Life Coverage

Here is your new life coverage. Make sure you return the completed form, if applicable, to your plan administrator.

If you miss the deadline, you will be considered a late entrant and proof of insurability will be required.

HIGHLIGHTS:

- Affordable group rates for term life
- Family coverage available
- Up to $200,000 Guarantee Issue coverage
- Reliable claims payment
- Excellent customer service

Learn more about Guardian at www.guardianlife.com.
We’re ready to get working for you

If you’re like most employees, finding enough time in the day to accomplish your lengthy to-do list can often be no easy task.

As your Guardian coverage begins, we want you to know that we’re here for you every step of the way and are committed to providing you with the resources to obtain fast, accurate answers to your benefits-related questions.

One way in which we do this is through our online member resource, Guardian Anytime™, which allows you to manage your benefits when it works best for you — day or night. Plus, it offers helpful resources to ensure you get access to the quality care you need.

We encourage you to take a couple minutes to check out and register for Guardian Anytime™ at www.GuardianAnytime.com. We promise it will be time well spent.

Welcome to Guardian!
Dear Carnegie Institution of Washington Employee,

We’re pleased to tell you that Guardian will be our life coverage provider this year. We have chosen Guardian because of its competitive rates and excellent service reputation.

Purchasing supplemental life coverage at work allows you to take advantage of discounted group rates through convenient payroll deduction. All the information you need to understand and sign up for this valuable benefit is included in this booklet.

Carnegie Institution of Washington

---

**UNDERSTAND YOUR COVERAGE:**

**Plan Details** This booklet explains your basic coverage options. Your detailed certificate of coverage will be provided to you after you enroll.

**Go online** Learn more about Guardian at www.guardianlife.com.

**Ask your plan administrator** Contact your plan administrator if you have any changes to your plan.

---

- Review your benefits
- Complete your enrollment form, if applicable
- Sign and return form to your plan administrator
Why do you need a life plan?

1. CREATE A SAFETY NET FOR YOUR FAMILY
   Life coverage can help protect your family’s future, with money to pay for:
   - Funeral costs
   - Mortgage payments
   - Legal or medical expenses
   - Childcare expenses
   - Children’s college education
   - Outstanding debts

2. TAKE ADVANTAGE OF LOW GROUP RATES
   Guardian offers life coverage protection at economical group rates. The younger you are, the less it costs. For older employees, life coverage provides a cost effective addition to estate planning.

3. VOLUNTARY TERM LIFE COVERAGE PROVIDES A ONE-TIME PAYOUT UPON YOUR DEATH
   You pay a low premium that increases modestly over time.
   Great News! Your Voluntary Life now includes Will Preparation services.

   **TERM LIFE**
<table>
<thead>
<tr>
<th>Protection</th>
<th>Protection provided by employer plan while you pay premiums and remain employed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Amounts</td>
<td>Choice of employer-specified amounts, from $50,000 to $500,000</td>
</tr>
<tr>
<td>Cash Value</td>
<td>No cash accumulation</td>
</tr>
<tr>
<td>Total Cost</td>
<td>Premiums rise as you enter the next five-year age band.</td>
</tr>
</tbody>
</table>

4. TAX-FREE BENEFITS
   Your policy will be paid out to your heirs or your estate free of taxes.

---

How much do you need?
Many financial planners recommend life coverage of five to seven times your annual salary as a minimum.
Life Plans

You may elect Voluntary Term coverage.
Premiums will be deducted from your semi-monthly payroll check.

<table>
<thead>
<tr>
<th>COVERAGE OPTIONS</th>
<th>VOLUNTARY TERM LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Benefit</td>
<td>$50,000 increments to a maximum of $500,000. See Cost Illustration page for details.</td>
</tr>
<tr>
<td>Spouse\ benefit</td>
<td>50% of employee coverage to a max of $250,000</td>
</tr>
<tr>
<td>Child benefit—children age 14 days to 23 years (25 if full time student)</td>
<td>10% of employee coverage to a max of $10,000. Coverage limits are based on child age.</td>
</tr>
</tbody>
</table>

Subject to coverage limits

\ Spouse coverage is based on employee age and terminates at age 70.

