



Karuk Tribe of California

Benefits Plan

Here is your new coverage. **Make sure you return the completed form, if applicable, to your plan administrator.**

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year and proof of insurability *may* be required.



HIGHLIGHTS:

- Protect your family's future, with life coverage
- Innovative AD&D plans
- Comprehensive dental care for all your needs
- High-quality vision care coverage

Questions? Concerns?

Helpline (888) 600-1600
Call weekdays, 8:00AM to 8:30PM, EST

Learn more about Guardian at
www.guardianlife.com.



COVER YOURSELF WITH GUARDIAN

Guardian is a leading provider of employee benefits and individual insurance coverage.

Founded in 1860, The Guardian Life Insurance Company of America is one of the largest mutual life insurance companies in the United States. As a mutual company, Guardian is focused 100% on the needs of our customers – employers who choose Guardian and their employees covered by our plans. Today, more than six million employees and their families rely on Guardian as their employee benefits provider.

We have built our success on the time-tested values of quality, innovation and high-quality service. In July 2008 Standard & Poor's upgraded Guardian's credit rating to AA+ (Very Strong). We've been around for 148 years insuring the people and businesses we protect and we'll continue to provide benefits and services our customers have come to expect from us.

For more information on how we can protect you and your family, please visit www.GuardianLife.com

- Review your benefits.
- Complete your enrollment form, if applicable.
- Sign and return form to your plan administrator.

Welcome

Dear Karuk Tribe of California 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.

Karuk Tribe of California

UNDERSTAND YOUR COVERAGE:

Plan Details This booklet explains your basic plan options. Your detailed certificate of benefits will be provided to you after you enroll.

Go online Learn more about your plans at www.guardianlife.com.

Call the Helpline Questions answered at (888) 600-1600.

Ask your plan administrator Change your plan by contacting your plan administrator.

Why do you need a life plan?

1 CREATE A SAFETY NET FOR YOUR FAMILY
 Your company provides \$15,000 of basic term life coverage at no cost to you. But for many people, this coverage is not enough. Life coverage can help protect your family's future, with money to pay for:

- Funeral costs
- Mortgage payments
- Legal or medical expenses
- Childcare expenses
- Children's college education
- Outstanding debts

2 TAKE ADVANTAGE OF LOW GROUP RATES
 Guardian offers life coverage protection at economical group rates. The younger you are, the less it costs. For older employees, life coverage provides a cost effective addition to estate planning.

3 VOLUNTARY TERM LIFE COVERAGE PROVIDES A ONE-TIME PAYOUT UPON YOUR DEATH
 You pay a low premium that increases modestly over time. Great News! Your Voluntary Life now includes Will Preparation services.

TERM LIFE	
Protection	Protection provided by employer plan while you pay premiums and remain employed.
Policy Amounts	Choice of 22 employer-specified amounts, from \$10,000 to \$500,000
Cash Value	No cash accumulation
Total Cost	Premiums rise as you enter the next five-year age band.

4 TAX-FREE BENEFITS
 Your policy will be paid out to your heirs or your estate free of taxes.

How much do you need?

*Many financial planners recommend life coverage of **five to seven times** your annual salary as a minimum.*

Life Plans

Basic Life Your employer provides \$15,000 Basic Term Life coverage for all full time employees. Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.

You may elect Voluntary Term coverage.

Premiums will be deducted from your monthly payroll check.

COVERAGE OPTIONS	VOLUNTARY TERM LIFE
Employee Benefit	Limits: \$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Please see details on Enhanced Accidental Death and Dismemberment
Spouse/domestic partner ‡ benefit	50% of employee coverage to a max of \$250,000
Child benefit—children age 14 days to 23 years (25 if full time student)	10% of employee coverage to a max of \$10,000. Coverage limits are based on child age.

** Subject to coverage limits

‡ Spouse coverage is based on employee age and terminates at age 70.

Premiums for Voluntary Life increase in five-year increments. See enrollment form for details.

YOUR GUARDIAN PLAN OFFERS:

Low group rates

Family coverage for spouse/domestic partner and children

Reliable claims payments

Did you know?

According to the National Safety Council, someone dies in an accident every six minutes.

PLAN DETAILS	BASIC LIFE	VOLUNTARY TERM LIFE
Guarantee Issue	Underwriting may be required, depending on amount and/or age	We Guarantee Issue coverage up to \$150,000 per employee, \$10,000 for a spouse and \$10,000 for dependent children
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next 5 year age group
Portability	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions, including evidence of insurability
Conversion	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit	No	Yes
Waiver of Premiums	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	No
Benefit Reductions	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

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS For Basic 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.

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.

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.

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.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for 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.

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.

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. 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-96.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS for AD&D:

We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs:

As the result of a disease or a bodily infirmity; By declared or undeclared war or act of war or armed aggression, or while a member of any armed force. May vary by state; Through intentional self-injury; While driving without a valid driver's license; While legally intoxicated; While participating in civil disorder or committing a felony; Traveling on any type of aircraft while having any duties on that aircraft; While voluntarily using a non-prescription controlled substance; GP-1-R-ADCL1-00 et al.

Guarantee Issue/Conditional Issue amount applies for ages less than 65. Ages 65-69 maximum issue underwriting amounts \$10,000 for employee and \$5,000 spouse. Ages 70 and older must be individually underwritten for all amounts. Late entrants and benefit increases require underwriting approval.

