



**AMG VANADIUM LLC**  
ZANESVILLE HOURLY EMPLOYEES  
Group Number: 00034517



**Customer Service (888) 600-1600**  
Monday to Friday | 8am to 8:30pm ET

# Welcome to

# Workplace benefits

## Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

## Your coverage options

|   |                                   |   |
|---|-----------------------------------|---|
|  | <b>Vision insurance</b>           | Looking after your eyesight and related health issues |
|  | <b>Life insurance</b>             | Protecting your family's financial future             |
|   | <b>Disability insurance</b>       | Coverage if you're temporarily unable to work         |
|    | <b>Critical illness insurance</b> | Taking care of the expenses if you're critically ill  |
|    | <b>Accident insurance</b>         | Helping you cover expenses after an accident          |

## Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

- 1 Read through this information.
- 2 Find out more about your benefits.
- 3 Talk to your employer if you need help or have any questions.

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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Watch our video  
How vision insurance can help  
you see clearly as you get older.

# Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

## Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

## What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

## Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.



## 20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **\$171**

Average cost of frames and lenses: **\$350**

Total cost: **\$521**

With a Vision policy from Guardian, David pays just **\$10** for his eye exam. After **\$25** in copay, his lenses are fully covered, and he pays **\$96** for his frames.

David's total out-of-pocket expense is **\$131**, saving him **\$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your vision coverage

**Option 1:** Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

## Your Vision Plan

### Full Feature

### Your Network is

VSP Choice Network

### Copay

\$ 0

### Sample of Covered Services

You pay (after copay if applicable):

|  | In-network   | Out-of-network    |
|--|--|-------------------|
| Eye Exams                                      | \$0  | Amount over \$39  |
| Single Vision Lenses                           | \$0  | Amount over \$23  |
| Lined Bifocal Lenses                           | \$0  | Amount over \$37  |
| Lined Trifocal Lenses                          | \$0  | Amount over \$49  |
| Lenticular Lenses                              | \$0  | Amount over \$64  |
| Frames   | 80% of amount over \$150 <sup>1</sup>                      | Amount over \$46  |
| Costco, Walmart and Sam's Club Frame Allowance | Amount over \$0  |                   |
| Contact Lenses (Elective)                      | Amount over \$150  | Amount over \$100 |
| Contact Lenses (Medically Necessary)           | \$0  | Amount over \$210 |
| Contact Lenses (Evaluation and fitting)        | 15% off UCR  | No discounts      |
| Cosmetic Extras                                | Avg 20-25% off retail price                                | No discounts      |
| Glasses (Additional pair of frames and lenses) | 20% off retail price**                                     | No discounts      |
| Laser Correction Surgery Discount              | Up to 15% off the usual charge or 5% off promotional price | No discounts      |

### Service Frequencies

|  |                     |
|--|---------------------|
| Exams  | Every calendar year |
| Lenses (for glasses or contact lenses) <sup>††</sup> | Every calendar year |
| Frames   | Every calendar year |

Network discounts (glasses and contact lens professional service) Limitless within 12 months of exam.

### Dependent Age Limits

26

To Find a Provider:

Register at [VSP.com](http://VSP.com) to find a participating provider.

### VSP

- <sup>††</sup>Benefit includes coverage for glasses or contact lenses, not both.
- <sup>\*\*</sup> For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- <sup>†</sup>Extra \$20 on select brands
- Members can use their in network benefits on line at [Eyeconic.com](http://Eyeconic.com).
- In Network Routine Retinal Screening Covered after no more than a \$39 copay.



# Your vision coverage

## 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:**

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser surgery. Members out-of-pocket costs are limited to \$1,800 per eye for LASIK or \$1,500 per eye for PRK or \$2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

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's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. 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 Department of Financial Services. Plan documents are the final arbiter of coverage.  
Policy Form # GP-1-GVSN-17

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**Watch our video**  
How life insurance protects families and covers critical costs.

# Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

## Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

## What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

## Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.



## Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **\$9,000**

Average mortgage debt: **\$202,000**

Average cost of college: **\$17,000 - \$44,000**

Average household credit card debt: **\$8,500**

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your life coverage

|   | BASIC LIFE   | VOLUNTARY TERM LIFE  |
|---|--|--|
| <b>Employee Benefit</b>   | Your employer provides Basic Life Coverage for all full time employees in the amount of 200% of your annual salary, to a maximum of \$350,000. | \$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.   |
| <b>Accidental Death and Dismemberment</b>   | Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.  | Enhanced employee coverage. Maximum 1 times life amount.   |
| <b>Spouse/Domestic Partner Benefit</b>  | N/A  | \$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.†  |
| <b>Child Benefit</b>  | N/A  | Your dependent children age 14 days to 20 years (26 if full time student).<br>\$2,500 increments to a maximum of \$20,000. Subject to state limits. See Cost Illustration page for details.        |
| <b>Guarantee Issue:</b> 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 \$350,000 per employee  | We Guarantee Issue coverage up to:<br>Employee Less than age 65 \$100,000, 65-69 \$50,000, 70+ \$10,000.<br>Spouse Less than age 65 \$50,000, 65-69 \$10,000, \$0.<br>Dependent children \$20,000. |
| <b>Premiums</b>   | Covered by your company if you meet eligibility requirements   | Increase on plan anniversary after you enter next five-year age group  |





# Your life coverage

|  | BASIC LIFE   | VOLUNTARY TERM LIFE                                 |
|--|--|---|
| <b>Portability:</b> Allows you to take coverage with you if you terminate employment.  | No   | Yes, with age and other restrictions                |
| <b>Conversion:</b> 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 |
| <b>Accelerated Life Benefit:</b> A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan. | Yes  | Yes   |
| <b>Waiver of Premiums:</b> Premium will not need to be paid if you are totally disabled.   | For employees disabled prior to age 60, with premiums waived until age 70, if conditions are met | No  |
| <b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.   | 35% at age 70, 55% at age 75, 70% at age 80  | 35% at age 70, 55% at age 75, 70% at age 80         |

