

461594



GUARDIAN®

Rock Hill Local School District Benefits Plan

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.

- Life
- Dental
- Vision

Find a Provider Online. It's easy.

- Search by: specialty, languages spoken, and more
- Side-by-side comparisons of provider information
- Get maps and driving direction
- Save your search criteria for easy access ...and much more

Go to www.GuardianLife.com. Under "Resources", click on "Provider Online Search"

Questions? Concerns?

Helpline (888) 600-1600

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

Life Plans

You may elect Voluntary Term coverage.

Premiums will be deducted from your semi-monthly payroll check.

COVERAGE OPTIONS	VOLUNTARY TERM LIFE
Employee Benefit	\$10,000 increments to a maximum of \$200,000. See Cost Illustration page for details.
Spouse† benefit	Up to 100% of employee coverage to a max of \$50,000
Child benefit—children age 14 days to 23 years (25 if full time student)	Up to 10% of employee coverage to a max of \$10,000. Subject to state limits.

Subject to coverage limits

† Spouse coverage is based on employee age and terminates at age 70.

Premiums for Voluntary Life increase in five-year increments. See enrollment form for details.

YOUR GUARDIAN PLAN OFFERS:

Low group rates

Family coverage for spouse and children

Reliable claims payments

Plan coverage begins

November 01, 2010

Did you know?

Less than 45% of U.S. adults have individual life coverage. Of those who are insured, more than 65% don't have enough coverage.

Life Cost Illustration

Voluntary Life Cost Illustration

Employee	Policy Election Amount										
	Semi-monthly premiums displayed. Policy Election Cost Per Age Bracket										
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 ^f	
\$10,000	\$.25	\$.25	\$.30	\$.45	\$.85	\$ 1.30	\$ 2.00	\$ 3.10	\$ 5.05	\$ 8.45	
\$20,000	\$.50	\$.50	\$.60	\$.90	\$ 1.70	\$ 2.60	\$ 4.00	\$ 6.20	\$ 10.10	\$ 16.90	
\$30,000	\$.75	\$.75	\$.90	\$ 1.35	\$ 2.55	\$ 3.90	\$ 6.00	\$ 9.30	\$ 15.15	\$ 25.35	
\$40,000	\$ 1.00	\$ 1.00	\$ 1.20	\$ 1.80	\$ 3.40	\$ 5.20	\$ 8.00	\$ 12.40	\$ 20.20	\$ 33.80	
\$50,000	\$ 1.25	\$ 1.25	\$ 1.50	\$ 2.25	\$ 4.25	\$ 6.50	\$ 10.00	\$ 15.50	\$ 25.25	\$ 42.25	
\$60,000	\$ 1.50	\$ 1.50	\$ 1.80	\$ 2.70	\$ 5.10	\$ 7.80	\$ 12.00	\$ 18.60	\$ 30.30	\$ 50.70	
\$70,000	\$ 1.75	\$ 1.75	\$ 2.10	\$ 3.15	\$ 5.95	\$ 9.10	\$ 14.00	\$ 21.70	\$ 35.35	\$ 59.15	
\$80,000	\$ 2.00	\$ 2.00	\$ 2.40	\$ 3.60	\$ 6.80	\$ 10.40	\$ 16.00	\$ 24.80	\$ 40.40	\$ 67.60	
\$90,000	\$ 2.25	\$ 2.25	\$ 2.70	\$ 4.05	\$ 7.65	\$ 11.70	\$ 18.00	\$ 27.90	\$ 45.45	\$ 76.05	
\$100,000	\$ 2.50	\$ 2.50	\$ 3.00	\$ 4.50	\$ 8.50	\$ 13.00	\$ 20.00	\$ 31.00	\$ 50.50	\$ 84.50	
\$110,000	\$ 2.75	\$ 2.75	\$ 3.30	\$ 4.95	\$ 9.35	\$ 14.30	\$ 22.00	\$ 34.10	\$ 55.55	\$ 92.95	
\$120,000	\$ 3.00	\$ 3.00	\$ 3.60	\$ 5.40	\$ 10.20	\$ 15.60	\$ 24.00	\$ 37.20	\$ 60.60	\$ 101.40	
\$130,000	\$ 3.25	\$ 3.25	\$ 3.90	\$ 5.85	\$ 11.05	\$ 16.90	\$ 26.00	\$ 40.30	\$ 65.65	\$ 109.85	
\$140,000	\$ 3.50	\$ 3.50	\$ 4.20	\$ 6.30	\$ 11.90	\$ 18.20	\$ 28.00	\$ 43.40	\$ 70.70	\$ 118.30	
\$150,000	\$ 3.75	\$ 3.75	\$ 4.50	\$ 6.75	\$ 12.75	\$ 19.50	\$ 30.00	\$ 46.50	\$ 75.75	\$ 126.75	
\$160,000	\$ 4.00	\$ 4.00	\$ 4.80	\$ 7.20	\$ 13.60	\$ 20.80	\$ 32.00	\$ 49.60	\$ 80.80	\$ 135.20	
\$170,000	\$ 4.25	\$ 4.25	\$ 5.10	\$ 7.65	\$ 14.45	\$ 22.10	\$ 34.00	\$ 52.70	\$ 85.85	\$ 143.65	
\$180,000	\$ 4.50	\$ 4.50	\$ 5.40	\$ 8.10	\$ 15.30	\$ 23.40	\$ 36.00	\$ 55.80	\$ 90.90	\$ 152.10	
\$190,000	\$ 4.75	\$ 4.75	\$ 5.70	\$ 8.55	\$ 16.15	\$ 24.70	\$ 38.00	\$ 58.90	\$ 95.95	\$ 160.55	
\$200,000	\$ 5.00	\$ 5.00	\$ 6.00	\$ 9.00	\$ 17.00	\$ 26.00	\$ 40.00	\$ 62.00	\$ 101.00	\$ 169.00	
Policy Election Amount Up to 100% of Employee Amount to a maximum \$50,000											
Spouse											
\$10,000	\$.25	\$.25	\$.30	\$.45	\$.85	\$ 1.30	\$ 2.00	\$ 3.10	\$ 5.05	\$ 8.45	
\$20,000	\$.50	\$.50	\$.60	\$.90	\$ 1.70	\$ 2.60	\$ 4.00	\$ 6.20	\$ 10.10	\$ 16.90	
\$30,000	\$.75	\$.75	\$.90	\$ 1.35	\$ 2.55	\$ 3.90	\$ 6.00	\$ 9.30	\$ 15.15	\$ 25.35	

