Group Number: 393511

About Your Benefits:

A visit to your dentist can help you keep a great smile and prevent many health issues. But dental care can be costly and you can be faced with unforeseen expenses. Did you know, a crown can cost as much as $1,400? Guardian dental insurance will help you pay for it. With access to one of the largest network of dental providers in the country, who agreed to charge negotiated fees for their services of up to 30% less than average charges in the same community, you will benefit from lower out-of-pocket costs, quality care from screened and reviewed dentist, no claim forms to file, and excellent customer service. Enroll today and smile next time you see your dentist!


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

<table>
<thead>
<tr>
<th>Your Dental Plan</th>
<th>NAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Network is</strong></td>
<td><strong>DentalGuard Preferred</strong></td>
</tr>
<tr>
<td>Calendar year deductible</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>In-Network $50</td>
</tr>
<tr>
<td>Family limit</td>
<td>Preventive 3 per family</td>
</tr>
<tr>
<td>Waived for Preventive</td>
<td></td>
</tr>
<tr>
<td>Charges covered for you (co-insurance)</td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>In-Network 100%</td>
</tr>
<tr>
<td>Basic Care</td>
<td>80%</td>
</tr>
<tr>
<td>Major Care</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$1000</td>
</tr>
<tr>
<td>Maximum Rollover</td>
<td>Yes</td>
</tr>
<tr>
<td>Rollover Threshold</td>
<td>$500</td>
</tr>
<tr>
<td>Rollover Amount</td>
<td>$250</td>
</tr>
<tr>
<td>Rollover In-network Amount</td>
<td>$350</td>
</tr>
<tr>
<td>Rollover Account Limit</td>
<td>$1000</td>
</tr>
<tr>
<td>Lifetime Orthodontia Maximum</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Dependent Age Limits</td>
<td>26</td>
</tr>
</tbody>
</table>
A Sample of Services Covered by Your Plan:

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>NAP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan pays (on average)</td>
</tr>
<tr>
<td></td>
<td>In-network</td>
</tr>
<tr>
<td>Cleaning (prophylaxis)</td>
<td>100%</td>
</tr>
<tr>
<td>Frequency:</td>
<td></td>
</tr>
<tr>
<td>Fluoride Treatments</td>
<td>100%</td>
</tr>
<tr>
<td>Limits:</td>
<td></td>
</tr>
<tr>
<td>Oral Exams</td>
<td>100%</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>100%</td>
</tr>
<tr>
<td>Frequency:</td>
<td></td>
</tr>
<tr>
<td>Sealants (per tooth)</td>
<td>100%</td>
</tr>
<tr>
<td>X-rays</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic Care</th>
<th>NAP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan pays (on average)</td>
</tr>
<tr>
<td></td>
<td>In-network</td>
</tr>
<tr>
<td>Anesthesia*</td>
<td>80%</td>
</tr>
<tr>
<td>Fillings†</td>
<td>80%</td>
</tr>
<tr>
<td>Perio Surgery</td>
<td>80%</td>
</tr>
<tr>
<td>Repair &amp; Maintenance of</td>
<td>80%</td>
</tr>
<tr>
<td>Crowns, Bridges &amp; Dentures</td>
<td></td>
</tr>
<tr>
<td>Root Canal</td>
<td>80%</td>
</tr>
<tr>
<td>Scaling &amp; Root Planing (per</td>
<td>80%</td>
</tr>
<tr>
<td>quadrant)</td>
<td></td>
</tr>
<tr>
<td>Simple Extractions</td>
<td>80%</td>
</tr>
<tr>
<td>Surgical Extractions</td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Care</th>
<th>NAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridges and Dentures</td>
<td>50%</td>
</tr>
<tr>
<td>Dental Implants</td>
<td>50%</td>
</tr>
<tr>
<td>Inlays, Onlays, Veneers**</td>
<td>50%</td>
</tr>
<tr>
<td>Single Crowns</td>
<td>50%</td>
</tr>
</tbody>
</table>

| Deferred Services for      | NAP                                      |
| Future Employees           | Major Services - 12 Months               |

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; if full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. †For PPO and or Indemnity members. Fillings – restrictions may apply to composite Fillings.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 393511
Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date.

