

CARNEGIE INSTITUTION OF WASHINGTON



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 Anytimesm, 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 Anytimesm at www.GuardianAnytime.com. We promise it will be time well spent.

Welcome to Guardian!

- Review your benefits
- Complete your enrollment form, if applicable
- Sign and return form to your plan administrator

Welcome

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.

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	
Protection	Protection provided by employer plan while you pay premiums and remain employed.
Policy Amounts	Choice of employer-specified amounts, from \$50,000 to \$500,000
Cash Value	No cash accumulation
Total Cost	Premiums rise as you enter the next five-year age band.

- 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.

COVERAGE OPTIONS	VOLUNTARY TERM LIFE
Employee Benefit	\$50,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Spouse‡ benefit	50% of employee coverage to a max of \$250,000
Child benefit—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.

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**VOLUNTARY TERM LIFE**

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

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.

Life Cost Illustration

Voluntary Life Cost Illustration

Semi-monthly premiums displayed.
Policy Election Cost Per Age Bracket

			< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 [†]
\$50,000 Policy Election Amount												
Employee	\$50,000	Preferred	\$3.00	\$3.00	\$3.25	\$4.25	\$5.50	\$8.50	\$15.00	\$25.25	\$34.00	\$50.00
		Standard	\$3.75	\$3.75	\$3.75	\$4.50	\$8.75	\$14.25	\$25.00	\$41.50	\$52.50	\$72.50
Spouse	\$25,000	Preferred	\$1.50	\$1.50	\$1.63	\$2.13	\$2.75	\$4.25	\$7.50	\$12.63	\$17.00	\$25.00
		Standard	\$1.88	\$1.88	\$1.88	\$2.25	\$4.38	\$7.13	\$12.50	\$20.75	\$26.25	\$36.25
Child	\$5,000		\$.45	\$.45	\$.45	\$.45	\$.45	\$.45	\$.45	\$.45	\$.45	\$.45
\$100,000 Policy Election Amount												
Employee	\$100,000	Preferred	\$6.00	\$6.00	\$6.50	\$8.50	\$11.00	\$17.00	\$30.00	\$50.50	\$68.00	\$100.00
		Standard	\$7.50	\$7.50	\$7.50	\$9.00	\$17.50	\$28.50	\$50.00	\$83.00	\$105.00	\$145.00
Spouse	\$50,000	Preferred	\$3.00	\$3.00	\$3.25	\$4.25	\$5.50	\$8.50	\$15.00	\$25.25	\$34.00	\$50.00
		Standard	\$3.75	\$3.75	\$3.75	\$4.50	\$8.75	\$14.25	\$25.00	\$41.50	\$52.50	\$72.50
Child	\$10,000		\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$150,000 Policy Election Amount												
Employee	\$150,000	Preferred	\$9.00	\$9.00	\$9.75	\$12.75	\$16.50	\$25.50	\$45.00	\$75.75	\$102.00	\$150.00
		Standard	\$11.25	\$11.25	\$11.25	\$13.50	\$26.25	\$42.75	\$75.00	\$124.50	\$157.50	\$217.50
Spouse	\$75,000	Preferred	\$4.50	\$4.50	\$4.88	\$6.38	\$8.25	\$12.75	\$22.50	\$37.88	\$51.00	\$75.00
		Standard	\$5.63	\$5.63	\$5.63	\$6.75	\$13.13	\$21.38	\$37.50	\$62.25	\$78.75	\$108.75
Child	\$10,000		\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$200,000 Policy Election Amount												
Employee	\$200,000	Preferred	\$12.00	\$12.00	\$13.00	\$17.00	\$22.00	\$34.00	\$60.00	\$101.00	\$136.00	\$200.00
		Standard	\$15.00	\$15.00	\$15.00	\$18.00	\$35.00	\$57.00	\$100.00	\$166.00	\$210.00	\$290.00
Spouse	\$100,000	Preferred	\$6.00	\$6.00	\$6.50	\$8.50	\$11.00	\$17.00	\$30.00	\$50.50	\$68.00	\$100.00
		Standard	\$7.50	\$7.50	\$7.50	\$9.00	\$17.50	\$28.50	\$50.00	\$83.00	\$105.00	\$145.00
Child	\$10,000		\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$250,000 Policy Election Amount												
Employee	\$250,000	Preferred	\$15.00	\$15.00	\$16.25	\$21.25	\$27.50	\$42.50	\$75.00	\$126.25	\$170.00	\$250.00
		Standard	\$18.75	\$18.75	\$18.75	\$22.50	\$43.75	\$71.25	\$125.00	\$207.50	\$262.50	\$362.50
Spouse	\$125,000	Preferred	\$7.50	\$7.50	\$8.13	\$10.63	\$13.75	\$21.25	\$37.50	\$63.13	\$85.00	\$125.00
		Standard	\$9.38	\$9.38	\$9.38	\$11.25	\$21.88	\$35.63	\$62.50	\$103.75	\$131.25	\$181.25
Child	\$10,000		\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$300,000 Policy Election Amount												
Employee	\$300,000	Preferred	\$18.00	\$18.00	\$19.50	\$25.50	\$33.00	\$51.00	\$90.00	\$151.50	\$204.00	\$300.00
		Standard	\$22.50	\$22.50	\$22.50	\$27.00	\$52.50	\$85.50	\$150.00	\$249.00	\$315.00	\$435.00
Spouse	\$150,000	Preferred	\$9.00	\$9.00	\$9.75	\$12.75	\$16.50	\$25.50	\$45.00	\$75.75	\$102.00	\$150.00
		Standard	\$11.25	\$11.25	\$11.25	\$13.50	\$26.25	\$42.75	\$75.00	\$124.50	\$157.50	\$217.50
Child	\$10,000		\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90