Dental Plans

Option 1: With your **NAP Plan** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Option 2: With your **VALUE Plan** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

COMPARE THE PLANS	Option 1: NAP Plan		Option 2: VALUE Plan	
Network	DentalGuard Preferred		DentalGuard Preferred	
Your Semi-monthly premium	\$1.96		\$1.96	
You and spouse	\$4.14		\$4.15	
You and child(ren)	\$5.12		\$5.12	
You, spouse and child(ren)	\$7.60		\$7.60	
Calendar year deductible	<i>In-Network</i>	<i>Out-Network</i>	<i>In-Network</i>	<i>Out-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-Network</i>	<i>In-Network</i>	<i>Out-Network</i>
Preventive Care (e.g. cleanings)	100%	100%	100%	100%
Basic Care (e.g. fillings)	80%	80%	100%	100%
Major Care (e.g. crowns, dentures)	50%	50%	60%	60%
Orthodontia	50%	50%	50%	50%
Annual Maximum Benefit	\$1000	\$1000	\$1000	\$1000
Maximum Rollover	Yes		Yes	
Rollover Threshold	\$500		\$500	
Rollover Amount	\$250		\$250	
Rollover In-network Amount	\$350		\$350	
Rollover Account Limit	\$1000		\$1000	
Lifetime Orthodontia Maximum	\$1000		\$1000	
Dependent Age Limits (Non-Student/Student)	19/25		19/25	

YOUR GUARDIAN PLAN OFFERS:

Orthodontia coverage for children

No charge for preventive care (subject to plan limits)

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

National PPO network of more than 70,000 dentist locations

Plan coverage begins November 01, 2010

Find out if your dentist is in Guardian's network at www.guardianlife.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

Vision Plans

UNDERSTAND YOUR PLAN

Visit any doctor with your Full Feature plan, but save by visiting any of the 34,000 locations in the nation's largest vision network.

