



GUARDIAN®

Guardian Anytime Website
Pre-Registration Form &
Consent to Delivery of Electronic Materials

Use this form to pre-register for the Guardian Anytime Benefits Administration Website. Pre-registration enables you to receive your first bill online and begin using the site to administer your benefits as soon as your plan information has been loaded into Guardian systems. Please include this form with the initial case submission package (enrollments, applications, etc.) If you prefer, you may register for the site yourself, once you receive your first bill.

PLAN INFORMATION

Company Name Raytown School District

Group Number 549380 Effective Date 07/01/2018

Division Number(s): All: Only Division Numbers: _____

Do you authorize your broker to complete changes on Guardian Anytime? yes no

If yes, please indicate broker name: Benefits Direct NIMBL

* Please be aware that Guardian needs to be notified when this authorization is revoked.

PLAN ADMINISTRATOR(S) AUTHORIZED TO ADD, VIEW OR CHANGE ALL INFORMATION VIA GUARDIAN ANYTIME

Each individual pre-registered by Guardian will receive an e-mail with instructions on how to complete the registration process and access the Guardian Anytime website once your plan information is available. As part of Guardian's efforts to Go Green, billing statements will be available for viewing and, if you choose, payment through Guardian Anytime. If you require paper billing statements mailed to you, please log onto Guardian Anytime and select "Change Billing Options" under the "Billing" tab. Administrative fees for paper bills may apply. If you have questions about the pre-registration process, please call the Customer Response Unit at 800-627-4200.

Administrator(s) Names	Telephone Number(s)	Email Address(es) ~Please print clearly~
<u>Raymond Solis</u>	<u>877-523-0176</u>	<u>r.solis@benefits-direct.com</u>

GENERAL CONSENT TO ELECTRONIC DELIVERY OF PLAN MATERIALS

Guardian will make all plan materials and related documents available to you online at:
www.GuardianAnytime.com

By signing below, you affirm that you are an authorized representative of the above referenced Group. Further, you acknowledge your consent to receiving electronic versions of Guardian plan materials and related documents, in lieu of paper copies, to the extent permitted by applicable law. You understand that you may change this election by providing Guardian thirty (30) days prior written notice.

Dr. Steve Shelton, Assoc. Superintendent
Name and Title of Authorized Representative

[Signature]
Signature, Authorized Representative



GUARDIAN®

Planholder Enrollment Agreement

Planholder
Name: Raytown School District
Address: 6608 Raytown Rd Raytown MO 64133
Contact:
Planholder No.: 549380

Date:
Vendor Name: Benefits Direct NIMBL
Vendor Address: 410 Archibald St. KC, MO 64111
Contact: Tyler Alt

This planholder Enrollment Agreement ("Agreement") is entered into by and between the planholder named above ("Planholder") and The Guardian Life Insurance Company of America ("Guardian") pursuant to which Guardian shall receive certain information from the vendor named above and any vendors Planholder retains in the future (collectively and individually "vendor"). This Agreement shall remain in effect until terminated by either party upon prior written notice. The parties agree as follows:


1. Planholder represents and warrants that: (a) Vendor is a duly authorized agent of planholder, (b) Vendor has all necessary right, consent and authority, as required, to provide Planholder's member enrollment information to Guardian and its delegates, if any, and (c) planholder member enrollment information provided to Guardian is accurate and Guardian may rely on such information to provide coverages or services to planholder members.
2. In connection with its performance of this Agreement, Planholder shall comply with all now existing or hereafter enacted applicable: (i) country, state, local or other law or statute, (ii) rule or regulation issued by a regulatory body, (iii) written or authoritative interpretation by a regulatory body of any such law, statute, rule or regulation, or (iv) enforceable regulatory guidance, judicial, governmental, or administrative order, judgement, decree or ruling, or written and enforceable requirements of self-regulatory bodies and organizations including but not limited member data privacy and security ("Laws"). Planholder represents and warrants that planholder shall cause Vendor to comply with all applicable laws.
3. In the event that enrollment services relate to dental or vision insurance or other coverages subject to The Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), Planholder shall cause Vendor to execute and comply with the terms and conditions set forth in the *Business Associate Agreement* provided by Guardian, unless the Vendor is solely acting as a clearinghouse relevant to the dental and/or vision coverages as defined under HIPAA.
4. Planholder represents and warrants that Planholder shall cause Vendor to develop, implement and maintain a comprehensive security program during the term of this Agreement that includes administrative, technical and physical safeguards that are appropriate to the nature and scope of the enrollment services provided on behalf of the Planholder and its members consistent with applicable Laws. Such safeguards shall be designed to ensure the security and confidentiality of member confidential information, protect against any anticipated threats or hazards to the security or integrity of such information; and protect against unauthorized access to or use of such information.
5. Planholder hereby agrees to forever defend, indemnify, and hold harmless at its own expense Guardian from and against any and all third-party claims, debts, losses, liabilities, demands, obligations, costs, expenses, fines, penalties, actions and causes of action. judgments, judgment for damages, litigation arising out of, resulting from or in connection with (i) Guardian's access and/or use of Vendor's systems, (ii) Guardian's access and use of member enrollment information provided by or on behalf of Planholder; (ii) any unauthorized act by Planholder or Vendor, its respective employees, agents, subcontractors in connection with this Agreement; and (iii) any regulatory sanctions, penalties or fines imposed upon Guardian as a result of acts or omissions of Planholder or Vendor.
6. Planholder shall cause Vendor to comply with any and all technical data transmission requirements or instructions as provided from time to time to Vendor by Guardian.

