



Group Number: 00409200

COUNTY OF FRANKLIN

ALL ELIGIBLE EMPLOYEES

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Dental
- Vision
- Life

Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST.

And refer to your plan number: 00409200



Welcome

Dear COUNTY OF FRANKLIN Employee,

We're pleased to tell you that Guardian will be our coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and extensive plan designs.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

COUNTY OF FRANKLIN

Life Benefit Summary
Group Number: 00409200

About Your Benefits:

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents- a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

What Your Benefits Cover:

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$20,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Not available
Spouse/Domestic Partner† Benefit	Your spouse/domestic partner is eligible for coverage in the amount of \$10,000.	50% of employee coverage to a max of \$125,000
Child Benefit	Your dependent children ages 14 days to 26, are eligible for coverage in the amount of \$5,000. See enrollment form for details.	Your dependent children age 14 days to 26 years. You may elect one of the following benefit options: \$2,500, \$5,000, \$7,500, \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$20,000 per employee (Reduction to Guarantee Issue amount will begin at age 65. Please see your plan administrator for details)	We Guarantee Issue coverage up to: Employee \$100,000. Spouse \$50,000. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes

	BASIC LIFE	VOLUNTARY TERM LIFE
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Subject to coverage limits

† Spouse coverage terminates at age 70.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00409200

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style. To help you assess your needs, you can also go to Guardian Anytime and view a video: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life>

			Semi-monthly premiums displayed. Policy Election Cost Per Age Bracket								
			< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$20,000 Policy Election Amount											
Employee	\$20,000	Preferred	\$0.50	\$0.60	\$0.70	\$1.30	\$2.20	\$3.70	\$6.30	\$8.60	\$13.60
		Standard	\$0.73	\$0.93	\$1.36	\$2.09	\$3.44	\$5.81	\$9.39	\$12.43	\$19.72
Spouse	\$10,000	Preferred	\$0.25	\$0.30	\$0.35	\$0.65	\$1.10	\$1.85	\$3.15	\$4.30	\$6.80
		Standard	\$0.37	\$0.47	\$0.68	\$1.05	\$1.72	\$2.91	\$4.70	\$6.22	\$9.86
Child	\$2,500		\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09
\$30,000 Policy Election Amount											
