

Life Benefit Summary

Group Number: southern

About Your Benefits:

Life insurance provides crucial financial protection for your family if something were to ever happen to you. Benefits can be used towards income replacement, a mortgage, tuition, outstanding debt, and more — allowing you to take care of your loved ones even if you are not there. Take advantage of the opportunity to enroll in this important coverage today!

What Your Benefits Cover:

	BASIC LIFE
Employee Benefit	Your employer provides Basic Life Coverage for all full time employees in the amount of 200% of your annual salary, to a maximum of \$50,000 with a minimum amount of \$10,000.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage equal to one times the employee's life benefits to a maximum of \$50,000.
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 \$50,000 per employee
Premiums	Covered by your company if you meet eligibility requirements
Portability: Allows you to take your coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
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
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 70, 55% at age 75

Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at www.guardiananytime.com

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.

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 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

GP-I-R-LB-90

Enhanced AD&D: 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.

This handout is for illustration purposes only and is an approximation, premium amounts may be amended.



Employer:
Southern Management
1950 Old Gallows Road
Suite 600
Vienna, VA 22182

Guardian Group Plan Number: **southern**

- The Guardian Life Insurance Company of America
- The Guardian Insurance & Annuity Company, Inc.

EMPLOYER USE ONLY <input type="checkbox"/> New Application <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Drop Dependent(s) <input type="checkbox"/> Change Address <input type="checkbox"/> Change Name <input type="checkbox"/> Drop Coverage as of: / /			
	Hours Worked	Division	Benefits Effective / /
Keep a copy for your records and return form to: Midwest Regional Office, P.O. Box 8012, Appleton, WI 54912-8012			

ABOUT YOURSELF <i>Print clearly in black or blue ink.</i>				
First, Middle Initial, Last Name <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -
Address		City	State	Zip
Preferred E-mail	Day Phone	Eve Phone	The best way to reach you: <input type="checkbox"/> E-mail <input type="checkbox"/> Day Phone <input type="checkbox"/> Eve Phone	
Job Title	Work Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> COBRA/State Continuation	Date work status began / /	Annual Salary/Earnings \$	
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	

YOUR BASIC LIFE COVERAGE	
	Policy Amount
Employee	<input checked="" type="checkbox"/> 200% of your annual salary to maximum \$50,000
If this Basic Life policy will replace your existing life insurance policy under your current employer, provide the amount of the previous policy \$ _____	

Name your beneficiaries Primary beneficiaries must total 100%.		
Primary Beneficiary 1 First, Middle Initial, Last Name	Relationship to Employee	Percent %
Primary Beneficiary 2		%
Contingent Beneficiary		%
In the event the designated primary beneficiaries are deceased, the contingent beneficiary will receive the benefit.		

Do you, the applicant, have existing life insurance policies or annuity contracts?
<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT NOTES

- If you waive life or disability coverage and later decide to enroll, you will have to provide, at your own expense, proof of each person's insurability. Guardian reserves the right to reject your request.

SIGNATURE

- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I understand I must be actively at work or my life and/or disability coverage will not take effect until I have completed a waiting period (as defined in the group plan) of full time service. This requirement does not apply to eligible retirees
- I agree that my employer may deduct premiums from my pay or add premiums to my dues; if they are required for the coverage I have chosen above.
- I acknowledge and agree that Guardian may provide me information concerning benefits, including explanation of benefit statements and other claims related information solely in electronic format as permitted by law. I may change this election only by providing Guardian thirty (30) day prior written notice.
- I understand that the premium amounts shown above are estimations. If the premium amounts shown above and the deductions for premiums shown on my paycheck stub do not agree, my paycheck stub will prevail. I understand that the premium amounts may be amended.
- **I certify that I, as the Applicant, have read the completed application and understand that any false statement or misrepresentation in this application may result in loss of coverage under this policy.**
- **Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.**

SIGNATURE OF EMPLOYEE **X**

DATE