The Parties have caused this Agreement to be executed by their respective duly authorized representatives.

Planholder
By:
Name: Dr. Steve Shelton
Title: Assoc. Superintendent

The Guardian Life Insurance Company of America
By:
Name: Scott T. Robb
Title: Assistant Vice President

AGREEMENT Continued	
<p>Insurance Broker Representation: It is further understood that no broker has power on behalf of The Guardian Life Insurance Company of America to make or modify any request or application for insurance, or to bind said Insurance Company by making any promise or representation or by giving and receiving any information.</p>	<p>statement may be guilty of insurance fraud.</p> <p>The undersigned applicant certifies that to the best of his/her knowledge and belief, all of the responses given are true, correct and complete. The applicant understands that a false statement or misrepresentation in the application may result in loss of coverage in the policy, the rescission of the policy, or a revision of the rates quoted.</p>

SIGNATURES			
I have reviewed the statements made by me on this application, and they are true and complete to the best of my knowledge and belief. By my signature below, I acknowledge that Raytown School District endorses the Guardian plan of insurance.			
Officer, Partner or Proprietor Signature		Witness Signature	
X 	Date	X	Date
Title <i>Assoc. Superintendent</i>		Title	
Insurance Broker Signature		Additional Insurance Broker Signature	
X	Date	X	Date
Print Name		Print Name	
CMA2007			

Group Plan Number 00549380

Requested Effective Date 07/01/2018

CMA2007



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Please print clearly to ensure accurate processing



Your Insurance Broker is : Trevor Gartner
410 Archibald Street
Kansas City
MO 64111
(877) 523-0176

Your Guardian Representative is : Thomas Cox
10740 Nail Avenue
Suite 130
Overland Park
KS 66211
(913) 327-7173

The Guardian Life Insurance Company Of America | 7 Hanover Square, New York, NY 10004

APPLICATION FOR A PLAN OF GROUP INSURANCE

REQUESTED COVERAGE	
Applicant: Raytown School District 6608 Raytown Rd Raytown, MO 64133 SIC Code: 8211	Coverage(s): Accident Hospital Indemnity

If information is incorrect, ask your insurance broker for an updated application.

BUSINESS INFORMATION		
Types of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> S Corp <input checked="" type="checkbox"/> Other: <u>School District</u>	Nature of Business: <u>School District</u>	
	Tax ID Number <u>44-6004129</u>	Date Established <u>07/01/2018</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has your company ever filed, or is it now in the process of filing, for bankruptcy (Chapter 7 or 11) ?		

Complete below if your company or any of its affiliates has ever applied for group insurance with Guardian.		
Company or Affiliate Name (If different from Section 1)	Plan Number	Cancellation Date
		/ /

<input type="checkbox"/> Yes <input type="checkbox"/> No Are any employees currently not actively at work? If Yes, please complete the supplemental Actively at Work statement.

AGREEMENT	
Request for Participation in a Certain Trust Agreement The undersigned applicant engaged primarily in the industry described above, requests approval to participate in the Trust established by other applicants engaged in the same industry; and to participate in the Group Insurance Plan(s) issued to the Trustee for the plan(s) of insurance shown above.	Acceptance of Plan It is further understood that no insurance will be effective until the plan is accepted in writing by the Insurance Company(-ies). No contract of insurance is to be implied in any way on the basis of the completion and submission of the application. Upon acceptance, this application will be attached to and made part of the Group Insurance Policy.
Conditions Of Agreement It is understood that only full-time employees and dependents of such shall be eligible.	Fraud Warning: 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

CMA2007



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