

If you are unable to provide a handwritten signature due to technical limitations resulting from the COVID-19 pandemic, Guardian will accept a typewritten name in lieu of your signature on an interim basis. You must check the box below each signature line certifying that you understand that your typewritten name has the same force and effect as your signature.

For **faster** service please:
 1. Complete this form on-line
 2. Print and physically sign it or use interim accommodation of typing your name in the signature line
 3. Upload via our [Secure Channel](#)

To mail this form:
 Guardian Life Insurance Cancer Claims
 PO Box 14317 Lexington KY 40512
To fax the form:
 (920)-749-6275
Customer Service:
 1-800-541-7846

EMPLOYEE/MEMBER SECTION To avoid delays, please fill in the identifying claim information on each page.

| | | | | |
|--|--------------------|---|-------------------|--------------------------------|
| 1. Employee/Member Name: | | 2. Plan Number: | 3. Date of Birth: | 4. Member ID: |
| 5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | 6. Marital Status: | 7. Mailing Address: Email: Email address (optional): | | 8. Preferred Telephone Number: |

DEPENDENT SECTION COMPLETE THIS SECTION IF THE CLAIM IS FOR A DEPENDENT.

| | | | |
|--|--|--|---|
| 9. Dependent's Name: | | 10. Dependent's Preferred Telephone number | 11. Dependent's Date of Birth: |
| 12. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | 13. Relationship to the Employee/Member: | | 14. Dependent's Social Security Number: |

CLAIM INFORMATION SECTION Continued Claim

INSTRUCTIONS FOR FILING CANCER CLAIMS
 Please answer the following questions:
 Have you been diagnosed with Internal Cancer? Yes No
 (Internal Cancer is defined as a Cancer contained within the body. Internal Cancers do not include Skin Cancer except for melanomas with specific classifications.)
 Have you been diagnosed with Skin Cancer? Yes No

CANCER CLAIMS:

- A pathology report diagnosing cancer must accompany your first claim for that diagnosis of cancer. (The hospital or doctor will furnish this report to you at your request.) If the diagnosis of cancer was made by clinical information instead of pathological means, please submit the clinical evidence that established a positive diagnosis of cancer.
- Include a copy of your itemized hospital billing if you were hospitalized.
- Have the doctor complete the Physician's Statement and attach an itemized billing showing the diagnosis, services provided and the actual charges made to you.
- Any other bills pertaining to the claim, such as anesthesia, chemotherapy or radiation treatments, ambulance, lodging, or travel, may be included.
- Transportation and Lodging* – Please review your policy to determine what expenses are covered. Send us a statement detailing your transportation and lodging expenses. This information should include mileage, where you traveled from and to, lodging receipts and medical verification of treatment for this time.

PATIENT INFORMATION

I authorize any physician, medical practitioner, hospital, clinic, other health facility, consumer reporting agencies, the Medical Information Bureau, insurance or reinsurance company, or employer/organization to release any and all medical and non-medical information about me 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 this authorization shall be as valid as the original. 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. In California, any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.”

BEFORE SIGNING THIS CLAIM FORM, PLEASE READ THE WARNING FOR THE STATE WHERE YOU RESIDE AND FOR THE STATE WHERE THE INSURANCE POLICY UNDER WHICH YOU ARE CLAIMING A BENEFIT WAS ISSUED.

“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 employee/member or Power of Attorney (attach Power of Attorney papers if applicable) _____
Date

I am unable to provide a signature due to the COVID-19 pandemic. I understand that my typewritten name has the same force and effect as my signature.

If a dependent claim, signature of adult dependent or Power of Attorney (attach Power of Attorney papers if applicable) _____
Date

I am unable to provide a signature due to the COVID-19 pandemic. I understand that my typewritten name has the same force and effect as my signature.

CANCER CLAIM FORM – Physician's Statement

IMPORTANT INSTRUCTIONS: Your patient is filing a claim for the Cancer benefit indicated on page 1 of this form. Please answer questions 1-8 below and then complete sections 2-5.

SECTION 1 – PHYSICIAN STATEMENT- to be completed by the treating physician for the claimed critical illness.

Policy Number _____

Patient's name: _____

Patient's date of birth: _____

1. For what condition(s) are you treating this patient? _____
2. When did symptoms first appear? _____
3. On what date were you first consulted for the above condition(s)? ____/____/____
4. Has the patient ever been treated for the same or similar condition in the past? Yes No
If yes, please provide the diagnosis and date, _____
5. Has a biopsy been performed? Yes No If yes, please provide a copy of the pathology/cytology report.
6. Is this a malignant tumor that: a) has uncontrolled growth of malignant cells? Yes No b) Invaded normal tissue? Yes No
c) is a carcinoma in-situ? Yes No
7. What is the TNM classification? _____
8. Does the patient have a history of another form of invasive cancer? Yes No
9. Is this current cancer a recurrence, extension or metastatic spread of an internal cancer that was diagnosed previous? Yes No

