

374832



LAS VEGAS POLICE PROTECTIVE ASSOCIATION, CIVILIAN EMPLOYEES Benefits Plan

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.

- Dental
- Vision
- Life

Find a Provider Online. It's easy.

- Search by: specialty, languages spoken, and more
- Side-by-side comparisons of provider information
- Get maps and driving direction
- Save your search criteria for easy access ...and much more

Go to www.GuardianAnytime.com. Click on "Find a Provider"

Questions? Concerns?

Helpline (888) 600-1600

*Call weekdays, 7:00AM to 8:30PM, EST. And refer
to your plan number: 374832*

- Review your benefits
- Complete your enrollment form, if applicable
- Sign and return form to your plan administrator

Welcome

**Dear LAS VEGAS POLICE PROTECTIVE ASSOCIATION,
CIVILIAN EMPLOYEES Employee,**

We're pleased to tell you that Guardian will be our coverage provider this year. We have chosen Guardian because of its competitive rates, excellent service reputation, and extensive plan designs.

We have worked hard to negotiate group rates that will be affordable for all employees. All coverage is paid through payroll deduction.

**LAS VEGAS POLICE PROTECTIVE ASSOCIATION,
CIVILIAN EMPLOYEES**

UNDERSTAND YOUR COVERAGE:

Plan Details This booklet explains your basic plan options. Your detailed certificate of benefits will be provided to you after you enroll.

Go online Learn more about your plans at www.guardianlife.com.

Call the Helpline Questions answered at (888) 600-1600.

Ask your plan administrator Change your plan by contacting your plan administrator.

Why Dental Insurance?

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Dental insurance will keep these visits affordable and is a cost-effective way to minimize health care costs for you and your family. The American Dental Hygienists' Association estimates that for every \$1 spent on prevention or oral health care, as much as \$8 to \$50 is saved on future emergency and restorative procedures. Using your dental insurance for regular dental check ups can improve your health by helping you:

- 1) Prevent Oral Cancer:** According to The Oral Cancer Foundation, someone dies from oral cancer every hour of every day in the United States alone. When you have your dental cleaning, your dentist is also screening you for oral cancer, which is highly curable if diagnosed early.
- 2) Prevent Gum Disease:** Gum disease is an infection in the gum tissues and bone that keep your teeth in place and is one of the leading causes of adult tooth loss. If diagnosed early, it can be treated and reversed. If treatment is not received, a more serious and advanced stage of gum disease may follow. Regular dental cleanings and check ups, flossing daily and brushing twice a day are key factors in preventing gum disease.
- 3) Help Maintain Good Physical Health:** Recent studies have linked heart attacks and strokes to gum disease, resulting from poor oral hygiene. A dental cleaning every six months helps to keep your teeth and gums healthy and could possibly reduce your risk of heart disease and strokes, as well as many other serious conditions.
- 4) Keep Your Teeth:** Since gum disease is one of the leading causes of tooth loss in adults, regular dental check ups and cleanings, brushing and flossing are vital to keeping as many teeth as you can. Keeping your teeth means better chewing function and ultimately, better health.
- 5) Prevent the Need for Advanced Treatment:** Your dentist and hygienist will be able to detect any early signs of problems with your teeth or gums that can be easily treatable. If these problems go untreated, root canals, gum surgery and removal of teeth could become the only treatment options available.
- 6) Have a Bright and White Smile:** Your dental hygienist can remove most tobacco, coffee and tea stains. During your cleaning, your hygienist will also polish your teeth to a beautiful shine.
- 7) Protect your children's health:** Tooth decay is the most common chronic childhood disease, five times more common than asthma and results in a loss of 51 million school hours each year. Regular check ups can help prevent tooth decay in your children.

Sources: www.about.com, *American Academy of Pediatrics*

Dental Plans

With your **TIED TO VISION** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist.

Your Dental Plan	TIED TO VISION	
Network	DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	None
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-Network</i>
Preventive Care	100%	100%
Basic Care	80%	50%
Major Care	80%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$2000	\$2000
Lifetime Orthodontia Maximum	\$3000	
Dependent Age Limits	26	

YOUR GUARDIAN PLAN OFFERS:

Orthodontia coverage for children

Great selection of dentists convenient to you - yours is likely in our network!