Subject to coverage limits

**† Spouse/DP coverage terminates at age 70.**

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

**Annual Election Option** allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.

## 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.

| Employee  | Monthly premiums displayed. Cost of AD&D is included. |         |                                      |         |         |         |          |          |          |  |
|-----------|---|---------|--------------------------------------|---------|---------|---------|----------|----------|----------|--|
|           | Policy Election Amount                                |         | Policy Election Cost Per Age Bracket |         |         |         |          |          |          |  |
|           | < 30  | 30-34   | 35-39                                | 40-44   | 45-49   | 50-54   | 55-59    | 60-64    | 65-69†   |  |
| \$10,000  | \$1.05  | \$1.30  | \$1.42                               | \$1.54  | \$2.17  | \$3.16  | \$5.65   | \$8.51   | \$16.10  |  |
| \$20,000  | \$2.10  | \$2.60  | \$2.84                               | \$3.08  | \$4.34  | \$6.32  | \$11.30  | \$17.02  | \$32.20  |  |
| \$30,000  | \$3.15  | \$3.90  | \$4.26                               | \$4.62  | \$6.51  | \$9.48  | \$16.95  | \$25.53  | \$48.30  |  |
| \$40,000  | \$4.20  | \$5.20  | \$5.68                               | \$6.16  | \$8.68  | \$12.64 | \$22.60  | \$34.04  | \$64.40  |  |
| \$50,000  | \$5.25  | \$6.50  | \$7.10                               | \$7.70  | \$10.85 | \$15.80 | \$28.25  | \$42.55  | \$80.50  |  |
| \$60,000  | \$6.30  | \$7.80  | \$8.52                               | \$9.24  | \$13.02 | \$18.96 | \$33.90  | \$51.06  | \$96.60  |  |
| \$70,000  | \$7.35  | \$9.10  | \$9.94                               | \$10.78 | \$15.19 | \$22.12 | \$39.55  | \$59.57  | \$112.70 |  |
| \$80,000  | \$8.40  | \$10.40 | \$11.36                              | \$12.32 | \$17.36 | \$25.28 | \$45.20  | \$68.08  | \$128.80 |  |
| \$90,000  | \$9.45  | \$11.70 | \$12.78                              | \$13.86 | \$19.53 | \$28.44 | \$50.85  | \$76.59  | \$144.90 |  |
| \$100,000 | \$10.50   | \$13.00 | \$14.20                              | \$15.40 | \$21.70 | \$31.60 | \$56.50  | \$85.10  | \$161.00 |  |
| \$110,000 | \$11.55   | \$14.30 | \$15.62                              | \$16.94 | \$23.87 | \$34.76 | \$62.15  | \$93.61  | \$177.10 |  |
| \$120,000 | \$12.60   | \$15.60 | \$17.04                              | \$18.48 | \$26.04 | \$37.92 | \$67.80  | \$102.12 | \$193.20 |  |
| \$130,000 | \$13.65   | \$16.90 | \$18.46                              | \$20.02 | \$28.21 | \$41.08 | \$73.45  | \$110.63 | \$209.30 |  |
| \$140,000 | \$14.70   | \$18.20 | \$19.88                              | \$21.56 | \$30.38 | \$44.24 | \$79.10  | \$119.14 | \$225.40 |  |
| \$150,000 | \$15.75   | \$19.50 | \$21.30                              | \$23.10 | \$32.55 | \$47.40 | \$84.75  | \$127.65 | \$241.50 |  |
| \$160,000 | \$16.80   | \$20.80 | \$22.72                              | \$24.64 | \$34.72 | \$50.56 | \$90.40  | \$136.16 | \$257.60 |  |
| \$170,000 | \$17.85   | \$22.10 | \$24.14                              | \$26.18 | \$36.89 | \$53.72 | \$96.05  | \$144.67 | \$273.70 |  |
| \$180,000 | \$18.90   | \$23.40 | \$25.56                              | \$27.72 | \$39.06 | \$56.88 | \$101.70 | \$153.18 | \$289.80 |  |
| \$190,000 | \$19.95   | \$24.70 | \$26.98                              | \$29.26 | \$41.23 | \$60.04 | \$107.35 | \$161.69 | \$305.90 |  |
| \$200,000 | \$21.00   | \$26.00 | \$28.40                              | \$30.80 | \$43.40 | \$63.20 | \$113.00 | \$170.20 | \$322.00 |  |
| \$210,000 | \$22.05   | \$27.30 | \$29.82                              | \$32.34 | \$45.57 | \$66.36 | \$118.65 | \$178.71 | \$338.10 |  |
| \$220,000 | \$23.10   | \$28.60 | \$31.24                              | \$33.88 | \$47.74 | \$69.52 | \$124.30 | \$187.22 | \$354.20 |  |
| \$230,000 | \$24.15   | \$29.90 | \$32.66                              | \$35.42 | \$49.91 | \$72.68 | \$129.95 | \$195.73 | \$370.30 |  |
| \$240,000 | \$25.20   | \$31.20 | \$34.08                              | \$36.96 | \$52.08 | \$75.84 | \$135.60 | \$204.24 | \$386.40 |  |
| \$250,000 | \$26.25   | \$32.50 | \$35.50                              | \$38.50 | \$54.25 | \$79.00 | \$141.25 | \$212.75 | \$402.50 |  |
| \$260,000 | \$27.30   | \$33.80 | \$36.92                              | \$40.04 | \$56.42 | \$82.16 | \$146.90 | \$221.26 | \$418.60 |  |
| \$270,000 | \$28.35   | \$35.10 | \$38.34                              | \$41.58 | \$58.59 | \$85.32 | \$152.55 | \$229.77 | \$434.70 |  |
| \$280,000 | \$29.40   | \$36.40 | \$39.76                              | \$43.12 | \$60.76 | \$88.48 | \$158.20 | \$238.28 | \$450.80 |  |
| \$290,000 | \$30.45   | \$37.70 | \$41.18                              | \$44.66 | \$62.93 | \$91.64 | \$163.85 | \$246.79 | \$466.90 |  |