Employee	\$30,000	Preferred	\$0.75	\$0.90	\$1.05	\$1.95	\$3.30	\$5.55	\$9.45	\$12.90	\$20.40
		Standard	\$1.10	\$1.40	\$2.04	\$3.14	\$5.16	\$8.72	\$14.09	\$18.65	\$29.58
Spouse	\$15,000	Preferred	\$0.38	\$0.45	\$0.53	\$0.98	\$1.65	\$2.78	\$4.73	\$6.45	\$10.20
		Standard	\$0.55	\$0.70	\$1.02	\$1.57	\$2.58	\$4.36	\$7.04	\$9.32	\$14.79
Child	\$5,000		\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17	\$0.17
\$40,000 Policy Election Amount											
Employee	\$40,000	Preferred	\$1.00	\$1.20	\$1.40	\$2.60	\$4.40	\$7.40	\$12.60	\$17.20	\$27.20
		Standard	\$1.46	\$1.86	\$2.72	\$4.18	\$6.88	\$11.62	\$18.78	\$24.86	\$39.44
Spouse	\$20,000	Preferred	\$0.50	\$0.60	\$0.70	\$1.30	\$2.20	\$3.70	\$6.30	\$8.60	\$13.60
		Standard	\$0.73	\$0.93	\$1.36	\$2.09	\$3.44	\$5.81	\$9.39	\$12.43	\$19.72
Child	\$7,500		\$0.26	\$0.26	\$0.26	\$0.26	\$0.26	\$0.26	\$0.26	\$0.26	\$0.26
\$50,000 Policy Election Amount											
Employee	\$50,000	Preferred	\$1.25	\$1.50	\$1.75	\$3.25	\$5.50	\$9.25	\$15.75	\$21.50	\$34.00
		Standard	\$1.83	\$2.33	\$3.40	\$5.23	\$8.60	\$14.53	\$23.48	\$31.08	\$49.30
Spouse	\$25,000	Preferred	\$0.63	\$0.75	\$0.88	\$1.63	\$2.75	\$4.63	\$7.88	\$10.75	\$17.00
		Standard	\$0.91	\$1.16	\$1.70	\$2.61	\$4.30	\$7.26	\$11.74	\$15.54	\$24.65
Child	\$10,000		\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34
\$60,000 Policy Election Amount											
Employee	\$60,000	Preferred	\$1.50	\$1.80	\$2.10	\$3.90	\$6.60	\$11.10	\$18.90	\$25.80	\$40.80
		Standard	\$2.19	\$2.79	\$4.08	\$6.27	\$10.32	\$17.43	\$28.17	\$37.29	\$59.16
Spouse	\$30,000	Preferred	\$0.75	\$0.90	\$1.05	\$1.95	\$3.30	\$5.55	\$9.45	\$12.90	\$20.40
		Standard	\$1.10	\$1.40	\$2.04	\$3.14	\$5.16	\$8.72	\$14.09	\$18.65	\$29.58
Child	\$10,000		\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34
\$70,000 Policy Election Amount											
Employee	\$70,000	Preferred	\$1.75	\$2.10	\$2.45	\$4.55	\$7.70	\$12.95	\$22.05	\$30.10	\$47.60
		Standard	\$2.56	\$3.26	\$4.76	\$7.32	\$12.04	\$20.34	\$32.87	\$43.51	\$69.02
Spouse	\$35,000	Preferred	\$0.88	\$1.05	\$1.23	\$2.28	\$3.85	\$6.48	\$11.03	\$15.05	\$23.80
		Standard	\$1.28	\$1.63	\$2.38	\$3.66	\$6.02	\$10.17	\$16.43	\$21.75	\$34.51
Child	\$10,000		\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34
\$80,000 Policy Election Amount											
Employee	\$80,000	Preferred	\$2.00	\$2.40	\$2.80	\$5.20	\$8.80	\$14.80	\$25.20	\$34.40	\$54.40
		Standard	\$2.92	\$3.72	\$5.44	\$8.36	\$13.76	\$23.24	\$37.56	\$49.72	\$78.88
Spouse	\$40,000	Preferred	\$1.00	\$1.20	\$1.40	\$2.60	\$4.40	\$7.40	\$12.60	\$17.20	\$27.20
		Standard	\$1.46	\$1.86	\$2.72	\$4.18	\$6.88	\$11.62	\$18.78	\$24.86	\$39.44
Child	\$10,000		\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34	\$0.34

