

COVID-19 Financial Hardship Premium Deferment Application

This COVID-19 Financial Hardship Premium Deferment Application is available for a limited time and applies only to <u>New Jersey sitused group life and dental insurance policyholders and to all individual group life and dental insurance certificateholders who are residents of New Jersey.</u> It does not apply to new applications for coverage, or to policyholders sitused in other jurisdictions nor their individual certificateholders who are not New Jersey residents.

| Policyholder Name:(or Individual Certificateholder Name) | | Guardian Policy #: | | | |
|---|-------------------------|---------------------------------------|----------------------------|--------------------------------------|------------|
| Address: | _ | Phone: | | | |
| City: State: Zip: | _ | Email: | | | |
| Applicant is a: (select only one) | | | | | |
| Business Entity Policyholder (NJ-sitused policy) | or | ☐ Individual ce | rtificateho | der resident to | New Jersey |
| The policyholder/certificateholder named above ("Apthe COVID-19 pandemic and hereby requests defern Guardian Life Insurance Company of America and its policies/contracts (including Administrative Services) | nent of so subsidiar | heduled premiun es¹ ("Guardian") t | n payment: for all Guar | s/fees owed to t dian group insur | the |
| (select each month, as applicable) |) | April 2020 | and/or | ☐ May 2020 | ; |
| which total aggregate amount shall be repaid to Guar each month commencing at the end of your grace pe selected above (e.g., March 1, 2021; April 1, 2021; or I | riod, and | ending twelve (12 | - | | |
| Monthly payments under this installment plan will be owed each month in accordance with the terms of th | | | | | |
| | | | | | |

Applicant understands that, by entering into a monthly installment plan for this deferment period:

- i. No premiums/fees will be due during the month(s) selected above and Guardian will not impose any interest, late fees or penalties;
- ii. Guardian will not report Applicant to any credit reporting agency or debt collection agency with respect to such premium/fee payments; and
- iii. Applicant shall remain responsible for all other regularly scheduled premium/fees due for coverage during this deferment period.

Upon acceptance of this application, Guardian will provide Applicant with an Extended Premium Repayment Agreement incorporating the terms outlined above for the Applicant's review and signature. This Extended Premium Repayment Agreement will be delivered to Applicant electronically at the email address provided above. A print copy of the Agreement may also be delivered to Applicant upon Applicant's request. It is the responsibility of the Applicant to review the Extended Premium Repayment Agreement and deliver an executed copy to Guardian.

In order for your request to be handled as efficiently as possible we suggest that you email this completed application directly to <u>guardianmaintenance billing@glic.com</u>. If you would like to fax or mail the form, please use the contact information below:

Fax: 610-807-2994 Mail: PO Box 14319 Lexington, KY 40512



Guardian values the privacy and security of your private information. We understand that you may need to email us information and because of that Guardian accepts encrypted email (TLS) which protects information while in transit to us. Your email will be sent to us encrypted from email providers that support "opportunistic TLS email encryption" which include, but are not limited to: Gmail, Hotmail, iCloud, Mail.com, Outlook and Yahoo! Mail. If you are unsure whether your email provider uses "opportunistic TLS email encryption", then we encourage you to research whether your email provider supports it prior to sending us an email with your private information.

If you are replying to an email in Guardian's secure email box, any such replies will be encrypted.