Life Cost Illustration

Voluntary Life Cost Illustration

Monthly premiums displayed.
Policy Election Cost Per Age Bracket

		< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 [†]
\$10,000 Policy Election Amount											
Employee	\$10,000	\$.50	\$.50	\$.60	\$.80	\$ 1.40	\$ 2.30	\$ 3.50	\$ 6.00	\$ 10.00	\$ 15.90
Spouse	\$5,000	\$.25	\$.25	\$.30	\$.40	\$.70	\$ 1.15	\$ 1.75	\$ 3.00	\$ 5.00	\$ 7.95
Child	\$1,000	\$.16	\$.16	\$.16	\$.16	\$.16	\$.16	\$.16	\$.16	\$.16	\$.16
\$20,000 Policy Election Amount											
Employee	\$20,000	\$ 1.00	\$ 1.00	\$ 1.20	\$ 1.60	\$ 2.80	\$ 4.60	\$ 7.00	\$ 12.00	\$ 20.00	\$ 31.80
Spouse	\$10,000	\$.50	\$.50	\$.60	\$.80	\$ 1.40	\$ 2.30	\$ 3.50	\$ 6.00	\$ 10.00	\$ 15.90
Child	\$2,000	\$.32	\$.32	\$.32	\$.32	\$.32	\$.32	\$.32	\$.32	\$.32	\$.32
\$30,000 Policy Election Amount											
Employee	\$30,000	\$ 1.50	\$ 1.50	\$ 1.80	\$ 2.40	\$ 4.20	\$ 6.90	\$ 10.50	\$ 18.00	\$ 30.00	\$ 47.70
Spouse	\$15,000	\$.75	\$.75	\$.90	\$ 1.20	\$ 2.10	\$ 3.45	\$ 5.25	\$ 9.00	\$ 15.00	\$ 23.85
Child	\$3,000	\$.48	\$.48	\$.48	\$.48	\$.48	\$.48	\$.48	\$.48	\$.48	\$.48
\$40,000 Policy Election Amount											
Employee	\$40,000	\$ 2.00	\$ 2.00	\$ 2.40	\$ 3.20	\$ 5.60	\$ 9.20	\$ 14.00	\$ 24.00	\$ 40.00	\$ 63.60
Spouse	\$20,000	\$ 1.00	\$ 1.00	\$ 1.20	\$ 1.60	\$ 2.80	\$ 4.60	\$ 7.00	\$ 12.00	\$ 20.00	\$ 31.80
Child	\$4,000	\$.64	\$.64	\$.64	\$.64	\$.64	\$.64	\$.64	\$.64	\$.64	\$.64
\$50,000 Policy Election Amount											
Employee	\$50,000	\$ 2.50	\$ 2.50	\$ 3.00	\$ 4.00	\$ 7.00	\$ 11.50	\$ 17.50	\$ 30.00	\$ 50.00	\$ 79.50
Spouse	\$25,000	\$ 1.25	\$ 1.25	\$ 1.50	\$ 2.00	\$ 3.50	\$ 5.75	\$ 8.75	\$ 15.00	\$ 25.00	\$ 39.75
Child	\$5,000	\$.80	\$.80	\$.80	\$.80	\$.80	\$.80	\$.80	\$.80	\$.80	\$.80
\$60,000 Policy Election Amount											
Employee	\$60,000	\$ 3.00	\$ 3.00	\$ 3.60	\$ 4.80	\$ 8.40	\$ 13.80	\$ 21.00	\$ 36.00	\$ 60.00	\$ 95.40
Spouse	\$30,000	\$ 1.50	\$ 1.50	\$ 1.80	\$ 2.40	\$ 4.20	\$ 6.90	\$ 10.50	\$ 18.00	\$ 30.00	\$ 47.70
Child	\$6,000	\$.96	\$.96	\$.96	\$.96	\$.96	\$.96	\$.96	\$.96	\$.96	\$.96
\$70,000 Policy Election Amount											
Employee	\$70,000	\$ 3.50	\$ 3.50	\$ 4.20	\$ 5.60	\$ 9.80	\$ 16.10	\$ 24.50	\$ 42.00	\$ 70.00	\$ 111.30
Spouse	\$35,000	\$ 1.75	\$ 1.75	\$ 2.10	\$ 2.80	\$ 4.90	\$ 8.05	\$ 12.25	\$ 21.00	\$ 35.00	\$ 55.65
Child	\$7,000	\$ 1.12	\$ 1.12	\$ 1.12	\$ 1.12	\$ 1.12	\$ 1.12	\$ 1.12	\$ 1.12	\$ 1.12	\$ 1.12
\$80,000 Policy Election Amount											
Employee	\$80,000	\$ 4.00	\$ 4.00	\$ 4.80	\$ 6.40	\$ 11.20	\$ 18.40	\$ 28.00	\$ 48.00	\$ 80.00	\$ 127.20
Spouse	\$40,000	\$ 2.00	\$ 2.00	\$ 2.40	\$ 3.20	\$ 5.60	\$ 9.20	\$ 14.00	\$ 24.00	\$ 40.00	\$ 63.60
Child	\$8,000	\$ 1.28	\$ 1.28	\$ 1.28	\$ 1.28	\$ 1.28	\$ 1.28	\$ 1.28	\$ 1.28	\$ 1.28	\$ 1.28
\$90,000 Policy Election Amount											
Employee	\$90,000	\$ 4.50	\$ 4.50	\$ 5.40	\$ 7.20	\$ 12.60	\$ 20.70	\$ 31.50	\$ 54.00	\$ 90.00	\$ 143.10
Spouse	\$45,000	\$ 2.25	\$ 2.25	\$ 2.70	\$ 3.60	\$ 6.30	\$ 10.35	\$ 15.75	\$ 27.00	\$ 45.00	\$ 71.55
Child	\$9,000	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44

