Welcome to

Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We’ve partnered with your organization to offer you a range of employee benefits. Inside this pack, you’ll find the plans your employer thinks you might benefit from.

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you’re in good hands. We’ve been delivering on our promises for over 150 years, and we’re looking forward to doing the same for you too.

Your coverage options

- **Critical illness insurance**: Taking care of the expenses if you’re critically ill
- **Accident insurance**: Helping you cover expenses after an accident
- **Hospital indemnity insurance**: Covering some of your hospital stay costs

1. Read through this information.
2. Find out more about your benefits.
3. Talk to your employer if you need help or have any questions.

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This document is a summary of the major features of the insurance coverage that’s been agreed to with your employer – it isn’t your contract.
Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It’s a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson’s disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you’re diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn’t cover. Our policies typically provide payments for the first and second time you’re diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.

Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: $53,000
Average Major Medical deductible: $1,500
Major Medical covers 80% of the cost after the deductible is met, but John’s still responsible for 20%: $10,300.
Total out-of-pocket amount for John (deductible + coinsurance): $11,800.
John has a $10,000 Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan’s coverage may vary. See your plan’s information on the following pages for specific amounts and details.
Your critical illness coverage

CRITICAL ILLNESS

<table>
<thead>
<tr>
<th>Benefit Amount(s)</th>
<th>Employee may choose a lump sum benefit of $10,000 to $20,000 in $10,000 increments.</th>
</tr>
</thead>
</table>

**CONDITIONS**

<table>
<thead>
<tr>
<th>Cancer</th>
<th>1st OCCURRENCE</th>
<th>2nd OCCURRENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasive Cancer</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Carcinoma In Situ</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Benign Brain Tumor</td>
<td>75%</td>
<td>0%</td>
</tr>
<tr>
<td>Skin Cancer</td>
<td>$250 per lifetime</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

**Vascular**

<table>
<thead>
<tr>
<th>Condition</th>
<th>1st OCCURRENCE</th>
<th>2nd OCCURRENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Stroke</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Coronary Arteriosclerosis</td>
<td>30%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Other**

<table>
<thead>
<tr>
<th>Condition</th>
<th>1st OCCURRENCE</th>
<th>2nd OCCURRENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organ Failure</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Kidney Failure</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Infectious Contagious Disease</td>
<td>30%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**ADDITIONAL CONDITIONS**

<table>
<thead>
<tr>
<th>Condition</th>
<th>1st OCCURRENCE ONLY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Addison's Disease</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>ALS (Lou Gehrig's Disease)</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Coma</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Huntington's Disease</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Loss of Hearing</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Loss of Sight</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Loss of Speech</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Permanent Paralysis</td>
<td>50% for 1 limb, 100% for 2 limbs</td>
<td></td>
</tr>
<tr>
<td>Severe Burns</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

**Childhood Conditions**

<table>
<thead>
<tr>
<th>Condition</th>
<th>1st OCCURRENCE ONLY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral Palsy</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Cleft Lip/Palate</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Club Foot</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Down's Syndrome</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Muscular Dystrophy</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Spina Bifida</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

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AMERICAN LIBRARY ASSOCIATION
ALL OTHER ELIGIBLE EMPLOYEES

Kit created 10/17/2022
Group number: 00543094
Your critical illness coverage

<table>
<thead>
<tr>
<th>CRITICAL ILLNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1 Diabetes</td>
</tr>
</tbody>
</table>

**Spouse/Domestic Partner Benefit**
May choose a lump sum benefit of $5,000 to $10,000 in $5,000 increments up to 50% of the employee's lump sum benefit.

**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:** 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 or the annual open enrollment period.

We Guarantee Issue up to:
- $20,000
- For a spouse: $10,000
- For a child: All Amounts

Health questions are required if the elected amount exceeds the Guarantee Issue.

