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Group Number: 00565350

# Western NC Conference of the United Methodist Church

ALL 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**

- Life
- Critical Illness
- Accident

## **Questions? Concerns?**

Helpline (888) 600-1600

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

And refer to your plan number: 00565350

# Welcome

Dear Western NC Conference of the United Methodist Church Employee,

We are happy to have been chosen by Western NC Conference of the United Methodist Church to be the provider of your employee benefits this year. For over 150 years, we have helped millions of people plan, secure and look after their families. We believe that life's unexpected surprises should be met with the support, guidance and understanding of someone who truly cares. And, we understand the power of help. It's why we go above and beyond to do what's right for you.

With Guardian® coverage you get:

- Affordable group rates
- Convenient payroll deduction
- Benefits for your unique needs

Take advantage of the benefits offered to you at work. Feel secure knowing that you have the coverage you need from a trusted provider and that it's there when you need it most.

Guardian

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

2018-71635 (12/20)

**Life Benefit Summary**

**Group Number:** 00565350

**A Life insurance plan through Guardian provides:**

- The foundation of a smart financial plan that helps protect you and those who depend on you
- Affordable group rates
- Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

**About Your Benefits:**

	<b>VOLUNTARY TERM LIFE</b>
<b>Employee Benefit</b>	You may elect one of the following benefit options: \$25,000, \$50,000, \$75,000, \$100,000, \$150,000. See Cost Illustration page for details.
<b>Spouse Benefit</b>	You may elect one of the following benefit options: \$25,000, \$50,000. See Cost Illustration page for details.†
<b>Child Benefit</b>	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$5,000. 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.	We Guarantee Issue coverage up to: Employee \$150,000. Spouse \$50,000. Dependent children \$5,000.
<b>Premiums</b>	Increase on plan anniversary after you enter next five-year age group
<b>Portability:</b> Allows you to take coverage with you if you terminate employment.	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
<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
<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 met
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70, 65% at age 75

Subject to coverage limits

† Voluntary Life: Infant coverage is limited based on age.

‡ **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: 00565350

## 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 view a video: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life>

Policy Election Amount	Weekly premiums displayed.								
	Policy Election Cost Per Age Bracket								
Employee	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$25,000	\$ .64	\$ .64	\$ .87	\$ 1.33	\$ 2.19	\$ 3.35	\$ 5.60	\$ 6.29	\$ 11.77
\$50,000	\$ 1.27	\$ 1.27	\$ 1.73	\$ 2.65	\$ 4.39	\$ 6.69	\$ 11.19	\$ 12.58	\$ 23.54
\$75,000	\$ 1.90	\$ 1.90	\$ 2.60	\$ 3.98	\$ 6.58	\$ 10.04	\$ 16.79	\$ 18.87	\$ 35.31
\$100,000	\$ 2.54	\$ 2.54	\$ 3.46	\$ 5.31	\$ 8.77	\$ 13.39	\$ 22.39	\$ 25.15	\$ 47.08
\$150,000	\$ 3.81	\$ 3.81	\$ 5.19	\$ 7.96	\$ 13.15	\$ 20.08	\$ 33.58	\$ 37.73	\$ 70.62
Policy Election Amount									
Spouse	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$25,000	\$ .64	\$ .64	\$ .87	\$ 1.33	\$ 2.19	\$ 3.35	\$ 5.60	\$ 6.29	\$ 11.77
\$50,000	\$ 1.27	\$ 1.27	\$ 1.73	\$ 2.65	\$ 4.39	\$ 6.69	\$ 11.19	\$ 12.58	\$ 23.54
Policy Election Amount									
Child(ren)	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$5,000	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20

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

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

**Spouse coverage premium is based on Employee age.**

†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: 00565350

## LIMITATIONS AND EXCLUSIONS:

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

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

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

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

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

GP-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.

*This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter 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.

**Critical Illness Benefit Summary**

**Group Number:** 00565350

**A Critical Illness insurance plan through Guardian provides:**

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover
- Payments are made directly to you and can be used for any purpose

**About Your Benefits:**

**CRITICAL ILLNESS**

**Benefit Amount(s)** Employee may choose a lump sum benefit up to \$15,000. Please see your cost illustration for a full list of available benefit amounts.

**CONDITIONS**

**Cancer**

	<b>1st OCCURRENCE</b>	<b>2nd OCCURRENCE</b>
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%

**Vascular**

Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%

**Other**

Organ Failure	100%	50%
Kidney Failure	100%	50%

**ADDITIONAL CONDITIONS**

**1st OCCURRENCE ONLY**

Addison's Disease	30%
ALS (Lou Gehrig's Disease)	100%
Alzheimer's Disease	50%
Coma	100%
Huntington's Disease	30%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Multiple Sclerosis	30%
Parkinson's Disease	100%
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs
Severe Burns	100%

**Childhood Conditions**

**1st OCCURRENCE ONLY**

Cerebral Palsy	100%
Cleft Lip/Palate	100%
Club Foot	100%
Cystic Fibrosis	100%
Down's Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%