SECTION 2 – PHYSICIAN INFORMATION

1. Was this patient referred to you by another physician? Yes No If "Yes", please provide contact information below.

Referring Physician's Name: _____

Specialty _____

Address _____

City _____

State _____

Zip _____

Phone
() _____

2. Has this patient been hospitalized for this condition? Yes No If "Yes", please provide contact information:

Hospital Name _____

Address _____

City _____

State _____

Zip _____

Phone
() _____

SECTION 3 – ATTACH SUPPORTING DOCUMENTATION

PLEASE ATTACH PERTINENT MEDICAL RECORDS INCLUDING BUT NOT LIMITED TO PROGRESS NOTES, DIAGNOSTIC TEST RESULTS, DISCHARGE SUMMARIES, OPERATIVE REPORTS, CONSULTATION REPORTS AND MENTAL STATUS EXAM (IF APPLICABLE). THIS WILL HELP TO EXPEDITE PROCESSING OF THE CLAIM AND REDUCE ADDITIONAL REQUESTS AND FOLLOW UP. YOUR PATIENT IS RESPONSIBLE FOR THE COST OF THE MEDICAL RECORDS.

(PHYSICIAN'S STATEMENT CONTINUED ON PAGE 3)

SECTION 4 – HOSPITALIZATION AND SERVICE(S) INFORMATION

Policy Number _____

Patient's name: _____ Patient's date of birth: _____

Hospitalization Information
 Was patient hospitalized as a result of this diagnosis? Yes No If additional dates exist, please attach a copy of itemized billing.

| Admission Date | Discharge Date | Admitting Diagnosis/ICD Code | Hospital Name (please include city and state.) |
|----------------|----------------|------------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

Surgery Information: Where was the surgery performed? Office Surgical Center Outpatient Hospital Inpatient Hospital
 Name of facility: _____
 Did the patient undergo surgery for this condition? Yes No If additional dates exist, please attach a copy of itemized billing.

| Date of Service | Diagnosis/ICD Code | Surgery/CPT Code | Description of Surgery | Facility Name | Charges |
|-----------------|--------------------|------------------|------------------------|---------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Chemotherapy Information
 Has patient received chemotherapy? Yes No If additional dates exist, please attach a copy of itemized billing.

| Date | HCPCS/CPT Code | Drug Name and Method of Administration | Drug Charge |
|------|----------------|--|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Radiation Therapy Information
 Has patient received radiation therapy? Yes No If additional dates exist, please attach a copy of itemized billing.

| Date | CPT Code | Description | Charge |
|------|----------|-------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 5 – PHYSICIAN SIGNATURE AND CONTACT INFORMATION

I attest to the fact that the information I have provided is, to the best of my knowledge, complete and accurate. "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.

| | | | | |
|---|----------------------|-------------------------|-----------|------|
| X | Physicians Signature | Physicians Name (PRINT) | Specialty | Date |
| | Phone # | Fax# | | |

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.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arkansas, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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, Nebraska and Oregon: 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.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Kansas: 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 insurance fraud as determined by a court of law.

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 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.

New York: 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 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.

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.

Vermont: It is a crime for any person knowingly to provide material false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company, for any person knowingly to provide material false, incomplete, or misleading information concerning the sale of insurance or the status of an insurer, or for any person to misappropriate the funds of an insured or an applicant for insurance. Penalties include imprisonment, fines, and denial of insurance benefits.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



Watch our video
How cancer insurance can ease the financial burden of a cancer diagnosis.

Cancer insurance

If you're diagnosed with cancer, the last thing you need to think about is the cost. Cancer insurance helps ease the financial burden.

Every year, more and more people are diagnosed with cancer. Unfortunately, in addition to bearing the physical and emotional toll of this disease, patients are often saddled with added financial expenses.

Who is it for?

Cancer insurance is for people who want added financial protection, in addition to their regular health insurance. It comes into play if you are diagnosed with cancer—providing additional financial support to help keep the focus on your cancer treatment and recovery.

What does it cover?

Cancer insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment, or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities, and even everyday living expenses like groceries, rent, and mortgage payments.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. The unexpected out-of-pocket expenses of cancer recovery, including transportation, co-pays, and deductibles, can add up fast. What's more, some of the costs you may incur during recovery are non-medical, such as covering a mortgage, childcare, and household expenses. Cancer insurance can help you pay for all of them.

Plus, cancer insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Extra support

Sarah's diagnosed with kidney cancer after a screening test and decides to undergo kidney removal surgery.

Average surgical expense: **\$25,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Sarah's still responsible for 20%: **\$4,700**

Total out-of-pocket amount for Sarah (deductible + coinsurance): **\$6,200**

Sarah has Guardian's Cancer Advantage policy, which pays her **\$2,500** as an initial diagnosis benefit and **\$2,100** for a 7-day hospital stay.

