

Please print clearly to ensure accurate processing



The Guardian Life Insurance Company Of America |

Home Office Address
7 Hanover Square, New York, NY 10004

Your Insurance Broker is : Deb Louttit
1416 Sweet Home Road
Suites 5 and 6
Amherst
NY 14228

Your Guardian Representative is :

APPLICATION FOR A PLAN OF GROUP INSURANCE

471786

REQUESTED COVERAGE	
Applicant: Kenmore Tonawanda Union Free School District 1500 Colvin Blvd Buffalo, NY 14223 SIC Code: 8211	Coverage(s): Voluntary Life

If information is incorrect, ask your insurance broker for an updated application.

BUSINESS INFORMATION		
Types of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> S Corp <input checked="" type="checkbox"/> Other: <u>SCHOOL DISTRICT</u>	Nature of Business <u>School district</u>	
	Tax ID Number <u>16-6002097</u>	Date Established <u>MM/DD/YY</u> <u>7/9/20</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has your company ever filed, or is it now in the process of filing, for bankruptcy (Chapter 7 or 11) ?		
Complete below if your company or any of its affiliates has ever applied for group insurance with Guardian.		
Company or Affiliate Name (If different from Section 1) <u>IN FORCE COVERAGE</u>	Plan Number <u>471786</u>	Cancellation Date <u>MM/DD/YYYY</u>

HEALTH RELATED INFORMATION	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are any employees currently not actively at work? If Yes, please complete the supplemental Actively at Work statement.

AGREEMENT	
Conditions Of Agreement It is understood that only full-time employees and dependents of such shall be eligible. Full-time employee means one who regularly works the number of hours in the normal work week established by this applicant (but not less than 30 hours per week) at the applicant's normal place of business.	Acceptance of Plan It is further understood that no insurance will be effective until the plan is accepted in writing by the Insurance Company(-ies). No contract of insurance is to be implied in any way on the basis of the completion and submission of the application. Upon acceptance, this application will be attached to and made part of the Group Insurance Policy. Trust. In the event that the Applicant has existing coverages with Guardian (other than GUL products) which were issued

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AGREEMENT Continued

Insurance Broker Representation: It is further understood that no broker has power on behalf of The Guardian Life Insurance Company of America to make or modify any request or application for insurance, or to bind said Insurance Company by making any promise or representation or by giving and receiving any information.

initially through a trust, Applicant acknowledges and agrees that such coverages along with the coverage described above may be re-issued directly to the Applicant as planholder, if applicable.

FRAUD WARNING:

For Coverages other than Life Insurance: 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.

The undersigned applicant certifies that to the best of his/her knowledge and belief, all of the responses given are true, correct and complete. The applicant understands that a false statement or misrepresentation in the application may result in loss of coverage in the policy, the rescission of the policy, or a revision of the rates quoted.

For Life Insurance Coverage:

The undersigned applicant states that, to the best of his/her knowledge and belief, all of the responses given are true, correct and complete. The applicant understands that the policy herein applied for is incontestable after 2 years from its date of issue, except for nonpayment of premiums by the policyholder. The applicant also understands that no statement made by any person insured under the policy relating to that person's insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of 2 years during such person's lifetime; and in no event unless it is in a written instrument signed by the person, a copy of which is or has been furnished to such person or to the person's beneficiary.



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SIGNATURES			
I have reviewed the statements made by me on this application, and they are true and complete to the best of my knowledge and belief. By my signature below, I acknowledge that Kenmore Tonawanda Union Free School District endorses the Guardian plan of Insurance.			
Officer, Partner or Proprietor Signature		Witness Signature	
<input checked="" type="checkbox"/> <i>[Signature]</i>	Date 5/15/12	<input checked="" type="checkbox"/> <i>[Signature]</i>	Date 5/15/12
Title <u>SUPERINTENDENT OF SCHOOLS</u>		Title <u>SUPERVISOR HUMAN RESOURCES</u>	
Insurance Broker Signature		Additional Insurance Broker Signature	
<input checked="" type="checkbox"/> <i>William Brothers</i>	Date 6/9/12	<input checked="" type="checkbox"/>	Date 1/1
Print Name William Brothers		Print Name	
CMA2007 - NY			

Group Plan Number 471786

Requested Effective Date 05/15/12
07/01/2012

Jill O'Malley
President, Board of Education

(Date)



