



The Guardian Life Insurance Company of America

Planholder Name (Company Name)
BRS / Employer Name:
Guardian Group Plan No.: 430806
Planholder Street Address
City
State
Zip

EMPLOYER USE ONLY:
Class
Hours Worked
Division
Benefit Effective
Keep a copy for your records and return to: Business Resource Services, PO BOX 9367, South Burlington Vermont, 05407-9367

ABOUT YOURSELF - Please print clearly and in black or blue ink
First, Middle Initial, Last Name
Sex:
Date of Birth (mm/dd/yyyy)
Social Security Number
Address
City
State
Zip
The best way to reach you:
Business Phone#
Home Phone #
Preferred Email
Job Title:
Work Status/Eligibility:
Date work status began:
Annual Salary/Earnings:
ARE YOU MARRIED?
DO YOU HAVE CHILDREN OR OTHER DEPENDENTS?

ABOUT YOUR DEPENDENTS
Add
Change
Drop
Spouse First, Middle Initial, Last Name
Sex
Date of Birth (mm/dd/yyyy)
Social Security Number
Marriage Date
Child (1):
Child (2):
Child (3):
Child (4):

To drop coverage for yourself or your dependents, check the box(es) to the left of the name(s) and select the coverage(s) to drop below. Attach a separate sheet if you wish to drop more than one dependent from different coverage's.
Dental

CHOOSE YOUR DENTAL COVERAGE: Check one box only
Find dental providers online at www.guardianlife.com or check the directory of providers.

Employee Alone
Employee + 1
Employee + 2 or more
I Elect Coverage
I Waive This Coverage

DID YOU HAVE DENTAL COVERAGE IMMEDIATELY PRIOR TO YOUR EFFECTIVE DATE UNDER THIS PLAN?
If waiving coverage, are you covered under another dental plan?
If waiving dependent coverage, are your dependents covered under another dental plan?

If you or your family has lost dental coverage, please explain below. Late entrant penalties may apply.
Reason for Loss of coverage:
Date of coverage loss:
Termination of Employment.
Divorce.
Death of Spouse.
Termination or Expiration of coverage

PLEASE READ AND SIGN THE SIGNATURE SECTION ON THE REVERSE SIDE OF THIS FORM

IMPORTANT NOTES:

- Proof of insurability does not apply to dental, but if you waive dental coverage and later decide to enroll, you may be subject to a late entrant penalty and your dental benefits may be limited for a period of time. Guardian may waive late-entrant penalties if you lose dental coverage due to termination of the plan, loss of employment, death of spouse, divorce or where a court has ordered coverage be provided for an eligible spouse or eligible children, provided you apply within 30 days.

SIGNATURE

- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverage's that I have chosen above.
- I agree that my employer may deduct premiums from my pay or add premiums to my dues; if they are required for the coverage I have chosen above.
- I attest that the information provided above is true and correct to the best of my knowledge.
- I understand that my dependent(s) cannot be enrolled for coverage if I am not enrolled for that coverage.
- **Any person 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 civil penalty not to exceed five thousand dollars and stated value of the claim for each such violation (does not apply to life insurance).**

SIGNATURE OF EMPLOYEE

DATE