

The Peak Organization, Inc.



Dental Coverage

Here is your new dental coverage, which includes your enrollment form. **Make sure you return the completed form, if applicable, to your plan administrator by October 23, 2012.**

If you miss the deadline, the coverage may be delayed or you may not be eligible for enrollment this year.



HIGHLIGHTS:

- Single and family coverage available
- Visit any dentist
- Orthodontia coverage for children
- Reliable dental claims payment; 4 day average turnaround
- Plan Coverage begins November 01, 2012

Questions? Concerns?

Helpline (888) 600-1600
Call weekdays, 7:00AM to 8:30PM, EST And refer to
your plan number: 480825

Find out if your dentist is in Guardian's network
at www.guardianlife.com.



We're ready to get working for you

If you're like most employees, finding enough time in the day to accomplish your lengthy to-do list can often be no easy task.

As your Guardian coverage begins, we want you to know that we're here for you every step of the way and are committed to providing you with the resources to obtain fast, accurate answers to your benefits-related questions.

One way in which we do this is through our online member resource, Guardian Anytimesm, which allows you to manage your benefits when it works best for you — day or night. Plus, it offers helpful resources to ensure you get access to the quality care you need.

We encourage you to take a couple minutes to check out and register for Guardian Anytimesm at www.GuardianAnytime.com. We promise it will be time well spent.

Welcome to Guardian!

Dental Plans

With your **Guardian Choice** plan, employees select either a Network Access Plan (NAP) or a Value Plan and can change their election annually. Premium rates are the same for both plans. The Value Plan offers members who choose to see a Guardian participating dentist the most savings and Out-of-Network benefits are limited to our PPO fee schedule.

UNDERSTAND YOUR PLAN	PPO	
Network	DentalGuard Preferred	
Calendar year deductible	<i>Value Plan</i>	<i>NAP Plan</i>
	<i>In / Out Net</i>	<i>In / Out Net</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Value Plan</i>	<i>NAP Plan</i>
	<i>In / Out Net</i>	<i>In / Out Net</i>
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	100%	80%
Major Care (e.g. crowns, dentures)	60%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1500	\$1500
Lifetime Orthodontia Maximum	\$1000	
Dependent Age Limits(Non-Student/Student)	19/23	

YOUR GUARDIAN PLAN OFFERS:

If you enroll in Dental, you receive a Vision Access Plan at no additional charge. Visit any network doctor in your Access Plan and you'll receive discounts on exams, glasses, contact lens professional services and laser vision surgery.

Orthodontia coverage for children

No charge for preventive care (subject to plan limits)

National PPO network of more than 70,000 dentist locations

Plan coverage begins November 01, 2012

Find out if your dentist is in Guardian's network at www.guardianlife.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY PLAN DETAILS

PPO

Plan pays (on average)

		<i>Value Plan</i>	<i>NAP Plan</i>
		<i>In / Out-Net</i>	<i>In / Out-Net</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	100%	80%
	Fillings‡	100%	80%
	Perio Surgery	100%	80%
	Periodontal Maintenance	100%	80%
	Frequency:	Once Every 6 Months (Enhanced)	
	Repair & Maintenance of Crowns, Bridges & Dentures	100%	80%
	Root Canal	100%	80%
	Scaling & Root Planing (per quadrant)	100%	80%
	Simple Extractions	100%	80%
	Surgical Extractions	100%	80%
Major Care	Bridges and Dentures	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
	Single Crowns	60%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren)	

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. *Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply. ‡Fillings – restrictions may apply to composite fillings.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative,

endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.

Special Limitation: Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3 – DG2000

ADDITIONAL MATERIALS



GUARDIAN[®]

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

The Guardian culture is based on an unwavering belief in integrity and fair dealing. We take pride in treating our customers and each other with dignity and respect. Protecting your personal health information is very important to us. We want you to have a clear understanding of how we use and safeguard your protected health information.

This Notice of Privacy Practices describes how Guardian and its subsidiaries may use and disclose your protected health information (PHI*) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your PHI.

Guardian is required to abide by the terms of this Notice. However, we may modify the terms of this Notice at any time, and the new notice will be effective for all PHI in our possession at the time of the change, and any received thereafter. Upon request, we will provide you with any revised Notice or you can review the Notice by accessing our website at <http://www.GuardianLife.com>.

USES AND DISCLOSURES OF HEALTH INFORMATION

Guardian uses PHI about you for treatment, payment and operational purposes. We do not require authorization to use your PHI for these purposes. We may also use or disclose your PHI without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health reasons, for auditing purposes, for research studies and for emergencies.