Voluntary Life Cost Illustration *continued*

			< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$100,000 Policy Election Amount												
Employee	\$100,000		\$5.00	\$5.00	\$6.00	\$8.00	\$14.00	\$23.00	\$35.00	\$60.00	\$100.00	\$159.00
Spouse	\$50,000		\$2.50	\$2.50	\$3.00	\$4.00	\$7.00	\$11.50	\$17.50	\$30.00	\$50.00	\$79.50
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$110,000 Policy Election Amount												
Employee	\$110,000		\$5.50	\$5.50	\$6.60	\$8.80	\$15.40	\$25.30	\$38.50	\$66.00	\$110.00	\$174.90
Spouse	\$55,000		\$2.75	\$2.75	\$3.30	\$4.40	\$7.70	\$12.65	\$19.25	\$33.00	\$55.00	\$87.45
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$120,000 Policy Election Amount												
Employee	\$120,000		\$6.00	\$6.00	\$7.20	\$9.60	\$16.80	\$27.60	\$42.00	\$72.00	\$120.00	\$190.80
Spouse	\$60,000		\$3.00	\$3.00	\$3.60	\$4.80	\$8.40	\$13.80	\$21.00	\$36.00	\$60.00	\$95.40
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$130,000 Policy Election Amount												
Employee	\$130,000		\$6.50	\$6.50	\$7.80	\$10.40	\$18.20	\$29.90	\$45.50	\$78.00	\$130.00	\$206.70
Spouse	\$65,000		\$3.25	\$3.25	\$3.90	\$5.20	\$9.10	\$14.95	\$22.75	\$39.00	\$65.00	\$103.35
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$140,000 Policy Election Amount												
Employee	\$140,000		\$7.00	\$7.00	\$8.40	\$11.20	\$19.60	\$32.20	\$49.00	\$84.00	\$140.00	\$222.60
Spouse	\$70,000		\$3.50	\$3.50	\$4.20	\$5.60	\$9.80	\$16.10	\$24.50	\$42.00	\$70.00	\$111.30
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$150,000 Policy Election Amount												
Employee	\$150,000		\$7.50	\$7.50	\$9.00	\$12.00	\$21.00	\$34.50	\$52.50	\$90.00	\$150.00	\$238.50
Spouse	\$75,000		\$3.75	\$3.75	\$4.50	\$6.00	\$10.50	\$17.25	\$26.25	\$45.00	\$75.00	\$119.25
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$160,000 Policy Election Amount												
Employee	\$160,000		\$8.00	\$8.00	\$9.60	\$12.80	\$22.40	\$36.80	\$56.00	\$96.00	\$160.00	\$254.40
Spouse	\$80,000		\$4.00	\$4.00	\$4.80	\$6.40	\$11.20	\$18.40	\$28.00	\$48.00	\$80.00	\$127.20
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$170,000 Policy Election Amount												
Employee	\$170,000		\$8.50	\$8.50	\$10.20	\$13.60	\$23.80	\$39.10	\$59.50	\$102.00	\$170.00	\$270.30
Spouse	\$85,000		\$4.25	\$4.25	\$5.10	\$6.80	\$11.90	\$19.55	\$29.75	\$51.00	\$85.00	\$135.15
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$180,000 Policy Election Amount												
Employee	\$180,000		\$9.00	\$9.00	\$10.80	\$14.40	\$25.20	\$41.40	\$63.00	\$108.00	\$180.00	\$286.20
Spouse	\$90,000		\$4.50	\$4.50	\$5.40	\$7.20	\$12.60	\$20.70	\$31.50	\$54.00	\$90.00	\$143.10
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$190,000 Policy Election Amount												
Employee	\$190,000		\$9.50	\$9.50	\$11.40	\$15.20	\$26.60	\$43.70	\$66.50	\$114.00	\$190.00	\$302.10
Spouse	\$95,000		\$4.75	\$4.75	\$5.70	\$7.60	\$13.30	\$21.85	\$33.25	\$57.00	\$95.00	\$151.05
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$200,000 Policy Election Amount												
Employee	\$200,000		\$10.00	\$10.00	\$12.00	\$16.00	\$28.00	\$46.00	\$70.00	\$120.00	\$200.00	\$318.00
Spouse	\$100,000		\$5.00	\$5.00	\$6.00	\$8.00	\$14.00	\$23.00	\$35.00	\$60.00	\$100.00	\$159.00
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60
\$210,000 Policy Election Amount												
Employee	\$210,000		\$10.50	\$10.50	\$12.60	\$16.80	\$29.40	\$48.30	\$73.50	\$126.00	\$210.00	\$333.90
Spouse	\$105,000		\$5.25	\$5.25	\$6.30	\$8.40	\$14.70	\$24.15	\$36.75	\$63.00	\$105.00	\$166.95
Child	\$10,000		\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60

Voluntary Life Cost Illustration *continued*

		< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$500,000 Policy Election Amount											
Employee	\$500,000	\$25.00	\$25.00	\$30.00	\$40.00	\$70.00	\$115.00	\$175.00	\$300.00	\$500.00	\$795.00
Spouse	\$250,000	\$12.50	\$12.50	\$15.00	\$20.00	\$35.00	\$57.50	\$87.50	\$150.00	\$250.00	\$397.50
Child	\$10,000	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60

*Guarantee Issue Amount: Employee \$150,000; Spouse \$10,000; Child \$10,000

Estimated premiums; refer to your first paycheck deduction for final rates. Your company has selected Guardian to provide life coverage to eligible employees according to plan terms which have been mutually agreed upon. As an eligible employee, you can purchase this coverage at the group premium levels illustrated above. For more details see enrollment form.

Subject to coverage limits

Premiums for Voluntary Life Increase in 5 year increments

Spouse coverage is based on employee age and terminates at age 70.