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Kit created 06/08/2024

Group number: 00034517

**Voluntary Life Cost Illustration** *continued*

|           | <b>&lt; 30</b> | <b>30-34</b> | <b>35-39</b> | <b>40-44</b> | <b>45-49</b> | <b>50-54</b> | <b>55-59</b> | <b>60-64</b> | <b>65-69†</b> |
|-----------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| \$300,000 | \$31.50        | \$39.00      | \$42.60      | \$46.20      | \$65.10      | \$94.80      | \$169.50     | \$255.30     | \$483.00      |
| \$310,000 | \$32.55        | \$40.30      | \$44.02      | \$47.74      | \$67.27      | \$97.96      | \$175.15     | \$263.81     | \$499.10      |
| \$320,000 | \$33.60        | \$41.60      | \$45.44      | \$49.28      | \$69.44      | \$101.12     | \$180.80     | \$272.32     | \$515.20      |
| \$330,000 | \$34.65        | \$42.90      | \$46.86      | \$50.82      | \$71.61      | \$104.28     | \$186.45     | \$280.83     | \$531.30      |
| \$340,000 | \$35.70        | \$44.20      | \$48.28      | \$52.36      | \$73.78      | \$107.44     | \$192.10     | \$289.34     | \$547.40      |
| \$350,000 | \$36.75        | \$45.50      | \$49.70      | \$53.90      | \$75.95      | \$110.60     | \$197.75     | \$297.85     | \$563.50      |
| \$360,000 | \$37.80        | \$46.80      | \$51.12      | \$55.44      | \$78.12      | \$113.76     | \$203.40     | \$306.36     | \$579.60      |
| \$370,000 | \$38.85        | \$48.10      | \$52.54      | \$56.98      | \$80.29      | \$116.92     | \$209.05     | \$314.87     | \$595.70      |
| \$380,000 | \$39.90        | \$49.40      | \$53.96      | \$58.52      | \$82.46      | \$120.08     | \$214.70     | \$323.38     | \$611.80      |
| \$390,000 | \$40.95        | \$50.70      | \$55.38      | \$60.06      | \$84.63      | \$123.24     | \$220.35     | \$331.89     | \$627.90      |
| \$400,000 | \$42.00        | \$52.00      | \$56.80      | \$61.60      | \$86.80      | \$126.40     | \$226.00     | \$340.40     | \$644.00      |
| \$410,000 | \$43.05        | \$53.30      | \$58.22      | \$63.14      | \$88.97      | \$129.56     | \$231.65     | \$348.91     | \$660.10      |
| \$420,000 | \$44.10        | \$54.60      | \$59.64      | \$64.68      | \$91.14      | \$132.72     | \$237.30     | \$357.42     | \$676.20      |
| \$430,000 | \$45.15        | \$55.90      | \$61.06      | \$66.22      | \$93.31      | \$135.88     | \$242.95     | \$365.93     | \$692.30      |
| \$440,000 | \$46.20        | \$57.20      | \$62.48      | \$67.76      | \$95.48      | \$139.04     | \$248.60     | \$374.44     | \$708.40      |
| \$450,000 | \$47.25        | \$58.50      | \$63.90      | \$69.30      | \$97.65      | \$142.20     | \$254.25     | \$382.95     | \$724.50      |
| \$460,000 | \$48.30        | \$59.80      | \$65.32      | \$70.84      | \$99.82      | \$145.36     | \$259.90     | \$391.46     | \$740.60      |
| \$470,000 | \$49.35        | \$61.10      | \$66.74      | \$72.38      | \$101.99     | \$148.52     | \$265.55     | \$399.97     | \$756.70      |
| \$480,000 | \$50.40        | \$62.40      | \$68.16      | \$73.92      | \$104.16     | \$151.68     | \$271.20     | \$408.48     | \$772.80      |
| \$490,000 | \$51.45        | \$63.70      | \$69.58      | \$75.46      | \$106.33     | \$154.84     | \$276.85     | \$416.99     | \$788.90      |
| \$500,000 | \$52.50        | \$65.00      | \$71.00      | \$77.00      | \$108.50     | \$158.00     | \$282.50     | \$425.50     | \$805.00      |

**Policy Election Amount**

| Spouse/DP |         |          |          |          |          |          |          |          |           |
|-----------|---------|----------|----------|----------|----------|----------|----------|----------|-----------|
| \$10,000  | \$ .75  | \$ 1.00  | \$ 1.12  | \$ 1.24  | \$ 1.87  | \$ 2.86  | \$ 5.35  | \$ 8.21  | \$ 15.80  |
| \$20,000  | \$ 1.50 | \$ 2.00  | \$ 2.24  | \$ 2.48  | \$ 3.74  | \$ 5.72  | \$ 10.70 | \$ 16.42 | \$ 31.60  |
| \$30,000  | \$ 2.25 | \$ 3.00  | \$ 3.36  | \$ 3.72  | \$ 5.61  | \$ 8.58  | \$ 16.05 | \$ 24.63 | \$ 47.40  |
| \$40,000  | \$ 3.00 | \$ 4.00  | \$ 4.48  | \$ 4.96  | \$ 7.48  | \$ 11.44 | \$ 21.40 | \$ 32.84 | \$ 63.20  |
| \$50,000  | \$ 3.75 | \$ 5.00  | \$ 5.60  | \$ 6.20  | \$ 9.35  | \$ 14.30 | \$ 26.75 | \$ 41.05 | \$ 79.00  |
| \$60,000  | \$ 4.50 | \$ 6.00  | \$ 6.72  | \$ 7.44  | \$ 11.22 | \$ 17.16 | \$ 32.10 | \$ 49.26 | \$ 94.80  |
| \$70,000  | \$ 5.25 | \$ 7.00  | \$ 7.84  | \$ 8.68  | \$ 13.09 | \$ 20.02 | \$ 37.45 | \$ 57.47 | \$ 110.60 |
| \$80,000  | \$ 6.00 | \$ 8.00  | \$ 8.96  | \$ 9.92  | \$ 14.96 | \$ 22.88 | \$ 42.80 | \$ 65.68 | \$ 126.40 |
| \$90,000  | \$ 6.75 | \$ 9.00  | \$ 10.08 | \$ 11.16 | \$ 16.83 | \$ 25.74 | \$ 48.15 | \$ 73.89 | \$ 142.20 |
| \$100,000 | \$ 7.50 | \$ 10.00 | \$ 11.20 | \$ 12.40 | \$ 18.70 | \$ 28.60 | \$ 53.50 | \$ 82.10 | \$ 158.00 |

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ZANESVILLE HOURLY EMPLOYEES

Kit created 06/08/2024

Group number: 00034517



## 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-1-R-LB-90, GP-1-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 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-1-R-ADCL-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.

**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 a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Guardian Group Life Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.  
Policy Form # GP-1-LIFE-15

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**Watch our video**  
How short term disability insurance can supplement your income.

# Disability insurance

## Short term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

### Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

### What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

### Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



### Partial income replacement

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **\$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **\$4,800** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Watch our video  
How long term disability insurance  
can supplement your income.

# Disability insurance

## Long term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

### Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

### What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

### Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



### Partial income replacement

Jim suffers a heart attack that leaves him unable to work for two years.

Unpaid time off work: **24 months**

Elimination period: **6 months**

After a 6 month elimination period, Jim's Guardian Long Term Disability policy kicks in and replaces **\$2,000** of his monthly income for the remaining **18 months** of his disability or illness.

This gives him a total of **\$36,000** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.





# Your disability coverage

|   | Short-Term Disability                 | Long-Term Disability                          |
|---|---------------------------------------|---|
| <b>Coverage amount</b>  | 66.7% of salary to maximum \$710/week | 60% of salary to maximum \$12750/month        |
| <b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.  | 26 weeks                              | To age 65, standard ADEA                      |
| <b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.  | Day 1                                 | Day 181                                       |
| <b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.   | Day 8                                 | Day 181                                       |
| <b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.  | Health Statement may be required      | Health Statement may be required              |
| <b>Guarantee Issue:</b> The 'guarantee' means you are 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.    | We Guarantee Issue \$710 in coverage  | We Guarantee Issue \$12750 in coverage        |
| <b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.  | Planholder Determines                 | Planholder Determines                         |
| <b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | Not Applicable                        | 3 months look back; 12 months after exclusion |
| <b>Survivor benefit:</b> Additional benefit payable to your family if you die while disabled.   | No                                    | 3 months                                      |

## UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

**Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.

**Earnings definition:** Your covered salary excludes bonuses and commissions.

**Special limitations:** Provides a 24-month benefit limit for mental health and substance abuse.

**Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.



# Your disability coverage

## A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

Evidence of insurability may be 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.