Premiums for Voluntary Life increase in five-year increments. See enrollment form for details.

YOUR GUARDIAN PLAN OFFERS:

- Low group rates
- Family coverage for spouse and children
- LifeAssist benefit on Term Life: supplemental monthly income paid to severely disabled employees under certain conditions.
- Reliable claims payments

Did you know?
Less than 45% of U.S. adults have individual life coverage. Of those who are insured, more than 65% don’t have enough coverage.
## PLAN DETAILS

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guarantee Issue</strong></td>
<td>We Guarantee Issue coverage up to $200,000 per employee and $50,000 for a spouse</td>
</tr>
<tr>
<td><strong>Premiums</strong></td>
<td>Increase on plan anniversary after you enter next 5 year age group</td>
</tr>
<tr>
<td><strong>Portability</strong></td>
<td>Yes, with age and other restrictions, including evidence of insurability</td>
</tr>
<tr>
<td><strong>Conversion</strong></td>
<td>Yes, with restrictions; see certificate of benefits</td>
</tr>
<tr>
<td><strong>Waiver of Premiums</strong></td>
<td>For employees disabled prior to age 60, with premiums waived until age 65, if conditions met</td>
</tr>
<tr>
<td><strong>Life Assist</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Benefit Reductions</strong></td>
<td>35% at age 65, 50% at age 70</td>
</tr>
</tbody>
</table>

## EXCLUSIONS AND LIMITATIONS

A **SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS** for Voluntary Term Life:

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.

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.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

GP-1-R-EOPT-96.

Guarantee Issue/Conditional Issue amount applies for ages less than 65. Ages 65-69 maximum issue underwriting amounts $10,000 for employee and $5,000 spouse. Ages 70 and older must be individually underwritten for all amounts. Late entrants and benefit increases require underwriting approval.

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.

This proposal is hedged subject to satisfactory financial evaluation. This coverage will not be effective until approved by a Guardian underwriter. Please refer to policy booklet for full plan description.
## Voluntary Life Cost Illustration

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</table>
Guarantee Issue Amount: Employee $200,000; Spouse $50,000

Estimated premiums; refer to your first paycheck deduction for final rates. Your company has selected Guardian to provide life coverage to eligible employees 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. For more details see enrollment form.

Subject to coverage limits

Premiums for Voluntary Life Increase in 5 year increments

Spouse coverage is based on employee age and terminates at age 70.

*Benefit reductions apply. See plan details

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.
<table>
<thead>
<tr>
<th><strong>Benefit Reductions</strong></th>
<th>Coverage amount of insurance reduced by a certain percentage at a specific age. For further details, reference plan details.</th>
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<tbody>
<tr>
<td><strong>Guarantee Issue (Life)</strong></td>
<td>The “guarantee” means the applicant (employee, spouse or child) is 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. Voluntary Life Guarantee Issue amount applies up to age 65. <strong>If you enroll at a later date, you will be subject to evidence of insurability.</strong></td>
</tr>
<tr>
<td><strong>LifeAssist</strong></td>
<td>Supplemental monthly income paid to employees who are severely disabled prior to age 60 and are unable to perform two or more Activities of Daily Living (ADLs) without continuous physical assistance. ADLs include bathing, continence, dressing, eating, toileting and transferring.</td>
</tr>
<tr>
<td><strong>Portability with Evidence of Insurability</strong></td>
<td>Allows employees to continue coverage for themselves and their dependents upon termination of employment (for reasons other than injury or illness) by converting their group life policy to a group portability trust policy subject to certain restrictions and Evidence of Insurability and provided you have been insured at least three months.</td>
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<td><strong>Preferred rate</strong></td>
<td>Premium rate for non-tobacco users.</td>
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<td><strong>Standard rate</strong></td>
<td>Premium rate for tobacco usage and/or health history.</td>
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<tr>
<td><strong>Waiver of premium</strong></td>
<td>Allows you to stop making premium payments if you become totally disabled before age 60. See plan details for age limits information.</td>
</tr>
</tbody>
</table>
**Employer:** Carnegie Institution of Washington  
1530 P Street Northwest  
Washington, DC 20005  

**The Guardian Life Insurance Company of America**

## About Yourself

Print clearly in black or blue ink.

- **First, Middle Initial, Last Name**
- **Sex**
  - M
  - F
- **Date of Birth (mm/dd/yyyy)**
- **Social Security Number**
- **Address City State Zip**
- **Preferred E-mail**
- **Day Phone**
- **Eve Phone**
- **The best way to reach you:**
  - E-mail
  - Day Phone
  - Eve Phone

## Job Title

- **Work Status**
  - Full-Time
  - Part-Time
  - Retired
- **Date work status began**

## Annual Salary/Earnings

- **$**

## Are you married?

- **Yes**
- **No**

## Do you have children or other dependents?

- **Yes**
- **No**

### About Your Dependents

A sheet with information about additional dependents is attached.

- **Spouse First, Middle Initial, Last Name**
- **Sex**
  - M
  - F
- **Date of Birth (mm/dd/yyyy)**
- **Marriage Date (mm/dd/yyyy)**

**Child 1**

- **Sex**
  - M
  - F
- **Date of Birth (mm/dd/yyyy)**
- **Full-time student, at (school):**
  - City/State:
  - Attending Since

**Child 2**

- **Sex**
  - M
  - F
- **Date of Birth (mm/dd/yyyy)**
- **Full-time student, at (school):**
  - City/State:
  - Attending Since

**Child 3**

- **Sex**
  - M
  - F
- **Date of Birth (mm/dd/yyyy)**
- **Full-time student, at (school):**
  - City/State:
  - Attending Since

**Child 4**

- **Sex**
  - M
  - F
- **Date of Birth (mm/dd/yyyy)**
- **Full-time student, at (school):**
  - City/State:
  - Attending Since

State of Residence:

To drop coverage for yourself or your dependents, check the box(es) to the right of the name(s) and select the coverage(s) to drop below. Affix a separate sheet if you wish to drop more than one dependent from different coverages.

### Guardian Group Plan Number:

00462917

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**About Your Employee**

Employer Use Only

- **New Application**
- **Add Dependent(s)**
- **Drop Dependent(s)**
- **Change Address**
- **Change Name**
- **Drop Coverage as of:**
  - /
  - /

**Benefits Effective Division**

- **Hour Worked**
- **Division Benefits Effective**
  - /
  - /

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**About Your Newly Hired Employee**

- **Your name:**
- **Address:**
- **City:**
- **State:**
- **Zip:**
- **Phone:**
- **Fax:**
- **Social Security Number:**
- **Date of Birth (mm/dd/yyyy):**
- **Sex:**
  - M
  - F

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**Benefits Effective Division**

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  - /
  - /

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Please print clearly to ensure accurate processing.
DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

CHOOSE YOUR VOLUNTARY TERM LIFE COVERAGE

Check one box only

<table>
<thead>
<tr>
<th>Employee Policy Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000</td>
<td>✗</td>
</tr>
<tr>
<td>$100,000</td>
<td>✗</td>
</tr>
<tr>
<td>$150,000</td>
<td>✗</td>
</tr>
<tr>
<td>$200,000*</td>
<td></td>
</tr>
<tr>
<td>$250,000</td>
<td></td>
</tr>
<tr>
<td>$300,000</td>
<td></td>
</tr>
<tr>
<td>$350,000</td>
<td></td>
</tr>
<tr>
<td>$400,000</td>
<td></td>
</tr>
<tr>
<td>$450,000</td>
<td></td>
</tr>
<tr>
<td>$500,000</td>
<td></td>
</tr>
</tbody>
</table>

*Guarantee Issue Amount

I waive this coverage

Add Voluntary Life for Spouse

Check one box only

- $100,000

The amount may not be more than 50% of the employee amount for Voluntary Life.

Add Voluntary Life for Child(ren)

Check one box only

- $10,000

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

IMPORTANT NOTES

- Children will not be covered until they reach 14 days.
- If you waive life or disability coverage and later decide to enroll, you will have to provide all your own expenses, proof of good health, and an additional evidence of insurability form for voluntary life.

Based on your pre-existing conditions and your age, you may be required to complete an additional evidence of insurability form for voluntary life.

If you waive the life or disability coverage and later decide to enroll, you will have to provide all your own expenses, proof of good health, and an additional evidence of insurability form for voluntary life.

Have you or your spouse used any form of tobacco in the past 6 months (e.g., pipe, chewing tobacco) and/or have you or your spouse smoked cigarettes in the past 12 months?

<table>
<thead>
<tr>
<th>Employee</th>
<th>No</th>
<th>Type (e.g., cigarettes, pipe)</th>
<th>Amount (e.g., one pack/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse</th>
<th>No</th>
<th>Type (e.g., cigarettes, pipe)</th>
<th>Amount (e.g., one pack/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name your beneficiaries

Primary beneficiaries must total 100%.

<table>
<thead>
<tr>
<th>Relationship to Employee</th>
<th>Percent</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Beneficiary 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Beneficiary 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingent Beneficiary</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the event the designated primary beneficiaries are deceased, the contingent beneficiary will receive the benefit.

Employee

I waive this coverage

Guaranteed Issue Amount

$50,000 $75,000 $100,000 $125,000 $150,000 $200,000* $250,000 $300,000 $350,000 $400,000 $450,000 $500,000

Employee

Guaranteed Issue Amount

$50,000 $75,000 $100,000 $125,000 $150,000 $200,000* $250,000 $300,000 $350,000 $400,000 $450,000 $500,000

You must be enrolled to cover your dependents.

Check one box only

Choose Your Voluntary Term Life Coverage

- Employee
- Spouse
- Child(ren)
- Both

*Guarantee Issue Amount
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 understand that I must be actively at work or my life and/or disability coverage will not take effect until I have completed a waiting period (as defined in the Group Plan) of full time service. This requirement does not apply to eligible retirees.

I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.

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 agree that my employer may deduct premiums from my pay or add premiums to my dues; if they are required for the coverage I have chosen above.

I acknowledge and agree that Guardian may provide me information concerning benefits, including explanation of benefit statements and other claims related information solely in electronic format as permitted by law. I may change this election only by providing Guardian thirty (30) day prior written notice.

I understand that the premium amounts shown above are estimations. If the premium amounts shown on my paycheck stub do not agree with the premiums shown above and the deductions for premiums do not agree, my paycheck stub will prevail.

I understand 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 with the purpose of defrauding the insurer or any other person of money or property. False or misleading statements of age and sex, or other material facts constitutes insurance fraud.

I attest that the information provided above is true and correct to the best of my knowledge and agree.

DATE

SIGNATURE OF EMPLOYEE

[Signature]

Guardian Group Plan Number: 00462917

www.guardianlife.com

Please print employee name:

[Name]

Guardian Group Plan Number: 00462917
Thank You

If applicable, return your completed form to your plan administrator.

Please remember to:

- Check the coverage you want
- Include your social security number (and those of your dependents, if applicable)
- Include dates of birth
- Indicate the best way to reach you
- Include your name on each page of the form
- Sign and date form

You chose...

- Term Life

Date form submitted:
Make the most of your Guardian benefits at
www.GuardianAnytime.com

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at www.GuardianAnytime.com

- Review your benefits
- Look up amounts and services covered in your plan
- Check the status of a claim
- Receive e-mail alerts when a response to your dental* claim is available online
- Print forms and plan materials...and much more

To register, go to www.GuardianAnytime.com

Carnegie Institution of Washington Life Benefits Plan

*Not available to members with Guardian pre-paid Dental/DHMO plans (including FirstCommonwealth and Managed DentalGuard plans).