



Please print clearly to ensure accurate processing

The Guardian Life Insurance Company Of America | 7 Hanover Square, New York, NY 10004  
Managed Dentalguard, Inc., A wholly owned subsidiary of Guardian

Your Insurance Broker is :

Broker Name \_\_\_\_\_  
Broker Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Broker Phone: \_\_\_\_\_  
\_\_\_\_\_  
GR Name \_\_\_\_\_  
GR Address: \_\_\_\_\_  
\_\_\_\_\_  
GR Phone: \_\_\_\_\_  
\_\_\_\_\_

Your Guardian Representative is :

\_\_\_\_\_

APPLICATION FOR A PLAN OF GROUP INSURANCE

REQUESTED COVERAGE			
Applicant Name :		Coverage(s):	
Address :			
City :			
State :	Zip :		

BUSINESS INFORMATION		
Types of Organization: * Corporation * Partnership * Proprietorship * S Corp * Other: _____	Nature of Business	
	Tax ID Number	Date Established MM/DD/YYYY
* Yes * No Has your company ever filed, or is it now in the process of filing, for bankruptcy (Chapter 7 or 11) ?		

Complete below if your company or any of its affiliates has ever applied for group insurance with Guardian.		
Company or Affiliate Name (If different from Section 1)	Plan Number	Cancellation Date MM/DD/YYYY

Worker's Compensation: Present Carrier Name:	
List Owners/Partners NOT Covered by Workers' Compensation:	
* Yes * No * N/A If present carrier provides life insurance, are extended benefits provided in case of disability?	

Complete below if there are any COBRA or state continuation cases.					
Employee/Dependent		Type	Reason	Continuation Dates	
	Date of Birth MM/DD/YYYY	* State * Federal * Extension of benefits	* Disability * Non-Disability	Start MM/DD/YYYY	End MM/DD/YYYY

For additional names,  
please attach a  
separate sheet

HEALTH RELATED INFORMATION
Answer the following questions to the best of your knowledge for any members to be insured. The term "member" means eligible employees and their dependents and COBRA participants and their dependents. Provide details for any "Yes" response on a separate sheet. Do not disclose the name of any member.

CMA2015-R-NJ



\*000100000000000000000000\*

**HEALTH RELATED INFORMATION (Continued)**

- \* Yes \* No **Groups with less than 10 eligible employees :** Have any members within the past 5 years been treated for or diagnosed by a licensed medical professional as having cancer, heart disease, kidney disorder, liver disorder, stroke or other life-threatening condition or disease?  
\*“Life-threatening condition or disease” means a condition or disease which, according to the diagnosis of a medical professional, has a high probability of causing the member’s death.
- \* Yes \* No Have any members been absent from work for more than 10 consecutive days due to illness or injury during the past 12 months?
- \* Yes \* No Are any employees currently not actively at work? If Yes, please complete the supplemental Actively at Work statement.

**AGREEMENT****Conditions Of Agreement**

It is understood that only full-time employees shall be eligible.

Full-time employee means one who regularly works the number of hours in the normal work week established by this applicant (but not less than 30 hours per week) at the applicant’s normal place of business.

**Insurance Broker Representation:** It is further understood that no broker has power on behalf of The Guardian Life Insurance Company of America to make or modify any request or application for insurance, or to bind said Insurance Company by making any promise or representation or by giving and receiving any information.

**Acceptance of Plan**

It is further understood that no insurance will be effective until the plan is accepted in writing by the Insurance Company(-ies). No contract of insurance is to be implied in any way on the basis of the completion and submission of the application.

Upon acceptance, this application will be attached to and made part of the Group Insurance Policy.

**FRAUD WARNING:**

**ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

The undersigned applicant certifies that to the best of his/her knowledge and belief, all of the responses given are true, correct and complete. The applicant understands that a false statement or misrepresentation in the application may result in loss of coverage in the policy, the rescission of the policy, or a revision of the rates quoted.



\*000100000000000000000000\*

<b>SIGNATURES</b>			
I have reviewed the statements made by me on this application, and they are true and complete to the best of my knowledge and belief. By my signature below, I acknowledge that _____ endorses the Guardian plan of insurance.			
Officer, Partner or Proprietor Signature		Witness Signature	
X	Date MM / DD / YYYY	X	Date MM / DD / YYYY
Title		Title	
Insurance Broker Signature		Additional Insurance Broker Signature	
X	Date MM / DD / YYYY	X	Date MM / DD / YYYY
Print Name		Print Name	
CMA2015-R-NJ			