Voluntary Life Cost Illustration *continued*

			< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$90,000 Policy Election Amount											
Employee	\$90,000	Preferred	\$2.25	\$2.70	\$3.15	\$5.85	\$9.90	\$16.65	\$28.35	\$38.70	\$61.20
		Standard	\$3.29	\$4.19	\$6.12	\$9.41	\$15.48	\$26.15	\$42.26	\$55.94	\$88.74
Spouse	\$45,000	Preferred	\$1.13	\$1.35	\$1.58	\$2.93	\$4.95	\$8.33	\$14.18	\$19.35	\$30.60
		Standard	\$1.64	\$2.09	\$3.06	\$4.70	\$7.74	\$13.07	\$21.13	\$27.97	\$44.37
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$100,000 Policy Election Amount											
Employee	\$100,000	Preferred	\$2.50	\$3.00	\$3.50	\$6.50	\$11.00	\$18.50	\$31.50	\$43.00	\$68.00
		Standard	\$3.65	\$4.65	\$6.80	\$10.45	\$17.20	\$29.05	\$46.95	\$62.15	\$98.60
Spouse	\$50,000	Preferred	\$1.25	\$1.50	\$1.75	\$3.25	\$5.50	\$9.25	\$15.75	\$21.50	\$34.00
		Standard	\$1.83	\$2.33	\$3.40	\$5.23	\$8.60	\$14.53	\$23.48	\$31.08	\$49.30
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$110,000 Policy Election Amount											
Employee	\$110,000	Preferred	\$2.75	\$3.30	\$3.85	\$7.15	\$12.10	\$20.35	\$34.65	\$47.30	\$74.80
		Standard	\$4.02	\$5.12	\$7.48	\$11.50	\$18.92	\$31.96	\$51.65	\$68.37	\$108.46
Spouse	\$55,000	Preferred	\$1.38	\$1.65	\$1.93	\$3.58	\$6.05	\$10.18	\$17.33	\$23.65	\$37.40
		Standard	\$2.01	\$2.56	\$3.74	\$5.75	\$9.46	\$15.98	\$25.82	\$34.18	\$54.23
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$120,000 Policy Election Amount											
Employee	\$120,000	Preferred	\$3.00	\$3.60	\$4.20	\$7.80	\$13.20	\$22.20	\$37.80	\$51.60	\$81.60
		Standard	\$4.38	\$5.58	\$8.16	\$12.54	\$20.64	\$34.86	\$56.34	\$74.58	\$118.32
Spouse	\$60,000	Preferred	\$1.50	\$1.80	\$2.10	\$3.90	\$6.60	\$11.10	\$18.90	\$25.80	\$40.80
		Standard	\$2.19	\$2.79	\$4.08	\$6.27	\$10.32	\$17.43	\$28.17	\$37.29	\$59.16
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$130,000 Policy Election Amount											
Employee	\$130,000	Preferred	\$3.25	\$3.90	\$4.55	\$8.45	\$14.30	\$24.05	\$40.95	\$55.90	\$88.40
		Standard	\$4.75	\$6.05	\$8.84	\$13.59	\$22.36	\$37.77	\$61.04	\$80.80	\$128.18
Spouse	\$65,000	Preferred	\$1.63	\$1.95	\$2.28	\$4.23	\$7.15	\$12.03	\$20.48	\$27.95	\$44.20
		Standard	\$2.37	\$3.02	\$4.42	\$6.79	\$11.18	\$18.88	\$30.52	\$40.40	\$64.09
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$140,000 Policy Election Amount											
Employee	\$140,000	Preferred	\$3.50	\$4.20	\$4.90	\$9.10	\$15.40	\$25.90	\$44.10	\$60.20	\$95.20
		Standard	\$5.11	\$6.51	\$9.52	\$14.63	\$24.08	\$40.67	\$65.73	\$87.01	\$138.04
Spouse	\$70,000	Preferred	\$1.75	\$2.10	\$2.45	\$4.55	\$7.70	\$12.95	\$22.05	\$30.10	\$47.60
		Standard	\$2.56	\$3.26	\$4.76	\$7.32	\$12.04	\$20.34	\$32.87	\$43.51	\$69.02
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$150,000 Policy Election Amount											
Employee	\$150,000	Preferred	\$3.75	\$4.50	\$5.25	\$9.75	\$16.50	\$27.75	\$47.25	\$64.50	\$102.00
		Standard	\$5.48	\$6.98	\$10.20	\$15.68	\$25.80	\$43.58	\$70.43	\$93.23	\$147.90
Spouse	\$75,000	Preferred	\$1.88	\$2.25	\$2.63	\$4.88	\$8.25	\$13.88	\$23.63	\$32.25	\$51.00
		Standard	\$2.74	\$3.49	\$5.10	\$7.84	\$12.90	\$21.79	\$35.21	\$46.61	\$73.95
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$160,000 Policy Election Amount											
Employee	\$160,000	Preferred	\$4.00	\$4.80	\$5.60	\$10.40	\$17.60	\$29.60	\$50.40	\$68.80	\$108.80
		Standard	\$5.84	\$7.44	\$10.88	\$16.72	\$27.52	\$46.48	\$75.12	\$99.44	\$157.76
Spouse	\$80,000	Preferred	\$2.00	\$2.40	\$2.80	\$5.20	\$8.80	\$14.80	\$25.20	\$34.40	\$54.40
		Standard	\$2.92	\$3.72	\$5.44	\$8.36	\$13.76	\$23.24	\$37.56	\$49.72	\$78.88
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34

