**PLEASE REVIEW IT CAREFULLY.**

**Effective: 05/01/2016**

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

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

**What is Protected Health Information (PHI):**

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

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

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

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

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

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

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

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

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

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

Guardian is required to use or disclose your PHI:

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

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

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

Other Uses and Disclosures.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**How to Contact Us:**

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

Attention:       Guardian Corporate Privacy Officer  
                      National Operations

Address:         The Guardian Life Insurance Company of America  
                      Group Quality Assurance - Northeast  
                      P.O. Box 2457  
                      Spokane, WA 99210-2457



The Guardian Life Insurance Company of America  
7 Hanover Square, New York, New York 10004

Enrollment/Change Form

Page 1 of 6

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

Please print clearly and mark carefully.

Employer Name: <b>Wilbert Funeral Services</b>	Group Plan Number: <b>00453048</b>	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Re-Enrollment <input type="checkbox"/> Add Employee/Dependents <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change <input type="checkbox"/> Increase Amount <input type="checkbox"/> Family Status Change		

Class: ALL OTHER ELIGIBLE EMPLOYEES	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: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yy): ____ - ____ - ____	Phone: ( ) - ____ - ____	
Email Address: _____	Are you married or do you have a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of marriage/union: ____ - ____ - ____	
	Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Placement date of adopted child: ____ - ____ - ____	

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

**About Your Family:** Please include the names of the dependents you wish to enroll for coverage. 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 exemption. Dependent tax exemptions are subject to IRS rules and regulations. Additional information may be required for non-standard dependents such as a grandchild.

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

CEF2015-R-KS

Questions? Call the Guardian Helpline (888) 600-1600

www.guardianlife.com

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DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

DATE FORM PUBLISHED: Nov 01, 2016

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

<b>Drop Coverage:</b> <input type="checkbox"/> Drop Employee <input type="checkbox"/> Drop Dependents The date of withdrawal cannot be prior to the date this form is completed and signed. Last Day of Coverage: _____ - _____ - _____ <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Retirement Last Day Worked: _____ - _____ - _____ <input type="checkbox"/> Other Event: _____ Date of Event: _____ - _____ - _____	<b>Coverage Being Dropped:</b> <input type="checkbox"/> Dental <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Vision <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Basic Life <input type="checkbox"/> Voluntary Life <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)
<b>Loss Of Other Coverage:</b> I and/or my dependents were previously covered under <u>another insurance plan</u> . Loss of coverage was due to: <input type="checkbox"/> Termination of Employment: _____ - _____ - _____ <input type="checkbox"/> Divorce _____ - _____ - _____ <input type="checkbox"/> Death of Spouse _____ - _____ - _____ <input type="checkbox"/> Termination/Expiration of Coverage _____ - _____ - _____ <b>Coverage Lost</b> <input type="checkbox"/> Dental <input type="checkbox"/> Vision	I have been offered the above coverage(s) and wish to drop enrollment for the following reasons: <input type="checkbox"/> Covered under another insurance plan <input type="checkbox"/> Other _____ (additional information may be required)

<b>Dental Coverage:</b> You must be enrolled to cover your dependents. Check only one box.	
PPO <input type="checkbox"/>	Employee Only    EE, Spouse & Dependent/Child(ren) <input type="checkbox"/>
<input type="checkbox"/> I do not want this coverage. If you do not want this Dental Coverage, please mark all that apply: <input type="checkbox"/> I am covered under another Dental plan <input type="checkbox"/> My spouse is covered under another Dental plan <input type="checkbox"/> My dependents are covered under another Dental plan	

<b>Vision Coverage:</b> You must be enrolled to cover your dependents. Check only one box.				
Your Monthly Premium  Full Feature	Employee Only  <input type="checkbox"/> \$6.96	EE & Spouse  <input type="checkbox"/> \$13.92	EE & Dependent/Child(ren)  <input type="checkbox"/> \$15.33	EE, Spouse & Dependent/Child(ren)  <input type="checkbox"/> \$22.59
<input type="checkbox"/> I do not want this coverage. If you do not want this Vision Coverage, please mark all that apply: <input type="checkbox"/> I am covered under another Vision plan <input type="checkbox"/> My spouse is covered under another Vision plan <input type="checkbox"/> My dependents are covered under another Vision plan				

**Basic Life Coverage with Accidental Death and Dismemberment (AD&D):***Benefit reductions apply. Please see plan administrator.***Policy Amount**

Employee Only

☒ \$25,000

The Guarantee Issue Amount is \$25,000.

