



General Information	
Member Name:	Group Plan #:
Dependent Name:	Dependent Date of Birth:
Member Address:	
Member SS #: _____	

Student & Dependent Certification
1. Is the child a dependent for tax purposes pursuant to the Internal Revenue Code? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. If "NO", in what tax year did you last claim the child as a dependent on your federal tax return? _____
3. Is the child a full-time student at an accredited school? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. If "YES", name and address of school in which dependent is enrolled: _____ _____
5. Expected date of graduation (if this year): ____ / ____ / ____ MO DAY YR

Disability Certification
1. Is dependent now incapable of self-support because of a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Age of dependent when disability occurred: _____
3. Nature of disability (Please provide as much detail as possible): _____ _____
4. Prognosis (estimate months or years): _____
5. Name and address of Primary Care Physician: _____ _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE RELEASE OF ANY INFORMATION REQUEST IN REGARD TO THE CERTIFICATION.

Member Signature _____

Date Signed _____

Any person who includes any false or misleading information on an application for insurance commits a fraudulent insurance act and is subject to criminal and civil penalties.

Please complete this form and return it in the envelope provided to the following:

The Guardian Life Insurance Company of America, Northeast Regional Office, P. O. Box 14319, Lexington, KY 40512