†Benefit reductions apply. See plan details

UNDERSTANDING YOUR BENEFITS—LIFE (some information may vary by state)

Accelerated life benefit	In the unfortunate case in which an employee is terminally ill, this option allows payment of up to 50% of plan benefit up to a maximum of \$250,000, in last months of life. Subject to state limitations.
Accidental Death and Dismemberment	Provides additional protection in the event of accidental death. Also covers loss of limb or eye due to accident.
Benefit reductions	For Basic Life and Voluntary Term Life, a decrease in the coverage amount based on age.
Enhanced Accidental Death and Dismemberment	Provides additional protection in the event of accidental death, with catastrophic loss insurance. Also covers loss of limb or eye due to accident.
Guarantee Issue	The “guarantee” means the applicant (employee, spouse or child) is not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period. Guarantee Issue amount applies up to age 65. For Basic Life, future entrants age 70 and over are limited to \$1,000 of Basic Life insurance without evidence of insurability. If you enroll at a later date, you will be subject to evidence of insurability.
Portability with Evidence of Insurability	Allows employees to continue coverage for themselves and their dependents upon termination of employment (for reasons other than injury or illness) by converting their group life policy to a group portability trust policy subject to certain restrictions and Evidence of Insurability and provided you have been insured at least three months.
Seatbelt and Airbag Benefit	Benefit amount will be increased if the employee or dependent dies as a direct result of an automobile accident while properly wearing a seatbelt. We will pay an additional benefit if the employee or dependent is also sitting in a seat equipped with an airbag and properly wearing a seatbelt.
Waiver of premium	Allows you to stop making premium payments if you become totally disabled before age 60. See plan details for age limits information.

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Why do you need AD&D plan?

Unless you're immune to accidents, ***you do need AD&D.*** Unfortunate and always untimely, accidents may leave your loved one's financial security vulnerable.

Did you know, in 2001, there were 101,537 accidental deaths in the United States. That makes it the fifth overall culprit and the number one cause of death for those aged 34 and below.¹

If you're worried about this strikingly common event, AD&D is an affordable way to supplement any life insurance that you may have to provide financial support.

¹Source: U.S. National Center for Health Statistics, *National Vital Statistics Report*, vol. 52, no. 3, Sept. 18, 2003.

AD&D Plans

YOU HAVE TWO PLAN OPTIONS

Option 1: Employee Coverage—provides security to your loved ones in the event you are injured or die as the result of an accident.

Option 2: Family Coverage—provides coverage for yourself and your family. Dependent coverage will be a percentage of the employee's elected amount.

COVERAGE

Benefit Amounts Available

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000
Monthly Premiums* (Estimated premium deduction)															
Employee	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00	\$4.40	\$4.80	\$5.20	\$5.60	\$6.00
Family	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00	\$7.70	\$8.40	\$9.10	\$9.80	\$10.50

Benefit Payments for family coverage vary based on the family structure at the time of claim.

Employee & Spouse	Spouse benefit is 60% of employee amount
Employee & Child(ren)	Child (ren) benefit is 20% of employee amount
Employee, Spouse & Child(ren)	Spouse benefit is 40% and Child(ren) is 10% of employee amount Spouse coverage terminates at age 70.

Benefit Reductions—Please be aware that your Benefit Amount may decrease as shown below:

Applicable to Your Supplemental Coverage	35 % at Age 65
	60 % at Age 70
	75 % at Age 75
	85 % at Age 80

*Estimated premium; refer to your first paycheck for official premium deduction.

YOUR GUARDIAN PLAN OFFERS:

Family coverage for children from age 14 days to 23 years (25 if full-time student)

Tie-ins You must be enrolled in the voluntary life plan to enroll in an AD&D plan. Your elected amount of coverage will match to the coverage elected for voluntary life.

No Proof of Insurability Required If you enroll within 31 days after first becoming eligible

Name a Beneficiary Name anyone you wish, except for your Employer. You will be the beneficiary for all of your dependents.

PLAN DETAILS:

Catastrophic loss benefits	A benefit will be paid, ranging from 50%-100%, if the insured suffers from a defined loss.
Child education benefit	If the insured suffers a loss as a result of a covered accident, benefits will be paid for eligible dependents enrolled in college for a maximum of eight terms.
Common carrier	If a loss occurs due to an accident while the insured is riding as a fare-paying passenger in a public conveyance, twice the benefits will be paid that would otherwise apply.
Day care expense benefit	If the insured suffers a loss as a result of a covered accident, the lesser of the actual day care expense or \$10,000 annually will be paid for all eligible dependents combined, for a maximum of four years.
Repatriation benefit	If the insured dies as a result of an accident more than 75 miles from his/her home, up to \$5,000 will be paid for the preparation and transportation of the body to a mortuary.
Seatbelt and airbag benefits	Benefit amount will be increased if the employee or dependent dies as a direct result of an automobile accident while properly wearing a seatbelt. We will pay an additional benefit if the employee or dependent is also sitting in a seat equipped with an airbag and properly wearing a seatbelt.
Spousal education and retraining benefit	If the insured suffers a loss as a result of a covered accident, eligible spouses may qualify for part-or full-time post secondary education.

EXCLUSIONS AND LIMITATIONS

Important Information:

- 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. 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 home confined, or is unable to perform the normal activities of someone of like age and sex (may vary by state).
- *A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. 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; by duties performed as a crew member on an aircraft; by declared or undeclared act of war or armed aggression while a member of any armed force; 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-1-R-ADCL1-00 et al

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Why Dental Insurance?

