

Benefit Enrollment Instructions – Guardian Application

This is required from all employees receiving full benefits, even if they are declining dental and vision coverage. There are fields saved in the form this year that you may fill out and sign digitally. If a portion of the form is not populated with a digital field, you can ignore that section. Please email Robin Walton with any questions: robin@cooperconsulting.com.

1. Page 1 – The top right box of top section is already filled in with your Benefits Effective date as 8/1/2020.
2. The box next to Re-Enrollment will already be checked.
3. About You Section - Enter your personal information.
4. About Your Job Section – Fill in all information. Make sure you calculate your annual salary accurately. We can provide your annual salary to you for this section if you are unsure, as needed. This figure is the coverage amount you will receive through your company-paid Life/AD&D and STD/LTD policies.
5. About Your Family Section – Fill in all information if you are electing to cover your family members/any dependents under your plan. You can leave this section blank if you are electing for Employee Only level coverage in your Guardian plan(s).
6. Ignore the Drop Coverage, Coverage Being Dropped and Loss of Other Coverage sections.
7. Dental Coverage Section:
 - a. Select Option 1 or 2 (DHMO or PPO Value, respectively). If choosing the PPO Value plan, choose your provider network by checking a box under your chosen coverage level (Employee Only, EE & Spouse, etc.). Make sure you confirm your dentist (if you already have a preferred dentist) is part of the network you choose by searching on Guardian's website or calling your dentist's office and asking about their network participation. In-network providers are given on Guardian's website here: <https://www.guardiananytime.com/fpapp/FPWeb/dentalSearch.process>. The plan name is PPO, and the network name is DentalGuard Preferred. You can search for dentists by proximity to your zip code or address. Please note you do not need to designate a Primary Care Dentist if you are enrolling in the PPO dental plan.
 - b. If choosing the DHMO plan, you must designate a specific Primary Care Dentist (PCD) on this application. To see a list of in-network dentists for the DHMO plan you can visit Guardian's website here: <https://www.guardiananytime.com/fpapp/FPWeb/dentalSearch.process>. The plan name is DHMO/MDG/Pre-Paid, and the network name is Managed DentalGuard - TX. You can search for dentists by proximity to your zip code or address.
 - c. If you are waiving dental coverage check the box next to *I do not want this coverage* and choose a reason for waiving (optional).
8. Vision Coverage Section – Check the box next to your desired coverage level (Employee Only, EE & Spouse, etc.) or check the box next to *I do not want this coverage* if you are waiving vision coverage.
9. Basic Life Coverage Section – This is pertaining to your company-paid Life/AD&D coverage. Fill in your Primary Beneficiary's information. You may name multiple beneficiaries. You must specify both a Primary Beneficiary and a Contingent Beneficiary.

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10. Voluntary Term Life Coverage with Accidental Death and Dismemberment (AD&D) Sections - If you would like to purchase additional coverage through our company-sponsored Guardian plan, check the box next to the coverage amount you are adding to your policy. Note any amount above \$100,000 requires an Evidence of Insurability Form and a possible medical examination by your doctor. Additional medical information and/or testing may be required by Guardian before approving your voluntary coverage.
11. Check the box next to *I do not want this coverage* if you don't want to purchase additional coverage and only want to enroll in your company-paid coverage.
12. Spouse Voluntary Life if you choose or check the box next to *I do not want this coverage*. If you do not want to purchase this coverage, checking the declining coverage box is mandatory.
13. Add Voluntary Life to Child if you choose, or check the box next to *I do not want this coverage*. If you do not want to purchase this coverage, checking the declining coverage box is mandatory.
14. Name Beneficiaries for the Voluntary Coverage if you are purchasing this coverage only if the beneficiaries are different than those named under your company-paid Life/AD&D policy. Ignore this section if you waived Voluntary Coverage.
15. Page 5 –Read through the terms and conditions, then sign and date the top box. This year you may sign digitally if your version of Adobe Acrobat allows.
16. Save the completed form and securely email, fax, hard copy mail, or arrange to drop off in person to Robin Walton.