



Welcome to Workplace benefits

Everyone deserves a Guardian

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

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

Your coverage options



Dental insurance

Taking care of teeth and overall health



Vision insurance

Looking after your eyesight and related health issues

Know your benefits

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

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

1

Read through this information.

2

Find out more about your benefits.

3

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

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Dental insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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



Staying healthy

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

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

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

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

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

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

Source: An Ounce of Prevention: The link between preventive dental care and better oral health and wellness, Guardian 12th Annual Workplace Benefits Study, 2024

You will receive these benefits if you meet the conditions listed in the policy. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



Your dental coverage

Option 1: Value plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on Guardian's fee schedule.

Option 2: NAP plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: Value		Option 2: NAP	
	Tier 1	Tier 2	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Monthly premium	\$32.67		\$32.67	
You and Spouse	\$64.33		\$64.33	
You and Child(ren)	\$69.60		\$69.60	
You, Spouse and Child(ren)	\$109.20		\$109.20	
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family (applies to all levels)		3 per family (applies to all levels)	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%	100%	100%
Basic Care	100%	100%	80%	80%
Major Care	60%	60%	50%	50%
Orthodontia	50%	50%	50%	50%
Annual Maximum Benefit	\$2000 (applies to all levels)		\$2000 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)		Yes (applies to all levels)	
Rollover Threshold	\$800		\$800	
Rollover Amount	\$400		\$400	
Rollover In-network Amount	\$600		\$600	
Rollover Account Limit	\$1500		\$1500	
Lifetime Orthodontia Maximum	\$1500 (applies to all levels)		\$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)		26 (applies to all levels)	



Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: Value <i>Plan pays (on average)</i>		Option 2: NAP <i>Plan pays (on average)</i>	
Preventive Care	Cleaning (prophylaxis) Frequency:	Tier 1 100%	Tier 2 100%	Tier 1 100%	Tier 2 100%
		2 in 12 Months (applies to all levels)		2 in 12 Months (applies to all levels)	
	Fluoride Treatments Limits:	100%	100%	100%	100%
		Under Age 14 (applies to all levels)		Under Age 14 (applies to all levels)	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
Basic Care	X-rays	100%	100%	100%	100%
	Anesthesia*	100%	100%	80%	80%
	Fillings†	100%	100%	80%	80%
	Perio Surgery	100%	100%	80%	80%
	Periodontal Maintenance Frequency:	100%	100%	80%	80%
		Once Every 3 Months (applies to all levels)		Once Every 3 Months (applies to all levels)	
	Repair & Maintenance of Crowns, Bridges & Dentures	100%	100%	80%	80%
	Root Canal	100%	100%	80%	80%
	Scaling & Root Planing (per quadrant)	100%	100%	80%	80%
	Simple Extractions	100%	100%	80%	80%
Major Care	Surgical Extractions	100%	100%	80%	80%
	Bridges and Dentures	60%	60%	50%	50%
	Dental Implants	60%	60%	50%	50%
	Inlays, Onlays, Veneers**	60%	60%	50%	50%
Orthodontia	Single Crowns	60%	60%	50%	50%
	Orthodontia Limits:	50%	50%	50%	50%
		Child(ren) (applies to all levels)		Child(ren) (applies to all levels)	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.



Your dental coverage

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 dependent limiting age and the orthodontia limiting age may differ. Please review your certificate of benefits to confirm the age limit specific to orthodontic treatment. For Orthodontia to be covered, the orthodontic appliance must be placed prior to the orthodontia age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age, then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for “Adults and Child(ren)” this limitation does not apply.** *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Manage Your Benefits:

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

Find A Dentist:

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

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which

no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # DG7-P et al.

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

Oral Health Rewards Program

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

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



Automatic rollover

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

How maximum rollover works*

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

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$2,000 Maximum claims reimbursement	\$800 Claims amount that determines rollover eligibility	\$400 Additional dollars added to a plan’s annual maximum for future years	\$600 Additional dollars added if only in-network providers were used during the benefit year	\$1,500 The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.
** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.
Guardian’s Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2023 The Guardian Life Insurance Company of America.