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Dental insurance will keep these visits affordable and is a cost-effective way to minimize health care costs for you and your family. The American Dental Hygienists' Association estimates that for every \$1 spent on prevention or oral health care, as much as \$8 to \$50 is saved on future emergency and restorative procedures. Using your dental insurance for regular dental check ups can improve your health by helping you:

- 1) Prevent Oral Cancer:** According to The Oral Cancer Foundation, someone dies from oral cancer every hour of every day in the United States alone. When you have your dental cleaning, your dentist is also screening you for oral cancer, which is highly curable if diagnosed early.
- 2) Prevent Gum Disease:** Gum disease is an infection in the gum tissues and bone that keep your teeth in place and is one of the leading causes of adult tooth loss. If diagnosed early, it can be treated and reversed. If treatment is not received, a more serious and advanced stage of gum disease may follow. Regular dental cleanings and check ups, flossing daily and brushing twice a day are key factors in preventing gum disease.
- 3) Help Maintain Good Physical Health:** Recent studies have linked heart attacks and strokes to gum disease, resulting from poor oral hygiene. A dental cleaning every six months helps to keep your teeth and gums healthy and could possibly reduce your risk of heart disease and strokes, as well as many other serious conditions.
- 4) Keep Your Teeth:** Since gum disease is one of the leading causes of tooth loss in adults, regular dental check ups and cleanings, brushing and flossing are vital to keeping as many teeth as you can. Keeping your teeth means better chewing function and ultimately, better health.
- 5) Prevent the Need for Advanced Treatment:** Your dentist and hygienist will be able to detect any early signs of problems with your teeth or gums that can be easily treatable. If these problems go untreated, root canals, gum surgery and removal of teeth could become the only treatment options available.
- 6) Have a Bright and White Smile:** Your dental hygienist can remove most tobacco, coffee and tea stains. During your cleaning, your hygienist will also polish your teeth to a beautiful shine.
- 7) Protect your children's health:** Tooth decay is the most common chronic childhood disease, five times more common than asthma and results in a loss of 51 million school hours each year. Regular check ups can help prevent tooth decay in your children.

Sources: www.about.com, *American Academy of Pediatrics*

Dental Plans

UNDERSTAND YOUR PLAN

With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

UNDERSTAND YOUR PLAN	PPO	
Calendar year deductible	<i>In-network</i>	<i>Out-of-network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care (e.g., cleanings)	100%	100%
Basic Care (e.g, fillings)	80%	80%
Major Care (e.g., crowns, dentures)	50%	50%
Orthodontia	Not Covered	
Annual Maximum Benefit	\$1000	\$1000
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1000	
Lifetime Orthodontia Maximum	Not Applicable	
Network	DentalGuard Preferred	

YOUR GUARDIAN PLAN OFFERS:

Family coverage for spouse and children to age 19 (25 if full-time student)

No charge for preventive care (subject to plan limits)

Coverage of ViziLite Plus early cancer detection screening exams

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

National PPO network of more than 70,000 dentist locations

Find out if your dentist is in Guardian's network at www.guardianlife.com

CATEGORY	PLAN DETAILS	PPO	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	No Age Limits	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia	80%	80%
	Fillings (one surface)	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Once Every 6 Months (Enhanced)	
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Single Crowns	50%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; full-time student age does not apply to the initial placement of the appliance. Orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments, any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al. **Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3 – DG2000

UNDERSTANDING YOUR BENEFITS—DENTAL

Basic care	Moderately complex dental services. Most plans consider fillings and extractions to be basic care.
Co-insurance	The portion of the covered charge paid by Guardian.
Claims Payment Basis	PPO & NAP The usual cost for a specific dental service in your area. Amounts over the specified Usual Customary & Reasonable percentile (90%) are usually the patient's responsibility: In-Network: Benefits are based on a negotiated contracted fee schedule, and no balance billing. Out-of-Network: Benefits are based on usual, reasonable, and customary rates for a given area.
Deductible	The amount of charges you and your family must pay each plan year before the plan pays you any benefits.
Family limit	Maximum number of deductibles your family must pay in each plan year before this plan starts paying benefits for all covered family members for the rest of the plan year.
In-network charges	Charges for services provided by dentists who are a member of your plan's network.
Major care	More complex dental services. Most plans consider crowns and dentures to be major care.
Out-of-network charges	Charges for services provided by dentists who are not members of your plan's network.
Plan year	The 12 month period used to apply this plan's deductible and annual maximum. Your plan's plan year is the calendar year.
PPO (Preferred Provider Organization)	Plan that lets you visit any dentist, but usually provides better benefits for the services of PPO network dentists. PPO dentists have agreed to accept discounted fees as payment in full.
Preventive care	Most routine dental services. Most plans consider checkups and cleanings to be preventive care.

Why Vision Insurance?

Eye care is health care. The health of your eyes is an indicator of your overall health, so it's important to have regular eye exams to detect diseases like glaucoma, diabetes, and blindness. Eye exams are also important for children, since good vision is closely linked to doing well in school. So, make sure you and your family visit your vision provider regularly. Vision insurance is a wellness benefit that can keep these important visits affordable by helping to defray costs of eye exams, eyewear, and other vision services.

There are many reasons why seeing an eyecare provider can help improve your health and way of life:

- 1) Early detection:** With regular eye exams, your eyecare professional can detect problems early and prescribe proper treatments to delay or prevent vision loss.
- 2) Fight disease:** Regular eye exams routinely detect early onset of glaucoma and diabetes, among other medical conditions. Left untreated, these diseases can have a devastating effect. Early intervention can result in reducing health concerns and financial impact.
- 3) Protect children's health and development:** Eye exams can play an important role in your child's growth because vision is closely linked to the learning process. Children who have trouble seeing or interpreting what they see will often have trouble with their schoolwork.
- 4) Keep your sight:** Blindness or low vision affects 3.3 million Americans age 40 and over. Researchers predict that figure will reach 5.5 million by 2020.

