



The Guardian Life Insurance Company Of America |

**Home Office Address**  
7 Hanover Square, New York, NY 10004

Your Insurance Broker is : **Broker Name** \_\_\_\_\_  
**Broker Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Broker Phone:** \_\_\_\_\_  
 \_\_\_\_\_  
 Your Guardian Representative is : **GR Name** \_\_\_\_\_  
**GR Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**GR Phone:** \_\_\_\_\_

**APPLICATION FOR A PLAN OF GROUP INSURANCE**

REQUESTED COVERAGE			
Applicant Name :		Coverage(s): <b>Dental</b>	
Address :			
City :			
State :	Zip :		

BUSINESS INFORMATION			
<b>Types of Organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> S Corp <input type="checkbox"/> Other: _____		Nature of Business	
		Tax ID Number	Date Established MM/DD/YYYY
<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

For additional names, please attach a separate sheet

AGREEMENT	
<b>Conditions Of Agreement</b> It is understood that only full-time employees shall be eligible.	<b>Acceptance of Plan</b> 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.

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**AGREEMENT Continued**

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.

**FRAUD WARNING:**

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

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.

**SIGNATURES**

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	

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

Requested Effective Date MM / DD / YYYY



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