Reliable claims payment four days on average

Find out if your dentist is in Guardian's network at www.GuardianAnytime.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

PLAN DETAILS

TIED TO VISION

Plan pays (on average)

	<i>In-network</i>	<i>Out-of-network</i>
Anesthesia*	80%	50%
Bridges and Dentures	80%	50%
Cleaning (prophylaxis)	100%	100%
Frequency	Once Every 6 Months	
Fillings‡	80%	50%
Fluoride Treatments	100%	100%
Limits	Under Age 14	
Inlays, Onlays, Veneers**	80%	50%
Oral Exams	100%	100%
Orthodontia	50%	50%
Limits	Child(ren)	
Perio Surgery	80%	50%
Periodontal Maintenance	80%	50%
Frequency	Once Every 6 Months (Standard)	
Repair & Maintenance of Crowns, Bridges & Dentures	80%	50%
Root Canal	80%	50%
Scaling & Root Planing (per quadrant)	80%	50%
Sealants (per tooth)	100%	100%
Simple Extractions	80%	50%
Single Crowns	80%	50%
Surgical Extractions	80%	50%
X-rays	100%	100%

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia - restrictions apply. ‡For PPO and or Indemnity members, Fillings- restrictions may apply to composite fillings.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not

constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

- **For PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3 – DG2000

UNDERSTANDING YOUR BENEFITS—DENTAL

Basic care	Moderately complex dental services. Most plans consider fillings and extractions to be basic care.
Co-insurance	The portion of the covered charge paid by Guardian.
Claims Payment Basis	TIED TO VISION In-Network: You receive regular contracted savings, paid at a higher co-insurance level; with no balance billing. Out-of-Network: Charges will be paid for only up to the maximum fee level established with our contracted network dentists; any amount that is charged over the fee schedule is the responsibility of the patient.
Deductible	The amount of charges you and your family must pay each plan year before the plan pays you any benefits.
Family limit	Maximum number of deductibles your family must pay in each plan year before this plan starts paying benefits for all covered family members for the rest of the plan year.
In-network charges	Charges for services provided by dentists who are a member of your plan's network.
Major care	More complex dental services. Most plans consider crowns and dentures to be major care.
Out-of-network charges	Charges for services provided by dentists who are not members of your plan's network.
Plan year	The 12 month period used to apply this plan's deductible and annual maximum. Your plan's plan year is the calendar year.
PPO (Preferred Provider Organization)	Plan that lets you visit any dentist, but usually provides better benefits for the services of PPO network dentists. PPO dentists have agreed to accept discounted fees as payment in full.
Pre-determination Review	Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over \$300. Have your dentist fax your treatment plan to Guardian, note that it is a pre-determination review and we will let your dentist know what benefits would be payable. This includes orthodontic treatment if your plan includes it. Pre-determination applies to PPO and Indemnity plans only.
Preventive care	Most routine dental services. Most plans consider checkups and cleanings to be preventive care.

Good News! Your Dental Plan Is Even Better Than You Think

Savings on in-Network providers average 30% of what dentists usually charge!

In-network: You receive regular contracted savings, paid at a higher co-insurance level; with no balance billing.

Out-of-network: Charges will be paid for only up to the maximum fee level established with our contracted network dentists; any amount that is charged over the fee schedule is the responsibility of the patient.

Split Value Plan Example:

Network vs. Non-Network Savings*			
Difference in your out-of-pocket expense: \$369			
Benefits for a Root Canal (on a molar)			
Network Care		Non-Network Care	
Typical network dentist fee:	\$665	Average non-network dentist fee:	\$968
Plan Pays:	\$532**	Plan Pays:	\$466**
You Pay:	\$133	You Pay:	\$502
*Savings may be greater or less depending on your dentist's location			
** Assumes service is covered at a 70% and an 80% co-insurance level for non-network and network care respectively.			