Source: Study conducted by the Eye Disease Prevalence Research Group and sponsored by the National Eye Institute, 2006

Vision Plans

UNDERSTAND YOUR PLAN

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 34,000 locations in the nation's largest vision network.

UNDERSTAND YOUR PLAN	Full Feature
Copay	
Exams Copay	\$ 10
Materials Copay (waived for elective contact lenses)	\$ 25
Service Frequencies	
Exams	Every 12 months
Lenses (<i>for glasses or contact lenses</i>)	Every 12 months
Frames	Every 24 months
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.
Network	VSP

YOUR GUARDIAN PLAN OFFERS:

Family coverage for spouse and children to age 19 (25 if full-time student).

Reduced prices An average 15% to 30% discount off an extensive list of "cosmetic extras", including special lenses and scratch-resistant coatings.

No claims submission for in-network services and supplies.

Did you know?

"Two-thirds of employees would rather trade a vacation day for eyecare benefits." – Bests Review, 2006

PLAN DETAILS**FULL FEATURE***You pay (after copay if applicable):*

	<i>In-network</i>	<i>Out-of-network</i>
Eye exams	\$0	Amount over \$46
Single Vision Lenses	\$0	Amount over \$47
Lined Bifocal Lenses	\$0	Amount over \$66
Lined Trifocal Lenses	\$0	Amount over \$85
Lenticular Lenses	\$0	Amount over \$125
Frames	80% of amount over \$120 allowance	Amount over \$47
Contact Lenses (<i>Elective</i>)	Amount over \$120 allowance	Amount over \$120 allowance
Contact Lenses (<i>Medically necessary</i>)	\$0	Amount over \$210
Contact Lenses (<i>Evaluation and fitting</i>)	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-30% off retail price	No discounts
Glasses (<i>Additional pair of frames and lenses</i>)	20% off retail price	No discounts
Laser Correction Surgery Discount	Up to 25% off the usual charge or 5% off promotional price*	No discounts

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

** See your certificate booklet for details*

UNDERSTANDING YOUR BENEFITS—VISION

Bifocal Lenses	Lens with two focal lengths, one for distance and one for near. Usually the distance correction is on top and the correction for near is on the bottom.
Contact Lens	A thin, bowl shaped lens worn on the surface of the eye to correct refractive error.
Contact Lenses (Elective)	Contact Lenses not required for the visual welfare of the patient. This is an optical choice over eyeglasses.
Contact Lenses (Evaluation & fitting)	Provided in addition to the routine eye exam for ensuring proper fit of contacts and evaluating vision with the contacts. Includes prescription, fitting, evaluation, modification and/or dispensing of contact lenses.
Contact Lenses (Medically necessary)	Medically necessary contacts are prescribed by a doctor as required for certain medical conditions that prevent you from wearing eyeglasses. Medically necessary contacts must be pre-approved.
Cosmetic Extras	A lens style, coating, or feature that enhances the appearance or functionality of a lens but is not required to meet the patient's visual needs. Also referred to as Cosmetic Options or Lens Coatings.
Eye Exams	Exam by an eye care practitioner, includes refractive and dilatation testing. Does not include evaluation for contact lenses.
Multifocal Lens	Eyeglass lens incorporating two or more different powers, usually three (trifocal).
In-network charges	Negotiated discounted fees charged by network providers.
Out-of-network charges	Fees charged by providers who are not part of the network. These fees are often higher than in-network charges.
Network Discounts	Discounts on non-covered services and materials that offer added value and savings to members.
PPO (Preferred Provider Organization)	Network of vision providers who have agreed to accept discounted fees from our members as payment in full.
Service frequency	Indicates when you will be eligible again for an exam or materials. These are based on the last date you received an exam or materials.
Single Vision Lens	Lens with one power, as opposed to bifocals, trifocals, quadrifocals or multifocals.

EXCLUSIONS AND LIMITATIONS:

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery:

- Up to 25% off the usual charge or 5% off promotional price for vision laser surgery. Members' out-of-pocket costs are limited to \$1,800 per eye for LASIK and \$1,500 per eye for PRK.
- Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.





GUARDIAN®

Employee Benefits Hotline

Have a question before you enroll in your Guardian plans?
Call or email us to get answers!

Toll-free Phone	Email
1-888-600-1600 5:00 a.m. – 5:30 p.m., Monday – Friday, Pacific Time	Email your question to: ebh@glic.com

The Employee Benefits Hotline is dedicated to answering questions about the Guardian benefits your employer is offering you. Benefit specialists are available to help provide you with information you need, so that you can make sound decisions for you and your family and sign up for the plans that best suit your needs.

Contact the Employee Benefits Hotline for things like:

- Benefits covered under the plans your employer is offering
- Doctors, dentists or vision providers who participate in your plan*
- Help with completing your enrollment form...and more

Who may contact the Employee Benefits Hotline?

- Prospective members who are enrolling in a Guardian benefits plan
- If you are enrolling in a Guardian Dental or Medical plan, your doctor or dentist may contact the hotline to verify benefits and eligibility for you as you enroll

What if English is not my first language – can someone still help me?

Yes. The Employee Benefits Hotline provides support in over 50 different languages!

What do I need to include in my email or have ready before I call?

Just the name of the company you work for.

Can I call or email the Employee Benefits Hotline with questions even after I enroll?

Once you are officially enrolled in a plan, you will receive additional information – including other toll-free phone numbers – to service you after you have signed up.

* Available if employer is offering Guardian dental, medical or vision coverage.



Your Confidential Employee Assi

WorkLifeMatterssm

Providing Assistance for What Matters Most

Let's face it, balancing your work and home life is not easy. With WorkLifeMatters, your confidential program, you don't have to face life challenges alone. WorkLifeMatters provides guidance for personal and professional concerns and information about other concerns that affect your life.

