



A. Group Name:

B. Class Description: Please provide name for each class for group named above.

Class 1:		Class 2:	
Class 3:		Class 4:	
Class 5:		Class 6:	

C. Waiting Period: Please complete both Present and Future Employee sections.

- | | |
|---|---|
| Present Employees: Hired on or prior to the effective date | Future Employees: Hired after the effective date |
| <input type="checkbox"/> ___ Days following employment | <input type="checkbox"/> ___ Days following employment |
| <input type="checkbox"/> ___ Months following employment | <input type="checkbox"/> ___ Months following employment |
| <input type="checkbox"/> First of month following ___ days of employment. | <input type="checkbox"/> First of month following ___ days of employment. |
| <input type="checkbox"/> First of month following ___ months of employment. | <input type="checkbox"/> First of month following ___ months of employment. |
| <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (<i>Explain in Remarks Section</i>) | <input type="checkbox"/> Other (<i>Explain in Remarks Section</i>) |

Note: First of the month effective dates give employees coverage until the end of the month for dental, medical and vision. Coverage ends immediately for life and all disability coverages and premiums will not be pro-rated.

D. Dental: If Dental coverage sold, is ortho included? Yes No

Note: Ortho will be excluded unless specified.

E. Open Enrollment/Section 125 (if applicable):

Open Enrollment can only be offered if Section 125 is in place: Currently in Place: Yes No

From _____ to _____ Transfer Date:

F. If the Benefits sold are based on salary, please indicate when the earnings should be redetermined.

- Please specify if redetermination date should be separate for multiple benefits.
- | | |
|--------------------------------------|----------|
| <input type="checkbox"/> Immediately | Classes: |
| <input type="checkbox"/> Anniversary | Classes: |
| <input type="checkbox"/> Other: | Classes: |

G. If LTD or STD is sold as contributory or voluntary, please indicate employee contribution:

- Pre-Tax Post-Tax Variable

H. Please indicate the earnings definition for any salary based benefits: (*Note: LTD and STD earnings definitions are indicated on the proposal. Life and Disability earnings definitions must match*)

- | | |
|---|----------|
| <input type="checkbox"/> Standard excluding bonuses & commissions | Classes: |
| <input type="checkbox"/> Standard including bonuses & commissions | Classes: |
| <input type="checkbox"/> Standard including bonuses | Classes: |
| <input type="checkbox"/> Standard including commission | Classes: |
| <input type="checkbox"/> W-2 definition | Classes: |
| <input type="checkbox"/> Other: | Classes: |

I. Accelerated Life Benefit: - (*Requires a minimum of 50 enrolled lives. Voluntary Life requires non-medical amount of \$100,000 or greater*): Yes No

J. Enrollment Success Plan (ESP): (*Note: This is used for Voluntary products only*)

If the case was sold using ESP, an Agreement form must be completed and attached.

Agreement attached: Yes No Is Sign in Sheet included?: Yes No

K. Billing: For Voluntary Plans, please advise the billing cycle used by planholder:

- Weekly Bi-weekly Semi-monthly Monthly

L. The following billing options are available. Please review with planholder before making selection.

Type of Billing:

- Standard list bill - lists employees in alphabetical order
- Sub-total billing - planholder receives one bill with sub-totals and a grand total
- Division billing - billing statement is sent to different addresses based on divisions within company

Note: Employers are able to electronically pull billing statements via a secured website. If you would like a Guardian Representative to contact the employer and provide instructions, please contact your local Regional Group Office.

M. Benefit Booklets or Benefit Guides:

- Benefit Guides are compact, user friendly summaries of the benefits provided under the plan. The guides also include an easy to read page that lists Member Services phone numbers/hours and claims submission address.
- Electronic Booklets & Rider - If you choose the electronic versions of the Booklets & Rider the planholder will only receive 1 paper copy of the benefit booklet for each class/option.

Please choose one of the following options:

- Electronic Benefit Guides with Electronic Booklets & Rider**
- Electronic Benefit Guides with Paper Booklets & Rider**
- Paper Benefit Guides with Electronic Booklets & Rider**
- No Benefit Guide - only Paper Booklets & Rider
- No Benefit Guide - only Electronic Booklets & Rider**

The **GG-013902 Consent for Delivery form must also be filled out & signed by the Planholder.

Note: If no option is selected the default will be Paper copies of the Benefit Booklets & Rider with No Benefit Guides.

N. Delivery Options for Benefit Guides:

If you have chosen the option of Benefit Guides above please choose one of the following delivery options:

- Employee Home Address Delivery (available on New Business only)
- Planholder

O. Send Administration Kit to: Planholder Broker

P. Retirees Covered: *(Underwriter approval required)* Yes No Present Retirees (Grandfathered) Future

Q. Definition of Retiree: Please provide the definition of a retiree. *(Please include list of retirees for present and/or grandfathered, minimum age, minimum years of service, date coverage terminates):*

R. Master application signed by: Name (printed)

Title

Note: Individual signing the master application must be an officer of the company.

S. Remarks/Special Consideration: Inform us of any items that could affect the setup, such as special billing considerations, any additional locations or affiliates where employees must be insured, any employees excluded, such as union, seasonal, hourly or salary employees.

**** Reminder: Master application and check must be signed prior to the effective date.**