More Reasons to Use Network Care

- One of the industry's largest Preferred Provider networks – highly skilled dental professionals at over 128,000 locations.
- Network dentists are easy to locate. Simply use the On-Line DentalGuard Provider Directory at www.GuardianLife.com or call the number on the back of your ID card. If your provider does not participate, Guardian's convenient dentist referral program can help add them to the network!
- No claim forms to complete. Just present your new DentalGuard Preferred Network ID card to the provider.

DentalGuard General Limitations and Exclusions: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments, any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

Finding a dentist or vision care provider is easy

Go online – it just takes minutes!

The best way to save money through your dental or vision plan is by seeing a provider in your plan's network. Guardian's Find a Provider site makes it easy for you to search for a dental or vision provider meets your needs.

Guardian's Find a Provider site is available to you 24 hours a day, 7 days a week.

Here are just a few things you can do online:

- Customize your search by specialty, languages spoken and more
- Get side-by-side comparisons of provider information (ie. office status, distance)
- Create a quick-list of "favorite" providers — for easy reference online
- Get maps and directions to a providers office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit the site
- Create a customized provider directory
- Nominate a dentist to be included in a network

Just go to www.GuardianAnytime.com and click on "Find a Provider". You can also find a provider on the go from your smart phone – simply download our app.

DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that my name may be used when contacting my dentist to inform him/her of my desire for them to join the network. For more information, visit us online at www.GuardianLife.com.

DATE: _____

Employer: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

DENTIST INFO

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Specialty: _____

Please submit completed form to:

Guardian
DentalGuard Preferred
P.O. Box 2465
Spokane, WA 99210-9817
or FAX to: 509-468-6550





GUARDIAN[®]

It's easy to use your Guardian Dental Benefits

Your dental benefits are designed to save you money and protect your health. Guardian is committed to making it as easy as possible for you to use and understand your dental benefits, with customer service you can depend on. Whether online or over the phone – we are there for you!

www.GuardianAnytime.com



Offering instant access to your Guardian Benefits information

Your Group ID number required to register



Find an in-network dentist
–the best way to save on dental care!

- Simply click on **Find a Provider** and select **PPO**
- Follow the easy steps to search

App available for both iPhone and Android smartphones




Download the App at www.GuardianAnytime.com/mobile



View/print your ID card
No need for an ID card to use your Guardian dental benefits. Simply provide your Group ID number to your dental office at the first visit. However, if you'd like to print out a copy of your ID card, visit the Forms and Materials section of Guardian Anytime – it's fast and easy.

ID CARD OPTIONAL

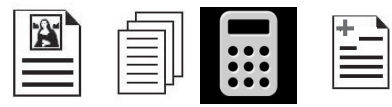


BUT NOT REQUIRED



Access to an array of tools
Guardian Anytime includes easy to use tools to help understand the value of your benefits. This includes educational articles and the dental cost estimator tool.

Articles Forms Tools Claims



**CUSTOMER
RESPONSE UNIT**

800-541-7846
Monday – Friday
8:00 AM to 8:30 PM Eastern Time

Speak to a live representative about your benefits, claims inquiries or help using the Guardian Anytime web site.

College Tuition Services

Special reward for participants enrolled in the Dental plan

Your employer has worked with Guardian to make College Tuition Benefit services available to eligible members enrolled in a Dental plan. Welcome to the College Tuition Benefits Rewards program! You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at SAGE Scholar Consortium of colleges.

You can use your College Tuition Benefits Rewards at over 340 private colleges and universities across the nation. 80% of SAGE colleges have received an "America's Best" ranking by US News and World Reports. Here is how the service works

- You will receive 2,000 rewards for each year you have Guardian Dental Plan benefits
- Each Tuition Reward point equals a \$1 tuition reduction
- Tuition Rewards can be given to your relatives including children, nephews, nieces, and grandchildren

To learn more about the program and how to get started, go to: www.Guardian.CollegeTuitionBenefit.com to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly at 215-839-0119.

Register Today!

Guardian's Group Dental Insurance is underwritten by The Guardian Life Insurance Company of America (Guardian) or its subsidiaries. The Tuition Rewards program is provided by College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian. #2014-15077 Exp. 12/16.