Voluntary Life Cost Illustration *continued*

			< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$170,000 Policy Election Amount											
Employee	\$170,000	Preferred	\$4.25	\$5.10	\$5.95	\$11.05	\$18.70	\$31.45	\$53.55	\$73.10	\$115.60
		Standard	\$6.21	\$7.91	\$11.56	\$17.77	\$29.24	\$49.39	\$79.82	\$105.66	\$167.62
Spouse	\$85,000	Preferred	\$2.13	\$2.55	\$2.98	\$5.53	\$9.35	\$15.73	\$26.78	\$36.55	\$57.80
		Standard	\$3.10	\$3.95	\$5.78	\$8.88	\$14.62	\$24.69	\$39.91	\$52.83	\$83.81
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$180,000 Policy Election Amount											
Employee	\$180,000	Preferred	\$4.50	\$5.40	\$6.30	\$11.70	\$19.80	\$33.30	\$56.70	\$77.40	\$122.40
		Standard	\$6.57	\$8.37	\$12.24	\$18.81	\$30.96	\$52.29	\$84.51	\$111.87	\$177.48
Spouse	\$90,000	Preferred	\$2.25	\$2.70	\$3.15	\$5.85	\$9.90	\$16.65	\$28.35	\$38.70	\$61.20
		Standard	\$3.29	\$4.19	\$6.12	\$9.41	\$15.48	\$26.15	\$42.26	\$55.94	\$88.74
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$190,000 Policy Election Amount											
Employee	\$190,000	Preferred	\$4.75	\$5.70	\$6.65	\$12.35	\$20.90	\$35.15	\$59.85	\$81.70	\$129.20
		Standard	\$6.94	\$8.84	\$12.92	\$19.86	\$32.68	\$55.20	\$89.21	\$118.09	\$187.34
Spouse	\$95,000	Preferred	\$2.38	\$2.85	\$3.33	\$6.18	\$10.45	\$17.58	\$29.93	\$40.85	\$64.60
		Standard	\$3.47	\$4.42	\$6.46	\$9.93	\$16.34	\$27.60	\$44.60	\$59.04	\$93.67
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$200,000 Policy Election Amount											
Employee	\$200,000	Preferred	\$5.00	\$6.00	\$7.00	\$13.00	\$22.00	\$37.00	\$63.00	\$86.00	\$136.00
		Standard	\$7.30	\$9.30	\$13.60	\$20.90	\$34.40	\$58.10	\$93.90	\$124.30	\$197.20
Spouse	\$100,000	Preferred	\$2.50	\$3.00	\$3.50	\$6.50	\$11.00	\$18.50	\$31.50	\$43.00	\$68.00
		Standard	\$3.65	\$4.65	\$6.80	\$10.45	\$17.20	\$29.05	\$46.95	\$62.15	\$98.60
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$210,000 Policy Election Amount											
Employee	\$210,000	Preferred	\$5.25	\$6.30	\$7.35	\$13.65	\$23.10	\$38.85	\$66.15	\$90.30	\$142.80
		Standard	\$7.67	\$9.77	\$14.28	\$21.95	\$36.12	\$61.01	\$98.60	\$130.52	\$207.06
Spouse	\$105,000	Preferred	\$2.63	\$3.15	\$3.68	\$6.83	\$11.55	\$19.43	\$33.08	\$45.15	\$71.40
		Standard	\$3.83	\$4.88	\$7.14	\$10.97	\$18.06	\$30.50	\$49.30	\$65.26	\$103.53
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$220,000 Policy Election Amount											
Employee	\$220,000	Preferred	\$5.50	\$6.60	\$7.70	\$14.30	\$24.20	\$40.70	\$69.30	\$94.60	\$149.60
		Standard	\$8.03	\$10.23	\$14.96	\$22.99	\$37.84	\$63.91	\$103.29	\$136.73	\$216.92
Spouse	\$110,000	Preferred	\$2.75	\$3.30	\$3.85	\$7.15	\$12.10	\$20.35	\$34.65	\$47.30	\$74.80
		Standard	\$4.02	\$5.12	\$7.48	\$11.50	\$18.92	\$31.96	\$51.65	\$68.37	\$108.46
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$230,000 Policy Election Amount											
Employee	\$230,000	Preferred	\$5.75	\$6.90	\$8.05	\$14.95	\$25.30	\$42.55	\$72.45	\$98.90	\$156.40
		Standard	\$8.40	\$10.70	\$15.64	\$24.04	\$39.56	\$66.82	\$107.99	\$142.95	\$226.78
Spouse	\$115,000	Preferred	\$2.88	\$3.45	\$4.03	\$7.48	\$12.65	\$21.28	\$36.23	\$49.45	\$78.20
		Standard	\$4.20	\$5.35	\$7.82	\$12.02	\$19.78	\$33.41	\$53.99	\$71.47	\$113.39
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34
\$240,000 Policy Election Amount											
Employee	\$240,000	Preferred	\$6.00	\$7.20	\$8.40	\$15.60	\$26.40	\$44.40	\$75.60	\$103.20	\$163.20
		Standard	\$8.76	\$11.16	\$16.32	\$25.08	\$41.28	\$69.72	\$112.68	\$149.16	\$236.64
Spouse	\$120,000	Preferred	\$3.00	\$3.60	\$4.20	\$7.80	\$13.20	\$22.20	\$37.80	\$51.60	\$81.60
		Standard	\$4.38	\$5.58	\$8.16	\$12.54	\$20.64	\$34.86	\$56.34	\$74.58	\$118.32
Child	\$10,000		\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34	\$.34