**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.
Not Applicable

**WELLNESS BENEFIT**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Per Year Limit</td>
<td>$50</td>
</tr>
<tr>
<td>Spouse Per Year Limit</td>
<td>$50</td>
</tr>
<tr>
<td>Child Per Year Limit</td>
<td>$50</td>
</tr>
</tbody>
</table>

**Condition Definitions**

- **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.
- **Infectious Contagious Disease benefit is only payable if:** 1) the insured is diagnosed with a covered infectious or contagious disease by a doctor while insured by Guardian and 2) the insured is hospital confined due to the infectious or contagious disease for 5 or more consecutive days. The Infectious Contagious Disease benefit covers Antibiotic resistant bacteria (including MRSA), Coronavirus (including Covid-19), Diphtheria, Encephalitis, Legionnaire’s Disease, Lyme Disease, Malaria, Meningitis, Necrotizing fasciitis (flesh eating bacteria), Osteomyelitis, Rabies and Tuberculosis. This benefit will pay for only one Infectious Contagious Disease, once per lifetime.
Your critical illness coverage

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.

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 late enrollees. 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...

Contract # GP-1-CI-14

Guardian’s Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Policy Form # GP-1-LAH-12R; GP-1-CI-14
Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?
Nobody can predict when an accident might happen. That’s why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?
Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

The child must be covered at the time the accident occurred and be 18 years of age or younger.

Why should I consider it?
Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.

Added support during recovery
Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: $2,500
Average Major Medical deductible: $1,500
Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda’s still responsible for 20%: $200
Total out-of-pocket amount for Amanda (deductible + coinsurance): $1,700
Amanda’s Guardian Accident policy pays her a benefit of $1,700, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan’s coverage may vary. See your plan’s information on the following pages for specific amounts and details.
# Your accident coverage

## ACCIDENT

<table>
<thead>
<tr>
<th>ACCIDENTAL DEATH AND DISMEMBERMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount(s)</td>
</tr>
<tr>
<td>Employee $25,000</td>
</tr>
<tr>
<td>Spouse $12,500</td>
</tr>
<tr>
<td>Child $5,000</td>
</tr>
<tr>
<td>Catastrophic Loss</td>
</tr>
<tr>
<td>Quadriplegia, Loss of speech &amp; hearing (both ears), Loss of Cognitive function: 100% of AD&amp;D</td>
</tr>
<tr>
<td>Hemiplegia &amp; Paraplegia: 50% of AD&amp;D</td>
</tr>
<tr>
<td>Common Carrier</td>
</tr>
<tr>
<td>200% of AD&amp;D benefit</td>
</tr>
<tr>
<td>Common Disaster</td>
</tr>
<tr>
<td>200% of Spouse AD&amp;D benefit</td>
</tr>
<tr>
<td>Dismemberment - Hand, Foot, Sight</td>
</tr>
<tr>
<td>Single: 50% of AD&amp;D benefit</td>
</tr>
<tr>
<td>Multiple: 100% of AD&amp;D benefit</td>
</tr>
<tr>
<td>Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot</td>
</tr>
<tr>
<td>25% of AD&amp;D benefit</td>
</tr>
<tr>
<td>Seatbelts and Airbags</td>
</tr>
<tr>
<td>Seatbelts: $10,000 &amp; Airbags: $15,000</td>
</tr>
<tr>
<td>Reasonable Accommodation to Home or Vehicle</td>
</tr>
<tr>
<td>$2,500</td>
</tr>
<tr>
<td>WELLNESS BENEFIT - Per Year Limit</td>
</tr>
<tr>
<td>$50</td>
</tr>
<tr>
<td>Child(ren) Age Limits</td>
</tr>
<tr>
<td>Benefit Amount: $400</td>
</tr>
<tr>
<td>Rollover Maximum: $200</td>
</tr>
<tr>
<td>Fund Maximum: $800</td>
</tr>
</tbody>
</table>

## RAINY DAY FUND

- Benefit Amount: $400
- Rollover Maximum: $200
- Fund Maximum: $800

## FEATURES

- Air Ambulance: $1,000
- Ambulance: $200
- 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
- Burns - Skin Graft: 50% of burn benefit
- Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.
  - 25% increase to child benefits
- Chiropractic Visits: $50/visit, up to 6 visits
- Coma: $10,000
- Concussion Baseline Study: $25
## Your accident coverage

