

A CLAIMANT MAY HAVE THE OPTION TO ELECT TO HAVE THE PROCEEDS OF A GROUP LIFE POLICY UNDERWRITTEN BY GUARDIAN 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 All other payment options are preserved until the entire balance is withdrawn or your balance drops below \$250.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); 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 the Guardian's toll-free number 1-800-331-4631, or write The Guardian, P.O. 3710, Cherry Hill, NJ 08034-0178. www.glic.com.



The Guardian Life Insurance Company Of America

ADDITIONAL INFORMATION QUESTIONNAIRE

Company Name (As it should appear on your bill and contract)			Plan Number			Requested Effective Date		
Correspondent Name			Phone Number			Fax Number		
Correspondent Title			Email Address					
Company Address			Mailing Address (if different)					
City	State	Zip	City	State	Zip	City	State	Zip
Total Number of Employees			Total Number of Employees Eligible for Coverage					

Are there any Additional Affiliate Locations? Yes (Please provide details, including name if different than company name)
 No (All out of state employees commute or work at home)

Guardian is able to arrange incidental group coverage for US-situed corporations in most countries. Depending on the countries where your employees are located, there may be a certain set of restrictions or exclusions applicable to benefit plans.
 Do you have any employees working outside the United States? Yes No

If Yes, please provide details regarding the number of employees, and locations.

1. Affiliate Name	Address		Total Employed	Eligible for Coverage
Correspondent Name	Phone Number	Email Address	Fax Number	

Please provide waiting period information.

Applies to: (1) Only employees hired after the effective date of coverage with Guardian
 (2) All employees including those hired before, on, or after the effective date of coverage with Guardian

Waiting Period: (A) _____ days (actual days counted)
 (B) _____ month(s)
 (C) first of the month following _____ days (actual days counted)
 (D) first of the month following _____ month(s)
 (E) first of the month following or coinciding with date hired

Coverage Ends: First of the month effective dates give employees coverage until the end of the month for dental and vision. Coverage ends immediately upon termination for life, disability, specified disease, accident, cancer and when employees are not effective on the first of the month.

Requested Class Definitions.

Class	Description	Waiting period: <i>If class specific, indicate letter and number from waiting period section</i>	Earnings and Benefit Redetermination
Class 1	<input type="checkbox"/> All eligible employees	Applies to: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Waiting Period: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Immediate: notify Guardian every time an employee's salary changes <input type="checkbox"/> Plan Anniversary: updated yearly on plan's anniversary date <input type="checkbox"/> Other determined by employer as described here (i.e. W2) _____
Class 2		Applies to: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Waiting Period: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Immediate: notify Guardian every time an employee's salary changes <input type="checkbox"/> Plan Anniversary: updated yearly on plan's anniversary date <input type="checkbox"/> Other determined by employer as described here (i.e. W2) _____

Requested Class Definitions continued.

Class	Description	Waiting period: <i>If class specific, indicate letter and number from waiting period section</i>	Earnings and Benefit Redetermination
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Please indicate any classes to be excluded. _____
 Final classes may be altered based on legal requirements or ease of administration.

Class(es) _____ Are class employees eligible for all coverages? Yes No
 If no, what coverage(s) are to be excluded? _____

Are Retirees included? Yes No
 Rates assume no retiree coverage. Coverage for retirees requires prior underwriting approval.

Coverage	Earnings Definition
Basic Life (if based on salary)	<input type="checkbox"/> Standard Excluding Bonus & Commission <input type="checkbox"/> Standard Including Bonus <input type="checkbox"/> Standard Including Commission
	<input type="checkbox"/> Standard Including Bonus & Commission <input type="checkbox"/> W-2 Preceding Calendar Yr. <input type="checkbox"/> W-2 Preceding Tax Yr.
	<input type="checkbox"/> Partnership/Subchapter S (Tax Year or Calendar Year) <input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other _____

Does the company offer coverage for Domestic Partners? Yes No
 children of domestic partner

Employer Contribution				
Please complete this table listing the percentage of premium the employer pays.				
Basic Life	Employee	<input type="checkbox"/> Employer pays all	<input type="checkbox"/> Employer pays part _____%	<input type="checkbox"/> Employer pays none
	Dependent	<input type="checkbox"/> Employer pays all	<input type="checkbox"/> Employer pays part _____%	<input type="checkbox"/> Employer pays none
Dental	Employee	<input type="checkbox"/> Employer pays all	<input type="checkbox"/> Employer pays part _____%	<input type="checkbox"/> Employer pays none
	Dependent	<input type="checkbox"/> Employer pays all	<input type="checkbox"/> Employer pays part _____%	<input type="checkbox"/> Employer pays none
Vision	Employee	<input type="checkbox"/> Employer pays all	<input type="checkbox"/> Employer pays part _____%	<input type="checkbox"/> Employer pays none
	Dependent	<input type="checkbox"/> Employer pays all	<input type="checkbox"/> Employer pays part _____%	<input type="checkbox"/> Employer pays none