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471786

The Guardian Life Insurance Company Of America |

Home Office Address
7 Hanover Square, New York, NY 10004

Your Insurance Broker is: Deb Louttit
1416 Sweet Home Road
Suites 5 and 6
Amherst
NY 14228

Your Guardian Representative is: Charles Lytle
University Corporate Centre, Suite 300
100 Corporate Parkway
Buffalo
NY 14226
(716) 796-2400

APPLICATION FOR A PLAN OF GROUP INSURANCE

REQUESTED COVERAGE	
Applicant: Kenmore-Tonawanda Union Free School District Kenmore Board of Education (Inc) 1500 Colvin Blvd Buffalo, NY 14223 SIC Code: 8211	Coverage(s): Basic Life Voluntary Life Postponed to 7/1/2012

If information is incorrect, ask your insurance broker for an updated application.

BUSINESS INFORMATION		
Types of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> S Corp <input checked="" type="checkbox"/> Other: <u>SCHOOL DISTRICT</u>	Nature of Business <u>SCHOOL DISTRICT</u>	
	Tax ID Number <u>16-6002097</u>	Date Established <u>19 '20</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has your company ever filed, or is it now in the process of filing, for bankruptcy (Chapter 7 or 11)?		
Complete below if your company or any of its affiliates has ever applied for group insurance with Guardian.		
Company or Affiliate Name (If different from Section 1)	Plan Number	Cancellation Date <u>1 /</u>

HEALTH RELATED INFORMATION	
Answer the following questions to the best of your knowledge for any members to be insured. The term "member" means eligible employees and their dependents and COBRA participants and their dependents. Provide details for any "Yes" response on a separate sheet. Do not disclose the name of any member.	
The information obtained in answer to the following questions will not be used to deny enrollment to any individual member or to affect an individual member's eligibility for medical or prescription drug coverage in any way.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are any employees currently not actively at work? If Yes, please complete the supplemental Actively at Work statement.

AGREEMENT	
Conditions Of Agreement It is understood that both full-time and part-time employees and dependents of such employees shall be eligible.	Acceptance of Plan It is further understood that no insurance will be effective until the plan is accepted in writing by the Insurance Company(-ies). No contract of insurance is to be implied in

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AGREEMENT Continued

Full-time employee means one who regularly works the number of hours in the normal work week established by this applicant (but not less than 30 hours per week) at the applicant's normal place of business.

Part-Time Employees:

For All Coverages - A part-time employee means one who regularly works at least half the number of hours that a full-time employee works (but not less than 15 hours per week) at the applicant's normal place of business.

Insurance Broker Representation: It is further understood that no broker has power on behalf of The Guardian Life Insurance Company of America to make or modify any request or application for insurance, or to bind said Insurance Company by making any promise or representation or by giving and receiving any information.

any way on the basis of the completion and submission of the application.

Upon acceptance, this application will be attached to and made part of the Group Insurance Policy.

FRAUD WARNING:

For Coverages other than Life Insurance: 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.

The undersigned applicant certifies that to the best of his/her knowledge and belief, all of the responses given are true, correct and complete. The applicant understands that a false statement or misrepresentation in the application may result in loss of coverage in the policy, the rescission of the policy, or a revision of the rates quoted.

For Life Insurance Coverage:

The undersigned applicant states that, to the best of his/her knowledge and belief, all of the responses given are true, correct and complete. The applicant understands that the policy herein applied for is incontestable after 2 years from its date of issue, except for nonpayment of premiums by the policyholder. The applicant also understands that no statement made by any person insured under the policy relating to that person's insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of 2 years during such person's lifetime; and in no event unless it is in a written instrument signed by the person, a copy of which is or has been furnished to such person or to the person's beneficiary.



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SIGNATURES	
I have reviewed the statements made by me on this application, and they are true and complete to the best of my knowledge and belief. By my signature below, I acknowledge that Kenmore Board of Education (Inc) endorses the Guardian plan of Insurance.	
<p>Officer, Partner or Proprietor Signature</p> <p>X <i>[Signature]</i> Date 11/8/11</p> <p>Title Board President Robert</p>	<p>Witness Signature</p> <p>X <i>[Signature]</i> Date 11/8/11</p> <p>Title District Clerk</p>
<p>Insurance Broker Signature</p> <p>X <i>[Signature]</i> Date 11/10/11</p> <p>Print Name William A. Brothers</p>	<p>Additional Insurance Broker Signature</p> <p>X</p> <p>Date 1/1</p> <p>Print Name</p>
CMA2007 - NY	

Group Plan Number 471786

Requested Effective Date 12/01/2011

Jill O'Malley
President, Board of Education

(Date)



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**It's renewal
time!**

**Guardian is
here to help.**

**RENEWAL INFORMATION FOR
KENMORE - TONAWANDA UNION FREE SCHOOL
DISTRICT
GROUP PLAN # 00471786**

**RENEWAL PERIOD
July 1, 2016 - June 30, 2017**



LIFE | DENTAL | VISION | DISABILITY | ABSENCE | SUPPLEMENTAL HEALTH | STOP LOSS | ASO

GuardianAnytime.com

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Renewal Premiums At-a-Glance

EMPLOYER-SPONSORED COVERAGE		
Coverage	Current Annual	Renewal Annual
Basic Life	\$35,102	\$35,102
AD&D	\$1,680	\$1,680
TOTAL	\$36,782	\$36,782

KEY POINTS OF INFORMATION REGARDING PLAN PRICING

Premiums shown above reflect a multi-line discount. If you do not wish to renew all lines of coverage, please contact us for revised pricing.

Product-specific rates shown in this package have been determined based on a number of factors, including:

- Employee age and gender
- Group location
- Changes in group size
- Claims experience (when applicable)

EMPLOYEE-PAID VOLUNTARY COVERAGE		
Coverage	Current Annual	Renewal Annual
Voluntary Life	\$24,336	\$24,336

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13

Good news ! There is a 2 year rate guarantee on this plan

BASIC LIFE PLAN RATES					
Coverage	Volume	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
BASIC LIFE	\$9,436,000	\$0.310/\$1000	\$35,102	\$0.310/\$1000	\$35,102

This plan is currently offered for Insurance Class 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12 and 13

Good news ! There is a 2 year rate guarantee on this plan

AD&D PLAN RATES					
Coverage	Volume	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
AD&D	\$9,332,500	\$0.015/\$1000	\$1,680	\$0.015/\$1000	\$1,680

This plan is currently offered for Insurance Class 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12 and 13

Good news ! There is a 2 year rate guarantee on this plan

VOLUNTARY LIFE PLAN RATES		
EMPLOYEES Age	CURRENT	RENEWAL
	Monthly Rate	Monthly Rate
15-29	\$0.050/\$1000	\$0.050/\$1000
30-34	\$0.050	\$0.050
35-39	\$0.080	\$0.080
40-44	\$0.150	\$0.150
45-49	\$0.230	\$0.230
50-54	\$0.350	\$0.350
55-59	\$0.550	\$0.550
60-64	\$0.870	\$0.870
65-69	\$1.420	\$1.420
70-74	\$2.280	\$2.280
75-79	\$4.070	\$4.070
80-84	\$7.920	\$7.920
85-89	\$13.150	\$13.150
90-94	\$20.580	\$20.580
95-99	\$31.540	\$31.540

Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12 and 13

Good news ! There is a 2 year rate guarantee on this plan

VOLUNTARY LIFE PLAN RATES		
SPOUSE	CURRENT	RENEWAL
Age	Monthly Rate	Monthly Rate
15-29	\$0.050/\$1000	\$0.050/\$1000
30-34	\$0.050	\$0.050
35-39	\$0.080	\$0.080
40-44	\$0.150	\$0.150
45-49	\$0.230	\$0.230
50-54	\$0.350	\$0.350
55-59	\$0.550	\$0.550
60-64	\$0.870	\$0.870
65-69	\$1.420	\$1.420
70-74	\$2.280	\$2.280
75-79	\$4.070	\$4.070
80-84	\$7.920	\$7.920
85-89	\$13.150	\$13.150
90-94	\$20.580	\$20.580
95-99	\$31.540	\$31.540

This plan is currently offered for Insurance Class 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12 and 13

Good news ! There is a 2 year rate guarantee on this plan

VOLUNTARY LIFE PLAN RATES		
	CURRENT	RENEWAL
	Monthly Rate	Monthly Rate
CHILD(REN)	\$0.160/\$1000	\$0.160/\$1000