GUARDIAN®

Group Number: 00514283

Roger Williams University

8- University Adjunct Faculty Union 9 Hrs

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Life

Questions? Concerns?

Helpline (888) 600-1600
Call weekdays, 7:00 AM to 8:30 PM, EST.
And refer to your plan number: 00514283

GUARDIAN®

Welcome

Dear Roger Williams University 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.

Roger Williams University

Life Benefit Summary

Group Number: 00514283

About Your Benefits:

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents- a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

What Your Benefits Cover:

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides $75,000 Basic Term Life coverage for all full time employees.	$10,000 increments to a maximum of $500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage equal to one times the employee's life benefits.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse‡ Benefit	N/A	$5,000 increments to a maximum of $250,000. See Cost Illustration page for details.
Child Benefit	N/A	Your dependent children age 14 days to 26 years. You may elect one of the following benefit options: $10,000. Subject to state limits. See Cost Illustration page for details.
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.	Guarantee Issue coverage up to $75,000 per employee	We Guarantee Issue coverage up to: Employee $100,000. Spouse $30,000. Dependent children $10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take your coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits

	BASIC LIFE	VOLUNTARY TERM LIFE
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75	35% at age 65, 60% at age 70, 75% at age 75

Subject to coverage limits

‡ **Spouse coverage terminates at age 70.**

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00514283

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style. To help you assess your needs, you can also go to Guardian Anytime and use our Life Insurance Explorer Tool.

Policy Election Amount	Bi-weekly premiums displayed. Policy Election Cost Per Age Bracket								
Employee	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$10,000	$.32	$.32	$.51	$.79	$1.34	$1.99	$2.95	$4.85	$8.72
$20,000	$.65	$.65	$1.02	$1.57	$2.68	$3.97	$5.91	$9.69	$17.45
$30,000	$.97	$.97	$1.52	$2.35	$4.02	$5.95	$8.86	$14.54	$26.17
$40,000	$1.29	$1.29	$2.03	$3.14	$5.35	$7.94	$11.82	$19.39	$34.89
$50,000	$1.62	$1.62	$2.54	$3.92	$6.69	$9.92	$14.77	$24.23	$43.62
$60,000	$1.94	$1.94	$3.05	$4.71	$8.03	$11.91	$17.72	$29.08	$52.34
$70,000	$2.26	$2.26	$3.55	$5.49	$9.37	$13.89	$20.68	$33.92	$61.06
$80,000	$2.59	$2.59	$4.06	$6.28	$10.71	$15.88	$23.63	$38.77	$69.79
$90,000	$2.91	$2.91	$4.57	$7.06	$12.05	$17.86	$26.59	$43.62	$78.51
$100,000	$3.23	$3.23	$5.08	$7.85	$13.39	$19.85	$29.54	$48.46	$87.23
$110,000	$3.55	$3.55	$5.59	$8.63	$14.72	$21.83	$32.49	$53.31	$95.95
$120,000	$3.88	$3.88	$6.09	$9.42	$16.06	$23.82	$35.45	$58.15	$104.68
$130,000	$4.20	$4.20	$6.60	$10.20	$17.40	$25.80	$38.40	$63.00	$113.40
$140,000	$4.52	$4.52	$7.11	$10.99	$18.74	$27.79	$41.35	$67.85	$122.12
$150,000	$4.85	$4.85	$7.62	$11.77	$20.08	$29.77	$44.31	$72.69	$130.85
$160,000	$5.17	$5.17	$8.12	$12.55	$21.42	$31.75	$47.26	$77.54	$139.57
$170,000	$5.49	$5.49	$8.63	$13.34	$22.75	$33.74	$50.22	$82.39	$148.29
$180,000	$5.82	$5.82	$9.14	$14.12	$24.09	$35.72	$53.17	$87.23	$157.02
$190,000	$6.14	$6.14	$9.65	$14.91	$25.43	$37.71	$56.12	$92.08	$165.74
$200,000	$6.46	$6.46	$10.15	$15.69	$26.77	$39.69	$59.08	$96.92	$174.46
$210,000	$6.79	$6.79	$10.66	$16.48	$28.11	$41.68	$62.03	$101.77	$183.19
$220,000	$7.11	$7.11	$11.17	$17.26	$29.45	$43.66	$64.99	$106.62	$191.91
$230,000	$7.43	$7.43	$11.68	$18.05	$30.79	$45.65	$67.94	$111.46	$200.63
$240,000	$7.75	$7.75	$12.19	$18.83	$32.12	$47.63	$70.89	$116.31	$209.35
$250,000	$8.08	$8.08	$12.69	$19.62	$33.46	$49.62	$73.85	$121.15	$218.08
$260,000	$8.40	$8.40	$13.20	$20.40	$34.80	$51.60	$76.80	$126.00	$226.80
$270,000	$8.72	$8.72	$13.71	$21.19	$36.14	$53.59	$79.75	$130.85	$235.52
$280,000	$9.05	$9.05	$14.22	$21.97	$37.48	$55.57	$82.71	$135.69	$244.25
$290,000	$9.37	$9.37	$14.72	$22.75	$38.82	$57.55	$85.66	$140.54	$252.97
$300,000	$9.69	$9.69	$15.23	$23.54	$40.15	$59.54	$88.62	$145.39	$261.69
$310,000	$10.02	$10.02	$15.74	$24.32	$41.49	$61.52	$91.57	$150.23	$270.42