Voluntary Life Cost Illustration *continued*

			< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$250,000 Policy Election Amount											
Employee	\$250,000	Preferred	\$6.25	\$7.50	\$8.75	\$16.25	\$27.50	\$46.25	\$78.75	\$107.50	\$170.00
		Standard	\$9.13	\$11.63	\$17.00	\$26.13	\$43.00	\$72.63	\$117.38	\$155.38	\$246.50
Spouse	\$125,000	Preferred	\$3.13	\$3.75	\$4.38	\$8.13	\$13.75	\$23.13	\$39.38	\$53.75	\$85.00
		Standard	\$4.56	\$5.81	\$8.50	\$13.06	\$21.50	\$36.31	\$58.69	\$77.69	\$123.25
Child	\$10,000		\$3.34	\$3.34	\$3.34	\$3.34	\$3.34	\$3.34	\$3.34	\$3.34	\$3.34

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

‡Spouse/DP coverage premium is based on Spouse age. Coverage for the spouse terminates at spouse's age 70.

†Benefit reductions apply.

Preferred rates apply to premium for non-tobacco usage and/or health history. Standard rates apply to premium for tobacco usage and/or health history.

Manage Your Benefits:

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Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00409200

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

Voluntary Life Only:

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-I-R-LB-90, GP-I-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties or on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.



The Guardian Life Insurance Company
of America
7 Hanover Square
New York, New York 10007

**Voluntary Term Life
Semi-Monthly (24) Cost Illustration
County of Franklin**

\$20,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 0.40	\$ 0.50
\$20,000 Standard **	\$ 0.78	\$ 0.73
Spouse Preferred*	\$ 0.20	\$ 0.25
\$10,000 Standard**	\$ 0.39	\$ 0.37

\$30,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 0.60	\$ 0.75
\$30,000 Standard **	\$ 1.17	\$ 1.10
Spouse Preferred*	\$ 0.30	\$ 0.38
\$15,000 Standard**	\$ 0.59	\$ 0.55

\$40,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 0.80	\$ 1.00
\$40,000 Standard **	\$ 1.56	\$ 1.46
Spouse Preferred*	\$ 0.40	\$ 0.50
\$20,000 Standard**	\$ 0.78	\$ 0.73

\$50,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 1.00	\$ 1.25
\$50,000 Standard **	\$ 1.95	\$ 1.83
Spouse Preferred*	\$ 0.50	\$ 0.63
\$25,000 Standard**	\$ 0.98	\$ 0.91

\$60,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 1.20	\$ 1.50
\$60,000 Standard **	\$ 2.34	\$ 2.19
Spouse Preferred*	\$ 0.60	\$ 0.75
\$30,000 Standard**	\$ 1.17	\$ 1.10

Important Information about Voluntary Term Life: You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. We pay no benefits if the Insured's death is due to suicide within two years from the Insured's original effective date. This two-year limitation also applies to any increase in benefit (may vary by state). Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid. GP-1-R-EOPT-36.

* Preferred - Non-Tobacco User

** Standard - Tobacco User

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.



The Guardian Life Insurance Company
of America
7 Hanover Square
New York, New York 10007

Voluntary Term Life
Semi-Monthly (24) Cost Illustration
County of Franklin

\$70,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 1.40	\$ 1.75
\$70,000 Standard **	\$ 2.73	\$ 2.56
Spouse Preferred*	\$ 0.70	\$ 0.88
\$35,000 Standard**	\$ 1.37	\$ 1.28

\$80,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 1.60	\$ 2.00
\$80,000 Standard **	\$ 3.12	\$ 2.92
Spouse Preferred*	\$ 0.80	\$ 1.00
\$40,000 Standard**	\$ 1.56	\$ 1.46

\$90,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 1.80	\$ 2.25
\$90,000 Standard **	\$ 3.51	\$ 3.29
Spouse Preferred*	\$ 0.90	\$ 1.13
\$45,000 Standard**	\$ 1.76	\$ 1.64

\$100,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 2.00	\$ 2.50
\$100,000 Standard **	\$ 3.90	\$ 3.65
Spouse Preferred*	\$ 1.00	\$ 1.25
\$50,000 Standard**	\$ 1.95	\$ 1.83

