



## Enrollment Success Plan Agreement

To ensure the successful implementation of your voluntary employee benefits program, Guardian has developed our Enrollment Success Plan (ESP). Guardian believes so fully that your agreement to the simple guidelines outlined below will improve employee participation that we will waive all initial minimum participation requirements and may assume more favorable rate and/or underwriting parameters.

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We, the Planholder, by endorsement below, agree to the guidelines outlined as follows. We fully acknowledge that failure to comply with these procedures may result in an unsuccessful enrollment process. Failure to comply with **all** guidelines may require Guardian to rescind the offer to underwrite coverage(s) and we may apply more stringent underwriting and/or increase rates.

- 1) We agree that enrollment meetings will be **mandatory** and a roster of employees will be provided and checked against the attendees by a company representative. In consideration of normal activities that may prevent some employees from attending the enrollment meetings, a threshold of 75% of total eligible employees will be used to satisfy the mandatory criteria.
- 2) We agree to endorse the voluntary employee benefits offered through Guardian to our employees via written correspondence. Endorsement will be provided via an electronic or hardcopy communication on official company letterhead. This communication will announce the benefits being offered through Guardian, encourage employees to take advantage of the opportunity to enroll, and state where and when to enroll. A Guardian representative will provide an announcement template to use.
- 3) We agree to meet with a Guardian representative in advance of the enrollment meeting(s) to discuss logistics. As part of this meeting, we will review a complete "site listing" of all employment locations with this Guardian representative. We will provide the site listing, which will detail the current number of employees working at each location and will provide the contact name and number of the site manager for each location.
- 4) We agree to allow adequate time during normal business hours (excluding lunchtime or breaks) for presentation of the program and enrollment.
- 5) We agree to assist in the communication of the planned employee enrollment meeting by allowing use of current company communication systems (e.g., e-mail, company mail distribution systems and bulletin boards) for pre-enrollment announcements.
- 6) We agree to have a company representative (Human Resources Director or site manager) present at all enrollment meetings.

Please note: For cases with <50 eligible employees, ESP is available only for dental or dental/vision and not for any other coverage(s) sold. For these other coverages, we do not waive the initial minimum participation requirements and do not assume more favorable rate and/or underwriting parameters.

**Planholder**  
Signature: \_\_\_\_\_

**Group Plan Name:** \_\_\_\_\_

**Group Plan Number:** \_\_\_\_\_

**Return ESP to your Onboarding Specialist**

<b>To be completed by enroller</b>	
<input type="checkbox"/> Guardian Representative	<input type="checkbox"/> Broker
<b><u>ESP Results</u></b>	
Employees Eligible =	_____
Employees Seen =	_____