Voluntary Life Cost Illustration *continued*

			< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$350,000 Policy Election Amount												
Employee	\$350,000	Preferred	\$21.00	\$21.00	\$22.75	\$29.75	\$38.50	\$59.50	\$105.00	\$176.75	\$238.00	\$350.00
		Standard	\$26.25	\$26.25	\$26.25	\$31.50	\$61.25	\$99.75	\$175.00	\$290.50	\$367.50	\$507.50
Spouse	\$175,000	Preferred	\$10.50	\$10.50	\$11.38	\$14.88	\$19.25	\$29.75	\$52.50	\$88.38	\$119.00	\$175.00
		Standard	\$13.13	\$13.13	\$13.13	\$15.75	\$30.63	\$49.88	\$87.50	\$145.25	\$183.75	\$253.75
Child	\$10,000		\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$400,000 Policy Election Amount												
Employee	\$400,000	Preferred	\$24.00	\$24.00	\$26.00	\$34.00	\$44.00	\$68.00	\$120.00	\$202.00	\$272.00	\$400.00
		Standard	\$30.00	\$30.00	\$30.00	\$36.00	\$70.00	\$114.00	\$200.00	\$332.00	\$420.00	\$580.00
Spouse	\$200,000	Preferred	\$12.00	\$12.00	\$13.00	\$17.00	\$22.00	\$34.00	\$60.00	\$101.00	\$136.00	\$200.00
		Standard	\$15.00	\$15.00	\$15.00	\$18.00	\$35.00	\$57.00	\$100.00	\$166.00	\$210.00	\$290.00
Child	\$10,000		\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$450,000 Policy Election Amount												
Employee	\$450,000	Preferred	\$27.00	\$27.00	\$29.25	\$38.25	\$49.50	\$76.50	\$135.00	\$227.25	\$306.00	\$450.00
		Standard	\$33.75	\$33.75	\$33.75	\$40.50	\$78.75	\$128.25	\$225.00	\$373.50	\$472.50	\$652.50
Spouse	\$225,000	Preferred	\$13.50	\$13.50	\$14.63	\$19.13	\$24.75	\$38.25	\$67.50	\$113.63	\$153.00	\$225.00
		Standard	\$16.88	\$16.88	\$16.88	\$20.25	\$39.38	\$64.13	\$112.50	\$186.75	\$236.25	\$326.25
Child	\$10,000		\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90
\$500,000 Policy Election Amount												
Employee	\$500,000	Preferred	\$30.00	\$30.00	\$32.50	\$42.50	\$55.00	\$85.00	\$150.00	\$252.50	\$340.00	\$500.00
		Standard	\$37.50	\$37.50	\$37.50	\$45.00	\$87.50	\$142.50	\$250.00	\$415.00	\$525.00	\$725.00
Spouse	\$250,000	Preferred	\$15.00	\$15.00	\$16.25	\$21.25	\$27.50	\$42.50	\$75.00	\$126.25	\$170.00	\$250.00
		Standard	\$18.75	\$18.75	\$18.75	\$22.50	\$43.75	\$71.25	\$125.00	\$207.50	\$262.50	\$362.50
Child	\$10,000		\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90	\$.90

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.