WorkLifeMatters can offer help with:

Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Legal ar

- Ba
- Cr
- De
- Hc
- Im

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Working Smarter

- Career development
- Effective managing
- Relocation

...Support is a phone call or click away

- o Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055
- o Referrals to local counselors - up to three sessions free of charge
- o State of the art website featuring over 3,400 helpful articles and topics like wellness, training and financial center: www.ibhworklife.com; company name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services and 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. Please refer to the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice.

Maximum Rollover

Save Your Dental Annual Maximum Dollars For a Time When You

With Maximum Rollover, Guardian will roll over a portion of your unused annual maximum into your Maximum Rollover Account (MRA). The MRA can be used in further years, if you reach the plan's annual maximum.

Even better, if you use the services of Preferred Providers exclusively during the benefit year, Guardian will roll over 100% of your unused annual maximum into your MRA.

To qualify, you must submit a claim for covered services for which a benefit payment is issued, and you must not exceed the paid claims threshold during the benefit year.

You and your insured dependents maintain separate MRAs based on your own claim activity. Each dependent will have their own MRA.

You will receive an annual MRA statement detailing your account and those of your dependents.

PLAN ANNUAL MAXIMUM **	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	IN-NETWORK MAXIMUM ROLLOVER AMOUNT
\$1000	\$500	\$250	\$350

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for the Maximum Rollover plan).

NOTES:

For calendar year accumulation cases with a plan effective date in October, November or December, the Maximum Rollover will be used in the following benefit year. For example, if a plan starts in November of 2006, claim activity in 2007 will be used against the 2008 Maximum Rollover.

Maximum Rollover applies to new entrants who join the plan with 3 months or less remaining in the benefit year.

Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover will be used starting on the date of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year.



DentalGuard Preferred PPO Ortho Advantage! Savings On Orthodontic Services Without Ortho Coverage

Did you know that you can still take advantage of DentalGuard Preferred's negotiated discounts even though your dental plan does not cover charges for orthodontia!

Simply use a DentalGuard Preferred orthodontist, and you won't have to pay more than the "Maximum Allowable Fee" shown on the next page.

We have over 6,100 orthodontists locations nationwide. Simply access our provider listing on-line at www.guardianlife.com or call our toll-free number (800-890-4774).

A listing of our discounted fees, and details about what procedures are and are not discounted, are listed below.

Orthodontic Fee Schedule and Guidelines

CDT CODE	Ortho Service	Maximum Allowable Fee
8660	Pre-orthodontic treatment visit	\$250
8010/20/30/40	Limited orthodontic treatment	\$706
8050/8060	Interceptive orthodontic treatment, including fabrication and insertion of fixed appliances and periodic visits	\$1,133
8070/80/90	Comprehensive orthodontic treatment, including fabrication and insertion of fixed appliances and periodic visits	\$3,521
8670	Periodic comprehensive orthodontic treatment visit (as part of a contract)	\$130
8680	Orthodontic retention, including fixed and removable initial appliances and related visits	\$425

PLEASE NOTE: These fees may change at any time. And these fees may be higher or lower in other regions of this country.

Discounted fees are not available for:

- Incremental charges for orthodontic appliances made with clear, ceramic, white, lingual brackets or other optional materials.
- Procedures, appliances or devices to guide minor tooth movement or to correct harmful habits.
- Retreatment of orthodontic cases, or changes in orthodontic treatment needed due to an accident.
- Extractions performed solely to facilitate orthodontic treatment.
- Orthognathic surgery and associated incremental charges.
- Replacement of lost or broken retainers.

DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that my name may be used when contacting my dentist to inform him/her of my desire for them to join the network. For more information, visit us online at www.GuardianLife.com.

DATE: _____

Employer: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

DENTIST INFO

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Specialty: _____

Please submit completed form to: Guardian

DentalGuard Preferred

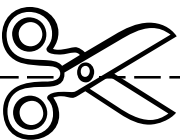
P.O. Box 2465

Spokane, WA 99210-9817

or FAX to: 509-468-6550



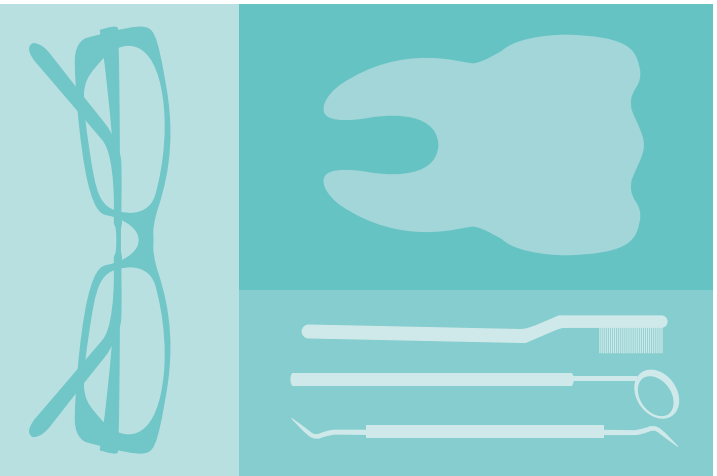
GUARDIAN®



Go online — it takes just minutes!

It's easy to find dentists or vision care providers you can trust. Whether you're looking for a list of providers that serve your plan (in-network) or trying to locate a specific dentist or vision care provider, it takes just minutes through Guardian's Provider Online Search.

Guardian's Provider Online Search is available to you 24 hours a day, 7 days a week.



Here are just a few things you can do online:

- Customize your search by specialty, languages spoken, gender and more
- Get side-by-side comparisons of provider information (ie, office status, distance)
- Create a short-list of “favorite” providers — for quick reference online
- Get maps and directions to a provider's office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit Provider Online Search
- Create a customized provider directory
- Nominate a provider to be included in a network
- And much more!