Group Plan Number \_\_\_\_\_

Requested Effective Date MM / DD / YYYY



\*000100000000000000000000\*

**A CLAIMANT MAY HAVE THE OPTION TO ELECT TO HAVE THE PROCEEDS OF A GUARDIAN GROUP LIFE POLICY PAID THROUGH A RETAINED ASSET ACCOUNT. SHOULD A CLAIMANT ELECT SUCH PAYMENT, THE FOLLOWING SUPPLEMENTAL CONTRACT AND DISCLOSURES SHALL APPLY:**

**THE GUARDIAN ASSET ACCOUNT SUPPLEMENTAL CONTRACT AND DISCLOSURES**

- 1. The Guardian Asset Account operates as a draft account administered by Open Solutions and maintained by State Street Bank in Boston, Massachusetts.**
- 2. The draft account can be accessed by utilizing a draft book. One draft can be written to access the entire proceeds of your Guardian Asset Account including interest. All other payment options are preserved until the entire balance is withdrawn or your balance drops below \$250. Until that time, you reserve the right to request a lump sum payment.**
- 3. Minimum Balance Requirements: If your Guardian Asset Account balance falls below \$250, Guardian will close the account automatically. Guardian will send you the balance in the account and accrued interest immediately after the next monthly statement.**
- 4. Minimum "Draft" Amounts: The minimum amount for which a draft may be written on the Guardian Asset Account is \$250. Wire transfer services are not available.**
- 5. Interest: You earn interest on proceeds in The Guardian Asset Account from the date that your account is established until the date that drafts are cleared. Guardian compounds interest daily, and credits your account monthly. Interest is based on the balance in your account at the end of the day. The minimum interest rate for a calendar year is set annually. For 2012 the minimum interest rate is 1.5%. For further information regarding the interest rate, please call 1-800-525-4542. Choosing the Guardian Asset Account may have certain tax implications. The interest credited to the Guardian Asset Account may be subject to taxation. You should consult a tax advisor regarding the tax treatment of this account. Guardian recommends that you consult with an investment or other financial advisor regarding your investment options.**
- 6. The Guardian Life Insurance Company of America derives income from the total gains received on the investment of the balance of funds in the account less any applicable fees and expenses associated with administering the account.**
- 7. Statements: You will receive a monthly of your account showing current balance, withdrawals, interest credited, applicable rates, and any other activity. State Street Bank and Trust Company will retain the cleared "drafts".**
- 8. Special Fees: Except for the special fees described below, drafts and draft services are provided free of charge. Your account will be charged fees or penalties in the following situations:**
  - \$10.00 for any draft returned unpaid.**
  - \$12.00 for each stop-payment order.**
  - \$2.00 for a copy of any draft or statement.**
- 9. Bank Rules: Your draft account is subject to the rules and regulations of State Street Bank and Trust Company, Boston, MA. The bank will not pay a draft that exceeds available funds in your account.**

10. **Deposits:** You cannot deposit funds in The Guardian Asset Account. Once funds are withdrawn, they cannot be redeposited or transferred to another settlement option.
11. **Beneficiary Designation:** You may designate a beneficiary for the balance in your Guardian Asset Account, where permitted by law, by filling in the Beneficiary Designation Form and mailing it as directed. The Guardian must receive any change in writing and in a manner satisfactory to The Guardian. If we do not receive a written Beneficiary Designation, we will pay the balance of the account to the estate of the Guardian Asset Account holder.
12. Principal and interest accrued under The Guardian Asset Account are fully guaranteed by The Guardian Life Insurance Company of America. There is no FDIC protection for the funds maintained in The Guardian Asset Account. The full amount of the proceeds and all interest earned are guaranteed by the full faith and credit of the Company.
13. Alaska, California, Colorado, Connecticut, Illinois, Iowa, Maine, New Hampshire, New Jersey, Ohio, Virginia, West Virginia: These proceeds may be guaranteed by the State Guaranty Associations. State Guaranty Association coverage limits vary by state. Please contact the National Organization of Life and Healthy Guaranty Associations ([www.nolhga.com](http://www.nolhga.com)); Telephone: (703)481-5206 for more information about the coverage or limitations of your account.
14. **Inactive Accounts -** Your Guardian Asset Account (GAA) will be considered inactive if there are no funds drawn on the account or if no affirmative directive has been provided to the Guardian Life Insurance Company of America for any continuous three year period. In the event that your account becomes inactive, the account will be closed, and a check for the remaining balance will be mailed to the last known address of the account holder. In the absence of a valid mailing address, the funds may be subject to the unclaimed funds laws of the various states.
15. For further information, please contact your state department of insurance.
16. **Changes in Terms and Conditions:** The Guardian reserves the right to make any changes in these terms and conditions. You will be notified if changes are made. If you have any questions about your account or need assistance, call our toll-free number 1-800-331-4631, or write The Guardian, P.O. 3710, Cherry Hill, NJ 08034-0178. [www.glic.com](http://www.glic.com).