What is the minimum hourly work requirement for employees to be eligible for benefits?
 Minimum _____ Hours Per Week (All Classes / All Coverages)
 All employees work the required minimum number of hours
 Explain if different by Class or Coverage _____

Please provide prior carrier information			
	Insert carrier name or select 'none'		Termination Date
Dental	<input type="checkbox"/>	<input type="checkbox"/> none	__/__/____
Basic Life	<input type="checkbox"/>	<input type="checkbox"/> none	__/__/____
Vision	<input type="checkbox"/>	<input type="checkbox"/> none	__/__/____

Annual Open Enrollment (for dental and vision only) Check all that apply.

	Sign up period begins and ends		Change Effective	Type of open enrollment option			
	From Date	To Date	Transfer Date	Section 125	Buy-Up / Dual Choice	DHMO	None
Dental	___/___	___/___	___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	___/___	___/___	___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Billing Preferences

Guardian's standard billing method is electronic bills. You will receive e-bills for viewing and payment through our secure website www.GuardianAnytime.com. If you require a paper bill, please indicate below.

Billing frequency: Monthly Quarterly Semi-Annual Annual
 Payroll frequency: 12/year 24/year 26/year 52/year

Include Payroll Deduction Statements? Yes No

Bill delivery electronic (standard) paper with volumes paper without volumes

Standard List Bill - alphabetically by employee

Subtotal billing **Organize by (Check one):** Class

Job title

Department

Location

By these codes (Up to 4 characters):

0 0 0 0 DESCRIPTION

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Division billing **Send bills to:** Individual Divisions

Main Billing Office

NOTE: All checks must be submitted by the due date. Must have a minimum of 10 employees in each division. Any single missed payment may result in cancellation of the entire plan.

Main Billing Office/Division Name

Office/Division Contact Name

Address (if other than page 1)

Telephone

City

State

Zip

Self-Administered (Available for plans with over 250 covered employees.)

Would the company like to use Electronic Funds Transfer? Yes No

Delivery Preference of Plan Materials.

Administration Kit (select one):

Mail to company Mail to insurance broker Mail to benefits advisor

ID Cards:

Electronic Member Level ID Cards or Electronic Plan Level ID Cards are available on Guardian Dental and Fully Insured Davis and VSP plans. These are accessible through our Guardian Anytime Website (www.guardiananytime.com)

Would you like Plan Level or Member Level Electronic Cards? Plan Level Member Level

Electronic Cards

Claims

In case of a claim, send as follows (select one)

Employee check / EOB to employee home

Other _____

Master Application signed by: _____ Title: _____
printed name

Insurance Broker Information (Broker Use Only)

Insurance Broker Name:		License Number	
Address			
City		State	Zip Code
Tax ID Number	Guardian Broker Code	Guardian Agency	Agency Code
Fax		Phone Number	
Email			

Commissions: Split %

Pay to Broker Pay to Agency

Dental

- Standard M Scale
- Percent _____%

Basic Life

- Standard M Scale
- Percent _____%

Vision

- Standard M Scale
- Percent _____%

Guardian Group Sales Use Only**Vision Access**

If you have selected Vision, do you wish to also include Vision Access?

 Yes No**Davis Vision Plan Type****VSP Vision Plan Type****Tied Coverages** Yes No

If yes, please indicate tied coverages and those tied to another carrier: _____

Grandfather Current Amounts Yes No

If yes, please include a copy of prior carrier bill, showing amounts to be grandfathered, and underwriter approval.

Combined/Block plans (for Phoenix coding)

Combined w / _____ (Parent #)

Block w / _____ (name of block)

Tied To G# _____

 N/A**ID Cards****Your planholder cards are set up for electronic distribution (no print). If the planholder requires printed cards, please check Printed Cards option and complete the information below.** **Electronic only** **Printed Cards*****If no boxes are checked below, we will process the card order as electronic.**

Please provide details for printed cards: (Please select one: Plan level or Member level)

 Plan level Ship to: Company Division TPA Other _____ Member level Ship to: Employee's home Company Division TPA Other _____Were up-front printed cards already ordered by the RGO? Yes No**Split Compensation.** If Split Compensation applies please complete the below.

Rep #1

Rep Name

Telephone Number

Sales Rep Code

RGO Code

Percent of compensation to Rep #1

Percent of Production Credit lives & NPF for rep #1

Rep #2

Rep Name

Telephone Number

Sales Rep Code

RGO Code

Percent of compensation to Rep #2

Percent of Production Credit lives & NPF for rep #2

***Compensation and Production Credit percentage between reps should total 100%

Remarks (Explain any non-standard benefits here)
