Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you’ll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn’t just aesthetic, it’s also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.

You will receive these benefits if you meet the conditions listed in the policy.

Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It’s also essential for a range of other health and wellbeing reasons:

- **Cardiovascular disease:** Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.
- **Osteoporosis:** Weak and brittle bones may be linked to tooth loss.
- **Diabetes:** Research shows that people with gum disease find it more difficult to control their blood sugar levels.
- **Alzheimer’s disease:** Tooth loss before the age of 35 may be a risk factor for Alzheimer’s disease.

Your dental coverage

Option 1: Managed Dental Care plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist’s zip code.

Your Dental Plan | Option 1: Managed Dental Care | Option 2: PPO
---|---|---
Your Network is | First Commonwealth | DentalGuard Preferred
Your Monthly premium | $19.81 | $47.34
You and 1 dependent (Spouse or Child) | $38.52 | $88.16
You, Spouse and Child(ren) | $50.77 | $138.86
Calendar year deductible
Individual | No deductible | In-Network $50 Out-of-Network $75
Family limit | Preventive 3 per family
Waived for | Preventive
Charges covered for you (co-insurance)
Preventive Care | Network only In-Network 100% Out-of-Network 80%
Basic Care | covered procedure. See Preventive 80% 80%
Major Care | “Plan Details”, for 50% 50%
Orthodontia | more information. Not Covered (applies to all levels)
Annual Maximum Benefit | $1000 | $1000
Lifetime Orthodontia Maximum | Not Applicable | Not Applicable
Office visit copay | $5 | None
Dependent Age Limits (Non-Student/Student) | 26/30 ‡ | 26/30 ‡

‡Family coverage for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.
# Your dental coverage

## A Sample of Services Covered by Your Plan:

<table>
<thead>
<tr>
<th></th>
<th>Option 1: Managed Dental Care</th>
<th>Option 2: PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan Pays (on average)</td>
<td>Plan pays (on average)</td>
</tr>
<tr>
<td></td>
<td>Network only</td>
<td>In-network</td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Cleaning (prophylaxis)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Frequency:</td>
<td>Once every 6 months</td>
<td>Once Every 6 Months</td>
</tr>
<tr>
<td>Fluoride Treatments</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Limits:</td>
<td>No Age Limits</td>
<td>Under Age 19</td>
</tr>
<tr>
<td>Oral Exams</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td>Basic Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings‡</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Frequency:</td>
<td>Once every 6 months</td>
<td>Once Every 6 Months</td>
</tr>
<tr>
<td></td>
<td>(Standard)</td>
<td></td>
</tr>
<tr>
<td>X-rays</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td>Major Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia*</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Bridges and Dentures</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Inlays, Onlays, Veneers**</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Perio Surgery</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Repair &amp; Maintenance of Crowns, Bridges &amp; Dentures</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Root Canal</td>
<td>50-80%</td>
<td>50%</td>
</tr>
<tr>
<td>Scaling &amp; Root Planing (per quadrant)</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Simple Extractions</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Single Crowns</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Surgical Extractions</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia Limits:</td>
<td>$1,000 Savings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adults &amp; Child(ren)</td>
<td></td>
</tr>
<tr>
<td>Deferred Services for Current and Future Employees</td>
<td>None</td>
<td>Crowns, Bridges, Prosthodontics and Periodontics - 12 Months, Inlays, Onlays, Crowns and Labial Veneers; Fixed Bridgework; Full and Partial Removable Dentures; Post and Core; Core Build ups; Major Periodontics - 12 Months</td>
</tr>
</tbody>
</table>

*Managed Dental Care: A link to the complete list of dental services can be found on "Our commitment to you" page.*
Your dental coverage

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 plan 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. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Manage Your Benefits:
Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date...

Find A Dentist:
Visit www.GuardianAnytime.com Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network 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 prosthetic 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.