(Print and cut out ID Card)

College Tuition Benefits Rewards – ID Card

Register@

www.Guardian.CollegeTuitionBenefit.com

User ID: Is your Guardian Dental Plan Number that can be found on your Dental ID Card

Password: Guardian

f
o
l
d

The College Tuition Benefit

150 E. Swedesford Road, Suite 100

Wayne, PA 19087

Phone: (215) 839-0119

Fax: (215) 392-3255

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Why Vision Insurance?

Eye care is health care. The health of your eyes is an indicator of your overall health, so it's important to have regular eye exams to detect diseases like glaucoma, diabetes, and blindness. Eye exams are also important for children, since good vision is closely linked to doing well in school. So, make sure you and your family visit your vision provider regularly. Vision insurance is a wellness benefit that can keep these important visits affordable by helping to defray costs of eye exams, eyewear, and other vision services.

There are many reasons why seeing an eyecare provider can help improve your health and way of life:

- 1) Early detection:** With regular eye exams, your eyecare professional can detect problems early and prescribe proper treatments to delay or prevent vision loss.
- 2) Fight disease:** Regular eye exams routinely detect early onset of glaucoma and diabetes, among other medical conditions. Left untreated, these diseases can have a devastating effect. Early intervention can result in reducing health concerns and financial impact.
- 3) Protect children's health and development:** Eye exams can play an important role in your child's growth because vision is closely linked to the learning process. Children who have trouble seeing or interpreting what they see will often have trouble with their schoolwork.
- 4) Keep your sight:** Blindness or low vision affects 3.3 million Americans age 40 and over. Researchers predict that figure will reach 5.5 million by 2020.

Source: Study conducted by the Eye Disease Prevalence Research Group and sponsored by the National Eye Institute, 2006

Vision Plans

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

Your Vision Plan	TIED TO DENTAL
Network	VSP Network Signature Plan
Copay	
Copay (applies to first service provided; exams or materials)	\$ 10
Service Frequencies	
Exams	Every 12 months
Lenses (<i>for glasses or contact lenses</i>) ##	Every 12 months
Frames	Every 12 months
Network discounts (cosmetic extras, glasses and contact lens professional service)	Limitless within 12 months of exam.
Dependent Age Limits	26

~~##~~Benefit includes coverage for glasses or contact lenses, not both.

YOUR GUARDIAN PLAN OFFERS:

Reduced prices An average 15% to 30% discount off an extensive list of "cosmetic extras", including special lenses and scratch-resistant coatings.

No claims submission for in-network services and supplies.

Did you know?

"Two-thirds of employees would rather trade a vacation day for eyecare benefits." – Bests Review, 2006

PLAN DETAILS

TIED TO DENTAL

You pay (after copay if applicable):

	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$46
Single Vision Lenses	\$0	Amount over \$47
Lined Bifocal Lenses	\$0	Amount over \$66
Lined Trifocal Lenses	\$0	Amount over \$85
Lenticular Lenses	\$0	Amount over \$125
Frames	80% of amount over \$115	Amount over \$47
Contact Lenses (<i>Elective</i>)	Amount over \$120	Amount over \$120
Contact Lenses (<i>Medically Necessary</i>)	\$0	Amount over \$210
Contact Lenses (<i>Evaluation and fitting</i>)	15% off UCR	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts
Glasses (<i>Additional pair of frames and lenses</i>)	20% off retail price [^]	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

[^] *For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.*

For VSP, only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.