**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.)

If this Basic Life policy will replace your existing life insurance policy under your current employer, provide the amount of the previous policy \$ \_\_\_\_\_

**Important Notes:**

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

**Voluntary Term Life Coverage With Accidental Death and Dismemberment (AD&D):** You must be enrolled to cover your dependents. *Benefit**reductions apply. Please see plan administrator.***Employee****Policy Amount***Check one box only*

- |                                    |  |                                    |                                    |                                    |                                    |
|------------------------------------|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$10,000  | <input type="checkbox"/> \$20,000          | <input type="checkbox"/> \$30,000  | <input type="checkbox"/> \$40,000  | <input type="checkbox"/> \$50,000  | <input type="checkbox"/> \$60,000  |
| <input type="checkbox"/> \$70,000  | <input type="checkbox"/> \$80,000          | <input type="checkbox"/> \$90,000  | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$110,000 | <input type="checkbox"/> \$120,000 |
| <input type="checkbox"/> \$130,000 | <input type="checkbox"/> \$140,000         | <input type="checkbox"/> \$150,000 | <input type="checkbox"/> \$160,000 | <input type="checkbox"/> \$170,000 | <input type="checkbox"/> \$180,000 |
| <input type="checkbox"/> \$190,000 | <input type="checkbox"/> <b>\$200,000*</b> | <input type="checkbox"/> \$210,000 | <input type="checkbox"/> \$220,000 | <input type="checkbox"/> \$230,000 | <input type="checkbox"/> \$240,000 |
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$260,000         | <input type="checkbox"/> \$270,000 | <input type="checkbox"/> \$280,000 | <input type="checkbox"/> \$290,000 | <input type="checkbox"/> \$300,000 |

\*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**Add Voluntary Life for Spouse****Policy Amount**

- |                                    |                                    |                                    |   |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$5,000   | <input type="checkbox"/> \$10,000  | <input type="checkbox"/> \$15,000  | <input type="checkbox"/> \$20,000         | <input type="checkbox"/> \$25,000  | <input type="checkbox"/> \$30,000  |
| <input type="checkbox"/> \$35,000  | <input type="checkbox"/> \$40,000  | <input type="checkbox"/> \$45,000  | <input type="checkbox"/> <b>\$50,000*</b> | <input type="checkbox"/> \$55,000  | <input type="checkbox"/> \$60,000  |
| <input type="checkbox"/> \$65,000  | <input type="checkbox"/> \$70,000  | <input type="checkbox"/> \$75,000  | <input type="checkbox"/> \$80,000         | <input type="checkbox"/> \$85,000  | <input type="checkbox"/> \$90,000  |
| <input type="checkbox"/> \$95,000  | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$105,000 | <input type="checkbox"/> \$110,000        | <input type="checkbox"/> \$115,000 | <input type="checkbox"/> \$120,000 |
| <input type="checkbox"/> \$125,000 | <input type="checkbox"/> \$130,000 | <input type="checkbox"/> \$135,000 | <input type="checkbox"/> \$140,000        | <input type="checkbox"/> \$145,000 | <input type="checkbox"/> \$150,000 |

\*Guarantee Issue Amount

\*The amount may not be more than 100% of the employee amount for Voluntary Life.

☐ I do not want this coverage

## LIFE INSURANCE *continued*

### Add Voluntary Life for Dependent/Child(ren)

#### Policy Amount

- ☐ \$1,000      ☐ \$2,000      ☐ \$3,000      ☐ \$4,000      ☐ \$5,000      ☐ \$6,000  
☐ \$7,000      ☐ \$8,000      ☐ \$9,000      ☐ \$10,000\*

\*Guarantee Issue Amount

\*The amount may not be more than 100% 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 for Voluntary Life.

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

#### Primary Beneficiaries:

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

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

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

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

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

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

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

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

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

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

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

## Signature

- An employee's decision to elect Vision or not elect Vision must be retained until the next plan's Open Enrollment period. If the employee elects not to enroll in vision coverage, they are not eligible to enroll until the plan's next Open Enrollment period.
- I understand that life insurance coverage for a dependent, other than a newborn child, will not take effect if that dependent is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex.
- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- I understand that the premium amounts shown above are estimations and are for illustrative purposes only.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.
- I understand that I must be actively at work or my elected coverage will not take effect until I have met the eligibility requirements (as defined in the benefit booklet.) This does not apply to eligible retirees.
- If coverage is waived and you later decide to enroll, late entrant penalties may apply. You may also have to provide, at your own expense, proof of each person's insurability. Guardian or its designee has the right to reject your request.
- Plan design limitations and exclusions may apply. For complete details of coverage, please refer to your benefit booklet. State limitations may apply.
- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.



- I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.
- I attest that the information provided above is true and correct to the best of my knowledge.
- The English version of the contract of insurance or indemnity is the official or controlling version and the version written in any language other than English is furnished for informational purposes only. (La version en inglés del contrato de seguro o de cobertura es la version oficial o dominante y la version redactada en cualquier otro idioma distinto del inglés se proporciona con fines informativos únicamente.)

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 hereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits.

The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

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

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

DATE \_\_\_\_\_

Enrollment Kit 00453048, 0001, EN

### Fraud Warning Statements

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

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

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

**California:** For your protection California law requires the following to appear on this form: The falsity of any statement in the application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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