This policy provides dental coverage only. This policy provides managed care dental benefits through a network of participating general dentists and specialty care dentists. Except for limited emergency services, benefits will be provided for services provided by the primary care dentist selected by the member. The member must pay the primary care dentist a patient charge/copayment for most covered services. No benefits will be paid for treatment by a specialist unless the patient is referred by his or her primary care dentist and the referral is approved under the policy. Only those services listed in the policy’s schedule of benefits are covered. Certain services are subject to frequency or other periodic limitations. Where orthodontic benefits are specifically included, the policy provides for one course of comprehensive treatment per member. Unless specifically included, the Managed Dental Care policy does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member’s effective date under the Managed Dental Care policy. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The applicable Managed Dental Care documents are the final arbiter of coverage. See your Certificate for complete specifics of all Exclusions and Limitations. All products, unless otherwise noted, are underwritten by The Guardian Life Insurance Company of America (“Guardian”) or one of the following wholly-owned Guardian subsidiaries: Managed Dental Care (CA), First Commonwealth Insurance Company (IL), First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation of Michigan (MI); First Commonwealth of Missouri, Inc. (MO) and Managed DentalGuard, Inc. (NJ, OH and TX). Any reference to a specific product type, including but not limited to “DHMO” or “Prepaid” is not intended to refer to a general product design. Such DHMO, or prepaid products, are licensed in the applicable jurisdiction. In addition, certain products are underwritten by Dominion Dental Services, Inc. (DC, DE, MD, PA and VA) and LIBERTY Dental Plan of Nevada, Inc. (NV). Please see the applicable policy forms for details. In the event of conflict between this brochure and the policy forms, the policy forms shall control.

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
College Tuition Benefit Program

Get closer to your college savings goals by earning valuable rewards that can help you pay for a loved one’s tuition.

Paying for college is one of the most significant financial goals families face. That can mean decades of saving, but Guardian is able to help.

Our College Tuition Benefit Program gives you reward-based points when you sign up for a plan—helping you save and reduce the cost of tuition.

How it works

Every reward point equals $1 off the cost of full tuition

You’ll earn 2,000 points annually, per line of qualifying Guardian coverage purchased*’

Every student on your account starts with 500 reward points

Tuition Reward points can be used at over 400+ four-year undergraduate colleges and universities across the U.S. that are in the SAGE network. Plus, Guardian dental members earn an extra 2,500 points after the fourth year.

How to sign up

To set up your SAGE Scholars Tuition Rewards account, you’ll need a few personal details.

User ID
Your Guardian Group Plan Number

Password
Guardian

There are two important deadlines that must be met to utilize rewards points:

1. Adding Students and Pledging Tuition Rewards: Students must be registered by the member by August 31 of the year when the student begins 12th grade. The last day for pledging earned Tuition Rewards to a student is August 31 of the year the student begins 12th grade. This is also the last day for a student to earn any Student Tuition Rewards from any source.

2. Submitting Student Tuition Rewards to member schools: Using the college and university list available in the member’s account, the member must submit a Tuition Rewards statement to any member school(s) a registered student applies to within ten days of the application being submitted.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

* Except for Guardian Davis Vision Plan Rewards, which are provided by Davis Vision.

The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.

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Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements
Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.
Visit https://www.guardiananytime.com/notice48 to read more.

No Cost Language Services
Guardian provides language assistance in multiple languages for members who have limited English proficiency.
Visit https://www.guardiananytime.com/notice46 to read more.

Dental insurance

DHMO Plan and Orthodontic Schedules, Limitations and Exclusions, Fine Print
May include one or more of the following publications, depending upon plan and state: Employee out of pocket charges based on CDT codes, brief summary of limitations and exclusions applicable to the DHMO plan and important plan rules for: emergency & alternate treatment; crown, bridges & dentures; pediatric services; second surgical opinions; noble and high noble metals; general anesthesia & IV sedation; orthodontic treatment; treatment on progress; and continuity of care.
Visit https://www.guardiananytime.com/notice793 to read more.

Vision insurance

Guardian's HIPAA Notice of Privacy Practices
The notice describes how health information about you may be used and disclosed and how you can access this information.
Visit https://www.guardiananytime.com/notice50 to read more.
Employer Name: MACOMB COMMUNITY UNT DIST 185
Group Plan Number: 00378553
Benefits Effective: ____________

Class: ____________________ Division: ____________________ Subtotal Code: ____________________ (Please obtain this from your Employer)

### About You:

<table>
<thead>
<tr>
<th>First, MI, LastName</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Gender: ❑ M ❑ F
Date of Birth (mm-dd-yyyy): _______ - _______ - _______
Phone: ( ) -

Email Address:
Are you married or do you have a spouse? ❑ Yes ❑ No
Date of marriage/union: _______ - _______ - _______
Do you have children or other dependents? ❑ Yes ❑ No
Placement date of adopted child: _______ - _______ - _______

### About Your Job:

Job Title:

Work Status:
❑ Active ❑ Retired ❑ Cobra/State Continuation

Hours worked per week: ____________
Date of full time hire: _______ - _______ - _______

### 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 dependent tax exemption. Dependent 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.