### FEATURES (Cont.)

<table>
<thead>
<tr>
<th>Feature</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concussions</td>
<td>$200</td>
</tr>
<tr>
<td>Diagnostic Exam (Major)</td>
<td>$200</td>
</tr>
<tr>
<td>Dislocations</td>
<td>Schedule up to $5,000</td>
</tr>
<tr>
<td>Doctor Follow-Up Visits</td>
<td>$50, up to 6 treatments</td>
</tr>
<tr>
<td>Emergency Dental Work</td>
<td>$300/Crown, $75/Extraction</td>
</tr>
<tr>
<td>Emergency Room Treatment</td>
<td>$200</td>
</tr>
<tr>
<td>Epidural Anesthesia Pain Management</td>
<td>$100, 2 times per accident</td>
</tr>
<tr>
<td>Eye Injury</td>
<td>$300</td>
</tr>
<tr>
<td>Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.</td>
<td>$20/day, up to 30 days</td>
</tr>
<tr>
<td>Fractures</td>
<td>Schedule up to $6,000</td>
</tr>
<tr>
<td>Gun Shot Wound</td>
<td>$750</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>$1,000</td>
</tr>
<tr>
<td>Hospital Confinement</td>
<td>$250/day - up to 1 year</td>
</tr>
<tr>
<td>Hospital ICU Admission</td>
<td>$2,000</td>
</tr>
<tr>
<td>Hospital ICU Confinement</td>
<td>$500/day - up to 15 days</td>
</tr>
<tr>
<td>Initial Dr. Office/Urgent Care Facility Treatment</td>
<td>$100</td>
</tr>
<tr>
<td>Joint Replacement (Hip/Knee/Shoulder)</td>
<td>$2,500/$1,250/$1,250</td>
</tr>
<tr>
<td>Knee Cartilage</td>
<td>$500</td>
</tr>
<tr>
<td>Laceration</td>
<td>Schedule up to $400</td>
</tr>
<tr>
<td>Lodging - The hospital stay must be more than 50 miles from the insured's residence.</td>
<td>$125/day, up to 30 days for companion hotel stay</td>
</tr>
<tr>
<td>Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.</td>
<td>Schedule up to $500</td>
</tr>
<tr>
<td>Outpatient Therapies</td>
<td>$35/day, up to 10 days</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>$400</td>
</tr>
<tr>
<td>Prosthetic Device/Artificial Limb</td>
<td>1: $500</td>
</tr>
<tr>
<td></td>
<td>2 or more: $1,000</td>
</tr>
<tr>
<td>Rehabilitation Unit Confinement</td>
<td>$100/day, up to 15 days</td>
</tr>
<tr>
<td>Ruptured Disc With Surgical Repair</td>
<td>$500</td>
</tr>
<tr>
<td>Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max</td>
<td>Schedule up to $1,250</td>
</tr>
<tr>
<td></td>
<td>Hernia: $250</td>
</tr>
<tr>
<td>Surgery (Exploratory or Arthroscopic)</td>
<td>$400</td>
</tr>
<tr>
<td>Tendon/Ligament/Rotator Cuff</td>
<td>1: $500</td>
</tr>
<tr>
<td></td>
<td>2 or more: $1,000</td>
</tr>
<tr>
<td>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.</td>
<td>$0.50 per mile, limited to $500/round trip, up to 3 times per accident</td>
</tr>
<tr>
<td>Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.</td>
<td>$4,000</td>
</tr>
<tr>
<td>X - Ray</td>
<td>$40</td>
</tr>
</tbody>
</table>
Your accident coverage

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 Accomodation** – 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.

• **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

• **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits: Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.

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.

We don’t pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, 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, sail gliding, paragliding, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. “Controlled substance” means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-ACC-18

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.
Your accident coverage

Guardian’s Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.
Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18
Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That’s where hospital indemnity coverage can help.

Who is it for?
Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

What does it cover?
If you are admitted to a hospital for a covered sickness or injury, you’ll receive payments that can be used to cover all sorts of costs, including:

- Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.

Why should I consider it?
Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you — even if you didn’t incur any out-of-pocket expenses.

You will receive these benefits if you meet the conditions listed in the policy.