## CRITICAL ILLNESS

Type I Diabetes	100%
<b>Spouse Benefit</b>	50% of employee's lump sum benefit
<b>Child Benefit-</b> children age Birth to 26 years	25% of employee's lump sum benefit
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages	50% at age 70
<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.	We Guarantee Issue up to: Less than age 70 \$15,000  For a spouse: Less than age 70 \$7,500  For a child: All Amounts  <b>Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.</b>
<b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
<b>Pre-Existing Condition Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after

## WELLNESS BENEFIT

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

## Condition Definitions

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



## Critical Illness Cost Illustration

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

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Issue Age	Weekly Premiums Displayed Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+ <sup>†</sup>
<b>\$5,000 Benefit Amount</b>						
Employee \$5,000	\$0.73	\$0.99	\$1.79	\$3.24	\$4.96	\$9.56
Spouse \$2,500	\$0.43	\$0.55	\$0.96	\$1.68	\$2.54	\$4.84
<b>\$15,000 Benefit Amount</b>						
Employee \$15,000	\$1.89	\$2.65	\$5.07	\$9.40	\$14.56	\$28.37
Spouse \$7,500	\$1.00	\$1.39	\$2.60	\$4.76	\$7.34	\$14.25

<sup>†</sup>Benefit reductions may apply. See plan details.

### 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: 00565350.

## EXCLUSIONS AND LIMITATIONS

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

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

If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered

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under that plan will count toward satisfying Guardian's pre-existing condition limitation period. A pre-existing condition includes any condition for which an employee, in a specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

*The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..*

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

Contract # GP-1-CI-14

Group Number: 00565350

**Accident Benefit Summary**

**Accident insurance through Guardian provides you:**

- A cash benefit for covered injuries, treatments and services, in addition to whatever your medical plan may cover
- Payments go directly to you, not the doctor
- Easy enrollment with no medical questions

**About Your Benefits:**

	<b>ACCIDENT</b>
<b>COVERAGE - DETAILS</b>	
<b>Your Weekly premium</b>	\$2.77
You and Spouse	\$4.73
You and Child(ren)	\$4.99
You, Spouse and Child(ren)	\$6.95
<b>Accident Coverage Type</b>	Off Job
<b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.	Included
<b>WELLNESS BENEFIT</b> - Per Year Limit	\$50
<b>Child(ren) Age Limits</b>	Children age birth to 26 years
<b>INJURY-FREE BENEFIT</b>	Pays \$200 if a covered family is claim free for five years
<b>FEATURES</b>	
Air Ambulance	\$1,000
Ambulance	\$200
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$2,000 18 sq inches To 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$10,000
Concussion Baseline Study	\$25
Concussions	\$200
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$5,000
Doctor Follow-Up Visits	\$50, up to 6 treatments
Emergency Dental Work	\$300/Crown, \$75/Extraction
Emergency Room Treatment	\$200
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	\$20/day, up to 30 days
Fractures	Schedule up to \$6,000
Gun Shot Wound	\$750

Benefit information illustrated within this material reflects the plan covered by Guardian as of 08/29/2019

ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

## FEATURES (Cont.)

Hospital Admission	\$1,000
Hospital Confinement	\$250/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100
Joint Replacement (Hip/Knee/Shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$500
Outpatient Therapies	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$100/day, up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,250 Hernia: \$250
Surgery (Exploratory or Arthroscopic)	\$400
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$4,000
X - Ray	\$40

## UNDERSTANDING YOUR BENEFITS:

- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Injury-Free Benefit** – A covered family must be claim free for 5 years, other than a Wellness or Concussion Baseline Study claim.

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### 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: 00565350

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

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

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

This proposal is hedged subject to satisfactory financial evaluation.

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

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

Contract # GP-I-ACC-18

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



# Easy-To-Use Online Link Provides Faster Processing

Guardian's online electronic Evidence of Insurability (EOI) provides an alternative to paper EOI forms when you need to provide additional information for requested coverage.

## Common situations include:

- Answering yes to one of the health questions on your enrollment form
- Enrolling for coverage in excess of the guaranteed issue amount
- Requesting coverage after your initial eligibility for coverage

## Electronic Evidence of Insurability can be used for the following coverages\*:

- Basic Life
- Voluntary Life
- Short Term Disability
- Long Term Disability

## Guardian's online EOI form offers several advantages:

- Your personal data is kept secure
- No errors due to hand-written data
- Faster submission of your completed form

## Accessing the electronic Evidence of Insurability link

Simply go to : [guardiananytime.com/eoi](http://guardiananytime.com/eoi)

**No registration is required. The process is easy and secure, simply follow the steps outlined below:**

- 1 Fill in your Group ID #
- 2 Enter your personal information
- 3 Answer the health questions
- 4 Electronically sign your name and click 'Submit'

## Guardian receives the completed EOI form in minutes!

- 1 Guardian's Medical Underwriting Team moves through the EOI process and will contact you with any questions.
- 2 We will send you a letter in the mail regarding the status of your request for coverage.
- 3 We will notify your employer of the outcome of your request only if your coverage amount is changed.

**If you have questions about the process or if you need to provide evidence of insurability, please contact your Plan Administrator.**