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$320,000	$10.34	$10.34	$16.25	$25.11	$42.83	$63.51	$94.52	$155.08	$279.14
$330,000	$10.66	$10.66	$16.75	$25.89	$44.17	$65.49	$97.48	$159.92	$287.86
$340,000	$10.99	$10.99	$17.26	$26.68	$45.51	$67.48	$100.43	$164.77	$296.59
$350,000	$11.31	$11.31	$17.77	$27.46	$46.85	$69.46	$103.39	$169.62	$305.31
$360,000	$11.63	$11.63	$18.28	$28.25	$48.19	$71.45	$106.34	$174.46	$314.03
$370,000	$11.95	$11.95	$18.79	$29.03	$49.52	$73.43	$109.29	$179.31	$322.75
$380,000	$12.28	$12.28	$19.29	$29.82	$50.86	$75.42	$112.25	$184.15	$331.48
$390,000	$12.60	$12.60	$19.80	$30.60	$52.20	$77.40	$115.20	$189.00	$340.20
$400,000	$12.92	$12.92	$20.31	$31.39	$53.54	$79.39	$118.15	$193.85	$348.92
$410,000	$13.25	$13.25	$20.82	$32.17	$54.88	$81.37	$121.11	$198.69	$357.65
$420,000	$13.57	$13.57	$21.32	$32.95	$56.22	$83.35	$124.06	$203.54	$366.37
$430,000	$13.89	$13.89	$21.83	$33.74	$57.55	$85.34	$127.02	$208.39	$375.09
$440,000	$14.22	$14.22	$22.34	$34.52	$58.89	$87.32	$129.97	$213.23	$383.82
$450,000	$14.54	$14.54	$22.85	$35.31	$60.23	$89.31	$132.92	$218.08	$392.54
$460,000	$14.86	$14.86	$23.35	$36.09	$61.57	$91.29	$135.88	$222.92	$401.26
$470,000	$15.19	$15.19	$23.86	$36.88	$62.91	$93.28	$138.83	$227.77	$409.99
$480,000	$15.51	$15.51	$24.37	$37.66	$64.25	$95.26	$141.79	$232.62	$418.71
$490,000	$15.83	$15.83	$24.88	$38.45	$65.59	$97.25	$144.74	$237.46	$427.43
$500,000	$16.15	$16.15	$25.39	$39.23	$66.92	$99.23	$147.69	$242.31	$436.15
Policy Election Amount									
Spouse									
$5,000	$.16	$.16	$.25	$.39	$.67	$.99	$1.48	$2.42	$4.36
$10,000	$.32	$.32	$.51	$.79	$1.34	$1.99	$2.95	$4.85	$8.72
$15,000	$.49	$.49	$.76	$1.18	$2.01	$2.98	$4.43	$7.27	$13.09
$20,000	$.65	$.65	$1.02	$1.57	$2.68	$3.97	$5.91	$9.69	$17.45
$25,000	$.81	$.81	$1.27	$1.96	$3.35	$4.96	$7.39	$12.12	$21.81
$30,000	$.97	$.97	$1.52	$2.35	$4.02	$5.95	$8.86	$14.54	$26.17
$35,000	$1.13	$1.13	$1.78	$2.75	$4.69	$6.95	$10.34	$16.96	$30.53
$40,000	$1.29	$1.29	$2.03	$3.14	$5.35	$7.94	$11.82	$19.39	$34.89
$45,000	$1.45	$1.45	$2.29	$3.53	$6.02	$8.93	$13.29	$21.81	$39.25
$50,000	$1.62	$1.62	$2.54	$3.92	$6.69	$9.92	$14.77	$24.23	$43.62
$55,000	$1.78	$1.78	$2.79	$4.32	$7.36	$10.92	$16.25	$26.65	$47.98
$60,000	$1.94	$1.94	$3.05	$4.71	$8.03	$11.91	$17.72	$29.08	$52.34

