



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

Midwest Regional Office
PO Box 8012
Appleton WI 54912-8012

Northeast Regional Office
PO Box 26040
Lehigh Valley PA 18002-6040

Western Regional Office
PO Box 2461
Spokane WA 99210-2461

Actively at Work Statement

Please complete this form and submit with the Master Application, if there are employees not active at work. **Please complete in Ink.** Erasures and changes invalidate this form.

Guardian Issues policies with an Actively at Work provision.
Employees must be Actively at Work in order to be considered eligible for coverage under this plan; exceptions require written approval by underwriting. Actively at work means an employee must be performing the normal duties of his or her occupation and working his or her regular number of hours on regularly scheduled workdays. All employees NOT Actively at Work must be reported on this statement. You may exclude employees who are off from work due to vacation.

Planholder Name (Company Name)	Group Plan No.	Proposed Effective Date
--------------------------------	----------------	-------------------------

Employees who are NOT Actively at Work: The following employees will not be effective with Guardian on the proposed effective date unless approved by Underwriting

Name of Employee	Date of Birth	Date Last Worked	Reason for Absence	Anticipated Date to Return to Work	Insured with Prior Carrier for Life, CI, STD, and/or LTD?	Indicate if claimant approved with prior carrier for waiver of premium, CI, STD and/or LTD benefits	Annual Salary
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	\$
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	\$
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	\$
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	\$
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	\$
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	\$
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	\$
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI	\$

I hereby represent that the answers are, to the best of my knowledge and belief, full, complete and true. I understand they they will form the basis of any coverage under the Proposed Group Plan. Also, it is mutually understood and agreed that (1) the company will advise Guardian if the status on any employee(s) changes between the signature date below and the proposed effective date. (2) The rates, terms and conditions may vary if the actual data differs from data submitted. Underwriting approval is needed.

Signature of Employer X	Title	Date
--------------------------------	--------------	-------------

Please retain a photocopy for your records and submit this form to Guardian.



0004000000000159926468-01



Guardian Anytime Website
Pre-Registration Form &
Consent to Delivery of Electronic Materials

Use this form to pre-register for the Guardian Anytime Benefits Administration Website. Pre-registration enables you to receive your first bill online and begin using the site to administer your benefits as soon as your plan information has been loaded into Guardian systems.

PLAN INFORMATION

Company Name _____

Group Number _____ Effective Date _____

Division Number(s): All: [] Only Division Numbers: _____

Do you authorize your broker to complete changes on Guardian Anytime? [] yes [] no

If yes, please indicate broker name: _____

* Please be aware that Guardian needs to be notified when this authorization is revoked.

PLAN ADMINISTRATOR(S) AUTHORIZED TO ADD, VIEW OR CHANGE ALL INFORMATION VIA GUARDIAN ANYTIME

Each individual pre-registered by Guardian will receive an e-mail with instructions on how to complete the registration process and access the Guardian Anytime website once your plan information is available.

Table with 3 columns: Administrator(s) Names, Telephone Number(s), Email Address(es) ~Please print clearly~

GENERAL CONSENT TO ELECTRONIC DELIVERY OF PLAN MATERIALS

Guardian will make all plan materials and related documents available to you online at: www.GuardianAnytime.com

By signing below, you affirm that you are an authorized representative of the above referenced Group. Further, you acknowledge your consent to receiving electronic versions of Guardian plan materials and related documents, in lieu of paper copies, to the extent permitted by applicable law.

Name and Title of Authorized Representative

Signature, Authorized Representative