UNDERSTANDING YOUR BENEFITS—VISION

Bifocal Lenses	Lens with two focal lengths, one for distance and one for near. Usually the distance correction is on top and the correction for near is on the bottom.
Contact Lens	A thin, bowl shaped lens worn on the surface of the eye to correct refractive error.
Contact Lenses (Elective)	Contact Lenses not required for the visual welfare of the patient. This is an optical choice over eyeglasses.
Contact Lenses (Evaluation & fitting)	Provided in addition to the routine eye exam for ensuring proper fit of contacts and evaluating vision with the contacts. Includes prescription, fitting, evaluation, modification and/or dispensing of contact lenses.
Contact Lenses (Medically necessary)	Medically necessary contacts are prescribed by a doctor as required for certain medical conditions that prevent you from wearing eyeglasses. Medically necessary contacts must be pre-approved.
Cosmetic Extras	A lens style, coating, or feature that enhances the appearance or functionality of a lens but is not required to meet the patient's visual needs. Also referred to as Cosmetic Options or Lens Coatings.
Eye Exams	Exam by an eye care practitioner, includes refractive and dilatation testing. Does not include evaluation for contact lenses.
Multifocal Lens	Eyeglass lens incorporating two or more different powers, usually three (trifocal).
In-network charges	Negotiated discounted fees charged by network providers.
Out-of-network charges	Fees charged by providers who are not part of the network. These fees are often higher than in-network charges.
Network Discounts	Discounts on non-covered services and materials that offer added value and savings to members.
PPO (Preferred Provider Organization)	Network of vision providers who have agreed to accept discounted fees from our members as payment in full.
Service frequency	Indicates when you will be eligible again for an exam or materials. These are based on the last date you received an exam or materials.
Single Vision Lens	Lens with one power, as opposed to bifocals, trifocals, quadrifocals or multifocals.

EXCLUSIONS AND LIMITATIONS:

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery:

- On average, 15% off the usual charge or 5% off promotional price for vision laser surgery. Members' out-of-pocket costs are limited to \$1,800 per eye for LASIK and \$1,500 per eye for PRK.
- Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Life Plans

Basic Life Your employer provides \$30,000 Basic Term Life coverage for all full time employees. Your Basic Life coverage includes Accidental Death and Dismemberment coverage equal to one times the employee's life benefits to a maximum of \$30,000.

UNDERSTANDING YOUR BENEFITS (some information may vary by state)

Accidental Death and Dismemberment	Provides additional protection in the event of accidental death. Also covers loss of limb or eye due to accident.
Benefit reductions	For Basic Life, a decrease in the coverage amount based on age, 50% at age 70.
Guarantee Issue	The 'guarantee' means the applicant (employee, spouse or child) is not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period. (For Basic Life, amounts may vary for future entrants age 70 and over. See your Plan Administrator for details.)
Portability with Evidence of Insurability	Allows employees to continue coverage for themselves and their dependents upon termination of employment (for reasons other than injury or illness) by converting their group life policy to a group portability trust policy subject to certain restrictions and Evidence of Insurability and provided you have been insured at least three months.
Waiver of premium	Allows you to stop making premium payments if you become totally disabled before age 60. Waiver applies until age 65.

EXCLUSIONS AND LIMITATIONS:

Subject to coverage limits

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. 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.

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 policy booklet for full plan description.

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR AD&D




We pay no Accidental Death and Dismemberment (AD&D) benefits for an insured where death or dismemberment occurs: As the result of a disease or a bodily infirmity; By declared or undeclared war or act of war or armed aggression, or while a member of any armed force. May vary by state; Through intentional self-injury; While driving without a valid driver's license; While legally intoxicated; While participating in civil disorder or committing a felony; Traveling on any type of aircraft while having any duties on that aircraft; While voluntarily using a non-prescription controlled substance. GP-1-R-ADCL1-00 et al.

ADDITIONAL MATERIALS

Guardian's Discounts & Savings Program For Guardian Members

As a valued Guardian customer, you and your family have access to significant savings on a range of goods and services. From home office supplies to flowers, Guardian members can save on things you use daily.

Below are the companies that participate in Guardian's Discounts & Savings Program. Refer to the easy-reference chart for instructions on how to access your discounts. Stay tuned for updates – we'll be providing additional discounts throughout the year.