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$65,000	$2.10	$2.10	$3.30	$5.10	$8.70	$12.90	$19.20	$31.50	$56.70
$70,000	$2.26	$2.26	$3.55	$5.49	$9.37	$13.89	$20.68	$33.92	$61.06
$75,000	$2.42	$2.42	$3.81	$5.89	$10.04	$14.89	$22.15	$36.35	$65.42
$80,000	$2.59	$2.59	$4.06	$6.28	$10.71	$15.88	$23.63	$38.77	$69.79
$85,000	$2.75	$2.75	$4.32	$6.67	$11.38	$16.87	$25.11	$41.19	$74.15
$90,000	$2.91	$2.91	$4.57	$7.06	$12.05	$17.86	$26.59	$43.62	$78.51
$95,000	$3.07	$3.07	$4.82	$7.45	$12.72	$18.85	$28.06	$46.04	$82.87
$100,000	$3.23	$3.23	$5.08	$7.85	$13.39	$19.85	$29.54	$48.46	$87.23
$105,000	$3.39	$3.39	$5.33	$8.24	$14.05	$20.84	$31.02	$50.89	$91.59
$110,000	$3.55	$3.55	$5.59	$8.63	$14.72	$21.83	$32.49	$53.31	$95.95
$115,000	$3.72	$3.72	$5.84	$9.02	$15.39	$22.82	$33.97	$55.73	$100.32
$120,000	$3.88	$3.88	$6.09	$9.42	$16.06	$23.82	$35.45	$58.15	$104.68
$125,000	$4.04	$4.04	$6.35	$9.81	$16.73	$24.81	$36.92	$60.58	$109.04
$130,000	$4.20	$4.20	$6.60	$10.20	$17.40	$25.80	$38.40	$63.00	$113.40
$135,000	$4.36	$4.36	$6.85	$10.59	$18.07	$26.79	$39.88	$65.42	$117.76
$140,000	$4.52	$4.52	$7.11	$10.99	$18.74	$27.79	$41.35	$67.85	$122.12
$145,000	$4.69	$4.69	$7.36	$11.38	$19.41	$28.78	$42.83	$70.27	$126.49
$150,000	$4.85	$4.85	$7.62	$11.77	$20.08	$29.77	$44.31	$72.69	$130.85
$155,000	$5.01	$5.01	$7.87	$12.16	$20.75	$30.76	$45.79	$75.12	$135.21
$160,000	$5.17	$5.17	$8.12	$12.55	$21.42	$31.75	$47.26	$77.54	$139.57
$165,000	$5.33	$5.33	$8.38	$12.95	$22.09	$32.75	$48.74	$79.96	$143.93
$170,000	$5.49	$5.49	$8.63	$13.34	$22.75	$33.74	$50.22	$82.39	$148.29
$175,000	$5.65	$5.65	$8.89	$13.73	$23.42	$34.73	$51.69	$84.81	$152.65
$180,000	$5.82	$5.82	$9.14	$14.12	$24.09	$35.72	$53.17	$87.23	$157.02
$185,000	$5.98	$5.98	$9.39	$14.52	$24.76	$36.72	$54.65	$89.65	$161.38
$190,000	$6.14	$6.14	$9.65	$14.91	$25.43	$37.71	$56.12	$92.08	$165.74
$195,000	$6.30	$6.30	$9.90	$15.30	$26.10	$38.70	$57.60	$94.50	$170.10
$200,000	$6.46	$6.46	$10.15	$15.69	$26.77	$39.69	$59.08	$96.92	$174.46
$205,000	$6.62	$6.62	$10.41	$16.09	$27.44	$40.69	$60.55	$99.35	$178.82
$210,000	$6.79	$6.79	$10.66	$16.48	$28.11	$41.68	$62.03	$101.77	$183.19
$215,000	$6.95	$6.95	$10.92	$16.87	$28.78	$42.67	$63.51	$104.19	$187.55
$220,000	$7.11	$7.11	$11.17	$17.26	$29.45	$43.66	$64.99	$106.62	$191.91