Just go to www.GuardianLife.com.

Under “Resources”, click on “Provider Online Search”.

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-541-7846 for Dental. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer los documentos y puede que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-541-7846 para servicios odontológicos. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-541-7846 for Dental. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-541-7846 para servicios odontológicos. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقرائة الوثائق باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-541-7846 لخدمات طب الأسنان. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

Անվճար Լեզվական Օտարալոգումներ: Դուք կարող եք թարգման ձեռք բերել, և փաստաթղթերը ընթերցել սալ ձեզ համար հայերեն լեզվով: Օգնության համար վեզ գանձահարեր ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-541-7846 համարով Ատանաբարժության համար: Լրացուցիչ օգնության համար 1-800-927-4357 համարով գանձահարեր Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

免費語言服務。 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，牙科協助請致電 1-800-541-7846 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Traditional Chinese

Cov Kev Pab Txhais Lus Tsis them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeev cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-541-7846 rau Kev Kho Hniav. Yog xav tau kev pab ntxiv hu rau Ca lub Caij Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357. Hmong

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-800-541-7846(歯科用)までお問い合わせください。更なるお問い合わせは、カリオールニ州保険庁、1-800-927-4357までご連絡ください。Japanese

សេវាកម្មភាសាភាគីតវដ្ត ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជាការខ្លួន ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទ មកយើងខ្ញុំតាមលេខដែលមាន បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-541-7846 សម្រាប់ខាងផ្ទៃក្នុង ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ាតាមលេខ 1-800-927-4357 Kimmer

무료 통역 서비스. 귀하는 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 치과 서비스 1-800-541-7846 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내전화 1-800-927-4357 번으로 연락해 주십시오. Korean

خدمات مجانی مربوط به زبان. شما می‌توانید از خدمات یک مترجم شفاهی استفاده کنید و بگویند مدارک به زبان فارسی بر اینان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و با شماره 1-800-541-7846 برای دندانیزشکی تماس بگیرید. برای دریافت کمک بیشتر به CA Dep. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید.

भारत ज्ञान सेवाएं : उनीं दुजानीऐ दींआं सेवाएं रासल वर सवदे ठे अडे रासउवेनां ठे पनीषी वर सवदे ठे। वर रासउवेन उराठुं पनीषी वर ओने ना सवदे वन। नसद लदी, उराडे आपीडी (ID) रावड 'उ ऐडे नैवर 'उे ना देएं लदी 1-800-541-7846 'उे सठुं हेन वठे। वेठे नसद लदी वैलीहेरनीआ रिवाउनेट आड रिनेहेस ठे 1-800-927-4357 'उे हेन वठे। Punjabi

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-541-7846 (стоматологическая страховка). Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numero ng nakalista sa iyong ID card o sa 1-800-541-7846 para sa Dental. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc gọi số 1-800-541-7846 cho dịch vụ nha khoa. Để được trợ giúp thêm, xin gọi Số Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Massachusetts 02112."

"Guardian, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted."

Medical Records: We may request information from health care providers or others who have records of your medical history, mental or physical condition, or treatment. Only qualified members of Guardian's staff will have access to your medical file to evaluate your eligibility for insurance or to service your claim for benefits under a policy. Your authorization will govern our request for information and any later disclosure of that information.

I hereby represent that the statements and answers to the questions on the attached form are, to the best of my knowledge and belief, true, correct, and true. I understand that they shall form the basis upon which I may be included for insurance.

Also, it is mutually understood and agreed that (1) the Company reserves the right to request, at its expense (in the case of a late entrant, the Insurance Company's expense), that I be examined by an accredited medical examiner selected by the Company, (2) no Group Insurance policy shall be binding or in force until satisfactory evidence of insurability is submitted and approved by the Insurance Company at the Home Office as the Endorsement, and: (a) I am actively at work on a full-time basis (as defined in the Group Plan) for full pay on the date my Group Insurance becomes effective; otherwise, (b) I will become insured on the date I do return to work and satisfy a waiting period (as defined in the Group Plan) for full-time service; (3) coverage for my dependents will not take effect if a dependent other than a newborn is: (a) confined to the hospital health care facility; or (b) is unable to perform the normal activities of someone of like age and sex. (4) no person, except the President or a Secretary of the Company, has authority to: (a) determine whether any contract(s) of insurance shall be issued on the basis of an application; (b) waive or modify any of the provisions of the application or any of the Company's requirements; (c) bind the Company to a statement or promise pertaining to any insurance contract(s) issued or to be issued on the basis of the application; or (d) accept any information for representation not contained in the written application; (5) the employer is hereby named the Proposed Insured's representative for the purpose of receiving premiums and remitting them to the Company.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may be guilty of insurance fraud.

I authorize any physician, medical practitioner, hospital, clinic, other health facility, the Medical Information Bureau, insurance or reinsurance company, or employer to release any and all medical and non-medical information in its possession about me or my eligible dependent(s) to Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me or my eligible dependents.

I understand The Guardian Life Insurance Company of America will use the information obtained by this authorization to determine my eligibility for insurance or eligibility for benefits under an existing plan. Guardian will not release any information obtained to any person or organization (including reinsurance companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim or as may be lawfully permitted or required, or as I may further authorize).

I know that I may request and receive a copy of this authorization.

I agree that a photocopy of this authorization shall be as valid as the original.

I acknowledge receipt of Guardian's notice regarding its insurance information practices, and medical records.

I agree that this authorization shall be valid for two and one half years from the date signed.



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Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) online at www.GuardianAnytime.com—24 hours a day, 7 days a week.

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- Print forms and plan materials
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Karuk Tribe of California Benefits Plan