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan and dental network, which can be found on the first page of your dental benefit summary.
EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose, or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

- PPO and Indemnity Special Limitation: Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won’t pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3 - DG2000
Ortho Advantage

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

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

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

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

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

Orthodontic Fee Schedule and Guidelines

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

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

Discounted fees are not available for:

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

Discounts not available in the following states: AL, AK, AR, AZ, CA, CT, GA, IA, ID, IL, KS, LA, MD, MN, MS, NC, ND, NE, NM, OK, OR, PA, RI, SD, TN, TX, VA, WA, WY
Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

<table>
<thead>
<tr>
<th>Plan Annual Maximum</th>
<th>Threshold</th>
<th>Maximum Rollover Amount</th>
<th>In-Network Only Rollover Amount</th>
<th>Maximum Rollover Account Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1000</td>
<td>$500</td>
<td>$250</td>
<td>$350</td>
<td>$1000</td>
</tr>
</tbody>
</table>

- Maximum claims reimbursement
- Claims amount that determines rollover eligibility
- Additional dollars added to Plan Annual Maximum for future years
- Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year
- Plan Annual Maximum plus Maximum Rollover cannot exceed $2,000 in total

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

Here's how the benefits work:

YEAR ONE: Jane starts with a $1,000 Plan Annual Maximum. She submits $150 in dental claims. Since she did not reach the $500 Threshold, she receives a $250 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of $1,250. This year, she submits $50 in claims and receives an additional $250 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of $1,500. This year, she submits $1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane’s Plan Annual Maximum is $1,300 ($1,000 Plan Annual Maximum + $300 remaining in her Maximum Rollover Account).

For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:
- You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.
- Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November, or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.
- Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)
- Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, 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-DG2000, et al.
Dental Care Information Now at Your Fingertips

Introducing new online tools, for Guardian members, to help you take better care of your oral and overall health, available at www.GuardianAnytime.com (see the My Benefits tab)

Estimate the cost of your dental care

- View estimates for out-of-pocket costs prior to receiving the actual treatment
- See the estimated cost savings if you use a Guardian network provider
- Access a dental glossary for definitions of key dental terms

Read about tips for a Healthy Smile

- Learn more about how to maintain good oral health and its impact on their overall health and well-being
- Topics include tips on getting the right care, children’s dental care, prevention and recognizing dental problems

Find a dentist quickly and easily

- Create a customized list of providers based on their preferences, or look up a specific provider
- Unique features include side-by-side comparisons of provider information, ability to create a short list of “favorite” providers for quick reference and get maps and directions to an office
- Have your results faxed or emailed back to you
The Guardian Life Insurance Company of America
And its Affiliates and Subsidiaries

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

Enrollment/Change Form
Page 1 of 4
Plan Administrator: Nancy Dinofrio

Employer Name: City of Pittsfield
Group Plan Number: 393511
Benefits Effective: ____________________________

PLEASE CHECK APPROPRIATE BOX
☐ Initial Enrollment  ☐ Re-Enrollment  ☐ Add Employee/Dependents  ☐ Drop/Refuse Coverage  ☐ Information Change
☐ Increase Amount  ☐ Family Status Change

Class: City of Pittsfield Employees
Division: ____________________________
Subtotal Code: ____________________________
(Please obtain this from your Employer)

About You:
First, MI, Last Name: ____________________________
Address: ____________________________
City: ____________________________
State: ____________________________
Zip: ____________________________
Gender: ☐ M  ☐ F
Date of Birth (mm-dd-yyyy): ____________
Phone: ( ) ____________________________
Email Address: ____________________________
Are you married or do you have a spouse? ☐ Yes ☐ No
Date of marriage/union: ____________________________
Do you have children or other dependents? ☐ Yes ☐ No
Placement date of adopted child: ____________________________

About Your Job:
Hours worked per week: ____________________________
Job Title: ____________________________
Work Status:
☐ Active  ☐ Retired  ☐ Cobra/State Continuation
Date of full time hire: ____________

About Your Family: Please include the names of the dependents you wish to enroll for coverage. A dependent is a person that you,
as a taxpayer, claim; who relies on you for financial support; and for whom you qualify for a dependency tax exception.
Dependency tax exemptions are subject to IRS rules and regulations. Additional information may be required for non-standard
dependents such as a grandchild, a niece or a nephew.

Spouse (First, MI, Last Name): ____________________________
Address/City/State/Zip: ____________________________
Phone: ( ) ____________________________
Gender: ☐ M  ☐ F
Social Security Number: ____________
Date of Birth (mm-dd-yyyy): ____________
Status (check all that apply)
☐ Student (post high school) ☐ Disabled
☐ Non standard dependent

Child/Dependent 1:
Address/City/State/Zip: ____________________________
Phone: ( ) ____________________________
Gender: ☐ M  ☐ F
Social Security Number: ____________
Date of Birth (mm-dd-yyyy): ____________

Child/Dependent 2:
Address/City/State/Zip: ____________________________
Phone: ( ) ____________________________
Gender: ☐ M  ☐ F
Social Security Number: ____________
Date of Birth (mm-dd-yyyy): ____________

Questions? Call the Guardian Helpline (888) 600-1600 www.guardianlife.com

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

DATE FORM PUBLISHED: May 27, 2019

CEF2014-MA
Child/Dependent 3: □ Add □ Drop
Gender □ M □ F Social Security Number
Status (check all that apply)
□ Student (post high school) □ Disabled
□ Non standard dependent
Date of Birth (mm-dd-yyyy)
__-__-____
Child/Dependent 4:
Address/City/State/Zip:
Phone: ( )

Drop Coverage:
□ Drop Employee □ Drop Dependents
The date of withdrawal cannot be prior to the date this form is completed
and signed.
□ Last Day of Coverage: __________
□ Termination of Employment □ Retirement
□ Other Event: __________
□ Last Day Worked: __________
□ Date of Event: __________

Loss Of Other Coverage:
□ I and/or my dependents were previously covered under another insurance plan.
□ Loss of coverage was due to:
□ Termination of Employment: __________
□ Divorce: __________
□ Death of Spouse: __________
□ Termination/Expiration of Coverage: __________

Coverage Lost □ Dental

Coverage Being Dropped:
□ Dental □ Employee □ Spouse □ Child(ren)
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)

Dental Coverage: You must be enrolled to cover your dependents. Check only one box.
Employee Only □ Employee and 1 Dependent □ EE, Spouse & Dependent/Child(ren)
NAP □
□ I do not want this coverage. If you do not want this Dental Coverage, please mark all that apply:
□ I am covered under another Dental plan
□ My spouse is covered under another Dental plan
□ My dependents are covered under another Dental plan

Signature
- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.
- 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.
- Plan design limitations and exclusions may apply. For complete details of coverage, please refer to your benefit booklet. 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.
- I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.
- I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.
I attest that the information provided above is true and correct to the best of my knowledge.

'Caution: If you answers on this application are incorrect or untrue, Guardian has the right to deny benefits or rescind your policy.'

Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially, false information or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits.

The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

The laws of New York require the following statement appear: 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.)

SIGNATURE OF EMPLOYEE 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.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: The falsity of any statement in the application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

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.

Connecticut, Iowa, Nebraska, and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

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.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

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.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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.

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.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Questions? Call the Guardian Helpline (888) 600-1600 www.guardianlife.com

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER
**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20.

**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 or 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 or denial of insurance benefits.

**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.

**Pennsylvania:** 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 subjects such person to criminal and civil penalties.

**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.
Thank you for choosing The Guardian Life Insurance Company of America (“Guardian”). This notice is given to you at the time you apply for life or disability insurance to tell you about the kinds of information we may obtain in connection with your application. Your personal information may be collected from a person other than you. We will treat all personal information about you as confidential, except as authorized by you, or as required by law. Such personal information as well as other personal or privileged information subsequently collected by Guardian or our representatives may in certain circumstances be disclosed to a third party without authorization.

You have a right of access and correction with respect to your personal information. If you wish a more detailed explanation of our information practices, please send your written request to: The Privacy Office, The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004-4025.

**MIB, Inc. Pre-Notice:** Information regarding your insurability will be treated as confidential. Guardian, or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB, Inc. member company for life, health or disability insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc., at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of the information in your MIB, Inc. file, you may contact MIB, Inc., and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc., information office is 50 Braintree Hill Park, Suite 400, Braintree MA 02184-8734.

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

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