UNDERSTAND YOUR PLAN	Full Feature
Your semi-monthly premium	\$ 0.70
You and spouse	\$ 1.18
You and child(ren)	\$ 1.20
You, spouse and child(ren)	\$ 1.89
Copay	
Exams Copay	\$ 20
Materials Copay (waived for elective contact lenses)	\$ 20
Service Frequencies	
Exams	Every calendar year
Lenses (<i>for glasses or contact lenses</i>)**	Every calendar year
Frames	Every two calendar years
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.
Network	VSP
Dependent Age Limits (Non-Student/ Student)	19/25

**Benefit includes coverage for glasses or contact lenses, not both.

YOUR GUARDIAN PLAN OFFERS:

Reduced prices An average 15% to 30% discount off an extensive list of "cosmetic extras", including special lenses and scratch-resistant coatings.

No claims submission for in-network services and supplies.

Did you know?

"Two-thirds of employees would rather trade a vacation day for eyecare benefits." – Bests Review, 2006

Please print clearly to ensure accurate processing

Guardian Group Plan Number: 461594



Employer:
Rock Hill Local School District
 2325 County Road 26 A
 Ironton, OH 45638

The Guardian Life Insurance Company of America

EMPLOYER USE ONLY New Application Add Dependent(s) Drop Dependent(s) Change Address
 Change Name Drop Coverage as of: / /

All Eligible Employees

Keep a copy for your records and return form to: **Midwest Regional Office, P. O. Box 8012, Appleton, WI 54912-8012**

Class	Hours Worked	Division	Benefits Effective
			/ /

ABOUT YOURSELF

First, Middle Initial, Last Name Add Change Drop

Sex M F Date of Birth (mm/dd/yyyy) / / Social Security Number - - -

Print clearly in black or blue ink

Address City State Zip

Preferred E-mail Day Phone Eve Phone The best way to reach you:
 E-mail Day Phone Eve Phone

Job Title Work Status Full-Time Part-Time Retired COBRA/State Continuation Date work status began / / Annual Salary/Earnings \$

Are you married? Yes No Do you have children or other dependents? Yes No

ABOUT YOUR DEPENDENTS

A sheet with information about additional dependents is attached.

Spouse First, Middle Initial, Last Name Sex M F Date of Birth (mm/dd/yyyy) / / Social Security Number / / Marriage Date (mm/dd/yyyy) / /

Child 1 Add Change Drop Sex M F Date of Birth (mm/dd/yyyy) / / City/State: / / Attending Since / /

State of Residence: M F Date of Birth (mm/dd/yyyy) / / City/State: / / Attending Since / /

Child 2 Add Change Drop Sex M F Date of Birth (mm/dd/yyyy) / / City/State: / / Attending Since / /

State of Residence: M F Date of Birth (mm/dd/yyyy) / / City/State: / / Attending Since / /

Child 3 Add Change Drop Sex M F Date of Birth (mm/dd/yyyy) / / City/State: / / Attending Since / /

State of Residence: M F Date of Birth (mm/dd/yyyy) / / City/State: / / Attending Since / /

To drop coverage for yourself or your dependents, check the box(es) to the right of the name(s) and select the coverage(s) to drop below. Attach a separate sheet if you wish to drop more than one dependent from different coverages.
 Voluntary Life Dental Vision

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. 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.

CEF - 2009

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

www.guardianlife.com

Enrollment Kit 461594_0002_EN

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

DATE FORM DUE: Mar 28 2011

CHOOSE YOUR VISION COVERAGE

Check one box only

Your semi-monthly premium	Full Feature		
Employee alone	<input type="checkbox"/> \$0.70		<input type="checkbox"/> I waive this coverage
Employee and Spouse	<input type="checkbox"/> \$1.18		<input type="checkbox"/> I waive this coverage
Employee and Child(ren)	<input type="checkbox"/> \$1.20		<input type="checkbox"/> I waive this coverage
Entire family	<input type="checkbox"/> \$1.89		<input type="checkbox"/> I waive this coverage
If you are waiving coverage, are you covered under another vision plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are waiving dependent coverage, are your dependents covered under another vision plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IMPORTANT NOTES

- Proof of insurability does not apply to vision, but if you waive vision coverage and later decide to enroll, you may be subject to delays in enrollment.
- Your plan includes a One Year Lock-In/Lock-Out Provision - Your election to enroll in or waive vision coverage must remain in effect until your plan's next annual vision enrollment period.