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$225,000	$7.27	$7.27	$11.42	$17.65	$30.12	$44.65	$66.46	$109.04	$196.27
$230,000	$7.43	$7.43	$11.68	$18.05	$30.79	$45.65	$67.94	$111.46	$200.63
$235,000	$7.59	$7.59	$11.93	$18.44	$31.45	$46.64	$69.42	$113.89	$204.99
$240,000	$7.75	$7.75	$12.19	$18.83	$32.12	$47.63	$70.89	$116.31	$209.35
$245,000	$7.92	$7.92	$12.44	$19.22	$32.79	$48.62	$72.37	$118.73	$213.72
$250,000	$8.08	$8.08	$12.69	$19.62	$33.46	$49.62	$73.85	$121.15	$218.08
Policy Election Amount									
Child(ren)									
$10,000	$0.67	$0.67	$0.67	$0.67	$0.67	$0.67	$0.67	$0.67	$0.67

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

‡**Spouse coverage premium is based on Employee age. Coverage for the spouse terminates at spouse's age 70.**

†Benefit reductions apply.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

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. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

Voluntary Life Only:

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. Late entrants and benefit increases require underwriting approval.

GP-1-R-LB-90, GP-1-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties er on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Enhanced AD&D: A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

This handout is for illustration purposes only and is an approximation, premium amounts may be amended.

Accidental Death and Dismemberment Life Cost Illustration:

AD&D coverage provides additional benefits following an accidental death or certain bodily injuries. Election amount will equal 1 times the election amount for Voluntary life election.

Employee Policy Election Amount	Bi-weekly Premiums displayed	Spouse Policy Election Amount	Bi-weekly Premiums displayed	Child(ren) Policy Election Amount	Bi-weekly Premiums displayed
$10,000	$0.15	$5,000	$0.07	$10,000	$0.15
$20,000	$0.30	$10,000	$0.15		
$30,000	$0.44	$15,000	$0.22		
$40,000	$0.59	$20,000	$0.30		
$50,000	$0.74	$25,000	$0.37		
$60,000	$0.89	$30,000	$0.44		
$70,000	$1.03	$35,000	$0.52		
$80,000	$1.18	$40,000	$0.59		
$90,000	$1.33	$45,000	$0.67		
$100,000	$1.48	$50,000	$0.74		
$110,000	$1.63	$55,000	$0.81		
$120,000	$1.77	$60,000	$0.89		
$130,000	$1.92	$65,000	$0.96		
$140,000	$2.07	$70,000	$1.03		
$150,000	$2.22	$75,000	$1.11		
$160,000	$2.36	$80,000	$1.18		
$170,000	$2.51	$85,000	$1.26		
$180,000	$2.66	$90,000	$1.33		
$190,000	$2.81	$95,000	$1.40		
$200,000	$2.95	$100,000	$1.48		
$210,000	$3.10	$105,000	$1.55		
$220,000	$3.25	$110,000	$1.63		
$230,000	$3.40	$115,000	$1.70		
$240,000	$3.55	$120,000	$1.77		
$250,000	$3.69	$125,000	$1.85		
$260,000	$3.84	$130,000	$1.92		
$270,000	$3.99	$135,000	$1.99		
$280,000	$4.14	$140,000	$2.07		
$290,000	$4.28	$145,000	$2.14		
$300,000	$4.43	$150,000	$2.22		
$310,000	$4.58	$155,000	$2.29		
$320,000	$4.73	$160,000	$2.36		
$330,000	$4.87	$165,000	$2.44		
$340,000	$5.02	$170,000	$2.51		
$350,000	$5.17	$175,000	$2.59		
$360,000	$5.32	$180,000	$2.66		
$370,000	$5.47	$185,000	$2.73		
$380,000	$5.61	$190,000	$2.81		
$390,000	$5.76	$195,000	$2.88		
$400,000	$5.91	$200,000	$2.95		
$410,000	$6.06	$205,000	$3.03		
$420,000	$6.20	$210,000	$3.10		
$430,000	$6.35	$215,000	$3.18		
$440,000	$6.50	$220,000	$3.25		
$450,000	$6.65	$225,000	$3.32		
$460,000	$6.79	$230,000	$3.40		
$470,000	$6.94	$235,000	$3.47		
$480,000	$7.09	$240,000	$3.55		
$490,000	$7.24	$245,000	$3.62		
$500,000	$7.39	$250,000	$3.69		

Benefit reductions apply.

Manage Your Benefits:	Need Assistance?
Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.	Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00514283

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR AD&D

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. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCL1-00 et al.

We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated.

The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Enhanced AD&D: A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within 365 days of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

This handout is for illustration purposes only and is an approximation, premium amounts may be amended.

