

# Group Insurance Plan Application

The Guardian Life Insurance Company Of America  
domiciled in the State of New York  
And its Affiliates and Subsidiaries  
10 Hudson Yards, New York, NY 10001



## Section 1. Requested coverage



Review the information below carefully before completing this application. If anything is incorrect, please contact us and ask for an updated application.

### Applicant

San Juan County  
117 South Main #202,  
Monticello , UT 84535  
SIC Code: 8062

### Coverage

- Critical Illness
- Hospital Indemnity
- Accident



## Section 2. Business details

### Types of Organization:

- ☐ Corporation   ☐ Proprietorship   ☐ LLC  
☐ Partnership   ☐ S Corp   ☒ Other

### Tax ID number

876000305

### If 'Other', please specify

GOVERNMENT

### What is the nature of your business?

General medical & surgical hospitals

### Date established (MM/DD/YY)

MM/DD/2008

### Has your group ever filed, or is in the process of filing, for Chapter 7 or 11 bankruptcy?

- ☐ Yes   ☒ No

### Has your group or any of its affiliates ever been covered for group insurance with Guardian?

- ☐ Yes   ☒ No



If 'Yes', please provide:

### Group or Affiliate Name (If different)

### Plan Number



## Section 2. Business details (continued)



## Section 3. Health-related details



The questions below relate to any members that will be insured. This doesn't include family members. Please answer to the best of your knowledge, and provide additional details for any 'Yes' responses on a separate sheet. Do not disclose the names of any members here.

Are any members currently not actively working?



If 'Yes', please complete the supplemental Actively at Work Statement.

Actively working means a member is performing the major duties of their regular job and working the required number of hours at the location you require.

☐ Yes ☒ No



## Section 4. Agreement

### Insurance Broker Representation

It's understood that no broker has power on behalf of Guardian, or any other company listed on the first page of this application, to make or modify any request or application for insurance, or to bind said Company(ies) by making any promise or representation or by giving and receiving any information.

### Acceptance of Plan

It's understood that no insurance will be effective until the plan is accepted in writing by Guardian or any of its affiliates. No contract of insurance is to be implied in any way on the basis of the completion and submission of this application. Upon acceptance, this application will be attached to and made part of the Group Insurance Policy.

### FRAUD WARNING

Any person, who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially false information, or conceals for purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits.

The undersigned applicant certifies that to the best of their 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.



## Section 5. 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 am endorsing the Guardian plan of insurance.



**Business officer, partner, or Proprietor**

Title

Date (MM/DD/YY)



**Witness**

Title

Date (MM/DD/YY)

Group Plan Number 00089079

Requested Effective Date 01/01/2026

- PLEASE FOLLOW YOUR STATE'S GUIDANCE

The state in which you reside may have a state-specific fraud warning. Refer to the fraud warning statements, and carefully read any warning that is relevant to you.

# Fraud warning statements

The laws of several states require the following statements to appear.  
Please check carefully and read your state's warning if listed.

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**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.

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**Arkansas:** 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.

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**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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**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.

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**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.

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**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.

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**Kansas:** Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially false information, or conceals for purpose of misleading information concerning any fact material hereto, may be guilty of committing a fraudulent insurance act as determined by a court of law, which may be a crime, and may also be subject to civil penalties, or denial of insurance benefits.

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**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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**Louisiana:** 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 confinements in prison.

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**Maine:** 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.

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**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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**Missouri:** Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any knowingly false information, or conceals for purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits subject to the conditions/provisions of the policy.

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**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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**New Mexico:** 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 CIVIL FINES AND CRIMINAL PENALTIES.

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**New York:** The laws of New York require the following statement appear: 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. (Does not apply to Life Insurance.)

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**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.

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**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.

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**Oregon:** Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially false information, or conceals for purpose of misleading information concerning any fact material hereto, may be committing a fraudulent insurance act, and may be subject to civil penalties, or denial of insurance benefits.

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**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.

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**Rhode Island:** 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.

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**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 include imprisonment, fines, and denial of insurance benefits.

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**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to the penalties under state law.

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**Virginia:** Any person who, with the 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 may have violated state law.

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