This gives her a total of **\$4,600** to help cover a portion of her out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your cancer coverage

CANCER

| COVERAGE - DETAILS | Option 1: Value Plan | Option 2: Premier Plan |
|--------------------|----------------------|------------------------|
|--------------------|----------------------|------------------------|

INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.

| | | |
|---|---|--|
| Benefit Amount(s) | Employee \$2,500 Spouse \$2,500 Child \$2,500 | Employee \$10,000 Spouse \$10,000 Child \$10,000 |
| Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable. | 30 Days | 30 Days |

CANCER SCREENING

| | | |
|-----------------------|------------------------------------|------------------------------------|
| Benefit Amount | \$50; \$50 for Follow-Up screening | \$50; \$50 for Follow-Up screening |
|-----------------------|------------------------------------|------------------------------------|

RADIATION THERAPY OR CHEMOTHERAPY

| | | |
|--|--|---|
| Benefit | Schedule amounts up to a \$5,000 benefit year maximum. | Schedule amounts up to a \$15,000 benefit year maximum. |
| Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | 3 month look back period, 12 month exclusion period. | 3 month look back period, 12 month exclusion period. |
| Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70. | Included | Included |
| Child(ren) Age Limits | Children age birth to 26 years | Children age birth to 26 years |

FEATURES

| | | |
|------------------------|--|--|
| Air Ambulance | \$250/trip, limit 2 trips per hospital confinement | \$2,000/trip, limit 2 trips per hospital confinement |
| Alternative Care | No Benefit | \$50/visit up to 20 visits |
| Ambulance | \$200/trip, limit 2 trips per hospital confinement | \$250/trip, limit 2 trips per hospital confinement |
| Anesthesia | 25% of surgery benefit | 25% of surgery benefit |
| Anti-Nausea | No Benefit | \$50/day up to \$250 per month |
| Attending Physician | \$25/day while hospital confined. Limit 75 visits. | \$25/day while hospital confined. Limit 75 visits. |
| Blood/Plasma/Platelets | \$50/day up to \$5,000 per year | \$200/day up to \$10,000 per year |
| Bone Marrow/Stem Cell | No Benefit | Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor |
| Experimental Treatment | No Benefit | \$200/day up to \$2,400/month |



Your cancer coverage

| FEATURES (Cont.) | Option 1: Value Plan | Option 2: Premier Plan |
|---|--|--|
| Extended Care Facility/Skilled Nursing care | \$100/day up to 90 days per year | \$150/day up to 90 days per year |
| Government or Charity Hospital | No Benefit | \$400 per day in lieu of all other benefits |
| Home Health Care | No Benefit | \$100/visit up to 30 visits per year |
| Hormone Therapy | \$25/treatment up to 12 treatments per year | \$50/treatment up to 12 treatments per year |
| Hospice | \$50/day up to 100 days/lifetime | \$100/day up to 100 days/lifetime |
| Hospital Confinement | \$300/day for first 30 days; \$600/day for 31st day thereafter per confinement | \$400/day for first 30 days; \$800/day for 31st day thereafter per confinement |
| ICU Confinement | \$400/day for first 30 days; \$600/day for 31st day thereafter per confinement | \$600/day for first 30 days; \$800/day for 31st day thereafter per confinement |
| Immunotherapy | \$500 per month, \$2,500 lifetime max | \$500 per month, \$2500 lifetime max |
| Inpatient Special Nursing | No Benefit | \$150/day up to 30 days per year |
| Medical Imaging | No Benefit | \$200/image up to 2 per year |
| Outpatient and family member lodging - Lodging must be more than 50 miles from your home. | No Benefit | \$100/day, up to 90 days per year |
| Outpatient or Ambulatory Surgical Center | No Benefit | \$350/day, 3 days per procedure |
| Physical or Speech Therapy | No Benefit | \$50/visit up to 4 visits per month, \$1,000 lifetime max |
| Prosthetic | Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max | Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max |
| Reconstructive Surgery | No Benefit | Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700 |
| Reproductive Benefit | No Benefit | \$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max |
| Second Surgical Opinion | \$200/surgical procedure | \$300/surgery procedure |
| Skin Cancer | Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600 | Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600 |
| Surgical Benefit | Schedule amount up to \$2,750 | Schedule amount up to \$5,500 |
| Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer. | No Benefit | \$0.50/mile up to \$1,500 per round trip/equal benefit for companion |
| Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled. | Included | Included |



Your cancer coverage

UNDERSTANDING YOUR BENEFITS :

- **Alternative Care** – Benefit is paid for palliative care (bio-feedback or hypnosis) or lifestyle benefits such as visits to an accredited practitioner for smoking cessation, yoga, meditation, relaxation techniques and nutritional counseling.
- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Contract # GP-1-CAN-IC-12

Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form # GP-1-CAN-IC-12, et al, GP-1-LAH-12R