Inshore Benefits
Employer Application

Guardian Life Insurance: Available in CA

For 2025-2026 effective date. Benefit and rates are subject to change.
Check inshorebenefits.com for the most current information.

1. EMPLOYER INFORMATION	Requested Effective Date:	
Preferred Company Name or DBA:		Phone:
Company Tax ID:		
Physical Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Group Administrator:	Email:	

2. GROUP ELIGIBILITY INFORMATION		
Total # of **Employees**:	Total # of **Eligible Employees**:	Total # of **Enrolling Employees**:
New hire waiting period is first of the month following: ☐ Date of Hire ☐ 1 Month ☐ 2 Months ☐ 3 Months		
Life Insurance policies are not subject to Federal or State COBRA. A conversion policy may be available upon a member's coverage termination.		

3. INVOICE & PAYMENT PREFERENCES		
	☐ **Option 1**	
Invoice Delivery	☐ Email	☐ USPS mail
Payment	☐ ACH Draft	☐ Check
Monthly Admin Fee*	$5	

Payment Terms: Initial payment is required with application via ACH draft or Check:
1) If paying by ACH draft, initial payment will be drafted upon approval. Future payments will be drafted on the third business day of every month.
2) If paying by check, make check payable to Pathian Administrators and mail initial payment to:
Pathian, 32110 Agoura Road, Westlake Village, CA 91361

Future payments should be mailed to remittance address on the invoice. If paying by check, monthly payments are due on or before the first day of the coverage month. Late fees will apply if not paid by the 15th of the month due. If still not paid by the last day of the month, group is subject to cancellation and subsequent reinstatement fee of $25.00.

4. ACH PAYMENT AUTHORIZATION - PLEASE ATTACH A COPY OF A VOIDED CHECK		
Name of Account Holder:		
Bank Name:		
Bank Address:		
City:	State:	Zip Code:
Bank Routing Number: ⑆ ⑆	The **Bank Routing Number** is the 9-digit number on the lower left of your check. This routing code appears between the ⑆ symbols.	
Account Number: ⑆ ⑈	The **Account Number** is the number that can be found between the second ⑆ symbol and the ⑈ symbol. Do not include the check number (the digits to the right of the ⑈ symbol.)	
Please check one: ☐ **Checking Account** ☐ **Savings Account**		
I authorize Pathian Administrators to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to Pathian Administrators at the address above. If the payment amount changes, we will notify you at least 10 days before the regularly scheduled payment date. Please give a 7-day notice to Pathian if you wish to stop a future draft by emailing: inshore@pathianadministrators.com		
Signature of Account Holder:		
Print Name:		**Date:**

5. EMPLOYER SPONSORED OPTIONS

Basic Term Life

Rate Guarantee	2 Years
Minimum Participation	Contributory plans assume a minimum of 75% participation of eligible employees. Non-contributory plans assume a minimum of 100% participation of eligible employees.
Evidence of Insurability	Medical Underwriting may be required for amounts in excess of Guarantee issue amount.
Guarantee Issue	Simplified Underwriting. Upgrades are subject to Evidence of insurability (EOI).
Plan Selection	Employer may choose to offer one or more plans. Employees may only choose one plan based on employer's offerings.

BENEFITS

Group's Plan Offering – Select 1 or more plans	☐ **Basic Life $5,000**	☐ **Basic Life $15,000**	☐ **Basic Life $25,000**	☐ **Basic Life $50,000**
Employee Benefit – Employees can only choose 1 plan	$5,000	$15,000	$25,000	$50,000
Employee AD&D – 100% of Life benefit up to	$5,000	$15,000	$25,000	$25,000
Employee Life and AD&D – monthly rate	**$2.15**	**$5.70**	**$9.25**	**$17.00**
Accelerated Life	N/A	N/A	50% of the death benefit, Minimum $10,000, Maximum $250,000	
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled.			
Portability	Included with Evidence of Insurability (ceases at age 70)			
Seatbelt/Airbag	Employee: $10,000/$15,000			
Conversion	Included			

PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm
- We provide companies with plans and options that give employees and their families the right level of protection at the right price - protection that will help care for their families in the most difficult of circumstances.

Standard AD&D helps employees with the unexpected accidents/injuries and includes Seatbelt/Airbag and Exposure Disappearance.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements may apply.