UNDERSTANDING YOUR BENEFITS—LIFE (some information may vary by state)

Benefit Reductions	Coverage amount of insurance reduced by a certain percentage at a specific age. For further details, reference plan details.
Guarantee Issue (Life)	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. If you enroll at a later date, you will be subject to evidence of insurability.
LifeAssist	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.
Portability with Evidence of Insurability	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.
Preferred rate	Premium rate for non-tobacco users.
Standard rate	Premium rate for tobacco usage and/or health history.
Waiver of premium	Allows you to stop making premium payments if you become totally disabled before age 60. See plan details for age limits information.

Please print clearly to ensure accurate processing

Guardian Group Plan Number: **00462917**



GUARDIAN®

Employer:
Carnegie Institution of Washington
1530 P Street Northwest
Washington, DC 20005

The Guardian Life Insurance Company of America

EMPLOYER USE ONLY			
<input type="checkbox"/> New Application <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Drop Dependent(s) <input type="checkbox"/> Change Address		<input type="checkbox"/> Change Name <input type="checkbox"/> Drop Coverage as of: / /	
Hours Worked	Division	Benefits Effective / /	

Keep a copy for your records and return form to: **Midwest Regional Office, P.O. Box 8012, Appleton, WI 54912-8012**

ABOUT YOURSELF

Print clearly in black or blue ink.

First, Middle Initial, Last Name <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - - -
Address		City		State
Preferred E-mail		Day Phone	Eve Phone	The best way to reach you: <input type="checkbox"/> E-mail <input type="checkbox"/> Day Phone <input type="checkbox"/> Eve Phone
Job Title	Work Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> COBRA/State Continuation	Date work status began / /		Annual Salary/Earnings \$
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ABOUT YOUR DEPENDENTS

A sheet with information about additional dependents is attached.

Spouse First, Middle Initial, Last Name <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	Social Security Number	Marriage Date (mm/dd/yyyy) / /	Attending Since / /
State of Residence:						
Child 1 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	<input type="checkbox"/> Full-time student, at (school):	City/State:	Attending Since / /	
State of Residence:						
Child 2 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	<input type="checkbox"/> Full-time student, at (school):	City/State:	Attending Since / /	
State of Residence:						
Child 3 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	<input type="checkbox"/> Full-time student, at (school):	City/State:	Attending Since / /	
State of Residence:						
Child 4 <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Drop	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy) / /	<input type="checkbox"/> 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. Attach a separate sheet if you wish to drop more than one dependent from different coverages.
 Voluntary Life

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 exemption. 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.

CEF2009

www.guardianlife.com

Enrollment Kit 00462917, 0001, EN **1**

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

DATE FORM PUBLISHED: Sep 25, 2012

CHOOSE YOUR VOLUNTARY TERM LIFE COVERAGE

Check one box only

Employee

Policy Amount

You must be enrolled to cover your dependents.

- \$50,000
 \$100,000
 \$150,000
 \$200,000*
 \$250,000
 \$300,000
 \$350,000
 \$400,000
 \$450,000
 \$500,000

*Guarantee Issue Amount

I waive this coverage

Add Voluntary Life for Spouse *Check one box only*

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

I waive this coverage **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% of employee's amount to maximum \$10,000

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

Name your beneficiaries

Primary beneficiaries must total 100%.

	Primary Beneficiary 1 First, Middle Initial, Last Name	Relationship to Employee	Percent
Primary Beneficiary 2			%
Contingent Beneficiary			%

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

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?

Employee Yes <input type="checkbox"/> No <input type="checkbox"/>	Type (eg. cigarettes, pipe)	Amount (e.g., one pack/day)	Spouse Yes <input type="checkbox"/> No <input type="checkbox"/>	Type (eg. cigarettes, pipe)	Amount (e.g., one pack/day)

IMPORTANT NOTES

- If you waive life or disability coverage and later decide to enroll, you will have to provide, at your own expense, proof of each person's insurability. Guardian reserves the right to reject your request.
- Children will not be covered until they reach 14 days.
- Based on your plan benefits and your age, you may be required to complete an additional evidence of insurability form for Voluntary Life and/or Guardian Universal Life.

SIGNATURE

- 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 above and the deductions for premiums shown on my paycheck stub do not agree, my paycheck stub will prevail. I understand that the premium amounts may be amended.
 - **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.**

SIGNATURE OF EMPLOYEE X _____

DATE _____

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

© 2005 The Guardian Life Insurance Company of America,
7 Hanover Square, New York 10004

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