GUARDIAN® The Guardian Life Insurance Company of America

PORTABILITY TRUST

Group Life Claim Form

Group Life Claims, P.O. Box 14334, Lexington, KY 40512 **Customer Service: (800) 525-4542, Fax: (610) 807-8266**
Documents can be returned electronically at www.GuardianAnytime.com. Click on "Secure Channel" on the Guardian Anytime home page.

SECTION I

Planholder
TRUSTEES OF THE GUARDIAN GROUP CONVERSION AND PORTABILITY TRUST

Plan Number
G-310685

1. Insured's name	2. Insured's date of birth	3. Insured's Social Security Number
	____ /____ /____	| |

4. Insured's address	City	State	ZIP	5. Date employment terminated
				____ /____ /____

6. Amount of insurance	7. Date last worked full time	8. Deceased's name	9. Your relationship to deceased
	____ /____ /____		

10. Do you claim this insurance as beneficiary? ☐ Yes ☐ No	11. If "No", in what capacity do you make this claim?

12. Claimant's full name (please print)	13. Claimant's Social Security Number	14. Claimant's date of birth
	| |	____ /____ /____

15. Claimant's telephone number	16. Claimant's address	City	State	ZIP
( ) -				

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (or that I am waiting for a number to be issued to me), and that I am not subject to backup withholding, either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding. (If you do not give us your valid Social Security or Tax ID Number, the IRS may require us to withhold 31% of the interest payment made to you.)

I make claim to The Guardian Life Insurance Company of America and agree that the written statements and affidavits of all the physicians who attended or treated the deceased and all other papers called for by Guardian are part of these Proofs of Death. I agree that furnishing this form or any supplement to Guardian is not an admission by it that there was any insurance in force on the life of the person in question nor a waiver of any of its rights or defenses. I waive all provisions of law expressly forbidding any consumer reporting agency, the Medical Information Bureau, insurance or reinsurance company, or employer to release any and all medical and non-medical information about the deceased in its possession to The Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding my medical history, mental or physical condition, or treatment. I understand that Guardian will use the information obtained by this authorization to determine eligibility for insurance or eligibility for benefits under an existing plan. Guardian will not release any information obtained to any person or organization except to reinsurance companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim, or as may be lawfully required or permitted, or as I may further authorize. I know that I may request and receive a copy of this authorization. I agree that a photocopy of the authorization shall be as valid as the original. I have the right to cancel this authorization in writing at any time. I agree that this authorization shall be valid for the duration of my claim.

"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. In New York the person 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."

"Please Note: Your Social Security number is required for IRS tax reporting purposes. Your Social Security number will not be used or disclosed to anyone for any other purpose and will not be retained in any record other than that pertaining to the claim."

_____ _____
Signature of claimant **Date**

MODE OF PAYMENT

If proceeds are payable, a single check will be drawn to you.

SECTION II

Suicide Exclusion **We pay no benefits if your death is due to suicide, if such death occurs within the earlier of: (a) two years from the Certificate Date of Issue: or (b) two years from your original employee optional contributory term life insurance effective date under the group plan from which you ported, if the group plan had a suicide exclusion.**

Incontestability **Except for non-payment of premium, the Group Policy cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.**

If policy is 2 years old or less, or reinstated within the last 2 years, please list all Physicians, Hospitals or Institutions where the insured/dependent has been treated or confined either as an in or outpatient:

Name	Address	Dates of Confinement/Treatment

PHYSICIAN SECTION

Please attach certified copy of the Death Certificate. We reserve the right to require a Physician's Statement if it is necessary for a proper consideration of the claim.

1. Deceased's Name	2. Age	3. Address City State ZIP

4. How long have you known deceased?	5. Date of first attendance in last illness ____ /____ /____	6. Date of final attendance ____ /____ /____	7. Date of death ____ /____ /____	8. Place of death

9. Cause of death: Disease or condition directly leading to death (disease, injury or complication which caused death, not mode of dying such as heart attack, asthenia, etc.)

10. Other significant conditions contributing to but not causing death:

11. If death was due to suicide, homicide, or accident, state which and describe briefly:

12. Was there an inquest? ☐ **Yes** ☐ **No If "Yes", please give results:**

13. Was there an autopsy? ☐ **Yes** ☐ **No If "Yes", please give results:**

14. Did you previously treat or advise deceased? ☐ **Yes** ☐ **No If "Yes", please give:**

Condition	Dates	Duration	Results

15. Did deceased receive treatment during the past three years from another physician? ☐ **Yes** ☐ **No If "Yes", please give:**

Name & address of physician	Conditions	Dates	Results

16. Physician's address City State Zip	17. Telephone number
	( ) -

18. Physician's signature **Date**

_____ _____

Fraud Warning Statements

The laws of several states require the following statements to appear on the claim 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: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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, Kansas, Nebraska, Oregon, and Vermont: 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 the 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.

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.

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.

Maine, Tennessee, Virginia 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 benefit.

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.

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.

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.

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.