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.

For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including

but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.

If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.

When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

Contract #s GP-1-STD94-1.0 et al; GP-1-STD2K-1.0 et al; GP-1-STD07-1.0 et al; GP-1-STD-15-1.0 et al; Contract #s GP-1-LTD94-ABC-1.0 et al; GP-1-LTD2K-1.0 et al; GP-1-LTD07-1.0 et al; GP-1-LTD-15-1.0 et al.

Guardian's Group Short Term Disability and Long Term Disability Insurance are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al; GP-1-STD-15, #GP-1-LTD07-1.0, et al; GP-1-LTD-15



Watch our video  
How critical illness insurance  
helps cover the costs of treatment.

# Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

## Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

## What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300.**

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800.**

John has a **\$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your critical illness coverage

## CRITICAL ILLNESS

**Benefit Amount(s)** Employee may choose a lump sum benefit of \$5,000 to \$25,000 in \$5,000 increments.

| CONDITIONS                   | CRITICAL ILLNESS                 |                |
|------------------------------|----------------------------------|----------------|
|                              | 1st OCCURRENCE                   | 2nd OCCURRENCE |
| <b>Cancer</b>                |                                  |                |
| Invasive Cancer              | 100%                             | 50%            |
| Carcinoma In Situ            | 30%                              | 0%             |
| Benign Brain Tumor           | 75%                              | 0%             |
| Skin Cancer                  | \$250 per lifetime               | Not Covered    |
| <b>Vascular</b>              |                                  |                |
| Heart Attack                 | 100%                             | 50%            |
| Stroke                       | 100%                             | 50%            |
| Heart Failure                | 100%                             | 50%            |
| Coronary Arteriosclerosis    | 30%                              | 0%             |
| <b>Other</b>                 |                                  |                |
| Organ Failure                | 100%                             | 50%            |
| Kidney Failure               | 100%                             | 50%            |
| <b>ADDITIONAL CONDITIONS</b> | <b>1st OCCURRENCE ONLY</b>       |                |
| Addison's Disease            | 30%                              |                |
| ALS (Lou Gehrig's Disease)   | 100%                             |                |
| Alzheimer's Disease          | 50%                              |                |
| Coma                         | 100%                             |                |
| Huntington's Disease         | 30%                              |                |
| Loss of Hearing              | 100%                             |                |
| Loss of Sight                | 100%                             |                |
| Loss of Speech               | 100%                             |                |
| Multiple Sclerosis           | 30%                              |                |
| Parkinson's Disease          | 100%                             |                |
| Permanent Paralysis          | 50% for 1 limb, 100% for 2 limbs |                |
| Severe Burns                 | 100%                             |                |
| <b>Childhood Conditions</b>  | <b>1st OCCURRENCE ONLY</b>       |                |
| Cerebral Palsy               | 100%                             |                |
| Cleft Lip/Palate             | 100%                             |                |
| Club Foot                    | 100%                             |                |
| Cystic Fibrosis              | 100%                             |                |
| Down's Syndrome              | 100%                             |                |
| Muscular Dystrophy           | 100%                             |                |
| Spina Bifida                 | 100%                             |                |
| Type 1 Diabetes              | 100%                             |                |



# Your critical illness coverage

## CRITICAL ILLNESS

### Spouse/Domestic Partner Benefit

May choose a lump sum benefit of \$2,500 to \$12,500 in \$2,500 increments up to 50% of the employee's lump sum benefit.

### Child Benefit- children age Birth to 26 years

25% of employee's lump sum benefit

**Benefit Reductions:** Benefits are reduced by a certain percentage as an employee ages

50% at age 70

**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 or the annual open enrollment period.

We Guarantee Issue up to:

\$25,000

For a spouse:

\$12,500

For a child: All Amounts

**Health questions are required if the elected amount exceeds the Guarantee Issue.**

**Portability:** Allows you to take your Critical Illness coverage with you if you terminate employment.

Included

**Pre-Existing Condition Limitation:** A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.

3 months prior, 12 months after

## WELLNESS BENEFIT

Employee Per Year Limit

\$50

Spouse Per Year Limit

\$50

Child Per Year Limit

\$50

## Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

## Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

| Employee  | Monthly Premiums Displayed<br>Election Cost Per Age Bracket |         |         |         |          |                  |
|---|---|---------|---------|---------|----------|------------------|
|   | < 30  | 30-39   | 40-49   | 50-59   | 60-69    | 70+ <sup>†</sup> |
| \$5,000   | \$2.50  | \$4.25  | \$8.40  | \$17.15 | \$29.75  | \$47.65          |
| \$10,000  | \$5.00  | \$8.50  | \$16.80 | \$34.30 | \$59.50  | \$95.30          |
| \$15,000  | \$7.50  | \$12.75 | \$25.20 | \$51.45 | \$89.25  | \$142.95         |
| \$20,000  | \$10.00   | \$17.00 | \$33.60 | \$68.60 | \$119.00 | \$190.60         |
| \$25,000  | \$12.50   | \$21.25 | \$42.00 | \$85.75 | \$148.75 | \$238.25         |
| <b>Benefit Amount Up To 50% of Employee Amount to a Maximum of \$12,500</b> |   |         |         |         |          |                  |
| Spouse  |   |         |         |         |          |                  |
| \$2,500   | \$1.25  | \$2.13  | \$4.20  | \$8.57  | \$14.88  | \$23.83          |
| \$5,000   | \$2.50  | \$4.25  | \$8.40  | \$17.15 | \$29.75  | \$47.65          |
| \$7,500   | \$3.75  | \$6.38  | \$12.60 | \$25.73 | \$44.63  | \$71.47          |
| \$10,000  | \$5.00  | \$8.50  | \$16.80 | \$34.30 | \$59.50  | \$95.30          |
| \$12,500  | \$6.25  | \$10.63 | \$21.00 | \$42.88 | \$74.38  | \$119.12         |

<sup>†</sup>Benefit reductions may apply. See plan details.



## EXCLUSIONS AND LIMITATIONS

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

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 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan

is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. A pre-existing condition includes any condition for which an employee, in a specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

*The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations.*

*If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.*

Contract # GP-1-CI-14

Guardian's Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.  
Policy Form # GP-1-LAH-12R; GP-1-CI-14

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**Watch our video**  
How accident insurance  
can get you back on your feet.

# Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

## Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

## What does it cover?

Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burrs, dislocations, fractures, hospital confinement, and surgery.

## Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your accident coverage

## ACCIDENT

### COVERAGE - DETAILS

|  |          |
|--|----------|
| <b>Your Monthly premium</b>  | \$14.55  |
| You and Spouse/Domestic Partner  | \$24.32  |
| You and Child(ren)   | \$25.58  |
| You, Spouse/Domestic Partner and Child(ren)  | \$35.35  |
| <b>Accident Coverage Type</b>  | Off Job  |
| <b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment. | Included |

### ACCIDENTAL DEATH AND DISMEMBERMENT

|   |   |
|---|---|
| <b>Benefit Amount(s)</b>  | Employee \$25,000<br>Spouse \$12,500<br>Child \$5,000   |
| <b>Catastrophic Loss</b>  | Quadriplegia, Loss of speech & hearing (both ears),<br>Loss of Cognitive function: 100% of AD&D<br>Hemiplegia & Paraplegia: 50% of AD&D |
| <b>Common Carrier</b>   | 200% of AD&D benefit  |
| <b>Common Disaster</b>  | 200% of Spouse AD&D benefit   |
| <b>Dismemberment - Hand, Foot, Sight</b>                                | Single: 50% of AD&D benefit<br>Multiple: 100% of AD&D benefit   |
| <b>Dismemberment - Thumb/Index Finger Same Hand, All Toes Same Foot</b> | 25% of AD&D benefit   |
| <b>Seatbelts and Airbags</b>  | Seatbelts: \$10,000 & Airbags: \$15,000   |
| <b>Reasonable Accommodation to Home or Vehicle</b>                      | \$2,500   |
| <b>WELLNESS BENEFIT</b> - Per Year Limit                                | \$50  |
| <b>Child(ren) Age Limits</b>  | Children age birth to 26 years  |
| <b>RAINY DAY FUND</b>   | Benefit Amount: \$400<br>Rollover Maximum: \$200<br>Fund Maximum: \$800   |

### FEATURES

|                               |  |
|-------------------------------|--|
| Air Ambulance                 | \$1,000  |
| Ambulance                     | \$200  |
| Blood/Plasma/Platelets        | \$300  |
| Burns (2nd Degree/3rd Degree) | 9 sq inches To 18 sq inches: \$0/\$2,000<br>18 sq inches To 35 sq inches: \$1,000/\$4,000<br>Over 35 sq inches: \$3,000/\$12,000 |
| Burns - Skin Graft            | 50% of burn benefit  |

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# Your accident coverage

## FEATURES (Cont.)

|   |   |
|---|---|
| Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate. | 25% increase to child benefits                    |
| Chiropractic Visits   | \$50/visit, up to 6 visits                        |
| Coma  | \$10,000  |
| Concussion Baseline Study   | \$25  |
| Concussions   | \$200   |
| Diagnostic Exam (Major)   | \$200   |
| Dislocations  | Schedule up to \$5,000                            |
| Doctor Follow-Up Visits   | \$50, up to 6 treatments                          |
| Emergency Dental Work   | \$300/Crown, \$75/Extraction                      |
| Emergency Room Treatment  | \$200   |
| Epidural Anesthesia Pain Management   | \$100, 2 times per accident                       |
| Eye Injury  | \$300   |
| Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.                              | \$20/day, up to 30 days                           |
| Fractures   | Schedule up to \$6,000                            |
| Gun Shot Wound  | \$750   |
| Hospital Admission  | \$1,000   |
| Hospital Confinement  | \$250/day - up to 1 year                          |
| Hospital ICU Admission  | \$2,000   |
| Hospital ICU Confinement  | \$500/day - up to 15 days                         |
| Initial Dr. Office/Urgent Care Facility Treatment   | \$100   |
| Joint Replacement (Hip/Knee/Shoulder)   | \$2,500/\$1,250/\$1,250                           |
| Knee Cartilage  | \$500   |
| Laceration  | Schedule up to \$400                              |
| Lodging - The hospital stay must be more than 50 miles from the insured's residence.  | \$125/day, up to 30 days for companion hotel stay |
| Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.  | Schedule up to \$500                              |
| Outpatient Therapies  | \$35/day, up to 10 days                           |
| Post-Traumatic Stress Disorder  | \$400   |
| Prosthetic Device/Artificial Limb   | 1: \$500<br>2 or more: \$1,000                    |
| Rehabilitation Unit Confinement   | \$100/day, up to 15 days                          |
| Ruptured Disc With Surgical Repair  | \$500   |
| Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max   | Schedule up to \$1,250<br>Hernia: \$250           |
| Surgery (Exploratory or Arthroscopic)   | \$400   |
| Tendon/Ligament/Rotator Cuff  | 1: \$500<br>2 or more: \$1,000                    |

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ZANESVILLE HOURLY EMPLOYEES



# Your accident coverage

## FEATURES (Cont.)

|  |  |
|--|--|
| Transportation – Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.  | \$0.50 per mile, limited to \$500/round trip, up to 3 times per accident |
| Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms. | \$4,000  |
| X - Ray  | \$40   |

## UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.

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AMGVANADIUMLLC

ZANESVILLE HOURLY EMPLOYEES



# Your accident coverage

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country, taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the

policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-ACC-18

*If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.*

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

**IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**  
Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18

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**ZANESVILLE HOURLY EMPLOYEES**

# TravelAid - 24/7 Emergency Medical and Travel Assistance

Expect the unexpected.

A comprehensive travel assistance program providing 24/7 emergency medical and travel assistance services when you are outside your home country or 100 or more miles away from your primary residence in your home country. The program also provides emergency security assistance services when you are outside of your home country. This program is not a travel insurance policy. Requests for reimbursement for medical transport or other services arranged independently by you will not be accepted.

## How it can help



### Medical Evacuation & Repatriation Services

- Emergency medical evacuation<sup>1,2</sup>
- Dispatch of doctors/specialists
- Medical repatriation
- And more



### Medical Assistance Services

- Worldwide medical and dental referrals
- Monitoring of treatment
- Facilitation of hospital payment
- And more



### Travel Assistance Services

- Replacement of lost or stolen travel documents
- Emergency travel arrangements
- Transfer of funds
- And more

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

<sup>1</sup>Transportation cost incurred will be paid for by Uprise Health.

<sup>2</sup>Coverage subject to a \$20,000 per incident maximum.

TravelAid services are provided by Uprise Health, and United Healthcare Global. UHC Global provides non-insurance Assistance Services and is not financially responsible for the Services. UHC Global does not guarantee clinical outcomes. The Guardian Life Insurance Company of America (Guardian) does not provide any part of TravelAid 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 policy can provide the actual terms, services, limitations and exclusions. We are not responsible for availability, quality, result of or failure to provide any medical, legal or other care or service caused by conditions beyond Our control. Guardian and Uprise Health reserve the right to discontinue TravelAid at any time, without notice. TravelAid services may not be available in all states. Legal/financial assistance and resources services are not available in the states of New York and Hawaii.



## How to access



**Email**

assistance@uhcglobal.com



**UHC GID**

329111



**Call**

1 410 453 6330

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2024-167937 (1/26)



# Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

## Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for\*:

- Basic life
- Voluntary life
- Short term disability
- Long term disability



### How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit'.

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

\*Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is available using most internet browsers.

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guardianlife.com

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2020-109652 (10/22)

# Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

## How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including Will/Prep Services



## How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



**Visit**

[worklife.uprisehealth.com](http://worklife.uprisehealth.com)



**Access Code**  
worklife

For more information or support, you can reach out by phoning **1 800 386 7055**. The team is available 24 hours a day, 7 days a week<sup>1</sup>.

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

WorkLifeMatters Program services are provided by Uprise Health, and its contractors. Guardian does not provide any part of WorkLifeMatters program 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 Uprise Health reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

<sup>1</sup>Office hours: Monday-Friday 6 a.m.–5 p.m. PST.

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2021-117403 (3/23)



# WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

## How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

WillPrep Services are provided by Uprise Health, and its contractor's. 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 Uprise Health 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, Uprise Health, or your employer.



## How to access

To access WillPrep Services, you'll need a few personal details.



**Visit**  
[willprep.uprisehealth.com](http://willprep.uprisehealth.com)



**Username**  
WillPrep



**Password**  
GLIC09

For more information or support, you can reach out by phoning **1 877 433 6789**.

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# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

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## Important information



### **Notice Informing Individuals about Nondiscrimination and Accessibility Requirements**

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

### **No Cost Language Services**

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

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## Disability insurance



### **Disability Offset Notice**

Offsets are provisions in your disability coverage that allow the insurer to deduct from your regular benefit other types of income you receive or are eligible to receive from other sources due to your disability.

Visit <https://www.guardiananytime.com/notice51> to read more.

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## Vision insurance



### **Guardian's HIPAA Notice of Privacy Practices**

The notice describes how health information about you may be used and disclosed and how you can access this information. Visit <https://www.guardiananytime.com/notice50> to read more.

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Guardian Life, P.O. Box 14319,  
Lexington, KY 40512

Please print clearly and mark carefully.

|   |                                    |                           |
|---|------------------------------------|---------------------------|
| Employer/Planholder Name: <b>AMG VANADIUM LLC</b>   | Group Plan Number: <b>00034517</b> | Benefits Effective: _____ |
| PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Add Employee/Member Dependents/Family Members <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change |                                    |                           |

In this form, you will be referred to as an Employee/Member. Members of your family will be referred to as Dependents/Family Members. There will also be times when referring to Dependents/Family Members, this form will distinguish between your spouse and your children. Depending on the type of plan your Planholder selected, other plan documents may refer to you as an employee, a member, or a similar term, and, to members of your family, as family members, dependents, eligible dependents, or a similar term. Please refer to the group policy, certificate of coverage, (sometimes called a member guide), to see how terms are defined and to determine which members of your family are eligible for coverage. Plan documents such as the group policy, certificate of coverage, (sometimes called a member guide), control if there is any dispute concerning the meaning of terms used in this form.

|                                    |                 |                      |  |
|------------------------------------|-----------------|----------------------|--|
| Class: ZANESVILLE HOURLY EMPLOYEES | Division: _____ | Subtotal Code: _____ | (Please obtain this from your Employer/Planholder) |
|------------------------------------|-----------------|----------------------|--|

|  |  |   |
|--|--|---|
| <b>About You:</b><br>Full Legal Name-First, MI, Last Name:<br>What is the name you go by? (optional) | Employer/Planholder Provided Identification: | Social Security Number<br><br>Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage. |
| Address  | City   | State   |
| Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F                               | Date of Birth (mm-dd-yy): ____ - ____ - ____ | Zip   |

|  |   |   |  |
|--|---|---|--|
| Phone (indicate primary): <input type="checkbox"/> Home (____) ____-____<br><input type="checkbox"/> Work (____) ____-____<br><input type="checkbox"/> Mobile (____) ____-____ | E mail Address (indicate primary) <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____ | Are you married or in a civil union? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of marriage/civil union: ____ - ____ - ____ |
| Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | Placement date of adopted child: ____ - ____ - ____   |  |

|  |  |
|--|--|
| <b>About Your Job:</b>   | Job Title:                                 |
| Work Status:<br><input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> COBRA/State Continuation | Date of full time hire: ____ - ____ - ____ |
| Hours worked per week: _____   | Annual Salary: \$ _____                    |

**About Your Family:** Please include the names of the Dependents/Family Members you wish to enroll. You can enroll only those Dependents/Family Members that are eligible for coverage. Please refer to the plan documents such as the group policy, member guide, or certificate to determine if a Dependent/Family Member is eligible for coverage.

If additional space is needed, please attach a separate page with this information along with your enrollment form. Each Dependent/Family Member's Social Security Number must be provided if enrolling them for Life Coverage. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a niece or a nephew.

|                         |  |                        |
|-------------------------|--|------------------------|
| Spouse                  | Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number |
| Address/City/State/Zip: | Date of Birth (mm-dd-yyyy)   |                        |
| Phone: ( ) -            |  |                        |

|   |  |   |  |   |
|---|--|---|--|---|
| Child/Dependent 1:<br>Address/City/State/Zip:<br>Phone: ( ) - | <input type="checkbox"/> Add <input type="checkbox"/> Drop | Gender Identity:<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number<br>Date of Birth (mm-dd-yyyy) | Status (check as applicable)<br><input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled<br><input type="checkbox"/> Non standard dependent<br>State of Residence: _____ |
| Child/Dependent 2:<br>Address/City/State/Zip:<br>Phone: ( ) - | <input type="checkbox"/> Add <input type="checkbox"/> Drop | Gender Identity:<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number<br>Date of Birth (mm-dd-yyyy) | Status (check as applicable)<br><input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled<br><input type="checkbox"/> Non standard dependent<br>State of Residence: _____ |
| Child/Dependent 3:<br>Address/City/State/Zip:<br>Phone: ( ) - | <input type="checkbox"/> Add <input type="checkbox"/> Drop | Gender Identity:<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number<br>Date of Birth (mm-dd-yyyy) | Status (check as applicable)<br><input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled<br><input type="checkbox"/> Non standard dependent<br>State of Residence: _____ |
| Child/Dependent 4:<br>Address/City/State/Zip:<br>Phone: ( ) - | <input type="checkbox"/> Add <input type="checkbox"/> Drop | Gender Identity:<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number<br>Date of Birth (mm-dd-yyyy) | Status (check as applicable)<br><input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled<br><input type="checkbox"/> Non standard dependent<br>State of Residence: _____ |

**Drop Coverage:**

Drop Employee/Member  Drop Dependents/Family Members  
The date of withdrawal cannot be prior to the date this form is completed and signed.

Last Day of Coverage: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Termination of Employment  Retirement  
 Last Day Worked: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Other Event: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Date of Event: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Loss Of Other Coverage:**

I and/or my dependents were previously covered under Loss of coverage was due to:

Termination of Employment: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Divorce/Separation \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Death of Spouse \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Termination/Expiration of Coverage \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Coverage Lost  Vision

**Coverage Being Dropped:**

Vision  Employee/Member  Spouse  Child(ren)  
 Basic Term Life  Employee/Member  Spouse  Child(ren)  
 Voluntary Term Life  Employee/Member  Spouse  Child(ren)  
 Critical Illness  Employee/Member  Spouse  Child(ren)  
 Accident  Employee/Member  Spouse  Child(ren)  
 Long Term Disability  Spouse  Child(ren)  
 Short Term Disability

I have been offered the above coverage(s) and wish to drop enrollment for the following reasons:

Covered under another insurance plan  
 Other \_\_\_\_\_  
 (additional information may be required)

**Vision Coverage: You must be enrolled to cover your dependents/family members. Check only one box.**

Full Feature  
 I do not want this Vision coverage because (Check as applicable):  
 I am covered under another Vision plan  
 My spouse is covered under another Vision plan  
 My dependents/family members are covered under another Vision plan

Employee/Member Only  Employee/Member & Employee/Member & Spouse  Employee/Member, Spouse & Dependent/Child(ren)  Employee/Member, Spouse & Dependent/Child(ren)

**Basic Life Coverage with Accidental Death and Dismemberment (AD&D):**

*Benefit reductions apply. Please see plan administrator.*

The amount of life insurance coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions.

**Policy Amount**  
Employee/Member Only

200% of your annual salary to a maximum of \$350,000

The Guarantee Issue Amount is \$350,000.

\* If Employee/Member is 65+ benefit reductions may apply which may change the GI amount. Please see enrollment materials for details.

Employee/Member Name your beneficiaries: (Primary beneficiary percentages must total 100%)

If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yy) the paper and keep a copy for your records.

**Primary Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ %

Date of Birth (mm-dd-yy): \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ %

Date of Birth (mm-dd-yy): \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth (mm-dd-yy): \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer/Planholder maintains beneficiary information.)

**Dependents/Family Members – If the intended beneficiary is to be someone other than the Employee/Member, please complete the Beneficiary Designation form.**

**Attention:** If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only.  Yes  No  
If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

**Custodian to Minor Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number (or

FEIN/TIN # if a corporate entity): \_\_\_\_\_

Date of Birth (mm-dd-yyyy) (if an individual): \_\_\_\_-\_\_\_\_-\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

If this Basic Life coverage will replace your existing life insurance coverage through your current Employer/Planholder, provide the amount of the previous policy \$ \_\_\_\_\_

**Important Notes:**

- Based on your plan benefits and age, you may be required to complete an evidence of insurability form.

**LIFE INSURANCE** *continued*

**Voluntary Term Life Coverage With Accidental Death and Dismemberment (AD&D):** You must be enrolled to cover your dependents/family members. *Benefit reductions apply. Please see plan administrator.*

The amount of life insurance coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions.

Employee/Member

Policy Amount *Check one box only*

- |                                    |                                    |                                    |                                     |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$10,000  | <input type="checkbox"/> \$20,000  | <input type="checkbox"/> \$30,000  | <input type="checkbox"/> \$40,000   | <input type="checkbox"/> \$50,000  | <input type="checkbox"/> \$60,000  |
| <input type="checkbox"/> \$70,000  | <input type="checkbox"/> \$80,000  | <input type="checkbox"/> \$90,000  | <input type="checkbox"/> \$100,000* | <input type="checkbox"/> \$110,000 | <input type="checkbox"/> \$120,000 |
| <input type="checkbox"/> \$130,000 | <input type="checkbox"/> \$140,000 | <input type="checkbox"/> \$150,000 | <input type="checkbox"/> \$160,000  | <input type="checkbox"/> \$170,000 | <input type="checkbox"/> \$180,000 |
| <input type="checkbox"/> \$190,000 | <input type="checkbox"/> \$200,000 | <input type="checkbox"/> \$210,000 | <input type="checkbox"/> \$220,000  | <input type="checkbox"/> \$230,000 | <input type="checkbox"/> \$240,000 |
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$260,000 | <input type="checkbox"/> \$270,000 | <input type="checkbox"/> \$280,000  | <input type="checkbox"/> \$290,000 | <input type="checkbox"/> \$300,000 |
| <input type="checkbox"/> \$310,000 | <input type="checkbox"/> \$320,000 | <input type="checkbox"/> \$330,000 | <input type="checkbox"/> \$340,000  | <input type="checkbox"/> \$350,000 | <input type="checkbox"/> \$360,000 |
| <input type="checkbox"/> \$370,000 | <input type="checkbox"/> \$380,000 | <input type="checkbox"/> \$390,000 | <input type="checkbox"/> \$400,000  | <input type="checkbox"/> \$410,000 | <input type="checkbox"/> \$420,000 |
| <input type="checkbox"/> \$430,000 | <input type="checkbox"/> \$440,000 | <input type="checkbox"/> \$450,000 | <input type="checkbox"/> \$460,000  | <input type="checkbox"/> \$470,000 | <input type="checkbox"/> \$480,000 |
| <input type="checkbox"/> \$490,000 | <input type="checkbox"/> \$500,000 |                                    |                                     |                                    |                                    |

Guarantee Issue up to: Employee Less than age 65 \$100,000 \*, 65-69 \$50,000, 70+ \$10,000. The Health History section must be completed if any amount above the Guarantee Issue Amount is elected.

I do not want this coverage

**Add Voluntary Life for Spouse**

Policy Amount

- |                                    |                                    |                                    |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> \$10,000  | <input type="checkbox"/> \$20,000  | <input type="checkbox"/> \$30,000  | <input type="checkbox"/> \$40,000  | <input type="checkbox"/> \$50,000* | <input type="checkbox"/> \$60,000  |
| <input type="checkbox"/> \$70,000  | <input type="checkbox"/> \$80,000  | <input type="checkbox"/> \$90,000  | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$110,000 | <input type="checkbox"/> \$120,000 |
| <input type="checkbox"/> \$130,000 | <input type="checkbox"/> \$140,000 | <input type="checkbox"/> \$150,000 | <input type="checkbox"/> \$160,000 | <input type="checkbox"/> \$170,000 | <input type="checkbox"/> \$180,000 |
| <input type="checkbox"/> \$190,000 | <input type="checkbox"/> \$200,000 | <input type="checkbox"/> \$210,000 | <input type="checkbox"/> \$220,000 | <input type="checkbox"/> \$230,000 | <input type="checkbox"/> \$240,000 |
| <input type="checkbox"/> \$250,000 |                                    |                                    |                                    |                                    |                                    |

Guarantee Issue up to: Spouse Less than age 65 \$50,000\*, 65-69 \$10,000, \$0.