WillPrep Services

Special bonus for participants in voluntary life plan

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

▪ Advanced Health Care Directives	▪ Financial Power of Attorney	▪ Wills and Living Wills
▪ Estate Taxes	▪ Guardianship and Conservatorship	▪ Resource Library
▪ Executors & Probate	▪ Healthcare Power of Attorney	▪ Trusts

For more information about WillPrep Services, go to www.ibhwillprep.com; User name: WillPrep; Password: GLIC09 or call 1-877-433-6789

*The Option of an attorney prepared will is available for a small fee.
WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of *WillPrep Services*. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the *WillPrep Services* at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

ADDITIONAL MATERIALS

WorkLifeMatters

Your Confidential Employee Assistance Program – Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- **Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055**
- **Referrals to local counselors — up to three sessions free of charge**
- **State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center**

WorkLifeMatters can offer help with:

Education
- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Dependent Care & Care Giving
- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Legal and financial
- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

Lifestyle & Fitness Management
- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Working Smarter
- Career development
- Effective managing
- Relocation

For more information about WorkLifeMatters, go to www.ibhworklife.com; User Name: Matters; Password: wlm70101

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GUARDIAN®

Guardian Life, P.O. Box 14319,
Lexington, KY 40512

Please print clearly and mark carefully.

Employer Name: **Roger Williams University**	Group Plan Number: **00514283**	Benefits Effective:_____

PLEASE CHECK APPROPRIATE BOX Initial Enrollment Re-Enrollment Add Employee/Dependents Drop/Refuse Coverage Information Change
Increase Amount Family Status Change

Class: 8- University Adjunct Faculty Union 9 Hrs Division:_____ Subtotal Code:_____ **(Please obtain this from your Employer)**

About You:

First, MI, Last Name:			Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___
Address	City	State	Zip
Gender: M F	Date of Birth (mm-dd-yy): ____ - ____ - ____	Phone: ( ) -	
Email Address:	Are you married or do you have a spouse? Yes No Do you have children or other dependents? Yes No	Date of marriage/union:____-____-_____ Placement date of adopted child: ____-____-_____	

About Your Job:

Hours worked per week: _____		Job Title:
Work Status: Active Retired Cobra/State Continuation	Date of full time hire: _____ - _____ - _____	Annual Salary: $_____

About Your Family: **Please include the names of the dependents you wish to enroll for coverage. 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 exception. 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.**

Spouse (First, MI, Last Name) Address/City/State/Zip: Phone: ( ) -		Gender M F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Child/Dependent 1: Address/City/State/Zip: Phone: ( ) -	Add Drop	Gender M F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Disabled Non standard dependent
Child/Dependent 2: Address/City/State/Zip: Phone: ( ) -	Add Drop	Gender M F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Disabled Non standard dependent

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER
DATE FORM PUBLISHED: Sep 01, 2015

Child/Dependent 3: Address/City/State/Zip: Phone: ( ) -	Add Drop	Gender M F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Disabled Non standard dependent
Child/Dependent 4: Address/City/State/Zip: Phone: ( ) -	Add Drop	Gender M F	Social Security Number _____ - _____ - _____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) Student (post high school) Disabled Non standard dependent

Basic Life Coverage:
Benefit reductions apply. Please see plan administrator.

Policy Amount
Employee Only
☑ $75,000
The Guarantee Issue Amount is $75,000.

Name your beneficiaries: (Primary beneficiary percentages must total 100%)

Primary Beneficiaries:

Name:_____ **Social Security Number:**___-___-____ %___

Date of Birth (mm-dd-yy):___-___-___ **Address/City/State/Zip:**_____

Phone: ( ) - **Relationship to Employee:**_____

Name:_____ **Social Security Number:**___-___-____ %___

Date of Birth (mm-dd-yy):___-___-___ **Address/City/State/Zip:**_____

Phone: ( ) - **Relationship to Employee:**_____

Contingent Beneficiary:_____ **Social Security Number:** ___-___-____

Date of Birth (mm-dd-yy):___-___-___ **Address/City/State/Zip:**_____

Phone: ( ) - **Relationship to Employee:**_____

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer maintains beneficiary information.)

If this Basic Life policy will replace your existing life insurance policy under your current employer, provide the amount of the previous policy $_____

Important Notes:

- Based on your plan benefits and age, you may be required to complete an evidence of insurability form for Basic Life.