Guardian choice

With dental insurance from Guardian, you have the flexibility to choose a plan that works for you, and helps you save.

Both of the dental plans available are designed to keep you healthy, with identical premiums. The differences between them are summarized below, and you can change plans each year at your annual enrollment time.



It's easy to save

Find a participating doctor near you by visiting guardiananytime.com/fpapp/search or by downloading the **Guardian mobile app**.

Pick the plan that best suits your needs

Choose from:

	Value Plan	Network Access Plan
Description	In-network and out-of-network benefits are paid at the same coinsurance percentages. Both plans allow you to retain the freedom of choice to see any dentist, in-network or out-of-network.	
Coinsurance	Preventive services covered at 100%. Coinsurance for other services is higher than the Network Access Plan (increased coverage).	Preventive services covered at 100%. Coinsurance for other services is lower than the Value Plan (decreased coverage).
In-network	Member benefits are based on discounted (negotiated) rates.	
Out-of-network	Member pays the difference over network negotiated rates.	Member costs are based on usual and customary (UCR) rates.

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.



Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy. *Guardian will never ask you to provide sensitive personal information, including SSN/DOB, nor login via QR codes.



20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

David feels eye strain, and notices that he can't see certain things as clearly as he once did. He goes in for an eye exam and is diagnosed with myopia (nearsightedness), which means he needs glasses.

His vision plan helps him find a quality eye doctor and pays for the exam, and makes it possible for him to buy new glasses at a discount.

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



Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Your Monthly premium	\$ 5.81	
You and Spouse	\$ 9.30	
You and Child(ren)	\$ 9.49	
You, Spouse and Child(ren)	\$ 15.30	
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 ¹	Amount over \$46
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$0	
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) ^{‡‡}	Every calendar year	
Frames	Every two calendar years ^{‡‡‡}	
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.	
Dependent Age Limits	26	
To Find a Provider:	Register at VSP.com to find a participating 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.



Your vision coverage

- 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.
- ¹Extra \$20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.
- ~~###~~ 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.
- In Network Routine Retinal Screening Covered after no more than a \$39 copay.

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:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to \$1,800 per eye for LASIK or \$1,500 per eye for PRK or \$2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

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.

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-I-GVSN-17

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Our commitment to you

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

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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

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

No Cost Language Services

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

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

Vision insurance



Guardian's HIPAA Notice of Privacy Practices

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

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

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

Please print clearly and mark carefully.

Employer/Planholder Name: MRM RESIDENTIAL MANAGEMENT, LLC DBA MERION RESIDENTIAL	Group Plan Number: 00067234	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX ☐ Initial Enrollment ☐ Add Employee/Member Dependents/Family Members ☐ Drop/Refuse Coverage ☐ Information Change		
In this form, you will be referred to as an Employee/Member. Members of your family will be referred to as Dependents/Family Members. There will also be times, when referring to Dependents/Family Members, this form will distinguish between your spouse and your children. Depending on the type of plan your Planholder selected, other plan documents may refer to you as an employee, a member, or a similar term, and, to members of your family, as family members, dependents, eligible dependents, or a similar term. Please refer to the group policy, certificate of coverage, (sometimes called a member guide), to see how terms are defined and to determine which members of your family are eligible for coverage. Plan documents such as the group policy, certificate of coverage, (sometimes called a member guide), control if there is any dispute concerning the meaning of terms used in this form.		

Class: MAINLINE	Division: _____	Subtotal Code: _____	(Please obtain this from your Employer/Planholder)
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About You: Full Legal Name-First, MI, Last Name: _____ What is the name you go by? (optional) _____	Employer/Planholder Provided Identification: _____	Social Security Number _____ - _____ - _____ Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.	
Address _____	City _____	State _____	Zip _____
Gender Identity: ☐ M ☐ F Date of Birth (mm-dd-yy): ____ - ____ - ____			
Phone (indicate primary): ☐ Home (____) ____ - ____ ☐ Work (____) ____ - ____ ☐ Mobile (____) ____ - ____			
Email Address (indicate primary) ☐ Home _____ ☐ Work _____			
Are you married or in a civil union? ☐ Yes ☐ No Date of marriage/civil union: ____ - ____ - ____ Do you have children or other dependents? ☐ Yes ☐ No Placement date of adopted child: ____ - ____ - ____			