<table>
<thead>
<tr>
<th>Spouse (First, MI, LastName)</th>
<th>Gender</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑ M ❑ F</td>
<td>____________________</td>
</tr>
</tbody>
</table>

| Phone: ( ) - |

<table>
<thead>
<tr>
<th>Child/Dependent 1:</th>
<th>❑ Add ❑ Drop</th>
<th>Gender</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑ M ❑ F</td>
<td>_______ - _______ - _______</td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth (mm-dd-yyyy)

| Phone: ( ) - |

<table>
<thead>
<tr>
<th>Child/Dependent 2:</th>
<th>❑ Add ❑ Drop</th>
<th>Gender</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑ M ❑ F</td>
<td>_______ - _______ - _______</td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth (mm-dd-yyyy)

<table>
<thead>
<tr>
<th>Phone: ( ) -</th>
<th>Status (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❑ Student (post high school) ❑ Disabled ❑ Non standard dependent</td>
</tr>
</tbody>
</table>

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DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER
DATE FORM PUBLISHED: Nov 10, 2020
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) Σ Student (post high school) Σ Disabled
- Σ 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) Σ Student (post high school) Σ Disabled
- Σ Non standard dependent

Drop Coverage:
- Drop Employee Σ Drop Dependents
- The date of withdrawal cannot be prior to the date this form is completed and signed.
  - Last Day of Coverage: ____-____-_____
  - Σ Termination of Employment
  - Σ Retirement
  - Last Day Worked: _____-____-_____
  - Σ Other Event: _______________
  - Date of Event: ____-____-_____

Coverage Being Dropped:
- Σ Dental Employee Σ Spouse Σ Child(ren)
- Σ Vision Employee Σ Spouse Σ Child(ren)

Loss Of Other Coverage:
- I and/or my dependents were previously covered under another insurance plan. Loss of coverage was due to:
  - Σ Termination of Employment: _____-____-_____
  - Σ Divorce/Separation: _______________
  - Σ Death of Spouse: _______________
  - Σ Termination/Expiration of Coverage: _____-____-_____

Coverage Lost Σ Dental Σ Vision

Dental Coverage:
- You must be enrolled to cover your dependents. Check only one box.

<table>
<thead>
<tr>
<th>Your Monthly Premium</th>
<th>Employee Only</th>
<th>EE, Spouse &amp;</th>
<th>EE, Spouse &amp;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1: Managed Dental</td>
<td>$19.81</td>
<td>$38.52</td>
<td>$50.77</td>
</tr>
<tr>
<td>Option 2: PPO</td>
<td>$47.34</td>
<td>$88.16</td>
<td>$138.86</td>
</tr>
</tbody>
</table>

- If Managed Dental Care is elected, you must have a Primary Care Dentist (PCD). Please designate your PCD(s) by listing dental office location number(s) for each person. Please visit guardianlife.com for a list of providers. If you do not select a PCD, one will be assigned for you.

Employee ___________________ Spouse ___________________ Child(ren) ___________________

- I do not want this coverage. If you do not want this Dental Coverage, please mark all that apply:
  - Σ I am covered under another Dental plan
  - Σ My spouse is covered under another Dental plan
  - Σ My dependents are covered under another Dental plan

Vision Coverage:
- You must be enrolled to cover your dependents. Check only one box.

<table>
<thead>
<tr>
<th>Your Monthly Premium</th>
<th>Employee Only</th>
<th>EE &amp; Spouse</th>
<th>EE &amp;</th>
<th>EE, Spouse &amp;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Feature</td>
<td>$9.55</td>
<td>$15.25</td>
<td>$15.57</td>
<td>$25.07</td>
</tr>
</tbody>
</table>

- I do not want this coverage. If you do not want this Vision Coverage, please mark all that apply:
  - Σ I am covered under another Vision plan
  - Σ My spouse is covered under another Vision plan
  - Σ My dependents are covered under another Vision plan
Signature

- I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.
- 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 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 if I waive coverage, I may not be eligible to enroll until the next open enrollment period. Late entrant penalties may apply. I understand that I may also have to provide, at my own expense, proof of each person’s insurability. Guardian or its designee has the right to reject my request.
- I understand that my coverage will not be effective until approved by 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 the 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.

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.

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DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER
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.