SIGNATURE

- 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 understand that I must be actively at work or my life and/or disability coverage will not take effect until I have completed a waiting period (as defined in the Group Plan) of full time service. This requirement does not apply to eligible retirees.
- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- 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 agree that my employer may deduct premiums from my pay or add premiums to my dues; if they are required for the coverage I have chosen above.

- I acknowledge and agree that Guardian may provide me information concerning benefits, including explanation of benefit statements and other claims related information solely in electronic format as permitted by law. I may change this election only by providing Guardian thirty (30) day prior written notice.
- I understand that the premium amounts shown above are estimations. If the premium amounts shown above and the deductions for premiums shown on my paycheck stub do not agree, my paycheck stub will prevail. I understand that the premium amounts may be amended.
- 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 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.

SIGNATURE OF EMPLOYEE X

DATE

Maximum Rollover

Save Your Dental Annual Maximum Dollars For a Time When You Need Them Most!

With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan's annual maximum.

Even better, if you use the services of Preferred Providers exclusively during the benefit year, Guardian will increase the amount credited to your MRA.

To qualify, you must submit a claim for covered services for which a benefit payment is issued, in excess of any deductible or co-pay, and you must not exceed the paid claims threshold during the benefit year.

You and your insured dependents maintain separate MRAs based on your own claim activity. Each 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.

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK ONLY MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
\$1000	\$500	\$250	\$350	\$1000

** 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.

NOTES:

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 2008, the claim activity in 2009 will be used and applied to MRAs for use in 2010.

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.



GUARDIAN™

Good News! Your Dental Plan Is Even Better Than You Think

Savings on in-network providers average 30% of what dentists usually charge!

- **In-network:** Benefits are based on a negotiated contracted fee schedule. No balance billing!
- **Out-of-network:** Benefits are based on usual, reasonable, and customary rates for a given area.

NAP & PPO Plan Example:

Network vs. Non-Network Savings*			
Difference in your out-of-pocket expense: \$61			
Benefits for a Root Canal (on a molar)			
Network Care		Non-Network Care	
Typical network dentist fee:	\$665	Average non-network dentist fee:	\$968
Plan Pays:	\$532**	Plan Pays:	\$774**
You Pay:	\$133	You Pay:	\$194

*Savings may be greater or less depending on your dentist's location
 **Assumes service is covered at an 80% co-insurance level

More Reasons to Use Network Care

- One of the industry's largest Preferred Provider networks – highly skilled dental professionals at over 128,000 locations.
- Network dentists are easy to locate. Simply use the On-Line DentalGuard Provider Directory at www.GuardianLife.com or call the number on the back of your ID card. If your provider does not participate, Guardian's convenient dentist referral program can help add them to the network!
- No claim forms to complete. Just present your new DentalGuard Preferred Network ID card to the provider.

DentalGuard General Limitations and Exclusions: 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, any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.



Good News! Your Dental Plan Is Even Better Than You Think

Savings on in-network providers average 30% of what dentists usually charge!

- **In-network:** You receive regular contracted savings, and no balance billing.
- **Out-of-network:** Charges will be paid for only up to the maximum fee level established with our contracted network dentists; any amount that is charged over the fee schedule is the responsibility of the patient.

Value Plan Example:

Network vs. Non-Network Savings*			
Difference in your out-of-pocket expense: \$303			
Benefits for a Root Canal (on a molar)			
Network Care		Non-Network Care	
Typical network dentist fee:	\$665	Average non-network dentist fee:	\$968
Plan Pays:	\$532**	Plan Pays:	\$532**
You Pay:	\$133	You Pay:	\$436
*Savings may be greater or less depending on your dentist's location			
**Assumes service is covered at an 80% co-insurance level			

More Reasons to Use Network Care

- One of the industry's largest Preferred Provider networks – highly skilled dental professionals at over 128,000 locations.
- Network dentists are easy to locate. Simply use the On-Line DentalGuard Provider Directory at www.GuardianLife.com or call the number on the back of your ID card. If your provider does not participate, Guardian's convenient dentist referral program can help add them to the network!
- No claim forms to complete. Just present your new DentalGuard Preferred Network ID card to the provider.

DentalGuard General Limitations and Exclusions: 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, any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

VSP Contact Lens Care ProgramSM

Are the contacts you wear listed below? If so, you may qualify for VSP's Contact Lens Care Program.¹ This program covers the contact lens exam, six-month² supply of contacts from the list below and up to two follow-up visits.

If your contact lens allowance is less than the cost of your contacts, you can simply pay the difference. If your allowance is more than the cost of your contacts, you can use your remaining balance to buy additional contacts on the same day that you receive your contact lens services.

If you don't qualify for this program, you can use your contact lens allowance for contacts and contact lens professional services.

Plus, you'll get 15% off all of your contact lens services from a VSP doctor. Log on to vsp.com to review your personal benefit information.

Tier One: Spherical				
Product	Manufacturer	Boxes Covered	Replacement Waiters	Refill Waiters
ACUVUE	Vistakon	4		
ACUVUE 2	Vistakon	4		
AIR OPTIX AQUA	CIBA Vision	2		
Biofinity	Cooper/Vision	2		
Biomedics 55 Premier	Cooper/Vision	4		
Biomedics 55 UV	Cooper/Vision	4		
Biomedics XC	Cooper/Vision	4		
Focus Monthly Visiint (Focus Visiint)	CIBA Vision	2		
Frequency 38	Cooper/Vision	2	\$130	\$170
Frequency 55 Aspheric	Cooper/Vision	2		
Frequency 55 Sphere	Cooper/Vision	2		
FreshLook Handling Tint	CIBA Vision	4		
O2OPTIX	CIBA Vision	2		
Proclear Sphere (Compatibles)	Cooper/Vision	2		
PureVision	Bausch & Lomb	2		
Softlens 38 (Optima FW, SeQUENCE II)	Bausch & Lomb	4		
Vertex Sphere (Encore Sphere)	Cooper/Vision	4		

¹Lists are effective January 1, 2010, and subject to change.

²If you require premium services when being fitted for contact lenses, you may not qualify for the program. A VSP doctor will determine your eligibility.

³Based on manufacturer's recommended use.



GUARDIAN®

Finding a dentist or vision care provider is easy Go online – it just takes minutes!

The best way to save money through your dental or vision plan is by seeing a provider in your plan's network. Guardian's Find a Provider site makes it easy for you to search for a dental or vision provider meets your needs.

Guardian's Find a Provider site is available to you 24 hours a day, 7 days a week.

Here are just a few things you can do online:

- Customize your search by specialty, languages spoken and more
- Get side-by-side comparisons of provider information (ie. office status, distance)
- Create a quick-list of “favorite” providers – for easy reference online
- Get maps and directions to a providers office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit the site
- Create a customized provider directory
- Nominate a dentist to be included in a network

Just go to **www.GuardianLife.com**.

Under “Resources”, click on “Find a Provider”.



GUARDIAN®

Protect the Ones You Love

WillPrep Services Can Help Secure Your Family's Future

Let Your Wishes Be Known

Only you know what's important to you. That's why 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.

Your employer has worked with Guardian to make WillPrep Services available to you. The Services offer support and guidance to help properly prepare the documents that will communicate how you want 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
- Estate Taxes
- Executors & Probate
- Financial Power of Attorney
- Guardianship and Conservatorship
- Healthcare Power of Attorney
- Living Wills
- Resource Library
- Trusts

Taking advantage of the Services is easy!

For more information about WillPrep Services, go to

www.ibhwillprep.com

User name: WillPrep; Password: GLIC09

Or

Call 1-877-433-6789

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

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

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



GUARDIAN®

Your Confidential Employee Assistance Program

WorkLifeMatters™

Providing Assistance for What Matters Most

Let's face it, balancing your work and home life is not easy. With WorkLifeMatters, your confidential employee assistance program, you don't have to face life challenges alone. WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life.

WorkLifeMatters can offer help with:

Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Legal and financial

- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Working Smarter

- Career development
- Effective managing
- Relocation

...Support is a phone call or click away

- 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 and topics like wellness, training courses, and a legal and financial center: 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.