About Your Job: Work Status: ☐ Active ☐ Retired ☐ COBRA/State Continuation Hours worked per week: _____	Job Title: _____ Date of full time hire: ____ - ____ - ____
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About Your Family: Please include the names of the Dependents/Family Members you wish to enroll. You can enroll only those Dependents/Family Members that are eligible for coverage. Please refer to the plan documents such as the group policy, member guide, or certificate to determine if a Dependent/Family Member is eligible for coverage.			
If additional space is needed, please attach a separate page with this information along with your enrollment form. Each Dependent/Family Member's Social Security Number must be provided if enrolling them for Life Coverage. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a niece or a nephew.			
Spouse Address/City/State/Zip: _____ Phone: () - _____	Gender Identity: ☐ M ☐ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	

Child/Dependent 1: Address/City/State/Zip: Phone: () -	☐ Add ☐ Drop	Gender Identity: ☐ M ☐ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) _____ - _____ - _____	Status (check as applicable) ☐ Student (post high school) ☐ Disabled ☐ Non standard dependent
Child/Dependent 2: Address/City/State/Zip: Phone: () -	☐ Add ☐ Drop	Gender Identity: ☐ M ☐ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) _____ - _____ - _____	Status (check as applicable) ☐ Student (post high school) ☐ Disabled ☐ Non standard dependent
Child/Dependent 3: Address/City/State/Zip: Phone: () -	☐ Add ☐ Drop	Gender Identity: ☐ M ☐ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) _____ - _____ - _____	Status (check as applicable) ☐ Student (post high school) ☐ Disabled ☐ Non standard dependent
Child/Dependent 4: Address/City/State/Zip: Phone: () -	☐ Add ☐ Drop	Gender Identity: ☐ M ☐ F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) _____ - _____ - _____	Status (check as applicable) ☐ Student (post high school) ☐ Disabled ☐ Non standard dependent

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

Dental Coverage: You must be enrolled to cover your dependents/family members. Check only one box.				
Your Monthly Premium Option 1: Value Option 2: NAP	Employee/Member Only ☐ \$32.67 ☐ \$32.67	Employee/Member & Spouse ☐ \$64.33 ☐ \$64.33	Employee/Member & Dependent/Child(ren) ☐ \$69.60 ☐ \$69.60	Employee/Member, Spouse & Dependent/Child(ren) ☐ \$109.20 ☐ \$109.20
☐ I do not want Dental Coverage because (Check as applicable): ☐ I am covered under another Dental plan ☐ My spouse is covered under another Dental plan ☐ My dependents/family members are covered under another Dental plan				

Vision Coverage: You must be enrolled to cover your dependents/family members. Check only one box.

Your Monthly Premium	Employee/Member Only	Employee/Member & Spouse	Employee/Member & Dependent/Child(ren)	Employee/Member, Spouse & Dependent/Child(ren)
Full Feature	☐ \$5.81	☐ \$9.30	☐ \$9.49	☐ \$15.30

☐ I do not want this Vision coverage because (Check as applicable):

- ☐ I am covered under another Vision plan
- ☐ My spouse is covered under another Vision plan
- ☐ My dependents/family members are covered under another Vision plan

Signature

- I understand that my dependents/family members cannot be enrolled for a coverage if I am not enrolled for that coverage.
- 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.
- I understand that plan design limitations and exclusions may apply. For complete details of coverage, please refer to the plan documents or enrollment materials. State limitations may apply.
- Your coverage will not be effective until approved by a Guardian or its designated underwriter.
- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements.
- I agree that my employer/planholder may deduct premiums from my pay if they are required for the coverage I have chosen above.
- I attest that the information provided above is true and correct to the best of my knowledge.

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

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

SIGNATURE OF EMPLOYEE/MEMBER X _____

DATE _____

Fraud Warning Statements

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

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

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

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

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

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

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

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

Louisiana 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.

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.

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

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

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

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.

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.