\$110,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 2.20	\$ 2.75
\$110,000 Standard **	\$ 4.29	\$ 4.02
Spouse Preferred*	\$ 1.10	\$ 1.38
\$55,000 Standard**	\$ 2.15	\$ 2.01

\$120,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 2.40	\$ 3.00
\$120,000 Standard **	\$ 4.68	\$ 4.38
Spouse Preferred*	\$ 1.20	\$ 1.50
\$60,000 Standard**	\$ 2.34	\$ 2.19

\$130,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 2.60	\$ 3.25
\$130,000 Standard **	\$ 5.07	\$ 4.75
Spouse Preferred*	\$ 1.30	\$ 1.63
\$65,000 Standard**	\$ 2.54	\$ 2.37



The Guardian Life Insurance Company
of America
7 Hanover Square
New York, New York 10007

Voluntary Term Life
Semi-Monthly (24) Cost Illustration
County of Franklin

\$140,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 2.80	\$ 3.50
\$140,000 Standard **	\$ 5.46	\$ 5.11
Spouse Preferred*	\$ 1.40	\$ 1.75
\$70,000 Standard**	\$ 2.73	\$ 2.56

\$150,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 3.00	\$ 3.75
\$150,000 Standard **	\$ 5.85	\$ 5.48
Spouse Preferred*	\$ 1.50	\$ 1.88
\$75,000 Standard**	\$ 2.93	\$ 2.74

\$160,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 3.20	\$ 4.00
\$160,000 Standard **	\$ 6.24	\$ 5.84
Spouse Preferred*	\$ 1.60	\$ 2.00
\$80,000 Standard**	\$ 3.12	\$ 2.92

\$170,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 3.40	\$ 4.25
\$170,000 Standard **	\$ 6.63	\$ 6.21
Spouse Preferred*	\$ 1.70	\$ 2.13
\$85,000 Standard**	\$ 3.32	\$ 3.10

\$180,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 3.60	\$ 4.50
\$180,000 Standard **	\$ 7.02	\$ 6.57
Spouse Preferred*	\$ 1.80	\$ 2.25
\$90,000 Standard**	\$ 3.51	\$ 3.29

\$190,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 3.80	\$ 4.75
\$190,000 Standard **	\$ 7.41	\$ 6.94
Spouse Preferred*	\$ 1.90	\$ 2.38
\$95,000 Standard**	\$ 3.71	\$ 3.47

\$200,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 4.00	\$ 5.00
\$200,000 Standard **	\$ 7.80	\$ 7.30
Spouse Preferred*	\$ 2.00	\$ 2.50
\$100,000 Standard**	\$ 3.90	\$ 3.65



The Guardian Life Insurance Company
of America
7 Hanover Square
New York, New York 10007

Voluntary Term Life
Semi-Monthly (24) Cost Illustration
County of Franklin

\$210,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 4.20	\$ 5.25
\$210,000 Standard **	\$ 8.19	\$ 7.67
Spouse Preferred*	\$ 2.10	\$ 2.63
\$105,000 Standard**	\$ 4.10	\$ 3.83

\$220,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 4.40	\$ 5.50
\$220,000 Standard **	\$ 8.58	\$ 8.03
Spouse Preferred*	\$ 2.20	\$ 2.75
\$110,000 Standard**	\$ 4.29	\$ 4.02

\$230,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 4.60	\$ 5.75
\$230,000 Standard **	\$ 8.97	\$ 8.40
Spouse Preferred*	\$ 2.30	\$ 2.88
\$115,000 Standard**	\$ 4.49	\$ 4.20

\$240,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 4.80	\$ 6.00
\$240,000 Standard **	\$ 9.36	\$ 8.76
Spouse Preferred*	\$ 2.40	\$ 3.00
\$120,000 Standard**	\$ 4.68	\$ 4.38

\$250,000 Election

Election Cost Per
Age Bracket

	<25	25-29
Employee Preferred *	\$ 5.00	\$ 6.25
\$250,000 Standard **	\$ 9.75	\$ 9.13
Spouse Preferred*	\$ 2.50	\$ 3.13
\$125,000 Standard**	\$ 4.88	\$ 4.56

WillPrep Services

Special bonus for participants in voluntary life plan

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

▪ Advanced Health Care Directives	▪ Financial Power of Attorney	▪ Wills and Living Wills
▪ Estate Taxes	▪ Guardianship and Conservatorship	▪ Resource Library
▪ Executors & Probate	▪ Healthcare Power of Attorney	▪ Trusts

For more information about WillPrep Services, go to www.ibhwillprep.com; User name: WillPrep; Password: GLIC09 or call 1-877-433-6789

*The Option of an attorney prepared will is available for a small fee.