- **Waiver:** Insured must be totally disabled prior to age 60 and remain totally disabled from their own occupation through an elimination period of 9 months and for 2 years after, and remain totally disabled from any occupation thereafter.
- Portability ceases on attainment of age 70.
- Seatbelt/Airbag benefit will be limited to $30,000 for combined Life and AD&D amounts.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

- The Guarantee Issue amount shown in the above boxes may be reduced if acceptable evidence of insurability cannot be provided. Benefit reduction percentage by age is shown above in this proposal.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

Life Plan

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period GC-Life-15 (Life 2016).
- Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting.

Accidental Death and Dismemberment Plan

- We pay no Accidental Death and Dismemberment benefits for an insured where death or dismemberment occurs as the result of a disease or bodily infirmity; through willful self-injury; by declared or undeclared war, act of war, armed aggression, or while a member of armed forces; while legally intoxicated; while participating in civil disorder or committing a felony; traveling on any type of aircraft while having any duties on that aircraft; while voluntarily using a non prescription controlled substance GC-ADD-15 (ADD 2016).

Guardian Group Basic Term Life Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY.
Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation.

Please refer to certificate of coverage for full plan description. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. Generic Policy Form #GP-1-LIFE-15. The state approved form is the governing document.

For 2025-2026 effective date. Benefit and rates are subject to change.
Check inshorebenefits.com for the most current information.

6. VOLUNTARY OPTIONS

Voluntary Term Life

Rate Guarantee	2 Years
Minimum Participation	Voluntary, Greater of 30% or 10 enrolled employees.
Re-enrollment	Annual Election Option: allows an employee to annually enroll for an increase of coverage, by an electable amount up to $50,000, not to exceed the case Guarantee Issue. Upgrades are subject to Evidence of insurability (EOI).

BENEFITS

☐ **Voluntary Term Life in $10,000 increments**

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64
$10,000	$0.84	$0.90	$1.13	$1.41	$2.14	$3.46	$5.16	$8.02
$20,000	$1.69	$1.80	$2.27	$2.82	$4.29	$6.91	$10.31	$16.04
$30,000	$2.53	$2.70	$3.40	$4.23	$6.43	$10.37	$15.47	$24.07
$40,000	$3.38	$3.60	$4.54	$5.64	$8.58	$13.82	$20.62	$32.09
$50,000	$4.22	$4.50	$5.67	$7.06	$10.72	$17.28	$25.78	$40.11
$60,000	$5.07	$5.40	$6.80	$8.47	$12.87	$20.73	$30.93	$48.13
$70,000	$5.91	$6.30	$7.93	$9.88	$15.01	$24.19	$36.09	$56.16
$80,000	$6.76	$7.20	$9.07	$11.29	$17.16	$27.64	$41.24	$64.18
$90,000	$7.60	$8.10	$10.20	$12.70	$19.30	$31.10	$46.40	$72.20
$100,000	$8.44	$9.00	$11.33	$14.11	$21.44	$34.56	$51.56	$80.22
$200,000	$16.80	$18.00	$22.60	$28.20	$42.80	$69.20	$103.20	$160.40
$300,000	$25.20	$27.00	$33.90	$42.30	$64.20	$103.80	$154.80	$240.60

* Coverage available for ages 65+ with reduced death benefits. For information and pricing, contact Pathian Administrators.

Underwriting Requirements	Employee
Guarantee Issue	$100,000

BENEFITS

	All Eligible Employees
Employee Benefit	$10,000 to $300,000 in $10,000 increments
Accelerated Life	50% of the death benefit, Minimum: $10,000, Maximum: $250,000
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled.
Portability	Included, without evidence of Insurability
Conversion	Included
Seatbelt/Airbag	Employee: $10,000/$15,000
Benefit Reduction (of original amount)	**Age** / **Reduction** 65 / 35% 70 / 50%

PLAN HIGHLIGHTS

- **Guardian's Financial Strength:** Guardian has a long history of earning exemplary ratings from independent rating services which provide essential measures of a company's value as well as common ground for valid comparison. For additional details, visit our web site: http://www.guardianlife.com/AboutGuardian/FinancialHighlights/Ratings/index.htm
- **EstateGuidance®:** Create a customized will at no cost through a simple and secure online tool. Draft a living will for end-of-life care for $14.99. Draft a final arrangements document to express preferences for funeral services for $9.99.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements may apply.
- **Waiver:** Insured must be totally disabled prior to age 60 and remain totally disabled from their own occupation through an elimination period of 9 months and for 2 years after, and remain total disabled from any occupation thereafter.
- Portability ceases on attainment of age 70.
- Seatbelt/Airbag benefit will be limited to $30,000 for combined Life and AD&D amounts.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.
- The Guarantee Issue amount shown in the above boxes may be reduced if acceptable evidence of insurability cannot be provided. Benefit reduction percentage by age is shown above in this proposal.

