



GUARDIAN®

Group Number: 00462917

CARNEGIE INSTITUTION OF WASHINGTON

ALL ELIGIBLE EMPLOYEES

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Life
- Critical Illness
- Accident



Welcome

Dear CARNEGIE INSTITUTION OF WASHINGTON Employee,

We're pleased to tell you that Guardian will be our coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and extensive plan designs.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

CARNEGIE INSTITUTION OF WASHINGTON

Life Benefit Summary

Group Number: 00462917

About Your Benefits:

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents- a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

What Your Benefits Cover:

	VOLUNTARY TERM LIFE
Employee Benefit	\$50,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Spouse/Domestic Partner† Benefit	50% of employee coverage to a max of \$250,000
Child Benefit	Your dependent children age 14 days to 23 years (25 if full time student). 10% of employee coverage to a max of \$10,000. Coverage limits are based on child age.
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.	We Guarantee Issue coverage up to: Employee \$10,000. Spouse \$5,000. Dependent children \$10,000.
Premiums	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take your coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability
Conversion: Allows you to continue your coverage after your group plan has terminated.	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
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 age 65, if conditions met

LifeAssistSM: Provides supplemental income that is calculated based off a percentage of your Life benefit to a specified dollar amount if you are ADL disabled. Benefits are paid to the lesser of 100 months or to when waiver of premium ends.

Yes

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

35% at age 65, 50% at age 70

Subject to coverage limits

‡ **Spouse coverage terminates at age 70.**

Manage Your Benefits:

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

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. To help you assess your needs, you can also go to Guardian Anytime and view a video: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life>

Voluntary Life Cost Illustration

		Semi-monthly premiums displayed. Policy Election Cost Per Age Bracket								
		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$50,000 Policy Election Amount										
Employee	\$50,000	\$3.00	\$3.25	\$4.25	\$5.50	\$8.50	\$15.00	\$25.25	\$34.00	\$50.00
Spouse	\$25,000	\$1.50	\$1.63	\$2.13	\$2.75	\$4.25	\$7.50	\$12.63	\$17.00	\$25.00
Child	\$5,000	\$.45	\$.45	\$.45	\$.45	\$.45	\$.45	\$.45	\$.45	\$.45
\$100,000 Policy Election Amount										
Employee	\$100,000	\$6.00	\$6.50	\$8.50	\$11.00	\$17.00	\$30.00	\$50.50	\$68.00	\$100.00
Spouse	\$50,000	\$3.00	\$3.25	\$4.25	\$5.50	\$8.50	\$15.00	\$25.25	\$34.00	\$50.00
Child	\$10,000	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$150,000 Policy Election Amount										
Employee	\$150,000	\$9.00	\$9.75	\$12.75	\$16.50	\$25.50	\$45.00	\$75.75	\$102.00	\$150.00
Spouse	\$75,000	\$4.50	\$4.88	\$6.38	\$8.25	\$12.75	\$22.50	\$37.88	\$51.00	\$75.00
Child	\$10,000	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$200,000 Policy Election Amount										
Employee	\$200,000	\$12.00	\$13.00	\$17.00	\$22.00	\$34.00	\$60.00	\$101.00	\$136.00	\$200.00
Spouse	\$100,000	\$6.00	\$6.50	\$8.50	\$11.00	\$17.00	\$30.00	\$50.50	\$68.00	\$100.00
Child	\$10,000	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$250,000 Policy Election Amount										
Employee	\$250,000	\$15.00	\$16.25	\$21.25	\$27.50	\$42.50	\$75.00	\$126.25	\$170.00	\$250.00
Spouse	\$125,000	\$7.50	\$8.13	\$10.63	\$13.75	\$21.25	\$37.50	\$63.13	\$85.00	\$125.00
Child	\$10,000	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$300,000 Policy Election Amount										
Employee	\$300,000	\$18.00	\$19.50	\$25.50	\$33.00	\$51.00	\$90.00	\$151.50	\$204.00	\$300.00
Spouse	\$150,000	\$9.00	\$9.75	\$12.75	\$16.50	\$25.50	\$45.00	\$75.75	\$102.00	\$150.00
Child	\$10,000	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$350,000 Policy Election Amount										
Employee	\$350,000	\$21.00	\$22.75	\$29.75	\$38.50	\$59.50	\$105.00	\$176.75	\$238.00	\$350.00
Spouse	\$175,000	\$10.50	\$11.38	\$14.88	\$19.25	\$29.75	\$52.50	\$88.38	\$119.00	\$175.00
Child	\$10,000	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$400,000 Policy Election Amount										
Employee	\$400,000	\$24.00	\$26.00	\$34.00	\$44.00	\$68.00	\$120.00	\$202.00	\$272.00	\$400.00
Spouse	\$200,000	\$12.00	\$13.00	\$17.00	\$22.00	\$34.00	\$60.00	\$101.00	\$136.00	\$200.00
Child	\$10,000	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$450,000 Policy Election Amount										
Employee	\$450,000	\$27.00	\$29.25	\$38.25	\$49.50	\$76.50	\$135.00	\$227.25	\$306.00	\$450.00
Spouse	\$225,000	\$13.50	\$14.63	\$19.13	\$24.75	\$38.25	\$67.50	\$113.63	\$153.00	\$225.00
Child	\$10,000	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$500,000 Policy Election Amount										
Employee	\$500,000	\$30.00	\$32.50	\$42.50	\$55.00	\$85.00	\$150.00	\$252.50	\$340.00	\$500.00
Spouse	\$250,000	\$15.00	\$16.25	\$21.25	\$27.50	\$42.50	\$75.00	\$126.25	\$170.00	\$250.00
Child	\$10,000	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90

