



Please complete this form and submit with the Master Application, if there are employees not active at work. **Please complete in Ink.** Erasures and changes invalidate this form.

Guardian Issues policies with an Actively at Work provision.

Employees must be Actively at Work in order to be considered eligible for coverage under this plan; Actively at work means an employee must be performing the normal duties of his or her occupation and working his or her regular number of hours on regularly scheduled workdays. All employees NOT Actively at Work must be reported on this statement. You may exclude employees who are off from work due to vacation.

Action may be required for Employees that will not be covered under the Guardian policy, such as the option to convert, port, or apply for waiver. Any exceptions to Guardian's AAW policy would require written approval by underwriting. Please consult your representative for more information.

Planholder Name (Company Name)	Group Plan No.	Proposed Effective Date
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Employees who are NOT Actively at Work: The following employees will not be effective with Guardian on the proposed effective date unless approved by Underwriting

Name of Employee	Date of Birth	Date Last Worked	Reason for Absence (Include medical condition)	Anticipated Date to Return to Work	Insured with Prior Carrier for Life, CI, STD, LTD, HI and/or CAN?	Indicate if claimant approved with prior carrier for waiver of premium for Life and/or LTD benefits	LTD Volume	Life Volume
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI <input type="checkbox"/> HI <input type="checkbox"/> CAN	<input type="checkbox"/> Life <input type="checkbox"/> LTD		
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI <input type="checkbox"/> HI <input type="checkbox"/> CAN	<input type="checkbox"/> Life <input type="checkbox"/> LTD		
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI <input type="checkbox"/> HI <input type="checkbox"/> CAN	<input type="checkbox"/> Life <input type="checkbox"/> LTD		
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI <input type="checkbox"/> HI <input type="checkbox"/> CAN	<input type="checkbox"/> Life <input type="checkbox"/> LTD		
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI <input type="checkbox"/> HI <input type="checkbox"/> CAN	<input type="checkbox"/> Life <input type="checkbox"/> LTD		
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI <input type="checkbox"/> HI <input type="checkbox"/> CAN	<input type="checkbox"/> Life <input type="checkbox"/> LTD		
					<input type="checkbox"/> Life <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> CI <input type="checkbox"/> HI <input type="checkbox"/> CAN	<input type="checkbox"/> Life <input type="checkbox"/> LTD		

I hereby represent that the answers are, to the best of my knowledge and belief, full, complete and true. I understand they will form the basis of any coverage under the Proposed Group Plan. Also, it is mutually understood and agreed that (1) the company will advise Guardian if the status on any employee(s) changes between the signature date below and the proposed effective date. (2) The rates, terms and conditions may vary if the actual data differs from data submitted. Underwriting approval is needed.

Signature of Employer	Title	Date
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Please retain a photocopy for your records and submit this form to Guardian.