GUARDIAN®

Employee Benefits Hotline (EBH)

Benefit specialists are available to answer questions as you sign up for your Guardian benefits

Toll-free Phone	E-mail
1-888-600-1600 8:00 a.m. – 8:30 p.m., Monday – Friday, Eastern Time	From www.GuardianAnytime.com , click on “secure channel” to send an e-mail (in your comments include “Question for EBH”)

STEP 1: Determine if you should contact the EBH.

Ask yourself these questions. If you answer yes to any of them, contact the EBH!

- Do I need to make a dental or vision appointment before I’ve received my ID card?
(It is suggested you contact our hotline 72 hours prior to your visit so you can ensure your provider has your coverage information. Coverage begins on your plan’s effective date.)
- Do I have questions about the benefits covered under the plans my employer is offering?
- Do I need help completing my enrollment form?

STEP 2: Have the following ready before calling or include it in your e-mail.

- Name of the company you work for OR
- Your company’s group number (refer to your enrollment materials)

STEP 3: Call 888-600-1600 to get answers!

- Press #1 to identify yourself as an employee.
- At the next prompt, for questions about the following press the appropriate key:
 - Dental Benefits - #1
 - All else - #3

You will be prompted to enter your company’s group number. If you do not know your company’s group number, press 0 to be directed to a Guardian representative.

The Employee Benefits Hotline provides support in over 50 different languages!

IMPORTANT NOTE: Once you are officially enrolled in a plan, you will receive additional information with other toll-free phone numbers to service you after you have signed up. If you are looking for a dentist or vision provider who participates in your plan, go to www.GuardianAnytime.com.

**The Guardian Life Insurance Company of America
The Guardian Insurance & Annuity Company, Inc.**

Midwest Regional Office
PO Box 8012
Aptleton WI 54912-8012

Northeast Regional Office
PO Box 26040
Lehigh Valley PA 18002-6040

Western Regional Office
PO Box 2454
Spokane WA 99210-2454

**EVIDENCE OF INSURABILITY FOR
NON-MEDICAL COVERAGES**

Please complete in ink. Erasures and changes invalidate this form.

Planholder Name (Company Name)

Group Plan No.

Complete the following information for each person to be underwritten:

Name (Last, First, Middle Initial)	Sex	Birthdate	Height	Weight	Full Time Student?
Employee:	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Student?
Spouse:	<input type="checkbox"/> M <input type="checkbox"/> F				
Child:	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee's Social Security Number	Date of Marriage		Employee's Place of Birth (State)		

**IF APPLYING FOR LIFE INSURANCE: questions 1-4 must be answered for each person to be underwritten
IF APPLYING FOR DISABILITY INSURANCE: all five questions must be answered in reference to the employee only**

- In the past 10 years been treated for or diagnosed as having: heart; liver or kidney disorder; neurological disorder; diabetes; stroke; cancer; tumor; mental or nervous disorder; or been advised to have treatment for drug abuse (including prescription drugs); or alcoholism?
- In the past 5 years used illegal drugs?
- (a) Ever tested positive for HIV (Human Immunodeficiency Virus) antibodies? (b) In the past year had: fever persisting more than one month; significant involuntary weight loss; diarrhea persisting more than one month; oral candidiasis (thrush); lymphadenopathy (enlarged or swollen glands)?
- In the past year: (a) consulted or been examined by or treated by a physician, practitioner or specialist? (Include routine physicals only when there is an existing or newly diagnosed medical condition); (b) been in a hospital or other facility for observation, diagnosis, treatment or an operation?; (c) been prescribed medication(s) - (other than for colds, flu or allergies)?
- If applying for disability coverage, please complete these additional questions:**
 (a) In the past 5 years, been treated for conditions of the back, neck, spine, or arthritis?
 (b) Are you currently pregnant?
 (c) Excluding your employer sponsored group disability plan, are you currently insured for any other disability coverage? If "Yes", what is the total amount of coverage already in-force? \$ _____

For each "Yes" answer to questions 1 through 5b give details below. (*Continue on reverse side if additional space is needed.)