Be prepared
John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: $53,000
Average Major Medical deductible: $1,500
Major Medical covers 80% of the cost after the deductible is met, but John’s still responsible for 20%: $10,300.
Total out-of-pocket amount for John (deductible + coinsurance): $11,800.
John’s Guardian Hospital Indemnity policy pays him $1,000 for hospital admission.

The policy gives him a total payment of $1,000 to help cover the out-of-pocket amount.

This example is for illustrative purposes only. Your plan’s coverage may vary. See your plan’s information on the following pages for specific amounts and details.
## Your hospital indemnity coverage

### Coverage Details

### Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/ICU Admission</td>
<td>$1,000 per admission, limited to 1 admission(s) per insured and 3 admission(s) per covered family per benefit year.</td>
</tr>
<tr>
<td>Hospital/ICU Confinement</td>
<td>$100/$100 per day, limited to 15 day(s) per insured per benefit year.</td>
</tr>
<tr>
<td>Health Screening</td>
<td>$50 per day, limited to 1 day(s) per insured per benefit year.</td>
</tr>
</tbody>
</table>

### Pre-Existing Conditions 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.

Not Applicable (See Limitations and Exclusions section for details on treatment of maternity)

### Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.

Included

### Child(ren) Age Limits

Children age birth to 26 years

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**UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY**

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

The Health screening benefit is paid for the completion of specified routine wellness screenings such as annual well visits, immunizations, mammography, chest x-ray, and many more.
LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

• Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

• Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental x-rays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit;

Rest cures or custodial care, or treatment of sleep disorders;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person’s Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person’s Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigational.

Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person’s giving birth within the first 9 months after the Covered Person’s effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness

Treatment of a Covered Dependent Child’s Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

GP-1-HI-15
Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements
Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.
Visit https://www.guardiananytime.com/notice48 to read more.

No Cost Language Services
Guardian provides language assistance in multiple languages for members who have limited English proficiency.
Visit https://www.guardiananytime.com/notice46 to read more.
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Employer Name: AMERICAN LIBRARY ASSOCIATION

Group Plan Number: 00543094

Benefits Effective: _____________

Class: ALL OTHER ELIGIBLE EMPLOYEES

Division: __________________________

Subtotal Code: __________________________

(Please obtain this from your Employer)

About You:

First, Ml, Last Name:

Employer Provided Identification: __________________________

Social Security Number: __________________________

Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.

Address: __________________________
City: __________________________ State: __________________________ Zip: __________________________

Gender: □ M □ F

Date of Birth (mm-dd-yyyy): _______ - _______ - _______

Phone (indicate primary): □ Home (_____) _______ - _______

□ Work (_____) _______ - _______

□ Mobile (_____) _______ - _______

Email Address (indicate primary): __________________________

□ Home __________________________ □ Work __________________________

Are you married or do you have a partner? □ Yes □ No

Date of marriage/union: _______ - _______ - _______

Do you have children or other dependents? □ Yes □ No

Placement date of adopted child: _______ - _______ - _______

About Your Job:

Job Title: __________________________

Work Status: □ Active □ Retired □ Cobra/State Continuation

Hours worked per week: _______

Date of full time hire: _______ - _______ - _______

About Your Family: Please include the names of the dependents you wish to enroll for coverage. If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Your dependent’s Social Security Number must be provided if enrolling for Life Coverage. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

Spouse (wherever the term “Spouse” appears on this form, it also includes “Partner”).

Gender □ M □ F

Date of Birth (mm-dd-yyyy): _______ - _______ - _______

Status (check all that apply)

□ Student (post high school) □ Disabled

□ Non standard dependent

Child/Dependent 1:

Gender □ M □ F

Date of Birth (mm-dd-yyyy): _______ - _______ - _______

Status (check all that apply)

□ Student (post high school) □ Disabled

□ Non standard dependent

Child/Dependent 2:

Gender □ M □ F

Date of Birth (mm-dd-yyyy): _______ - _______ - _______

Status (check all that apply)

□ Student (post high school) □ Disabled

□ Non standard dependent

Child/Dependent 3:

Gender □ M □ F

Date of Birth (mm-dd-yyyy): _______ - _______ - _______

Status (check all that apply)

□ Student (post high school) □ Disabled

□ Non standard dependent

Child/Dependent 4:

Gender □ M □ F

Date of Birth (mm-dd-yyyy): _______ - _______ - _______

Status (check all that apply)

□ Student (post high school) □ Disabled

□ Non standard dependent
**Drop Coverage:**

- [ ] Drop Employee
- [ ] Drop Dependents

The date of withdrawal cannot be prior to the date this form is completed and signed.