		
<p>Ear Professionals International Corporation (EPIC) is a credentialed national network of ear physicians and audiologists practicing within a hearing care preferred provider organization (PPO). As a Guardian customer, you and your family can access a complete program for hearing care, including coordination with your insurance benefits and toll-free customer support.</p>	<p>Office Max is a leader in both retail and business-to-business office products, including office supplies, paper, technology products and services, and furniture.</p>	<p>1-800 Flowers provides customers around the world with a wide assortment of beautiful flowers (fresh from growers or florist designed) plus plants, delicious gourmet snacks and treats, extraordinary gift baskets, cuddly plush pals and unique giftware to treasure! Life's everyday celebrations are easy at 1-800-FLOWERS.com</p>
<p>Your Guardian member discounts¹:</p>	<p>Your Guardian member discounts¹:</p>	<p>Your Guardian member discounts¹:</p>
<ul style="list-style-type: none"> ○ Up to 50% off on testing, diagnostics and batteries not covered by major medical insurance ○ Between 35%-65% off on name-brand hearing aids and products to protect and improve your hearing. ○ Parents and parents-in-law are also eligible for these hearing discounts! 	<ul style="list-style-type: none"> ○ 25% – 80% off many products (actual discount will vary on item). Certain exclusions apply.² 	<ul style="list-style-type: none"> ○ 15% discount on merchandise

Log on to www.GuardianAnytime.com to access your Guardian discounts

¹ Discount currently not available to members of companies based in New York, Kansas, Washington or Texas.

² Exclusions include items such as toners, electronics, machines and equipment.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective: 9/23/2013

This Notice of Privacy Practices describes how Guardian and its subsidiaries may use and disclose your Protected Health Information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law.

Guardian is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices concerning PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. If we make material changes to our privacy practices, copies of revised notices will be made available on request and circulated as required by law. Copies of our current Notice may be obtained by contacting Guardian (using the information supplied below), or on our Web site at: www.GuardianLife.com/PrivacyPolicy

What is Protected Health Information (PHI):

PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. PHI refers particularly to information acquired or maintained by us as a result of your having health coverage (including medical, dental, vision and LTC coverage).

In What Ways may Guardian Use and Disclose your Protected Health Information (PHI):

Guardian has the right to use or disclose your PHI without your written authorization to assist in your treatment, to facilitate payment and for health care operations purposes. There are certain circumstances where we are required by law to use or disclose your PHI. And there are other purposes, listed below, where we are permitted to use or disclose your PHI without further authorization from you. Please note that examples are provided for illustrative purposes only and are not intended to indicate every use or disclosure that may be made for a particular purpose.

Guardian has the right to use or disclose your PHI for the following purposes:

Treatment. Guardian may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to supply information about alternative treatments.

Payment. Guardian may use and disclose your PHI in order to pay for the services and resources you may receive. For example, we may disclose your PHI for payment purposes to a health care provider or a health plan. Such purposes may include: ascertaining your range of benefits; certifying that you received treatment; requesting details regarding your treatment to determine if your benefits will cover, or pay for, your treatment.

Health Care Operations. Guardian may use and disclose your PHI to perform health care operations. For example, we may use your PHI for underwriting and premium rating purposes.

Appointment Reminders. Guardian may use and disclose your PHI to contact you and remind you of appointments.

Health Related Benefits and Services. Guardian may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

Plan Sponsors. Guardian may use or disclose PHI to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan may contact us regarding benefits, service or coverage issues. We may also disclose summary health information about the enrollees in your group health plan to the plan sponsor so that the sponsor can obtain premium bids for health insurance coverage, or to decide whether to modify, amend or terminate your group health plan.

Guardian is required to use or disclose your PHI:

- To you or your personal representative (someone with the legal right to act for you);
- To the Secretary of the Department of Health and Human Services, when conducting a compliance investigation, review or enforcement action; and
- Where otherwise required by law.

Guardian is Required to Notify You of any Breaches of Your PHI.

Although Guardian takes reasonable, industry-standard measures to protect your PHI, should a breach occur, Guardian is required by law to notify affected individuals. A breach means the acquisition, access, use, or disclosure of PHI in a manner not permitted by law that compromises the security or privacy of the PHI.

Other Uses and Disclosures.