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.



Online Evidence of Insurability

Go to guardiananytime.com/eoi

1. Click "Yes, I have read and agree to the Disclaimers System alert."

If your employer is located in a state where online EOI is not available (NY, NH, VA and MT) please download the EOI form from GuardianAnytime.

2. Enter Group ID # shown above and click "Enter"

3. Select the coverages you are applying for and fill in your current and new election amounts

HELPFUL TIP: Enter "0" for current amount if this is a new election or if this is a request to increase your short term disability or long term disability coverage.

Click "Continue".

On the following screen, you will:

- Input your personal information
- Answer the health questions
- Review your answers, electronically provide your signature and click "Submit" to receive confirmation (PDF)
- Guardian will soon contact you directly regarding your application.

The Guardian Life Insurance
Company of America
guardiananytime.com

New York, NY

2017-44837 (08/19)

ADDITIONAL NOTES: Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is not available in the following states: New York, New Hampshire, Virginia and Montana. Electronic EOI is available using most internet browsers.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective: 05/01/2016

This Notice of Privacy Practices describes how Guardian and its subsidiaries may use and disclose your Protected Health Information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law.

Guardian is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices concerning PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. If we make material changes to our privacy practices, copies of revised notices will be made available on request and circulated as required by law. Copies of our current Notice may be obtained by contacting Guardian (using the information supplied below), or on our Web site at www.guardianlife.com/privacy-policy.

What is Protected Health Information (PHI):

PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. PHI refers particularly to information acquired or maintained by us as a result of your having health coverage (including medical, dental, vision and long term care coverage).

In What Ways may Guardian Use and Disclose your Protected Health Information (PHI):

Guardian has the right to use or disclose your PHI without your written authorization to assist in your treatment, to facilitate payment and for health care operations purposes. There are certain circumstances where we are required by law to use or disclose your PHI. And there are other purposes, listed below, where we are permitted to use or disclose your PHI without further authorization from you. Please note that examples are provided for illustrative purposes only and are not intended to indicate every use or disclosure that may be made for a particular purpose.

Guardian has the right to use or disclose your PHI for the following purposes:

Treatment. Guardian may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to supply information about alternative treatments.

Payment. Guardian may use and disclose your PHI in order to pay for the services and resources you may receive. For example, we may disclose your PHI for payment purposes to a health care provider or a health plan. Such purposes may include: ascertaining your range of benefits; certifying that you received treatment; requesting details regarding your treatment to determine if your benefits will cover, or pay for, your treatment.

Health Care Operations. Guardian may use and disclose your PHI to perform health care operations, such as administrative or business functions. For example, we may use your PHI for underwriting and premium rating purposes. However, we will not use or disclose your genetic information for underwriting purposes and are prohibited by law from doing so.

Appointment Reminders. Guardian may use and disclose your PHI to contact you and remind you of appointments.

Health Related Benefits and Services. Guardian may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

Plan Sponsors. Guardian may use or disclose PHI to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan may contact us regarding benefits, service or coverage issues. We may also disclose summary health information about the enrollees in your group health plan to the plan sponsor so that the sponsor can obtain premium bids for health insurance coverage, or to decide whether to modify, amend or terminate your group health plan.

Guardian is required to use or disclose your PHI:

- To you or your personal representative (someone with the legal right to make health care decisions for you);
- To the Secretary of the Department of Health and Human Services, when conducting a compliance investigation, review or enforcement action related to health information privacy or security; and
- Where otherwise required by law.

Guardian is Required to Notify You of any Breaches of Your Unsecured PHI.

Although Guardian takes reasonable, industry-standard measures to protect your PHI, should a breach occur, Guardian is required by law to notify affected individuals. Under federal medical privacy law, a breach means the acquisition, access, use, or disclosure of unsecured PHI in a manner not permitted by law that compromises the security or privacy of the PHI.

Other Uses and Disclosures.