Treatment. Guardian may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to provide information about alternative treatments.

Payment. Guardian may use and disclose your PHI in order to pay for the services and items you may receive. For example, we may contact your health provider to certify that you received treatment (and for what range of benefits), and we may request details regarding your treatment to determine if your benefits will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members.

Health Care Operations. Guardian may use and disclose your PHI to perform health care operations. For example, we may use your PHI for underwriting and premium rating purposes.

In addition to the above mentioned uses of your PHI related to treatment, payment and health care operations, Guardian may also use your PHI for the following purposes:

Plan Sponsors. We may use or disclose PHI to the plan sponsor (usually your employer) of a group health plan.

Appointment Reminders. Although Guardian does not do this, we have the right to use and disclose your PHI to contact you and remind you of appointments.

*PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. Information acquired or maintained by us as a result of you having Life or Disability coverage with Guardian is not considered PHI.

Health Related Benefits and Services. Guardian may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

Release of Information to Family and Friends. Guardian may release your PHI to a friend or family member identified by you, that is helping you pay for your health care, or who assists in taking care of you.

Disclosures Required by Law. Guardian will use and disclose your PHI when we are required to do so by federal, state, or local law.

In addition to the above described uses and disclosures of your PHI, Guardian may also use and disclose your PHI under the following unique circumstances:

Public Health Risks. Guardian may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Preventing or controlling disease, injury or disability;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding the potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); **however**, we will only disclose this information if the insured agrees or we are required or authorized by law to disclose this information; and
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. Guardian may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings. Guardian may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- Concerning a death we believe might have resulted from criminal conduct;
- Regarding criminal conduct at our offices;
- In response to a warrant, summons court order, subpoena or similar legal process;
- To identify and/or locate a suspect, material witness, fugitive or missing person; and
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

Serious Threats to Health or Safety. Guardian may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

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Military. Guardian may use and disclose your PHI if you are a member of United States or foreign military forces (including veterans) and if required by the appropriate military command authorities.

National Security. Guardian may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. Guardian may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/ or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. Guardian may release your PHI for workers' compensation and similar programs.

YOUR RIGHTS

The Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI that we maintain and have in our possession, including medical records (if we maintain any) and billing records, but not including psychotherapy notes. If you request copies, we will charge you a fee for the costs of copying, mailing, labor and supplies associated with your request. To inspect and copy your PHI, you must submit your request in writing.

Under certain circumstances we may deny your request to inspect and copy your PHI. If you are denied access to medical information, you have a right to have that determination reviewed. A licensed health care professional chosen by Guardian will review your request and the denial. The person conducting the review will not be the person who denied your request. Guardian promises to comply with the outcome of the review.

The Right to Amend Your PHI. If you feel that any PHI we have about you is not correct or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Guardian. To request an amendment, your request must be made in writing. Additionally, you must provide a reason that supports your request.

Guardian reserves the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by Guardian, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Guardian;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

The Right to an Accounting of Disclosures. An accounting of disclosures is a list of the disclosures we have made, if any, of your PHI.

You have the right to request an accounting of disclosures. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

Your request must be made in writing and state a time period that cannot be longer than six years and cannot include any dates before April 13, 2003. Your request should indicate in what form you want the list (e.g. paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

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The Right to Receive Communications of PHI by Alternative Means or at Alternative Locations.

You have the right to request that Guardian communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We will accommodate all reasonable requests made in writing. Your request to receive PHI by alternative means or at an alternative location must clearly state that your life could be endangered by the disclosure of all or part of your PHI.

The Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (like a family member or friend), or for notification purposes as described in this notice.

Guardian is not required to agree to your request, however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations).

Any Request for a restriction on our use and disclosure of your PHI must be made in writing. Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit Guardian’s use, disclosure or both; and (c) to whom you want the limits to apply.

The Right to Provide an Authorization for Other Uses and Disclosures. Guardian will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization, except under the following circumstances:

- We have taken action in reliance upon your authorization before we received your written revocation;
- You were required to give us your authorization as a condition of obtaining coverage; or
- If state law gives us the right to contest a claim under your policy.

The Right to Obtain a Paper Copy of This Notice. Upon request, you have a right to a paper copy of this notice, even if you have agreed to accept this notice electronically.

The Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the U.S. Secretary of Health and Human Services. If you wish to file a complaint with Guardian you may do so using the contact information below. You will not be penalized for filing a complaint.

