



The Guardian Life Insurance Company of America  
The Guardian Insurance & Annuity Company, Inc.

Midwest Regional Office  
P.O. Box 8012  
Appleton, WI 54912-8012

Northeast Regional Office  
P.O. Box 26040  
Lehigh Valley, PA 18002-6040

Bridgewater Office  
P.O. Box 425  
E. Bridgewater, MA 02333-0425

Western Regional Office  
P.O. Box 2454  
Spokane, WA 99210-2454

**GG-013499-CT**  
**Enrollment Form**  
**For Non-Medical Coverages**

Planholder Name (Company Name)		Group Plan No.	Division	Class
Planholder Street Address		City	State	Zip

PLEASE CHECK REASON FOR COMPLETING:  INITIAL APPLICATION CHANGE:  INCREASE  ADD DEPENDENT(S)/RIDER(S)  PREMIUM CLASS  DEATH BENEFIT OPTION (GUL ONLY)

**GIVE THE FOLLOWING INFORMATION FOR EACH PERSON TO BE INSURED**

Name (Last, First, Middle Initial)	Sex	Birthdate	Employee's Social Security #
Employee:	<input type="checkbox"/> M <input type="checkbox"/> F		
Spouse:	<input type="checkbox"/> M <input type="checkbox"/> F		Date of Marriage / /
Child:	<input type="checkbox"/> M <input type="checkbox"/> F		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child:	<input type="checkbox"/> M <input type="checkbox"/> F		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No

(1) Are any dependent children adopted?  Yes  No If "yes", indicate name and date of placement:  
(2) Have you included stepchildren?  Yes  No If "yes", indicate name(s): Are they dependent on you for support and maintenance?  Yes  No

Date of Full Time Employment	Hrs. Worked / Week	Annual Salary \$	Occupation / Job Title	Beneficiary(s):
Employee's Street Address			City	Name (Last, First, MI) Relationship %
State	Zip	Business Phone #	Home Phone #	Name (Last, First, MI) Relationship %

Have you or your spouse used any form of tobacco in the past 6 months (e.g., pipe, chewing tobacco) or smoked cigarettes in the past 12 months?  
**Employee**  Yes  No **Spouse**  Yes  No If "yes", specify: Type: Amount Used:

**OPTIONAL TERM LIFE:** Issued by: The Guardian Life Insurance Company of America

Employee Life: \$	Spouse Life: \$	Child(ren) Life: \$ (1-13 days not covered)
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**GUARDIAN'S UNIVERSAL LIFE:** Issued by: The Guardian Insurance & Annuity Company, Inc. (GIAC)

Insurance Amount \$	Basic Certificate Premium \$ (Includes Extra Dollar? <input type="checkbox"/> Yes)
Death Benefit Option: <input type="checkbox"/> Level <input type="checkbox"/> Increasing	Rider(s): Accidental Death \$
Employee Accidental Death \$	Spouse Term \$
Spouse Term \$	Child(ren) Term \$
Child(ren) Term \$	<b>Total Designated Premium</b> \$

**Quoted Premium Frequency:**  
 Weekly  Semi-Monthly  
 Bi-Weekly  Monthly

Will Guardian's Universal Life insurance replace any existing life insurance or annuity?  Yes  No If yes, please provide the following:

Existing insurer and insured:	Policy number:	Amount of insurance:
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**DECLINATION OF COVERAGE:** I hereby waive the following coverage(s):

**Optional Term Life:**  Myself  Spouse  Child(ren) **Guardian's Universal Life:**  Myself  Spouse  Child(ren)

If I have waived the life insurance, I understand that if I request coverage for myself and/or my eligible dependents at a later date, I will be required to furnish proof of each person's insurability, and Guardian reserves the right to reject my request.

- I hereby apply for the group benefit(s) indicated above.
- I understand I must be actively at work or my life coverage will not take effect until I have completed a waiting period (as defined in the Group Plan) of full time service.
- I understand that life insurance coverage for my dependents 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.
- I authorize my employer to take deductions from my pay or agree that the contributions be added to my dues; if they are required for the insurance.
- The information provided above is true and correct to the best of my knowledge and belief.
- 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 be guilty of insurance fraud.
- NAIC Quotation:** By signing this enrollment form, I certify that I received no illustration in the sale of Guardian's Universal Life insurance. I understand that an illustration conforming to the coverage as issued will be provided no later than at the time of certificate delivery.

<b>X SIGNATURE OF EMPLOYEE</b>	DATE
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**LICENSED REPRESENTATIVE STATEMENT AND SIGNATURE (applies to Guardian's Universal Life Only)**

I certify that no illustration was used in the sale of Guardian's Universal Life insurance. To the best of your knowledge, will this insurance replace any existing life insurance or annuity?  Yes  No

<b>X SIGNATURE OF LICENSED REPRESENTATIVE</b>	CODE	STATE WHERE APPLICANT SIGNED:
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