Guardian may also use and disclose your PHI for the following purposes without your authorization:

- We may disclose your PHI to persons involved in your care or payment for care, such as a family member or close personal friend, when you are present and do not object, when you are incapacitated, under certain circumstances during an emergency or when otherwise permitted by law.
- We may use or disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may use or disclose your PHI in an emergency, directly to or through a disaster relief entity, to find and tell those close to you of your location or condition.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI to a government oversight agency authorized by law to conducting audits, investigations, or civil or criminal proceedings.
- We may use or disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for organ or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services.
- We may use or disclose your PHI to comply with workers' compensation and other similar programs.
- We may disclose your PHI to third party business associates that perform services for us, or on our behalf (e.g. vendors).
- We may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to authorized federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations authorized by law.
- We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official (e.g., for the institution to provide you with health care services, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals).
- We may use or disclose your PHI to your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

We generally will not sell your PHI, or use or disclose PHI about you for marketing purposes without your authorization unless otherwise permitted by law.

Your Rights with Regard to Your Protected Health Information (PHI):

Your Authorization for Other Uses and Disclosures. Other than for the purposes described above, or as otherwise permitted by law, Guardian must obtain your written authorization to use or disclosure your PHI. You have the right to revoke that authorization in writing except to the extent that: (i) we have taken action in reliance upon the authorization prior to your written revocation, or (ii) you were required to give us your authorization as a condition of obtaining coverage, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Under federal and state law, certain kinds of PHI may require enhanced privacy protections. These forms of PHI include information pertaining to:

- HIV/AIDS testing, diagnosis or treatment
- Venereal and /or communicable Disease(s)
- Genetic Testing
- Alcohol and drug abuse prevention, treatment and referral
- Psychotherapy notes

We will only disclose these types of delineated information when permitted or required by law or upon your prior written authorization.

Your Right to an Accounting of Disclosures. An 'accounting of disclosures' is a list of certain disclosures we have made, if any, of your PHI. You have the right to receive an accounting of certain disclosures of your PHI that were made by us. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

We ask that you submit your request in writing by completing our form. Your request may state a requested time period not more than six years prior to the date when you make your request. Your request should indicate in what form you want the list (e.g., paper, electronically). Our form for Accounting of Disclosure requests is available at www.guardianlife.com/privacy-policy.

Your Right to Obtain a Paper Copy of This Notice. You have a right to request a paper copy of this notice even if you have previously agreed to accept this notice electronically. You may obtain a paper copy of this notice by sending a request to the contact information listed at the end of this notice.

Your Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with Guardian or the Secretary of U.S. Department of Health and Human Services. If you wish to file a complaint with Guardian, you may do so using the contact information below. You will not be penalized for filing a complaint.

Please submit any exercise of the Rights designated below to Guardian in writing using the contact information listed below. For some requests, Guardian may charge for reasonable costs associated with complying with your requests; in such a case, we will notify you of the cost involved and provide you the opportunity to modify your request before any costs are incurred.

Your Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a restriction on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

Guardian is not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit Guardian's use, disclosure or both; and (c) to whom you want the limits to apply.

Your Right to Request Confidential Communications. You have the right to request that Guardian communicate with you about your PHI be in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We are required to accommodate all reasonable requests made in writing, when such requests clearly state that your life could be endangered by the disclosure of all or part of your PHI.

Your Right to Amend Your PHI If you feel that any PHI about you, which is maintained by Guardian, is inaccurate or incomplete, you have the right to request that such PHI be amended or corrected. Within your written request, you must provide a reason in support of your request. Guardian reserves the right to deny your request if: (i) the PHI was not created by Guardian, unless the person or entity that created the information is no longer available to amend it (ii) if we do not maintain the PHI at issue (iii) if you would not be permitted to inspect and copy the PHI at issue or (iv) if the PHI we maintain about you is accurate and complete. If we deny your request, you may submit a written statement of your disagreement to us, and we will record it with your health information.

Your Right to Access to Your PHI. You have the right to inspect and obtain a copy of your PHI that we maintain in designated record sets. Under certain circumstances, we may deny your request to inspect and copy your PHI. In an instance where you are denied access and have a right to have that determination reviewed, a licensed health care professional chosen by Guardian will review your request and the denial. The person conducting the review will not be the person who denied your request. Guardian promises to comply with the outcome of the review.

How to Contact Us:

If you have any questions about this Notice or need further information about matters covered in this Notice, please call the toll-free number on the back of your Guardian ID card. If you are a broker please call 800-627-4200. All others please contact us at 800-541-7846. You can also write to us with your questions, or to exercise any of your rights, at the address below:

Attention: Guardian Corporate Privacy Officer
National Operations

Address: The Guardian Life Insurance Company of America
Group Quality Assurance - Northeast
P.O. Box 2457
Spokane, WA 99210-2457