Voluntary Term Life Coverage: **You must be enrolled to cover your dependents.** ***Benefit reductions apply. Please see plan administrator.***

Employee

Policy Amount ***Check one box only***

$10,000	$20,000	$30,000	$40,000	$50,000	$60,000
$70,000	$80,000	$90,000	**$100,000***	$110,000	$120,000
$130,000	$140,000	$150,000	$160,000	$170,000	$180,000
$190,000	$200,000	$210,000	$220,000	$230,000	$240,000
$250,000	$260,000	$270,000	$280,000	$290,000	$300,000
$310,000	$320,000	$330,000	$340,000	$350,000	$360,000
$370,000	$380,000	$390,000	$400,000	$410,000	$420,000
$430,000	$440,000	$450,000	$460,000	$470,000	$480,000
$490,000	$500,000				

**Guarantee Issue Amount*

I do not want this coverage

LIFE INSURANCE *continued*

***Add* Voluntary Life for Spouse**

Policy Amount

$5,000	$10,000	$15,000	$20,000	$25,000	**$30,000***
$35,000	$40,000	$45,000	$50,000	$55,000	$60,000
$65,000	$70,000	$75,000	$80,000	$85,000	$90,000
$95,000	$100,000	$105,000	$110,000	$115,000	$120,000
$125,000	$130,000	$135,000	$140,000	$145,000	$150,000
$155,000	$160,000	$165,000	$170,000	$175,000	$180,000
$185,000	$190,000	$195,000	$200,000	$205,000	$210,000
$215,000	$220,000	$225,000	$230,000	$235,000	$240,000
$245,000	$250,000				

**Guarantee Issue Amount*

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

I do not want this coverage

***Add* Voluntary Life for Dependent/Child(ren)**

Policy Amount

$10,000*

**Guarantee Issue Amount*

****The amount may not be more than 100% of the employee amount for Voluntary Life.***

I do not want this coverage

Add Voluntary AD&D

You must enroll for voluntary term life to be eligible for this coverage. Your elected amount of coverage will be 1 time(s) the coverage elected for voluntary life. You must be enrolled to cover your dependents.

Employee	Spouse	Child(ren)
I do not want this coverage	**I do not want this coverage**	**I do not want this coverage**

Important Notes:

- Based on your plan benefits and age, you may be required to complete an evidence of insurability form for Voluntary Life.

Name your beneficiaries: (Primary beneficiary percentages must total 100%) If electing different beneficiaries that are not the same as those named for Basic Life, please name below.

Primary Beneficiaries:

Name:_____ **Social Security Number:**___ ___ ___-___ ___-___ ___ ___ ___ %_____

Date of Birth (mm-dd-yy):____-____-____ **Address/City/State/Zip:**_____

Phone: ( ) - **Relationship to Employee:**_____

Name:_____ **Social Security Number:**___ ___ ___-___ ___-___ ___ ___ ___ %_____

Date of Birth (mm-dd-yy):____-____-____ **Address/City/State/Zip:**_____

Phone: ( ) - **Relationship to Employee:**_____

Contingent Beneficiary:_____ **Social Security Number:** ___ ___ ___-___ ___-___ ___ ___ ___

Date of Birth (mm-dd-yy):____-____-____ **Address/City/State/Zip:**_____

Phone: ( ) - **Relationship to Employee:**_____

(In the event the primary beneficiaries are deceased, the contingent beneficiary will receive the benefit. Employer maintains beneficiary information.)

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER

Signature

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

I understand that the premium amounts shown above are estimations and are for illustrative purposes only.

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 I must be actively at work or my elected coverage will not take effect until I have met the eligibility requirements (as defined in the benefit booklet.) This does not apply to eligible retirees.

If coverage is waived and you later decide to enroll, late entrant penalties may apply. You may also have to provide, at your own expense, proof of each person's insurability. Guardian or its designee has the right to reject your request.

Plan design limitations and exclusions may apply. For complete details of coverage, please refer to your benefit booklet. State limitations may apply.

Your coverage will not be effective until approved by a 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.

I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.

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

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, and may also be subject to civil penalties, or denial of insurance benefits.

The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

The laws of New York require the following statement appear: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

SIGNATURE OF EMPLOYEE X _____ **DATE** _____

Fraud Warning Statements

The laws of several states require the following statements to appear on the enrollment form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: The falsity of any statement in the application shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Iowa, Nebraska, and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with 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.

District of Columbia: 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.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

Kentucky: 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.

Louisiana and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

Maine, 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.

Maryland : Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or 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 or denial of insurance benefits.

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.

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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER