



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



**Life
insurance**

Protecting your family's
financial future



**Disability
insurance**

Coverage if you're temporarily
unable to work

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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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
Employee Benefit	Your employer provides Basic Life Coverage for all full time employees in the amount of 100% of your annual salary, to a maximum of \$200,000 with a minimum amount of \$10,000.	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Not available
Spouse/Domestic Partner Benefit	Your spouse/domestic partner is eligible for coverage in the amount of \$1,500.	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Child Benefit	Your dependent children ages 14 days to 26, are eligible for coverage in the amount of \$1,500. See enrollment form for details.	Your dependent children age 14 days to 26 years. \$2,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$200,000 per employee	We Guarantee Issue coverage up to: Employee \$100,000. Spouse \$25,000. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions

Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until normal retirement age, if conditions are met	For employees disabled prior to age 60, with premiums waived until normal retirement age, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	No	35% at age 65, 50% at age 70

Subject to coverage limits

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

Automatic Increase allows for 5 adjustments of 5% each to the Voluntary Life benefit amount for members whose coverage has been inforce for at least one year. The adjustments are calculated at the time of claim.

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.

Policy Election Amount		Monthly premiums displayed.								
		Policy Election Cost Per Age Bracket								
Employee		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$10,000	Preferred	\$6.66	\$8.88	\$1.22	\$1.61	\$2.66	\$4.49	\$6.84	\$9.05	\$17.50
	Standard	\$1.18	\$1.90	\$2.82	\$3.95	\$6.66	\$10.80	\$15.00	\$18.10	\$31.50
\$20,000	Preferred	\$1.32	\$1.76	\$2.44	\$3.22	\$5.32	\$8.98	\$13.68	\$18.10	\$35.00
	Standard	\$2.36	\$3.80	\$5.64	\$7.90	\$13.32	\$21.60	\$30.00	\$36.20	\$63.00
\$30,000	Preferred	\$1.98	\$2.64	\$3.66	\$4.83	\$7.98	\$13.47	\$20.52	\$27.15	\$52.50
	Standard	\$3.54	\$5.70	\$8.46	\$11.85	\$19.98	\$32.40	\$45.00	\$54.30	\$94.50
\$40,000	Preferred	\$2.64	\$3.52	\$4.88	\$6.44	\$10.64	\$17.96	\$27.36	\$36.20	\$70.00
	Standard	\$4.72	\$7.60	\$11.28	\$15.80	\$26.64	\$43.20	\$60.00	\$72.40	\$126.00
\$50,000	Preferred	\$3.30	\$4.40	\$6.10	\$8.05	\$13.30	\$22.45	\$34.20	\$45.25	\$87.50
	Standard	\$5.90	\$9.50	\$14.10	\$19.75	\$33.30	\$54.00	\$75.00	\$90.50	\$157.50
\$60,000	Preferred	\$3.96	\$5.28	\$7.32	\$9.66	\$15.96	\$26.94	\$41.04	\$54.30	\$105.00
	Standard	\$7.08	\$11.40	\$16.92	\$23.70	\$39.96	\$64.80	\$90.00	\$108.60	\$189.00
\$70,000	Preferred	\$4.62	\$6.16	\$8.54	\$11.27	\$18.62	\$31.43	\$47.88	\$63.35	\$122.50
	Standard	\$8.26	\$13.30	\$19.74	\$27.65	\$46.62	\$75.60	\$105.00	\$126.70	\$220.50
\$80,000	Preferred	\$5.28	\$7.04	\$9.76	\$12.88	\$21.28	\$35.92	\$54.72	\$72.40	\$140.00
	Standard	\$9.44	\$15.20	\$22.56	\$31.60	\$53.28	\$86.40	\$120.00	\$144.80	\$252.00
\$90,000	Preferred	\$5.94	\$7.92	\$10.98	\$14.49	\$23.94	\$40.41	\$61.56	\$81.45	\$157.50
	Standard	\$10.62	\$17.10	\$25.38	\$35.55	\$59.94	\$97.20	\$135.00	\$162.90	\$283.50
\$100,000	Preferred	\$6.60	\$8.80	\$12.20	\$16.10	\$26.60	\$44.90	\$68.40	\$90.50	\$175.00
	Standard	\$11.80	\$19.00	\$28.20	\$39.50	\$66.60	\$108.00	\$150.00	\$181.00	\$315.00
\$110,000	Preferred	\$7.26	\$9.68	\$13.42	\$17.71	\$29.26	\$49.39	\$75.24	\$99.55	\$192.50
	Standard	\$12.98	\$20.90	\$31.02	\$43.45	\$73.26	\$118.80	\$165.00	\$199.10	\$346.50
\$120,000	Preferred	\$7.92	\$10.56	\$14.64	\$19.32	\$31.92	\$53.88	\$82.08	\$108.60	\$210.00
	Standard	\$14.16	\$22.80	\$33.84	\$47.40	\$79.92	\$129.60	\$180.00	\$217.20	\$378.00
\$130,000	Preferred	\$8.58	\$11.44	\$15.86	\$20.93	\$34.58	\$58.37	\$88.92	\$117.65	\$227.50
	Standard	\$15.34	\$24.70	\$36.66	\$51.35	\$86.58	\$140.40	\$195.00	\$235.30	\$409.50
\$140,000	Preferred	\$9.24	\$12.32	\$17.08	\$22.54	\$37.24	\$62.86	\$95.76	\$126.70	\$245.00
	Standard	\$16.52	\$26.60	\$39.48	\$55.30	\$93.24	\$151.20	\$210.00	\$253.40	\$441.00
\$150,000	Preferred	\$9.90	\$13.20	\$18.30	\$24.15	\$39.90	\$67.35	\$102.60	\$135.75	\$262.50
	Standard	\$17.70	\$28.50	\$42.30	\$59.25	\$99.90	\$162.00	\$225.00	\$271.50	\$472.50
\$160,000	Preferred	\$10.56	\$14.08	\$19.52	\$25.76	\$42.56	\$71.84	\$109.44	\$144.80	\$280.00
	Standard	\$18.88	\$30.40	\$45.12	\$63.20	\$106.56	\$172.80	\$240.00	\$289.60	\$504.00
\$170,000	Preferred	\$11.22	\$14.96	\$20.74	\$27.37	\$45.22	\$76.33	\$116.28	\$153.85	\$297.50
	Standard	\$20.06	\$32.30	\$47.94	\$67.15	\$113.22	\$183.60	\$255.00	\$307.70	\$535.50
\$180,000	Preferred	\$11.88	\$15.84	\$21.96	\$28.98	\$47.88	\$80.82	\$123.12	\$162.90	\$315.00
	Standard	\$21.24	\$34.20	\$50.76	\$71.10	\$119.88	\$194.40	\$270.00	\$325.80	\$567.00
\$190,000	Preferred	\$12.54	\$16.72	\$23.18	\$30.59	\$50.54	\$85.31	\$129.96	\$171.95	\$332.50
	Standard	\$22.42	\$36.10	\$53.58	\$75.05	\$126.54	\$205.20	\$285.00	\$343.90	\$598.50
\$200,000	Preferred	\$13.20	\$17.60	\$24.40	\$32.20	\$53.20	\$89.80	\$136.80	\$181.00	\$350.00
	Standard	\$23.60	\$38.00	\$56.40	\$79.00	\$133.20	\$216.00	\$300.00	\$362.00	\$630.00
\$210,000	Preferred	\$13.86	\$18.48	\$25.62	\$33.81	\$55.86	\$94.29	\$143.64	\$190.05	\$367.50
	Standard	\$24.78	\$39.90	\$59.22	\$82.95	\$139.86	\$226.80	\$315.00	\$380.10	\$661.50

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SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

ALL ACTIVE FULL-TIME CERTIFICATED EMPLOYEES

Kit created 07/02/2024

Group number: 00528683

Voluntary Life Cost Illustration *continued*

		< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$220,000	Preferred	\$14.52	\$19.36	\$26.84	\$35.42	\$58.52	\$98.78	\$150.48	\$199.10	\$385.00
	Standard	\$25.96	\$41.80	\$62.04	\$86.90	\$146.52	\$237.60	\$330.00	\$398.20	\$693.00
\$230,000	Preferred	\$15.18	\$20.24	\$28.06	\$37.03	\$61.18	\$103.27	\$157.32	\$208.15	\$402.50
	Standard	\$27.14	\$43.70	\$64.86	\$90.85	\$153.18	\$248.40	\$345.00	\$416.30	\$724.50
\$240,000	Preferred	\$15.84	\$21.12	\$29.28	\$38.64	\$63.84	\$107.76	\$164.16	\$217.20	\$420.00
	Standard	\$28.32	\$45.60	\$67.68	\$94.80	\$159.84	\$259.20	\$360.00	\$434.40	\$756.00
\$250,000	Preferred	\$16.50	\$22.00	\$30.50	\$40.25	\$66.50	\$112.25	\$171.00	\$226.25	\$437.50
	Standard	\$29.50	\$47.50	\$70.50	\$98.75	\$166.50	\$270.00	\$375.00	\$452.50	\$787.50
\$260,000	Preferred	\$17.16	\$22.88	\$31.72	\$41.86	\$69.16	\$116.74	\$177.84	\$235.30	\$455.00
	Standard	\$30.68	\$49.40	\$73.32	\$102.70	\$173.16	\$280.80	\$390.00	\$470.60	\$819.00
\$270,000	Preferred	\$17.82	\$23.76	\$32.94	\$43.47	\$71.82	\$121.23	\$184.68	\$244.35	\$472.50
	Standard	\$31.86	\$51.30	\$76.14	\$106.65	\$179.82	\$291.60	\$405.00	\$488.70	\$850.50
\$280,000	Preferred	\$18.48	\$24.64	\$34.16	\$45.08	\$74.48	\$125.72	\$191.52	\$253.40	\$490.00
	Standard	\$33.04	\$53.20	\$78.96	\$110.60	\$186.48	\$302.40	\$420.00	\$506.80	\$882.00
\$290,000	Preferred	\$19.14	\$25.52	\$35.38	\$46.69	\$77.14	\$130.21	\$198.36	\$262.45	\$507.50
	Standard	\$34.22	\$55.10	\$81.78	\$114.55	\$193.14	\$313.20	\$435.00	\$524.90	\$913.50
\$300,000	Preferred	\$19.80	\$26.40	\$36.60	\$48.30	\$79.80	\$134.70	\$205.20	\$271.50	\$525.00
	Standard	\$35.40	\$57.00	\$84.60	\$118.50	\$199.80	\$324.00	\$450.00	\$543.00	\$945.00
\$310,000	Preferred	\$20.46	\$27.28	\$37.82	\$49.91	\$82.46	\$139.19	\$212.04	\$280.55	\$542.50
	Standard	\$36.58	\$58.90	\$87.42	\$122.45	\$206.46	\$334.80	\$465.00	\$561.10	\$976.50
\$320,000	Preferred	\$21.12	\$28.16	\$39.04	\$51.52	\$85.12	\$143.68	\$218.88	\$289.60	\$560.00
	Standard	\$37.76	\$60.80	\$90.24	\$126.40	\$213.12	\$345.60	\$480.00	\$579.20	\$1,008.00
\$330,000	Preferred	\$21.78	\$29.04	\$40.26	\$53.13	\$87.78	\$148.17	\$225.72	\$298.65	\$577.50
	Standard	\$38.94	\$62.70	\$93.06	\$130.35	\$219.78	\$356.40	\$495.00	\$597.30	\$1,039.50
\$340,000	Preferred	\$22.44	\$29.92	\$41.48	\$54.74	\$90.44	\$152.66	\$232.56	\$307.70	\$595.00
	Standard	\$40.12	\$64.60	\$95.88	\$134.30	\$226.44	\$367.20	\$510.00	\$615.40	\$1,071.00
\$350,000	Preferred	\$23.10	\$30.80	\$42.70	\$56.35	\$93.10	\$157.15	\$239.40	\$316.75	\$612.50
	Standard	\$41.30	\$66.50	\$98.70	\$138.25	\$233.10	\$378.00	\$525.00	\$633.50	\$1,102.50
\$360,000	Preferred	\$23.76	\$31.68	\$43.92	\$57.96	\$95.76	\$161.64	\$246.24	\$325.80	\$630.00
	Standard	\$42.48	\$68.40	\$101.52	\$142.20	\$239.76	\$388.80	\$540.00	\$651.60	\$1,134.00
\$370,000	Preferred	\$24.42	\$32.56	\$45.14	\$59.57	\$98.42	\$166.13	\$253.08	\$334.85	\$647.50
	Standard	\$43.66	\$70.30	\$104.34	\$146.15	\$246.42	\$399.60	\$555.00	\$669.70	\$1,165.50
\$380,000	Preferred	\$25.08	\$33.44	\$46.36	\$61.18	\$101.08	\$170.62	\$259.92	\$343.90	\$665.00
	Standard	\$44.84	\$72.20	\$107.16	\$150.10	\$253.08	\$410.40	\$570.00	\$687.80	\$1,197.00
\$390,000	Preferred	\$25.74	\$34.32	\$47.58	\$62.79	\$103.74	\$175.11	\$266.76	\$352.95	\$682.50
	Standard	\$46.02	\$74.10	\$109.98	\$154.05	\$259.74	\$421.20	\$585.00	\$705.90	\$1,228.50
\$400,000	Preferred	\$26.40	\$35.20	\$48.80	\$64.40	\$106.40	\$179.60	\$273.60	\$362.00	\$700.00
	Standard	\$47.20	\$76.00	\$112.80	\$158.00	\$266.40	\$432.00	\$600.00	\$724.00	\$1,260.00
\$410,000	Preferred	\$27.06	\$36.08	\$50.02	\$66.01	\$109.06	\$184.09	\$280.44	\$371.05	\$717.50
	Standard	\$48.38	\$77.90	\$115.62	\$161.95	\$273.06	\$442.80	\$615.00	\$742.10	\$1,291.50
\$420,000	Preferred	\$27.72	\$36.96	\$51.24	\$67.62	\$111.72	\$188.58	\$287.28	\$380.10	\$735.00
	Standard	\$49.56	\$79.80	\$118.44	\$165.90	\$279.72	\$453.60	\$630.00	\$760.20	\$1,323.00
\$430,000	Preferred	\$28.38	\$37.84	\$52.46	\$69.23	\$114.38	\$193.07	\$294.12	\$389.15	\$752.50
	Standard	\$50.74	\$81.70	\$121.26	\$169.85	\$286.38	\$464.40	\$645.00	\$778.30	\$1,354.50
\$440,000	Preferred	\$29.04	\$38.72	\$53.68	\$70.84	\$117.04	\$197.56	\$300.96	\$398.20	\$770.00
	Standard	\$51.92	\$83.60	\$124.08	\$173.80	\$293.04	\$475.20	\$660.00	\$796.40	\$1,386.00

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SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

ALL ACTIVE FULL-TIME CERTIFICATED EMPLOYEES

Kit created 07/02/2024

Group number: 00528683

Voluntary Life Cost Illustration *continued*

		< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$450,000	Preferred	\$29.70	\$39.60	\$54.90	\$72.45	\$119.70	\$202.05	\$307.80	\$407.25	\$787.50
	Standard	\$53.10	\$85.50	\$126.90	\$177.75	\$299.70	\$486.00	\$675.00	\$814.50	\$1,417.50
\$460,000	Preferred	\$30.36	\$40.48	\$56.12	\$74.06	\$122.36	\$206.54	\$314.64	\$416.30	\$805.00
	Standard	\$54.28	\$87.40	\$129.72	\$181.70	\$306.36	\$496.80	\$690.00	\$832.60	\$1,449.00
\$470,000	Preferred	\$31.02	\$41.36	\$57.34	\$75.67	\$125.02	\$211.03	\$321.48	\$425.35	\$822.50
	Standard	\$55.46	\$89.30	\$132.54	\$185.65	\$313.02	\$507.60	\$705.00	\$850.70	\$1,480.50
\$480,000	Preferred	\$31.68	\$42.24	\$58.56	\$77.28	\$127.68	\$215.52	\$328.32	\$434.40	\$840.00
	Standard	\$56.64	\$91.20	\$135.36	\$189.60	\$319.68	\$518.40	\$720.00	\$868.80	\$1,512.00
\$490,000	Preferred	\$32.34	\$43.12	\$59.78	\$78.89	\$130.34	\$220.01	\$335.16	\$443.45	\$857.50
	Standard	\$57.82	\$93.10	\$138.18	\$193.55	\$326.34	\$529.20	\$735.00	\$886.90	\$1,543.50
\$500,000	Preferred	\$33.00	\$44.00	\$61.00	\$80.50	\$133.00	\$224.50	\$342.00	\$452.50	\$875.00
	Standard	\$59.00	\$95.00	\$141.00	\$197.50	\$333.00	\$540.00	\$750.00	\$905.00	\$1,575.00
Policy Election Amount										
Spouse/DP										
\$5,000	Preferred	\$3.33	\$4.44	\$6.61	\$8.81	\$13.33	\$22.25	\$34.42	\$45.53	\$87.75
	Standard	\$3.33	\$4.44	\$6.61	\$8.81	\$13.33	\$22.25	\$34.42	\$45.53	\$87.75
\$10,000	Preferred	\$6.66	\$8.88	\$12.22	\$16.61	\$26.66	\$44.49	\$68.84	\$99.05	\$175.50
	Standard	\$6.66	\$8.88	\$12.22	\$16.61	\$26.66	\$44.49	\$68.84	\$99.05	\$175.50
\$15,000	Preferred	\$9.99	\$13.32	\$18.83	\$24.42	\$39.99	\$67.74	\$102.26	\$135.58	\$262.25
	Standard	\$9.99	\$13.32	\$18.83	\$24.42	\$39.99	\$67.74	\$102.26	\$135.58	\$262.25
\$20,000	Preferred	\$13.32	\$17.76	\$24.44	\$32.22	\$53.32	\$89.98	\$136.68	\$181.10	\$350.00
	Standard	\$13.32	\$17.76	\$24.44	\$32.22	\$53.32	\$89.98	\$136.68	\$181.10	\$350.00
\$25,000	Preferred	\$16.65	\$22.20	\$30.05	\$40.03	\$66.65	\$112.23	\$171.10	\$226.63	\$437.75
	Standard	\$16.65	\$22.20	\$30.05	\$40.03	\$66.65	\$112.23	\$171.10	\$226.63	\$437.75
\$30,000	Preferred	\$19.98	\$26.64	\$36.66	\$48.83	\$79.98	\$134.47	\$205.52	\$271.15	\$525.50
	Standard	\$19.98	\$26.64	\$36.66	\$48.83	\$79.98	\$134.47	\$205.52	\$271.15	\$525.50
\$35,000	Preferred	\$23.31	\$30.08	\$42.27	\$56.64	\$93.31	\$157.72	\$239.94	\$316.68	\$612.25
	Standard	\$23.31	\$30.08	\$42.27	\$56.64	\$93.31	\$157.72	\$239.94	\$316.68	\$612.25
\$40,000	Preferred	\$26.64	\$35.52	\$48.88	\$64.44	\$106.64	\$179.96	\$273.36	\$362.20	\$700.00
	Standard	\$26.64	\$35.52	\$48.88	\$64.44	\$106.64	\$179.96	\$273.36	\$362.20	\$700.00
\$45,000	Preferred	\$29.97	\$39.96	\$54.49	\$72.25	\$119.97	\$202.21	\$307.78	\$407.73	\$787.75
	Standard	\$29.97	\$39.96	\$54.49	\$72.25	\$119.97	\$202.21	\$307.78	\$407.73	\$787.75
\$50,000	Preferred	\$33.30	\$44.40	\$61.10	\$80.05	\$133.30	\$224.45	\$342.20	\$452.25	\$875.50
	Standard	\$33.30	\$44.40	\$61.10	\$80.05	\$133.30	\$224.45	\$342.20	\$452.25	\$875.50
\$55,000	Preferred	\$36.63	\$48.84	\$67.71	\$88.86	\$146.63	\$247.70	\$376.62	\$497.78	\$962.25
	Standard	\$36.63	\$48.84	\$67.71	\$88.86	\$146.63	\$247.70	\$376.62	\$497.78	\$962.25
\$60,000	Preferred	\$39.96	\$52.28	\$73.32	\$96.66	\$159.96	\$269.94	\$411.04	\$543.30	\$1050.00
	Standard	\$39.96	\$52.28	\$73.32	\$96.66	\$159.96	\$269.94	\$411.04	\$543.30	\$1050.00
\$65,000	Preferred	\$42.29	\$57.72	\$79.93	\$104.47	\$172.29	\$291.19	\$444.46	\$588.83	\$1137.75
	Standard	\$42.29	\$57.72	\$79.93	\$104.47	\$172.29	\$291.19	\$444.46	\$588.83	\$1137.75
\$70,000	Preferred	\$46.62	\$61.16	\$85.54	\$112.27	\$186.62	\$314.43	\$478.88	\$633.35	\$1225.50
	Standard	\$46.62	\$61.16	\$85.54	\$112.27	\$186.62	\$314.43	\$478.88	\$633.35	\$1225.50
\$75,000	Preferred	\$49.95	\$66.60	\$91.15	\$120.08	\$199.95	\$336.68	\$513.30	\$678.88	\$1312.25
	Standard	\$49.95	\$66.60	\$91.15	\$120.08	\$199.95	\$336.68	\$513.30	\$678.88	\$1312.25
\$80,000	Preferred	\$52.28	\$70.04	\$97.76	\$128.88	\$212.28	\$359.92	\$547.72	\$724.40	\$1400.00
	Standard	\$52.28	\$70.04	\$97.76	\$128.88	\$212.28	\$359.92	\$547.72	\$724.40	\$1400.00

Voluntary Life Cost Illustration *continued*

		< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$85,000	Preferred	\$5.61	\$7.48	\$10.37	\$13.69	\$22.61	\$38.17	\$58.14	\$76.93	\$148.75
	Standard	\$5.61	\$7.48	\$10.37	\$13.69	\$22.61	\$38.17	\$58.14	\$76.93	\$148.75
\$90,000	Preferred	\$5.94	\$7.92	\$10.98	\$14.49	\$23.94	\$40.41	\$61.56	\$81.45	\$157.50
	Standard	\$5.94	\$7.92	\$10.98	\$14.49	\$23.94	\$40.41	\$61.56	\$81.45	\$157.50
\$95,000	Preferred	\$6.27	\$8.36	\$11.59	\$15.30	\$25.27	\$42.66	\$64.98	\$85.98	\$166.25
	Standard	\$6.27	\$8.36	\$11.59	\$15.30	\$25.27	\$42.66	\$64.98	\$85.98	\$166.25
\$100,000	Preferred	\$6.60	\$8.80	\$12.20	\$16.10	\$26.60	\$44.90	\$68.40	\$90.50	\$175.00
	Standard	\$6.60	\$8.80	\$12.20	\$16.10	\$26.60	\$44.90	\$68.40	\$90.50	\$175.00
\$105,000	Preferred	\$6.93	\$9.24	\$12.81	\$16.91	\$27.93	\$47.15	\$71.82	\$95.03	\$183.75
	Standard	\$6.93	\$9.24	\$12.81	\$16.91	\$27.93	\$47.15	\$71.82	\$95.03	\$183.75
\$110,000	Preferred	\$7.26	\$9.68	\$13.42	\$17.71	\$29.26	\$49.39	\$75.24	\$99.55	\$192.50
	Standard	\$7.26	\$9.68	\$13.42	\$17.71	\$29.26	\$49.39	\$75.24	\$99.55	\$192.50
\$115,000	Preferred	\$7.59	\$10.12	\$14.03	\$18.52	\$30.59	\$51.64	\$78.66	\$104.08	\$201.25
	Standard	\$7.59	\$10.12	\$14.03	\$18.52	\$30.59	\$51.64	\$78.66	\$104.08	\$201.25
\$120,000	Preferred	\$7.92	\$10.56	\$14.64	\$19.32	\$31.92	\$53.88	\$82.08	\$108.60	\$210.00
	Standard	\$7.92	\$10.56	\$14.64	\$19.32	\$31.92	\$53.88	\$82.08	\$108.60	\$210.00
\$125,000	Preferred	\$8.25	\$11.00	\$15.25	\$20.13	\$33.25	\$56.13	\$85.50	\$113.13	\$218.75
	Standard	\$8.25	\$11.00	\$15.25	\$20.13	\$33.25	\$56.13	\$85.50	\$113.13	\$218.75
\$130,000	Preferred	\$8.58	\$11.44	\$15.86	\$20.93	\$34.58	\$58.37	\$88.92	\$117.65	\$227.50
	Standard	\$8.58	\$11.44	\$15.86	\$20.93	\$34.58	\$58.37	\$88.92	\$117.65	\$227.50
\$135,000	Preferred	\$8.91	\$11.88	\$16.47	\$21.74	\$35.91	\$60.62	\$92.34	\$122.18	\$236.25
	Standard	\$8.91	\$11.88	\$16.47	\$21.74	\$35.91	\$60.62	\$92.34	\$122.18	\$236.25
\$140,000	Preferred	\$9.24	\$12.32	\$17.08	\$22.54	\$37.24	\$62.86	\$95.76	\$126.70	\$245.00
	Standard	\$9.24	\$12.32	\$17.08	\$22.54	\$37.24	\$62.86	\$95.76	\$126.70	\$245.00
\$145,000	Preferred	\$9.57	\$12.76	\$17.69	\$23.35	\$38.57	\$65.11	\$99.18	\$131.23	\$253.75
	Standard	\$9.57	\$12.76	\$17.69	\$23.35	\$38.57	\$65.11	\$99.18	\$131.23	\$253.75
\$150,000	Preferred	\$9.90	\$13.20	\$18.30	\$24.15	\$39.90	\$67.35	\$102.60	\$135.75	\$262.50
	Standard	\$9.90	\$13.20	\$18.30	\$24.15	\$39.90	\$67.35	\$102.60	\$135.75	\$262.50
\$155,000	Preferred	\$10.23	\$13.64	\$18.91	\$24.96	\$41.23	\$69.60	\$106.02	\$140.28	\$271.25
	Standard	\$10.23	\$13.64	\$18.91	\$24.96	\$41.23	\$69.60	\$106.02	\$140.28	\$271.25
\$160,000	Preferred	\$10.56	\$14.08	\$19.52	\$25.76	\$42.56	\$71.84	\$109.44	\$144.80	\$280.00
	Standard	\$10.56	\$14.08	\$19.52	\$25.76	\$42.56	\$71.84	\$109.44	\$144.80	\$280.00
\$165,000	Preferred	\$10.89	\$14.52	\$20.13	\$26.57	\$43.89	\$74.09	\$112.86	\$149.33	\$288.75
	Standard	\$10.89	\$14.52	\$20.13	\$26.57	\$43.89	\$74.09	\$112.86	\$149.33	\$288.75
\$170,000	Preferred	\$11.22	\$14.96	\$20.74	\$27.37	\$45.22	\$76.33	\$116.28	\$153.85	\$297.50
	Standard	\$11.22	\$14.96	\$20.74	\$27.37	\$45.22	\$76.33	\$116.28	\$153.85	\$297.50
\$175,000	Preferred	\$11.55	\$15.40	\$21.35	\$28.18	\$46.55	\$78.58	\$119.70	\$158.38	\$306.25
	Standard	\$11.55	\$15.40	\$21.35	\$28.18	\$46.55	\$78.58	\$119.70	\$158.38	\$306.25
\$180,000	Preferred	\$11.88	\$15.84	\$21.96	\$28.98	\$47.88	\$80.82	\$123.12	\$162.90	\$315.00
	Standard	\$11.88	\$15.84	\$21.96	\$28.98	\$47.88	\$80.82	\$123.12	\$162.90	\$315.00
\$185,000	Preferred	\$12.21	\$16.28	\$22.57	\$29.79	\$49.21	\$83.07	\$126.54	\$167.43	\$323.75
	Standard	\$12.21	\$16.28	\$22.57	\$29.79	\$49.21	\$83.07	\$126.54	\$167.43	\$323.75
\$190,000	Preferred	\$12.54	\$16.72	\$23.18	\$30.59	\$50.54	\$85.31	\$129.96	\$171.95	\$332.50
	Standard	\$12.54	\$16.72	\$23.18	\$30.59	\$50.54	\$85.31	\$129.96	\$171.95	\$332.50
\$195,000	Preferred	\$12.87	\$17.16	\$23.79	\$31.40	\$51.87	\$87.56	\$133.38	\$176.48	\$341.25
	Standard	\$12.87	\$17.16	\$23.79	\$31.40	\$51.87	\$87.56	\$133.38	\$176.48	\$341.25

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SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

ALL ACTIVE FULL-TIME CERTIFICATED EMPLOYEES

Kit created 07/02/2024

Group number: 00528683

Voluntary Life Cost Illustration *continued*

		< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$200,000	Preferred	\$13.20	\$17.60	\$24.40	\$32.20	\$53.20	\$89.80	\$136.80	\$181.00	\$350.00
	Standard	\$13.20	\$17.60	\$24.40	\$32.20	\$53.20	\$89.80	\$136.80	\$181.00	\$350.00
\$205,000	Preferred	\$13.53	\$18.04	\$25.01	\$33.01	\$54.53	\$92.05	\$140.22	\$185.53	\$358.75
	Standard	\$13.53	\$18.04	\$25.01	\$33.01	\$54.53	\$92.05	\$140.22	\$185.53	\$358.75
\$210,000	Preferred	\$13.86	\$18.48	\$25.62	\$33.81	\$55.86	\$94.29	\$143.64	\$190.05	\$367.50
	Standard	\$13.86	\$18.48	\$25.62	\$33.81	\$55.86	\$94.29	\$143.64	\$190.05	\$367.50
\$215,000	Preferred	\$14.19	\$18.92	\$26.23	\$34.62	\$57.19	\$96.54	\$147.06	\$194.58	\$376.25
	Standard	\$14.19	\$18.92	\$26.23	\$34.62	\$57.19	\$96.54	\$147.06	\$194.58	\$376.25
\$220,000	Preferred	\$14.52	\$19.36	\$26.84	\$35.42	\$58.52	\$98.78	\$150.48	\$199.10	\$385.00
	Standard	\$14.52	\$19.36	\$26.84	\$35.42	\$58.52	\$98.78	\$150.48	\$199.10	\$385.00
\$225,000	Preferred	\$14.85	\$19.80	\$27.45	\$36.23	\$59.85	\$101.03	\$153.90	\$203.63	\$393.75
	Standard	\$14.85	\$19.80	\$27.45	\$36.23	\$59.85	\$101.03	\$153.90	\$203.63	\$393.75
\$230,000	Preferred	\$15.18	\$20.24	\$28.06	\$37.03	\$61.18	\$103.27	\$157.32	\$208.15	\$402.50
	Standard	\$15.18	\$20.24	\$28.06	\$37.03	\$61.18	\$103.27	\$157.32	\$208.15	\$402.50
\$235,000	Preferred	\$15.51	\$20.68	\$28.67	\$37.84	\$62.51	\$105.52	\$160.74	\$212.68	\$411.25
	Standard	\$15.51	\$20.68	\$28.67	\$37.84	\$62.51	\$105.52	\$160.74	\$212.68	\$411.25
\$240,000	Preferred	\$15.84	\$21.12	\$29.28	\$38.64	\$63.84	\$107.76	\$164.16	\$217.20	\$420.00
	Standard	\$15.84	\$21.12	\$29.28	\$38.64	\$63.84	\$107.76	\$164.16	\$217.20	\$420.00
\$245,000	Preferred	\$16.17	\$21.56	\$29.89	\$39.45	\$65.17	\$110.01	\$167.58	\$221.73	\$428.75
	Standard	\$16.17	\$21.56	\$29.89	\$39.45	\$65.17	\$110.01	\$167.58	\$221.73	\$428.75
\$250,000	Preferred	\$16.50	\$22.00	\$30.50	\$40.25	\$66.50	\$112.25	\$171.00	\$226.25	\$437.50
	Standard	\$16.50	\$22.00	\$30.50	\$40.25	\$66.50	\$112.25	\$171.00	\$226.25	\$437.50
Policy Election Amount										
Child(ren)										
\$2,000		\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19
\$4,000		\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38
\$6,000		\$0.58	\$0.58	\$0.58	\$0.58	\$0.58	\$0.58	\$0.58	\$0.58	\$0.58
\$8,000		\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$10,000		\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96	\$0.96

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

Premiums for Voluntary Life Increase in five-year increments

Spouse/DP coverage premium is based on Employee age.

†Benefit reductions apply.

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

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

LIMITATIONS AND EXCLUSIONS:

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

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

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

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

Voluntary Life Only:

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

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

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

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

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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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.



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
Coverage amount	66.7% of salary to maximum \$3500/week	66.7% of salary to maximum \$5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	22 weeks	Lesser of 2 years or to age 70
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 30	Day 181
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 30	Day 181
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
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 applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$3500 in coverage	We Guarantee Issue \$5000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
Pre-existing conditions: 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
Survivor benefit: 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-I-STD94-1.0 et al; GP-I-STD2K-1.0 et al; GP-I-STD07-1.0 et al; GP-I-STD-15-1.0 et al. Contract #s GP-I-LTD94-A,B,C-1.0 et al.; GP-I-LTD2K-1.0 et al; GP-I-LTD07-1.0 et al; GP-I-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

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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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.

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.

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.

Outline of Coverage

A short explanation of benefits, coverage, exclusions and premiums that is given to an applicant for insurance in requisite states. It serves only as a brief summary and does not include all the information the policy contract does, and is not part of the contract.

Visit <https://www.guardiananytime.com/notice53> to read more.

Outline of Coverage

A short explanation of benefits, coverage, exclusions and premiums that is given to an applicant for insurance in requisite states. It serves only as a brief summary and does not include all the information the policy contract does, and is not part of the contract.

Visit <https://www.guardiananytime.com/notice52> 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: SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT	Group Plan Number: 00528683	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		
<p>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.</p>		

Class: ALL ACTIVE FULL-TIME CERTIFICATED EMPLOYEES	Division: _____	Subtotal Code: _____	(Please obtain this from your Employer/Planholder)
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About You: Full Legal Name-First, MI, Last Name: _____ What is the name you go by? (optional) _____	Employer/Planholder Provided Identification: _____	Social Security Number _____ - _____ - _____ 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 _____	Zip _____
Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth (mm-dd-yy): ____ - ____ - ____			
Phone (indicate primary): <input type="checkbox"/> Home (____) ____ - ____ <input type="checkbox"/> Work (____) ____ - ____ <input type="checkbox"/> Mobile (____) ____ - ____			
Email Address (indicate primary) <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____			
Are you married or in a domestic partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of marriage/domestic partnership: ____ - ____ - ____ Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No Placement date of adopted child: ____ - ____ - ____			

About Your Job:	Job Title: _____
Work Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> COBRA/State Continuation Hours worked per week: _____	Date of full time hire: ____ - ____ - ____ 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 Address/City/State/Zip: _____ Phone: () - -	Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	

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

<u>Drop Coverage:</u> <input type="checkbox"/> Drop Employee/Member <input type="checkbox"/> Drop Dependents/Family Members The date of withdrawal cannot be prior to the date this form is completed and signed. Last Day of Coverage: _____ - _____ - _____ <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Retirement Last Day Worked: _____ - _____ - _____ <input type="checkbox"/> Other Event: _____ Date of Event: _____ - _____ - _____	<u>Coverage Being Dropped:</u> <input type="checkbox"/> Basic Term Life <input type="checkbox"/> Employee/Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Voluntary Term Life <input type="checkbox"/> Employee/Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Short Term Disability
I have been offered the above coverage(s) and wish to drop enrollment for the following reasons: <input type="checkbox"/> Covered under another insurance plan <input type="checkbox"/> Other _____ (additional information may be required)	

Basic Life Coverage with Accidental Death and Dismemberment (AD&D): You must be enrolled to cover your dependents/family members. 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

☒ 100% of your annual salary to a maximum of \$200,000

The Guarantee Issue Amount is \$200,000.

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

Spouse or Partner

☒ \$1,500

**The amount may not be more than 50% of the Employee/Member amount*

Child/Dependent

☒ \$1,500

**The amount may not be more than 10% of the Employee/Member amount*

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: 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 Amount. 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 or Partner

Policy Amount

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000*	<input type="checkbox"/> \$30,000
<input type="checkbox"/> \$35,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$45,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$55,000	<input type="checkbox"/> \$60,000
<input type="checkbox"/> \$65,000	<input type="checkbox"/> \$70,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$80,000	<input type="checkbox"/> \$85,000	<input type="checkbox"/> \$90,000
<input type="checkbox"/> \$95,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$105,000	<input type="checkbox"/> \$110,000	<input type="checkbox"/> \$115,000	<input type="checkbox"/> \$120,000
<input type="checkbox"/> \$125,000	<input type="checkbox"/> \$130,000	<input type="checkbox"/> \$135,000	<input type="checkbox"/> \$140,000	<input type="checkbox"/> \$145,000	<input type="checkbox"/> \$150,000
<input type="checkbox"/> \$155,000	<input type="checkbox"/> \$160,000	<input type="checkbox"/> \$165,000	<input type="checkbox"/> \$170,000	<input type="checkbox"/> \$175,000	<input type="checkbox"/> \$180,000
<input type="checkbox"/> \$185,000	<input type="checkbox"/> \$190,000	<input type="checkbox"/> \$195,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$205,000	<input type="checkbox"/> \$210,000
<input type="checkbox"/> \$215,000	<input type="checkbox"/> \$220,000	<input type="checkbox"/> \$225,000	<input type="checkbox"/> \$230,000	<input type="checkbox"/> \$235,000	<input type="checkbox"/> \$240,000
<input type="checkbox"/> \$245,000	<input type="checkbox"/> \$250,000				

*Guarantee Issue Amount

*The amount may not be more than 50% 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"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000*
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*Guarantee Issue Amount

*The amount may not be more than 10% of the employee amount for Voluntary Life.

☐ I do not want this coverage

Have you smoked cigarettes, cigars, or cannabis/marijuana, or used e-cigarettes /vape products in the past 6 months or used chewing tobacco or a pipe in the past 6 months?

Employee/Member Yes ☐ No ☐

Spouse Yes ☐ No ☐

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 or Partner 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 \$3,500

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

☒ 66.7% of salary to a maximum of \$5,000

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.
- "California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage."

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

California law requires that insurers offering Accident, Cancer, Critical Illness and Hospital Indemnity policies or certificates must require that the person to be insured is covered for essential health benefits or minimum essential coverage as defined in federal law. If you do not have such essential health benefits or minimum essential coverage as defined in federal law, you may not enroll for Accident, Cancer, Critical Illness or Hospital Indemnity Coverage. By your signature below, you affirmatively attest that you, and any dependents to be covered, are covered by essential health benefits or minimum essential coverage as defined in federal law.

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.

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 York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

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.

Ohio: 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.

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.