Guardian may also use and disclose your PHI for the following purposes without your authorization:

- We may disclose your PHI to persons involved in your care, such as a family member or close personal friend, when you are incapacitated, during an emergency or when permitted by law.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI to a government oversight agency authorized by law to conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for organ or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to comply with workers' compensation and other similar programs.
- We may disclose your PHI to third party business associates that perform services for us, or on our behalf (e.g. vendors).
- Guardian may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to authorized federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations authorized by law.
- We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official (e.g., for the institution to provide you with health care services, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals).
- We may disclose your PHI to your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Your Rights with Regard to Your Protected Health Information (PHI):

Your Authorization for Other Uses and Disclosures. Other than for the purposes described above, or as otherwise permitted by law, Guardian must obtain your written authorization to use or disclosure your PHI. You have the right to revoke that authorization in writing except to the extent that: (i) we have taken action in reliance upon the authorization prior to your written revocation, (ii) you were required to give us your authorization as a condition of obtaining coverage, or (iii) and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Under federal and state law, certain kinds of PHI will require enhanced privacy protections. These forms of PHI include information pertaining to:

- HIV/AIDS testing, diagnosis or treatment
- Venereal and /or communicable Disease(s)
- Genetic Testing
- Alcohol and drug abuse prevention, treatment and referral
- Psychotherapy notes

We will only disclose these types of delineated information when permitted or required by law or upon your prior written authorization.

Your Right to an Accounting of Disclosures. An ‘accounting of disclosures’ is a list of the disclosures we have made, if any, of your PHI. You have the right to receive an accounting of certain disclosures of your PHI that were made by us. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

We ask that you submit your request in writing. Your request must state a requested time period not more than six years prior to the date when you make your request. Your request should indicate in what form you want the list (e.g., paper, electronically).

Your Right to Obtain a Paper Copy of This Notice. You have a right to request a paper copy of this notice even if you have previously agreed to accept this notice electronically.

Your Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the U.S. Secretary of Health and Human Services. If you wish to file a complaint with Guardian, you may do so using the contact information below. You will not be penalized for filing a complaint.

Any exercise of the Rights designated below must be submitted to the Guardian in writing. Guardian may charge for reasonable costs associated with complying with your requests; in such a case, we will notify you of the cost involved and provide you the opportunity to modify your request before any costs are incurred.

Your Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a restriction on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

Guardian is not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit Guardian's use, disclosure or both; and (c) to whom you want the limits to apply.

Your Right to Request Confidential Communications. You have the right to request that Guardian communicate with you about your PHI be in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We are required to accommodate all reasonable requests made in writing, when such requests clearly state that your life could be endangered by the disclosure of all or part of your PHI.

Your Right to Amend Your PHI If you feel that any PHI about you, which is maintained by Guardian, is inaccurate or incomplete, you have the right to request that such PHI be amended or corrected. Within your written request, you must provide a reason in support of your request. Guardian reserves the right to deny your request if: (i) the PHI was not created by Guardian, unless the person or entity that created the information is no longer available to amend it (ii) if we do not maintain the PHI at issue (iii) if you would not be permitted to inspect and copy the PHI at issue or (iv) if the PHI we maintain about you is accurate and complete. If we deny your request, you may submit a written statement of your disagreement to us, and we will record it with your health information.

Your Right to Access to Your PHI. You have the right to inspect and obtain a copy of your PHI that we maintain in designated record sets. Under certain circumstances, we may deny your request to inspect and copy your PHI. In an instance where you are denied access and have a right to have that determination reviewed, a licensed health care professional chosen by Guardian will review your request and the denial. The person conducting the review will not be the person who denied your request. Guardian promises to comply with the outcome of the review.

How to Contact Us:

If you have any questions about this Notice or need further information about matters covered in this Notice, please call the toll-free number on the back of your Guardian ID card. If you are a broker please call 800-627-4200. All others please contact us at 800-541-7846. You can also write to us with your questions, or to exercise any of your rights, at the address below:

Attention: Guardian Corporate Privacy Officer
National Operations

Address: The Guardian Life Insurance Company of America
Group Quality Assurance - Northeast
P.O. Box 2457
Spokane, WA 99210-2457



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

Please print clearly and mark carefully.

