GUARDIAN℠ The Guardian Life Insurance Company of America

Election of Continued Coverage

Planholder Name	Group Plan #	Date

Planholder Address

Name of Insured Employee (Last, First, MI)	☐ M ☐ F	Social Security #	Date of Birth	Class

Names of Continuing Eligible Dependents (If more space is needed please attach a separate sheet of paper)

Full Name (Last, First, MI)	Social Security #	Sex	Date of Birth	Relationship to Employee
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		

Home Address:

Reason for Loss of Coverage *(Check one)*

☐ Termination of Employment ☐ Legal Separation ☐ Child Losing Dependent Status

☐ Reduction of Work Hours ☐ Divorce ☐ Death of Employee

Date of Lost Coverage

For Guardian Use Only

Explanation *(If necessary)*

Under Federal law, when group coverage terminates due to a reduction of work hours or termination of employment other than for gross misconduct, the law permits continuation of Medical, Dental, Vision and stand alone Prescription Drug coverage for employees and/or insured dependents for up to 18 months. A spouse or child who loses coverage due to an employee's death, divorce, legal separation or entitlement to Medicare and a child who loses dependent status under the plan may elect continuation for up to 36 months. If a child is born to, or placed for adoption with, a covered employee during a period of continuation, that child may be added to the continued coverage. An individual who is determined to be totally disabled under the Social Security Act at any time during the first 60 days of continued coverage, or a family member of the individual, may extend coverage from 18 to 29 months if the determination is provided before the end of the 18 month period. When it is determined under the Social Security Act that the individual is no longer disabled, continuation beyond 18 months will end in the month that begins more than 30 days after the determination. An individual's Life, Accidental Death and Dismemberment and Disability Income insurance may not be continued.

Group insurance benefits and premium rates for individuals on continuation are the same as those for active employees and dependents. The planholder may charge an additional 2% of premium as an administrative fee. For those disabled individuals who extend coverage from 18 to 29 months, or family members who continue with such individuals, the planholder may charge an additional 50% of premium for the 19th through the 29th month. Any change in benefits will apply to persons with continued coverage, provided they are not hospitalized at the time.

In order to retain your insurance benefits under the group plan, you will be required to pay the full monthly premium to the planholder. This amount may change in accordance with any premium rate changes for the group plan.

When an individual's group coverage terminates, the planholder must notify the individual within 14 days, of the right to continue coverage. If this is not possible, the form should be mailed to the individual's last known address. The completed form must be returned to the planholder within 60 days of notification. If it is not returned within that time, it is assumed the individual has elected not to continue under the group plan. Continuation is not available after the 60 days have elapsed. The first monthly premium must be paid 45 days from the date the individual signs the election form. The planholder should mail or fax the completed form to Guardian.

Continued coverage will end on the earliest of the following events to occur: (1) the end of the period of continuation for which the individual is entitled; (2) the date the employer ceases to provide a group plan to any employee; (3) the expiration of the monthly period for which premiums have been paid, in the event of non-payment of premiums; (4) the date the individual becomes covered under a group plan which does not contain any exclusion or limitation with respect to a pre-existing condition of the person (other than an exclusion or limitation which does not apply to, or is satisfied by, the individual because of portability of coverage); (5) the date the individual becomes entitled to Medicare.

In addition, you may exercise any Hospital and/or Medical conversion rights now or at the end of the continuation period. Life insurance conversion rights, if any, must be exercised within 31 days of termination from the group plan.

PLEASE READ THE CERTIFICATE BOOKLET FOR ADDITIONAL INFORMATION

☐ I do not elect to continue my medical/dental/vision/prescription drug coverage under the Group Plan.

☐ I elect to continue my medical/dental/vision/ prescription drug coverage under the Group Plan and agree to the conditions and requirements outlined above. *(Note: In most instances Medicare benefits will be primary for individuals entitled to COBRA.)*

Please continue coverage for:

☐ Employee:	☐ Major Medical	☐ Dental	☐ Vision	☐ Stand Alone RX
☐ Employee & Eligible Dependents:	☐ Major Medical	☐ Dental	☐ Vision	☐ Stand Alone RX
☐ Spouse:	☐ Major Medical	☐ Dental	☐ Vision	☐ Stand Alone RX
☐ Spouse & Child(ren):	☐ Major Medical	☐ Dental	☐ Vision	☐ Stand Alone RX
☐ Child(ren):	☐ Major Medical	☐ Dental	☐ Vision	☐ Stand Alone RX

You must advise the planholder, in writing, in the event you are no longer eligible for continuation or you no longer wish to continue coverage.

Signature of Person Electing/Refusing Continuation	Date
Certified for Planholder By (Name and Title)	Date

KEEP A COPY FOR YOUR RECORDS AND SEND A COPY TO THE PERSON MAKING THE ELECTION.