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. Coverage for the spouse terminates at spouse's age 70.

†Benefit reductions apply.

Manage Your Benefits:

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

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE 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.

A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.

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.

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

GP-1-R-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.

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

WillPrep Services

Special bonus for participants in voluntary life plan

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

- | | | |
|-----------------------------------|------------------------------------|--------------------------|
| ▪ Advanced Health Care Directives | ▪ Financial Power of Attorney | ▪ Wills and Living Wills |
| ▪ Estate Taxes | ▪ Guardianship and Conservatorship | ▪ Resource Library |
| ▪ Executors & Probate | ▪ Healthcare Power of Attorney | ▪ Trusts |

For more information about WillPrep Services, go to www.ibhwillprep.com; User name: WillPrep; Password: GLIC09 or call 1-877-433-6789

*The Option of an attorney prepared will is available for a small fee.

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

Critical Illness Benefit Summary

Group Number: 00462917

About Your Benefits:

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

What Your Benefits Cover:

CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit up to \$20,000. Please see your cost illustration for a full list of available benefit amounts.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke!	100%	50%
Heart Failure##	100%	50%
Coronary Arteriosclerosis#	30%	0%
Other		
Organ Failure***	100%	50%
Kidney Failure**	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions	1st OCCURRENCE ONLY	

CRITICAL ILLNESS

Cerebral Palsy	100%
Cleft Lip/Palate	100%
Club Foot	100%
Cystic Fibrosis	100%
Down's Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type I Diabetes	100%
Spouse/Domestic Partner Benefit	May choose a lump sum benefit up to \$10,000. Please see your cost illustration for a full list of available benefit amounts.
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue/ Conditional Issue	We Guarantee Issue up to: Less than age 70 \$20,000 For a spouse: Less than age 70 \$10,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after
Cancer Vaccine Benefit	\$50 per lifetime for receiving a cancer vaccine
<ul style="list-style-type: none"> • ! Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event. • ## Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits. • # Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft. • *** Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list. • ** Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits. • !! Mandated benefits: Ambulance Ground \$250, Ambulance Air \$500, Emergency Room \$100 	

Critical Illness Cost Illustration

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

Your premium will not increase as you age.

Child cost is included with employee election.

Issue Age	Semi-monthly Premiums Displayed					
	Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+ [†]
Employee						
\$10,000	\$3.60	\$4.99	\$9.30	\$17.06	\$26.31	\$50.49
\$20,000	\$6.55	\$9.24	\$17.60	\$32.61	\$50.51	\$97.94
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$10,000						
Spouse						
\$5,000	\$1.85	\$2.44	\$4.72	\$8.86	\$13.78	\$26.34
\$10,000	\$3.47	\$4.56	\$8.87	\$16.63	\$25.88	\$50.07

[†]Benefit reductions may apply. See plan details.

Manage Your Benefits:

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

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category.

We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

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

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

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails. Your company has selected Guardian to provide Critical Illness coverage to eligible employees & dependents according to plan terms which have been mutually agreed upon. As an eligible employee, you can purchase this coverage at the group premium levels illustrated above.

If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. A pre-existing condition includes any condition for which an employee, in a specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply.

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

Health questions are required on 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

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

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

Group Number: 00462917

Accident Benefit Summary

About Your Benefits:

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury?¹ If you were injured from an accident, chances are you will have expenses that you were not anticipating-will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

¹Injury Facts, 2011 Edition, National Safety Council.

What Your Benefits Cover:

	ACCIDENT
COVERAGE - DETAILS	
Your Semi-monthly premium	\$7.86
You and Spouse	\$13.35
You and Child(ren)	\$14.01
You, Spouse and Child(ren)	\$19.50
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$25,000 Spouse \$12,500 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$175
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125

FEATURES (Cont.)

Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500
Hospital Admission	\$1,000
Hospital Confinement	\$225/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$500, 3 times per accident
X - Ray	\$30

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

UNDERSTANDING YOUR BENEFITS (Cont.):

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails.

Manage Your Benefits:

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

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

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

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

This proposal is hedged subject to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: declared or undeclared war, act of war or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; intentionally self

inflicted injury, while sane or insane; suicide, while sane or insane. The covered person being legally intoxicated. Treatment rendered or hospital confinement outside the United States or Canada. Travel of flight in any kind of aircraft including any aircraft owned by or for the employer except as a fare paying passenger on a common carrier. Participation in any kind of sporting activity for compensation or profit including coaching or officiating.

Riding in or driving any motor-driven vehicle in a race, stunt show or speed test. Participation in hang gliding, bungee jumping, sailgliding, parasailing, parakiting, ballooning, parachuting, and/or skydiving. Injuries to a dependent child received during the birth. An accident that occurred before the covered person is covered by this plan. Sickness, disease, mental infirmity or medical or surgical treatment.

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

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

Please print clearly and mark carefully.

Employer Name: CARNEGIE INSTITUTION OF WASHINGTON	Group Plan Number: 00462917	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Re-Enrollment <input type="checkbox"/> Add Employee/Dependents <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change		
<input type="checkbox"/> Increase Amount <input type="checkbox"/> Family Status Change		

Class: _____ Division: _____ Subtotal Code: _____ (Please obtain this from your Employer)

About You: First, MI, Last Name:		Social Security Number ____ - ____ - ____	
Address	City	State	Zip
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yy): ____ - ____ - ____	Phone: () -	
Email Address:	Are you married or do you have a spouse/civil union? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of marriage/union: ____ - ____ - ____	
	Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Placement date of adopted child: ____ - ____ - ____	

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

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/civil union (First, MI, Last Name)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____	Date of Birth (mm-dd-yyyy) ____ - ____ - ____
Address/City/State/Zip:			
Phone: () -			
Child/Dependent 1:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____
Address/City/State/Zip:			Date of Birth (mm-dd-yyyy) ____ - ____ - ____
Phone: () -			Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 2:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____
Address/City/State/Zip:			Date of Birth (mm-dd-yyyy) ____ - ____ - ____
Phone: () -			Status (check all that apply) <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 <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <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 <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent

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

Voluntary Term Life Coverage: You must be enrolled to cover your dependents. *Benefit reductions apply. Please see plan administrator.*

Employee

Policy Amount Check one box only

\$10,000* \$50,000 \$100,000 \$150,000 \$200,000 \$250,000

\$300,000 \$350,000 \$400,000 \$450,000 \$500,000

*Guarantee Issue Amount.

I do not want this coverage

Add Voluntary Life for Spouse/civil union

50% of employee's amount to maximum \$250,000

The Guarantee Issue Amount is \$5,000.

***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)

10% of employee's amount to maximum \$10,000

The Guarantee Issue Amount is \$10,000.