Inshore Benefits
Employer Application

Guardian Life Insurance: Available in CA

For 2025-2026 effective date. Benefit and rates are subject to change.
Check inshorebenefits.com for the most current information.

Voluntary Term Life

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

Life Plan

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- Employees must be working full-time on the effective date of coverage; otherwise, coverage becomes effective after the completion of the specific waiting period GC-Life-15 (Life 2016).
- Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting.
- EstateGuidance® is provided by ComPsych and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of EstateGuidance. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and ComPsych reserve the right to discontinue EstateGuidance at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, ComPsych, or your employer. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.
- Employees must be working full-time on the effective date of your coverage; otherwise, coverage becomes effective after the completion of the specific waiting period.
- Evidence of Insurability is required for all late enrollees. Benefit increases may require underwriting.

Guardian Group Voluntary Life Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Not all policies are available in all states and the coverage, terms and conditions for any policy may vary from state to state. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Coverage will not be effective until approved by a Guardian underwriter. This proposal is subject to satisfactory financial evaluation.

Please refer to certificate of coverage for full plan description. This proposal is not a contract, and merely describes certain features of the products discussed herein. In the event of a conflict between this proposal and any policy or certificate issued by Guardian, those documents and not this proposal control. Generic Policy Form #GP-1-LIFE-15. The state approval form is the governing document.

7. EMPLOYER SIGNATURE

Participation Agreement: We, the undersigned group, understand that we are applying for Guardian Life coverage through Inshore Benefits that has a master policy which provides Life Insurance benefits to employer groups and their eligible employees and dependents. We certify that all information provided with respect to the company and its employees/members is accurate and complete. If not complete, Inshore Benefits and Pathian reserve the right to reject this application.

We, the undersigned group, understand that we have an obligation to ensure that all person offered benefits meet eligibility requirements and that coverage is offered to every eligible person. We understand that we will be liable for any claims incurred during any period in which we do not meet the participation and eligibility maintenance requirements. We understand that Inshore Benefits and/or Pathian will rely on the representations contained in this document and any others, such as applications, which we provide in determining whether they will accept us as an eligible group.

It is understood that coverage for any benefits shall not commence until the completed employer application has been approved by Inshore Benefits and/or Pathian, its authorized agents, or representatives; the first month's premium for the purchased benefit plan(s) has been paid; all completed employee applications have been submitted; and notice of said approval has been transmitted in writing. We certify that the answers on any and all applications are true and understand that coverage may be rescinded should it be determined at a future date that there are misstatements in the applications.

Some of the contracts that Inshore Benefits hold with Warner Pacific Insurance Services (Warner Pacific) provide for payment of incentives, compensation, excess surplus and bonuses (compensation). In the sole and exclusive discretion of Warner Pacific, such compensation may be retained by Warner Pacific or distributed to other parties. Such compensation will not be returned to you as the employer/plan sponsor. Any benefits and/or claims submitted under your policy/certificate will be paid without regard to such compensation.

Arbitration Agreement: We understand that any dispute between us and Inshore Benefits and/or Pathian must be resolved through binding arbitration if the amount in dispute exceeds the jurisdiction limit of the Small Claims Court and not by lawsuit or court process, except as California provides for judicial review of arbitration proceedings.

I certify that all of the information provided in this document is accurate to the best of my knowledge as of the date signed. I also understand that a $15 administration fee may apply to my invoice each month (if applicable).

Signature of Company Officer:	**Title:**
Name (print):	**Date:**

8. AGENT INFORMATION

Agent Name:		Inshore Agent ID #:
License #:	State Issued:	Expiration (MM/YY):
Mailing Address:		
City:	State:	Zip Code:
Agency Name:		
Agency Mailing Address (if different):		
City:	State:	Zip Code:
Email:	Phone:	Fax:

Agent's Certification: I hereby certify that I am not aware of any information that has been withheld from this application by the client and which may have bearing on this risk. I hereby certify that I have advised the client not to terminate any existing coverage until they have received written notification from Warner Pacific Insurance Services and/or Pathian that the coverage being requested by this application is accepted. Upon first submission, the agent or agency must provide copy of current Producer License and a completed W-9.

Agent Signature:	**Date:**