\*The amount may not be more than 100% of the employee amount for Voluntary Life.

I do not want this coverage

**Add Voluntary Life for Dependent/Child(ren)**

Policy Amount

- |                                   |                                    |                                  |                                   |                                   |                                   |
|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$2,500  | <input type="checkbox"/> \$5,000   | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$12,500 | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$17,500 | <input type="checkbox"/> \$20,000* |                                  |                                   |                                   |                                   |

\*Guarantee Issue Amount

\*The amount may not be more than 100% of the employee amount for Voluntary Life.

I do not want this coverage

**Important Notes:**

- Based on your plan benefits and age, you may be required to complete an evidence of insurability form.



**LIFE INSURANCE** *continued*

**Employee/Member Only Name your beneficiaries:** (Primary beneficiary percentages must total 100%) If electing different beneficiaries that are not the same as those named for Basic Life or Voluntary Term Life, please name below.

If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records.

**Primary Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ %  
 Date of Birth (mm-dd-yy): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ %  
 Date of Birth (mm-dd-yy): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_  
 Contingent Beneficiary: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Date of Birth (mm-dd-yy): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer/Planholder maintains beneficiary information.)

**Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the Employee/Member, please complete the Beneficiary Designation form.**

**Attention:** If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only.  Yes  No  
 If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

**Custodian to Minor Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number (or FEIN/TIN # if a corporate entity): \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth (mm-dd-yyyy) (if an individual): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) ( ) ( ) - \_\_\_\_ - \_\_\_\_

**Short-Term Disability (STD) Coverage:**

The amount of STD coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions.

*Weekly Benefit*

66.7% of salary to a maximum of \$710

**Long-Term Disability (LTD) Coverage:**

The amount of LTD coverage you select may be either a specific dollar amount or an amount that is a multiple of your salary and may be subject to certain reductions.

*Monthly Benefit*

60% of salary to a maximum of \$12,750

**Critical Illness Coverage:** You must be enrolled to cover your dependents/family members

*Benefit reductions apply. Please see plan administrator.*

**Employee/Member**

Insurance Amount:  \$5,000  \$10,000  \$15,000  \$20,000  \$25,000

I do not want this coverage.

**Spouse**  
**Insurance Amount:** Up to 50% of the employee/member's amount to a maximum of \$12,500  
 \$2,500     \$5,000     \$7,500     \$10,000     \$12,500  
 I do not want this coverage.

**Dependent/Child(ren)**  
**Insurance Amount:**  25% of the employee/member's amount  
 I do not want this coverage.

**Employee/Member Only - Name your beneficiaries:** (Primary beneficiary percentages must total 100%) If electing different beneficiaries that are not the same as those named for Basic Life or Voluntary Term Life, please name below.

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**Primary Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ %  
 Date of Birth (mm-dd-yy): \_\_\_\_-\_\_\_\_-\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ %  
 Date of Birth (mm-dd-yy): \_\_\_\_-\_\_\_\_-\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_  
 Contingent Beneficiary: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth (mm-dd-yy): \_\_\_\_-\_\_\_\_-\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer/Planholder maintains beneficiary information.)

Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the Employee/Member, please complete the Beneficiary Designation form.

**Attention:** If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

**Are any of the beneficiaries identified above considered a minor in the state in which they reside?** Check one box only.  Yes  No  
 If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

**Custodian to Minor Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number (or FEIN/TIN # if a corporate entity): \_\_\_\_\_

Date of Birth (mm-dd-yyyy) (if an individual): \_\_\_\_-\_\_\_\_-\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_

**Accident Coverage**    You must be enrolled to cover your family members.

|                      |                      |                        |  |   |
|----------------------|----------------------|------------------------|--|---|
| Your Monthly premium | Employee/Member Only | Employee/Member Spouse | Employee/Member & Dependent/Child(ren) | Employee/Member Spouse & Dependent/Child(ren) |
|----------------------|----------------------|------------------------|--|---|

|                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> \$14.55 | <input type="checkbox"/> \$24.32 | <input type="checkbox"/> \$25.58 | <input type="checkbox"/> \$35.35 |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|

I do not want this coverage.

**Employee/Member Only Name your beneficiaries:** (Primary beneficiary percentages must total 100%) If electing different beneficiaries that are not the same as those named for Basic Life or Voluntary Term Life, please name below.

If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records

**Primary Beneficiaries:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ %

Date of Birth (mm-dd-yy): \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ %

Date of Birth (mm-dd-yy): \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth (mm-dd-yy): \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship to Employee/Member: \_\_\_\_\_

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer/Planholder maintains beneficiary information.

**Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the Employee/Member, please complete the Beneficiary Designation form.**

Attention: If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

**Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only.**  Yes  No  
If you answered "Yes", please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

**Custodian to Minor Beneficiaries:** Name: \_\_\_\_\_ Social Security Number (or FEIN/TIN # if a corporate entity): \_\_\_\_\_

Date of Birth (mm-dd-yyyy) (if an individual): \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

### Signature

- I understand that my dependents/family members cannot be enrolled for a coverage if I am not enrolled for that coverage.
- LIFE ONLY: I understand that life insurance coverage for a dependent/family member, other than a newborn child, will not take effect if that dependent/family member is confined to a hospital or other health care facility, or is home confined, or is unable to perform two or more Activities of Daily Living (ADL's).
- I understand that I must be actively at work or my elected coverage will not take effect until I have met the eligibility requirements (as defined in the benefit booklet.) This does not apply to eligible retirees.
- If coverage is waived and you later decide to enroll, late entrant penalties may apply. You may also have to provide, at your own expense, proof of each person's insurability. Guardian or its designee has the right to reject your request.
- I understand that plan design limitations and exclusions may apply. For complete details of coverage, please refer to the plan documents or enrollment materials. State limitations may apply.
- Your coverage will not be effective until approved by a Guardian or its designated underwriter.
- 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.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements.
- I agree that my employer/planholder may deduct premiums from my pay if they are required for the coverage I have chosen above.
- I attest that the information provided above is true and correct to the best of my knowledge.

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 is guilty of insurance fraud.

SIGNATURE OF EMPLOYEE/MEMBER X \_\_\_\_\_ DATE \_\_\_\_\_

### Fraud Warning Statements

The laws of several states require the following statements to appear on the enrollment form:

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware, Indiana and Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana and Texas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Rhode Island:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Virginia:** 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 have violated state law.