

CHURCH OF GOD IN CHRIST PASTORS OF ARKANSAS



Life Coverage

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



HIGHLIGHTS:

- \$50,000 basic life provided at no cost
- Reliable claims payment
- Excellent customer service

*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

Life Plans

Basic Life Your employer provides \$50,000 Basic Term Life coverage for all full time employees. 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.

UNDERSTANDING YOUR BENEFITS (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.
Benefit reductions	For Basic Life, a decrease in the coverage amount based on age, 35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80.
Common Carrier	Benefit two times payable if loss occurs due to an accident while passenger in a public conveyance.
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.)
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.
Waiver of premium	Allows you to stop making premium payments if you become totally disabled before age 60. Waiver applies until age 65.

EXCLUSIONS AND LIMITATIONS:

Subject to coverage limits

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 policy booklet for full plan description.

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.

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Please print clearly to ensure accurate processing

Guardian Group Plan Number: **00458490**



GUARDIAN™

Employer:
Church of God in Christ Pastors of Arkansas
P O Box 1213
Little Rock, AR 72203

The Guardian Life Insurance Company of America

EMPLOYER USE ONLY

☐ New Application ☐ Add Dependent(s) ☐ Drop Dependent(s) ☐ Change Address
☐ Change Name ☐ Drop Coverage as of: / /

Class	Hours Worked	Division	Benefits Effective / /
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All Eligible Employees

Keep a copy for your records and return form to: **Midwest Regional Office, P.O. Box 8012, Appleton, WI 54912-8012**

ABOUT YOURSELF

Print clearly in black or blue ink.

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 ☒ \$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.

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 that 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 attest that the information provided above is true and correct to the best of my knowledge.**
- **Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

SIGNATURE OF EMPLOYEE X

DATE

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GUARDIAN™

Employer:
Church of God in Christ Pastors of Arkansas
P O Box 1213
Little Rock, AR 72203

The Guardian Life Insurance Company of America

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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		

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

SIGNATURE OF EMPLOYEE X

DATE

Thank You

If applicable, return the completed form to your plan administrator.

Please remember to:

- ☐ Check the coverage you want
- ☐ Include your social security number
(and those of your dependents, if applicable)
- ☐ Include dates of birth
- ☐ Indicate the best way to reach you
- ☐ Include your name on each page of the form
- ☐ Sign and date form

You chose...

- ☐ **Basic Life**

Date form submitted



Your Benefits Information ... Anytime, Anywhere **www.GuardianAnytime.com**

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.

Anytime, anywhere you have an internet connection, you'll be able to:

- Review your benefits
- Look up coverage amounts
- Check the status of a claim
- Print forms and plan materials
- And so much more!

To register, go to www.GuardianAnytime.com

Church of God in Christ Pastors of Arkansas Life Benefits Plan