How to Contact Us

If you have any complaints or questions about this Notice or you want to submit a written request to Guardian as required in any of the previous sections of this Notice, please call the toll-free number on the back of your Guardian ID card, or write to us at the address below:

Attention: Guardian Corporate Privacy Officer
National Operations

Address: The Guardian Life Insurance Company of America
Group Quality Assurance - MRO
P.O. Box 8020
Appleton, WI 54912-8020

*PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. Information acquired or maintained by us as a result of you having Life or Disability coverage with Guardian is not considered PHI.

Finding a dentist is easy

Go online – it just takes minutes!

The best way to save money through your dental plan is by seeing a dentist in your plan's network. Guardian's Find a Provider site makes it easy for you to search for a dentist that meets your needs.

Guardian's Find a Provider site is available to you 24 hours a day, 7 days a week.

- Customize your search by specialty, languages spoken and more
- Get side-by-side comparisons of dentists' information (ie. office status, distance)
- Create a quick-list of "favorite" dentists — for easy reference online
- Get maps and directions to a dentist's office location
- View your results online or have them faxed or emailed to you
- Save your search criteria for easy access when you revisit the site
- Create a customized directory of dentists
- Nominate a dentist to be included in a network
- And much more!

**Just go to www.GuardianLife.com.
Under "Contact Us", click on "Find a Provider".**

DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that my name may be used when contacting my dentist to inform him/her of my desire for them to join the network. For more information, visit us online at www.GuardianLife.com.

DATE: _____

Employer: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

DENTIST INFO

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Specialty: _____

Please submit completed form to: Guardian

DentalGuard Preferred

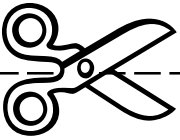
P.O. Box 2465

Spokane, WA 99210-9817

or FAX to: 509-468-6550



GUARDIAN®



Your Guardian VSP Vision Access Program

An eligible person can receive discounts on vision care services or supplies from a vision provider that is under contract with Vision Service Plan's (VSP) Preferred Provider Organization (PPO) network. The eligible person must pay the entire discounted fee directly to the VSP network doctor. Discounts are not available from providers who are not members of VSP's network.

Average Discounts

- Eye Exams: 20% off the VSP doctor's usual charge
- Frames, Standard Lenses and Lens Options: 20% to 30% off VSP doctor's usual charge, when a complete pair of prescription glasses is purchased.
- Contact Lens Professional Services: 15% off VSP doctor's usual charge for professional services. The contact lenses are not discounted.
- Laser Surgery: an average of 15% off the laser surgeon's usual charge or 5% off of any promotional price, if it is less than the usual discounted price

No ID cards are required, but the patient must notify the VSP network doctor that they have the Guardian VSP Access Plan at the time of service to receive their discount. Discounts are only available from the VSP network doctor that provided the eye exam to the patient within the last 12 months.

This is not insurance. The eligible person must pay the entire discounted fee directly to the VSP network doctor. There is no charge for the Discount Vision Access program. A person must be enrolled in a Guardian dental plan in order to be eligible for the Discount Vision Access program. When a person is no longer enrolled in a Guardian dental plan, access to the network discounts ends.

To find a VSP network doctor, visit www.guardiananytime.com or call VSP member services at 1-877-814-8970.

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Employer:
The Peak Organization, Inc.
25 West 31st Street
Floor 12
New York, NY 10001

The Guardian Life Insurance Company of America

The Guardian Life Insurance Company of America underwrites all coverages except Guardian Universal Life (GUL) insurance.

EMPLOYER USE ONLY			
New Application Change Name	Add Dependent(s) Drop Coverage as of: / /	Drop Dependent(s)	Change Address
Class Class 1	Hours Worked	Division	Benefits Effective / /

Keep a copy for your records and return form to: **Northeast Regional Office, P.O. Box 26040, Lehigh Valley, PA 18002-6040**

ABOUT YOURSELF			
First, Middle Initial, Last Name	Add	Change	Drop
Address	Sex M F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -
Preferred E-mail	City	State Zip	
Job Title	Day Phone	Eve Phone	The best way to reach you: E-mail Day Phone Eve Phone
Are you married?	Yes No	Work Status Full-Time Part-Time Retired	Date work status began / /
		COBRA/State Continuation	Do you have children or other dependents? Yes No