Ques. No.	Name of Patient	Practitioner's Name & Address	Hospital Name & Address	Condition	Duration of symptoms, treatment & degree of recovery	Dates mo/yr

I authorize any physician, medical practitioner, hospital, clinic, other health facility, the Medical Information Bureau, insurance or reinsurance company, or employer to release any and all medical and non-medical information in its possession about me or my eligible dependents to The Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me or my eligible dependents. I agree that this authorization will be valid for two and one half years from the date shown below and I have read, understand, and accept the statements and provisions on the reverse side of this application.

Signature of Employee x _____ Date _____
 Signature of Spouse x _____ Date _____

ENDORSEMENT (GUARDIAN USE ONLY)

Employee: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Premium Class: <input type="checkbox"/> Preferred <input type="checkbox"/> Standard	Child: <input type="checkbox"/> Approved <input type="checkbox"/> Declined
Optional Life: \$ _____	Guardian's Universal Life: \$ _____	Optional Life: \$ _____
Spouse: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Premium Class: <input type="checkbox"/> Preferred <input type="checkbox"/> Standard	Excess Life \$ _____ <input type="checkbox"/> Approved <input type="checkbox"/> Declined
Optional Life: \$ _____	Spouse Term Rider: \$ _____	Long Term Disability \$ _____ <input type="checkbox"/> Approved <input type="checkbox"/> Declined
Effective Date: _____	By: _____	Date: _____

Read and Detach for your records

Thank you for choosing Guardian insurance. This notice is given to you at the time you apply for life or health insurance to tell you about the kinds of information we may obtain in connection with your application. We will treat all personal information about you as confidential. You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Corporate Secretary, The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004-4025.

Medical Information Bureau Pre-Notice: "Information regarding your insurability will be treated as confidential. Guardian, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file."

"Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112."

"Guardian, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted."

Medical Records: We may request information from health care providers or others who have records of your medical history, mental or physical condition, or treatment. Only qualified members of Guardian's staff will have access to your medical file to evaluate your eligibility for insurance or to service your claim for benefits under a policy. Your authorization will govern our request for information and any later disclosure of that information.

I hereby represent that the statements and answers to the questions on the attached form are, to the best of my knowledge and belief, full, complete and true. I understand that they shall form the basis upon which I may be included for insurance.

Also, it is mutually understood and agreed that (1) the Company reserves the right to request, at its expense (in the case of a late entrant, it is not at the Insurance Company's expense), that I be examined by an accredited medical examiner selected by the Company, (2) no Group Insurance shall be binding or in force until satisfactory evidence of insurability is submitted and approved by the Insurance Company at the Home Office as shown in the Endorsement, and: (a) I am actively at work on a full-time basis (as defined in the Group Plan) for full pay on the date my Group Insurance becomes effective; otherwise, (b) I will become insured on the date I do return to work and satisfy a waiting period (as defined in the Group Plan) of full-time service. (3) coverage for my dependents will not take effect if a dependent other than a newborn is: (a) confined to the hospital or other health care facility; or (b) is unable to perform the normal activities of someone of like age and sex. (4) no person, except the President, a Vice President or a Secretary of the Company, has authority to: (a) determine whether any contract(s) of insurance shall be issued on the basis of the application; (b) waive or modify any of the provisions of the application or any of the Company's requirements; (c) bind the Company by any statement or promise pertaining to any insurance contract(s) issued or to be issued on the basis of the application; or (d) accept any information or representation not contained in the written application; 5) the employer is hereby named the Proposed Insured's representative for the purpose of receiving premiums and remitting them to the Company.

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

I authorize any physician, medical practitioner, hospital, clinic, other health facility, the Medical Information Bureau, insurance or reinsurance company, or employer to release any and all medical and non-medical information in its possession about me or my eligible dependents to The Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me or my eligible dependents.

I understand The Guardian Life Insurance Company of America will use the information obtained by this authorization to determine eligibility for insurance or eligibility for benefits under an existing plan. Guardian will not release any information obtained to any person or organization except to reinsurance companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim or as may be lawfully permitted or required, or as I may further authorize.

I know that I may request and receive a copy of this authorization.

I agree that a photocopy of this authorization shall be as valid as the original.

I acknowledge receipt of Guardian's notice regarding its insurance information practices, and medical records.

I agree that this authorization shall be valid for two and one half years from the date signed.