



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 **New York situated group life insurance policyholders and to all individual group life insurance certificateholders who are residents of New York**. It does not apply to new applications for coverage, or to policyholders situated in other jurisdictions nor their individual certificateholders who are not New York residents.

Policyholder Name: _____
(or Individual Certificateholder Name)

Guardian Policy #: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Applicant is a: (select only one)

Business Entity Policyholder (NY-sitused policy) or Individual certificateholder resident to New York

The policyholder/certificateholder named above ("Applicant") attests to experiencing financial hardship as a result of the COVID-19 pandemic and hereby requests deferment of scheduled premium payments/fees owed to the Guardian Life Insurance Company of America ("Guardian") for all Guardian group insurance policies/contracts (including Administrative Services Only/ASO contracts) for the month(s) of:

(Applicant may select **up to three consecutive months**, as applicable)

March 2020 April 2020 May 2020 June 2020 July 2020 ;

which total aggregate amount shall be repaid to Guardian in pro-rata, equal monthly installments due the first (1st) of each month commencing at the end of your grace period, and ending twelve (12) months from the earlier of the dates selected above (e.g., March 1, 2021; April 1, 2021; May 1, 2021; June 1, 2021; or July 1, 2021).

Monthly payments under this installment plan will be in addition to any regularly scheduled premium payments/fees owed each month in accordance with the terms of the insurance policy and any applicable ASO contract fee schedule.

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 guardianmaintenance_billing@glic.com. 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