ABOUT YOUR DEPENDENTS			
A sheet with information about additional dependents is attached.			
Spouse/DP First, Middle Initial, Last Name	Add	Change	Drop
Sex	M F	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -
Child 1	Add Change Drop	Sex M F	Date of Birth (mm/dd/yyyy) / /
State of Residence:		Full-time student, at (school):	City/State:
Child 2	Add Change Drop	Sex M F	Date of Birth (mm/dd/yyyy) / /
State of Residence:		Full-time student, at (school):	City/State:
Child 3	Add Change Drop	Sex M F	Date of Birth (mm/dd/yyyy) / /
State of Residence:		Full-time student, at (school):	City/State:
Child 4	Add Change Drop	Sex M F	Date of Birth (mm/dd/yyyy) / /
State of Residence:		Full-time student, at (school):	City/State:

To drop coverage for yourself or your dependents, check the box(es) to the right of the name(s) and select the coverage(s) to drop below. Attach a separate sheet if you wish to drop more than one dependent from different coverages.
 Dental

CEF2009-NY

Questions? Call the Guardian Helpline (888) 600-1600

www.guardianlife.com

Enrollment Kit 480825, 0001, EN

DETACH ENTIRE FORM AND RETURN TO YOUR EMPLOYER BY October 23, 2012

DATE FORM PUBLISHED: Sep 10, 2012

CHOOSE YOUR DENTAL COVERAGE

Check one box only

	PPD I elect:	Value Plan MAP Plan		
Employee alone				I waive this coverage
Employee and Spouse/DP				I waive this coverage
Employee and Child(ren)				I waive this coverage
Entire family				I waive this coverage

If you or your family have lost dental coverage, please explain below. Late entry penalties may apply.

Reason for Loss of coverage:	Termination of Employment	Divorce	Death of Spouse/DP	Termination or Expiration of	Date of coverage loss / /
If you are waiving coverage, are you covered under another dental plan? Yes No				If you are waiving dependent coverage, are your dependents covered under another dental plan? Yes No	

IMPORTANT NOTES

Proof of insurability does not apply to dental, but if you waive dental coverage and later decide to enroll, you may be subject to a late entrant penalty and your dental benefits may be limited for a period of time. Guardian may waive late-entrant penalties if you lose dental coverage due to termination of the plan, loss of employment, death of spouse/DP, divorce or where a court has ordered coverage be provided for an eligible spouse/DP or eligible children, provided you apply within 30 days.

Vision Discount Access is included with your dental plan at no charge. You must elect dental in order to qualify for Vision Discount Access.

SIGNATURE

I hereby apply for the group benefit(s) that I have chosen above.
I understand that I must meet eligibility requirements for all coverages that I have chosen above.

I understand that my dependent(s) cannot be enrolled for coverage if I am not enrolled for that coverage. I further understand that: (1) If a National Medical Support Notice (NMSN) has been issued for my dependent child(ren) pursuant to state or federal law, Guardian is required to enroll such dependent child(ren) for the coverage required by the NMSN, and, if necessary, to enroll me for that coverage, regardless of whether or not the enrollment form has been signed; and (2) late entrant penalties and enrollment period restrictions do not apply to such enrollments.

I agree that my employer may deduct premiums from my pay or add premiums to my dues, if they are required for the coverage I have chosen above.

I attest that the information provided above is true and correct to the best of my knowledge.
I state that the information provided above is true and correct to the best of my knowledge and belief. Any person 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 civil penalty not to exceed five thousand dollars and stated value of the claim for each such violation (does not apply to life insurance).

SIGNATURE OF EMPLOYEE X

DATE

Thank You

If applicable, return your completed form to your plan administrator.

Please remember to:

- Check the coverage you want
- Include your social security number
(and those of your dependents, if applicable)
- Include dates of birth
- Indicate the best way to reach you
- Include your name on each page of the form.
- Sign and date form

You chose...

Dental:

PPO

Date form submitted:



**Make the most of your Guardian benefits at
www.GuardianAnytime.com**

Enrolled members and their dependents can access helpful, secure information about their Guardian benefit(s) instantly at www.GuardianAnytime.com

- Review your benefits
- Look up amounts and services covered in your plan
- Check the status of a claim
- Receive e-mail alerts when a response to your dental* claim is available online
- Print forms and plan materials...and much more

To register, go to www.GuardianAnytime.com

The Peak Organization, Inc. Dental Benefits Plan

© 2005 The Guardian Life Insurance Company of America,
7 Hanover Square, New York 10004

*Not available to members with Guardian pre-paid Dental/DHMO plans (including FirstCommonwealth and Managed DentalGuard plans).