- Last Day of Coverage: _____-____-_____
- Termination of Employment
t- Retirement
- Last Day Worked: _____-____-_____
- [ ] Other Event: ___________________
- Date of Event: _____-____-_____

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**Coverage Being Dropped:**

- [ ] Critical Illness
- [ ] Accident
- [ ] Hospital Indemnity
- [ ] Employee
- [ ] Spouse
- [ ] Child(ren)

---

I have been offered the above coverage(s) and wish to drop enrollment for the following reasons:

- [ ] Covered under another insurance plan
- [ ] Other ____________________________

(Additional information may be required)

---

**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**

- 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.

---

**Accident Coverage** You must be enrolled to cover your dependents.

**Your Semi-monthly premium**

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Dependent/Child(ren)</th>
<th>Employee, Spouse &amp; Dependent/Child(ren)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

- [ ] I do not want this coverage.
Name your beneficiaries: (Primary beneficiary percentages must total 100%) If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Be sure to sign and date (mm-dd-yyyy) the paper and keep a copy for your records.

Primary Beneficiaries:

Name: ___________________________ Social Security Number: ___________________________ %
Date of Birth (mm-dd-yyyy): ______-____-____ Address/City/State/Zip: ___________________________
Phone: ( )-____-____ Relationship to Employee: ___________________________

Name: ___________________________ Social Security Number: ___________________________ %
Date of Birth (mm-dd-yyyy): ______-____-____ Address/City/State/Zip: ___________________________
Phone: ( )-____-____ Relationship to Employee: ___________________________

Contingent Beneficiary: ___________________________ Social Security Number: ___________________________
Date of Birth (mm-dd-yyyy): ______-____-____ Address/City/State/Zip: ___________________________
Phone: ( )-____-____ Relationship to Employee: ___________________________

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

Please contact your employer for any record of or changes to your beneficiary information.

Spouse and dependent/child(ren) – If the intended beneficiary is to be someone other than the Employee, please complete the Beneficiary Designation form.

Attention: If any of the beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian’s ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary’s designated Custodian to manage on the minor’s behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the beneficiaries identified above considered a minor in the state in which they reside? Check one box only. ☐ Yes ☐ No
If you answered “Yes”, please name the legally designated UTMA Custodian for all minor beneficiaries you have designated:

Custodian to Minor Beneficiaries:

Name: ___________________________ Social Security Number (or FEIN/TIN # if a corporate entity):
Date of Birth (mm-dd-yyyy) (if an individual): ______-____-____ Address/City/State/Zip: ___________________________
Phone: ( )-____-____

Hospital Indemnity Coverage You must be enrolled to cover your dependents. Check only one box.

Your Semi-monthly premium
Employee Only Employee & Spouse Employee & Child(ren) Employee, Spouse & Child(ren)
☐ ☐ ☐ ☐
☐ I do not want this coverage. ☐ I do not want this coverage. ☐ I do not want this coverage. ☐ I do not want this coverage.

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.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Signature

- An employee’s decision to elect Hospital Indemnity not elect Hospital Indemnity must be retained until the next plan’s Open Enrollment period. If the employee elects not to enroll in Hospital Indemnity coverage, they are not eligible to enroll until the plan’s next Open Enrollment period.
- HOSPITAL INDEMNITY ONLY: This is a limited plan of Hospital Indemnity insurance. It is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.
- 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 if I waive coverage, I may not be eligible to enroll until the next open enrollment period. Late entrant penalties may apply. I understand that I may also have to provide, at my own expense, proof of each person’s insurability. Guardian or its designee has the right to reject my request.
- I understand that my coverage will not be effective until approved by 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.
Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. False information or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits.

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

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.

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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.

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.

Oklahoma: WARNING: Any person who knowingly, and with the 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.

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.

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.

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.

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.