Employer Name: LAS VEGAS POLICE PROTECTIVE ASSOCIATION, CIVILIAN EMPLOYEES	Group Plan Number: 374832	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Re-Enrollment <input type="checkbox"/> Add Employee/Dependents <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change		
<input type="checkbox"/> Increase Amount <input type="checkbox"/> Family Status Change		

Class: Eligible Employees Division: _____ Subtotal Code: _____ **(Please obtain this from your Employer)**

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

About Your Job:	Hours worked per week: _____	Job Title: _____
Work Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> 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/domestic partner (First, MI, Last Name)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____	Date of Birth (mm-dd-yyyy) ____ - ____ - ____
Address/City/State/Zip:			
Phone: () - -			
Child/Dependent 1:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____
Address/City/State/Zip:			Date of Birth (mm-dd-yyyy) ____ - ____ - ____
Phone: () - -			Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 2:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____ - _____ - _____
Address/City/State/Zip:			Date of Birth (mm-dd-yyyy) ____ - ____ - ____
Phone: () - -			Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent

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

Drop Coverage: <input type="checkbox"/> Drop Employee <input type="checkbox"/> Drop Dependents The date of withdrawal cannot be prior to the date this form is completed and signed. Last Day of Coverage: ____ - ____ - ____ <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Retirement Last Day Worked: ____ - ____ - ____ <input type="checkbox"/> Other Event: _____ Date of Event: ____ - ____ - ____	Coverage Being Dropped: <input type="checkbox"/> Dental <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Child(ren) <input type="checkbox"/> Vision <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Child(ren) <input type="checkbox"/> Basic Life
Loss Of Other Coverage: I and/or my dependents were previously covered under <u>another insurance plan</u> . Loss of coverage was due to: <input type="checkbox"/> Termination of Employment: ____ - ____ - ____ <input type="checkbox"/> Divorce ____ - ____ - ____ <input type="checkbox"/> Death of Spouse/domestic partner ____ - ____ - ____ <input type="checkbox"/> Termination/Expiration of Coverage ____ - ____ - ____ Coverage Lost <input type="checkbox"/> Dental <input type="checkbox"/> Vision	I have been offered the above coverage(s) and wish to drop enrollment for the following reasons: <input type="checkbox"/> Covered under another insurance plan <input type="checkbox"/> Other _____ (additional information may be required)

Dental Tied to Vision Coverage: You must be enrolled to cover your dependents.

When electing Dental coverage for yourself and/or your dependents you also receive Vision Coverage.

	Employee Only	EE & Spouse /domestic partner	EE & Dependent/Child(ren)	EE, Spouse/domestic partner & Dependent/Child(ren)
Dental Coverage: Check only one box.				
TIED TO VISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Coverage: Check only one box.				
TIED TO DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I do not want this coverage. If you do not want this Coverage, please mark all that apply:

<input type="checkbox"/> I am covered under another	Dental plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> My spouse/domestic partner is covered under another	Dental plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> My dependents are covered under another	Dental plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Basic Life Coverage with Accidental Death and Dismemberment (AD&D):*Benefit reductions apply. Please see plan administrator.***Policy Amount**

Employee Only

 \$30,000**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.

Signature

- An employee's decision to elect Vision or not elect Vision must be retained until the next plan's Open Enrollment period. If the employee elects not to enroll in vision coverage, they are not eligible to enroll until the plan's next Open Enrollment period.
- 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 two or more Activities of Daily Living. Activities of Daily Living means the ability to perform the following with or without equipment or adaptive devices; bathing (wash in a tub or shower; or take a sponge bath; and towel dry), dressing (put on and take off all clothes; and those medically necessary braces or prosthetic limbs usually worn; and fasten or unfasten them), toileting (get to and from and on and off the toilet; to maintain personal hygiene; and care for clothes), transferring (move in and out of a chair or bed), continence (control bowel and bladder function; or, in the event of incontinence, maintain personal hygiene), and eating (get food into the body by any means once it has been prepared and made available.)
- 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 hereto, 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 _____

Enrollment Kit 374832, 0001, EN

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 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 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.