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

I do not want this coverage

Important Notes:

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

LIFE INSURANCE *continued*

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

Primary Beneficiaries:

Name: _____ Social Security Number: _____ - _____ - _____ % _____

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

Phone: () - _____ Relationship to Employee: _____

Name: _____ Social Security Number: _____ - _____ - _____ % _____

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

Phone: () - _____ Relationship to Employee: _____

Contingent Beneficiary: _____ Social Security Number: _____ - _____ - _____

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

Phone: () - _____ Relationship to Employee: _____

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

Critical Illness Coverage: You must be enrolled to cover your dependents*Benefit reductions apply. Please see plan administrator.***Employee**Insurance Amount: \$10,000 \$20,000 I do not want this coverage.**Spouse/civil union**

Insurance Amount: Up to 50% of the employee's amount to a maximum of \$10,000

 \$5,000 \$10,000 I do not want this coverage.**Dependent/Child(ren)**Insurance Amount: 25% of the employee's amount I do not want this coverage.**If you elect Critical illness Coverage, you must answer the following health questions.**

1. Has any proposed insured been diagnosed with or treated by a medical professional for any of the following conditions: cancer, carcinoma in situ, malignant melanoma, tumor (benign or malignant), Barrett's esophagus, Crohn's disease, ulcerative colitis, blood disorder (other than AIDS or HIV), any chronic or progressive disease of kidneys, liver (including hepatitis), lungs, including emphysema and COPD, pancreas or bone marrow? Or, been advised to have an organ transplant, including bone marrow or stem cell transplant?

Employee Yes No Spouse/civil union Yes No

2. Has any proposed insured been diagnosed with or treated by a medical professional for heart attack, heart disease or coronary artery disease, stroke or transient ischemic attack (TIA), or been advised to have bypass surgery, stent insertions or treatment for coronary arteries?

Employee Yes No Spouse/civil union Yes No

3. Has any proposed insured been diagnosed with or treated by a medical professional for uncontrolled blood pressure (requiring a change in medication or dosage in the past 6 months or been diagnosed with or treated for diabetes (except if present only in pregnancy)?

Employee Yes No Spouse/civil union Yes No

4. Has any proposed insured been diagnosed with or treated by a medical professional for any progressive vision, speech or hearing disorder, or dementia (including Alzheimer's disease) or any neurological disease or disorder, including seizures, Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease), Huntington's disease, Multiple Sclerosis or Parkinson's Disease?

Employee Yes No Spouse/civil union Yes No

5. Has any proposed insured been diagnosed with or treated by a medical professional for AIDS (acquired immune deficiency syndrome), AIDS-Related Complex or tested positive for HIV (human immunodeficiency virus)?

Employee Yes No Spouse/civil union Yes No**IMPORTANT NOTES:**

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

Accident Coverage You must be enrolled to cover your dependents.

Your Semi-monthly premium	Employee Only	EE & Spouse/civil union	EE & Dependent/Child(ren)	EE, Spouse/civil union & Dependent/Child(ren)
	<input type="checkbox"/> \$7.86	<input type="checkbox"/> \$13.35	<input type="checkbox"/> \$14.01	<input type="checkbox"/> \$19.50

I do not want this coverage.

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

Primary Beneficiaries:

Name: _____ Social Security Number: _____ - _____ - _____ %

Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____

Phone: () - _____ Relationship to Employee: _____

Name: _____ Social Security Number: _____ - _____ - _____ %

Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____

Phone: () - _____ Relationship to Employee: _____

Contingent Beneficiary: _____ Social Security Number: _____ - _____ - _____

Date of Birth (mm-dd-yy): ____ - ____ - ____ Address/City/State/Zip: _____

Phone: () - _____ Relationship to Employee: _____

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

NOTICE: This coverage under the policy may only be issued if you have minimum essential coverage within the meaning of section 500A(f) of the Internal Revenue Code.

Signature

- I understand that life insurance coverage for a dependent, other than a newborn child, will not take effect if that dependent is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex.
- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- I understand that the premium amounts shown above are estimations and are for illustrative purposes only.
- 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.
- 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.
- 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.**

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.

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 _____

Enrollment Kit 00462917, 0001, EN

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.

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 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 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.