

Company Name _____

Group Number _____

Effective Date / /

Guardian requires at least one person to be designated as the **AUTHORIZED APPROVER OF ACCESS (AAA)**. This individual will be responsible for managing and granting access to the group's information on the Guardian Anytime website. The AAA must be an internal company employee. While you may extend and approve authorization to a broker or Third-Party Administrator, they cannot be the AUTHORIZED APPROVER OF ACCESS.

List AAA(s) who will control administration access to Guardian Anytime for your group plan.

Authorized Approver of Access Name(s)	Phone Number(s)	Email Address(es) ~Please print clearly~	Divisions <i>Leave blank if all</i>

In addition to the Authorized Approver of Access user(s) identified, please list any additional individuals that should have access as administrators of the group authorized to add, view or change information via Guardian Anytime. The below users will not control the access to the group.

List additional plan administrator(s) authorized to add, view or change information via Guardian Anytime.

Additional Administrator Name(s)	Phone Number(s)	Email Address(es) ~Please print clearly~	Divisions <i>Leave blank if all</i>

Guardian will pre-register all individuals listed on this form. This form must be signed by an owner or officer of your company. Individuals added or changed in the future will be managed exclusively by your designated AAA.

Each individual pre-registered by Guardian will receive an e-mail with instructions on how to complete the registration.

SIGNATURE AND ATTESTATION

By signing below, you agree that you are an officer of Your Company or thereby designated and authorized as the approver of access ("Approver") on behalf of your Company and are responsible for ensuring only authorized persons are able to access the sensitive information maintained by Guardian related to your plan that is protected by applicable state and federal privacy laws. You agree that you will manage access by your employees and/or agents to enable them to access and receive information through Guardian administrative systems ("the Administrative Systems") to perform enrollment, disenrollment and billing related functions. As such you agree to: (1) notify Guardian of changes to authorized users; (2) periodically audit your user accounts who have access to the Administrative Systems to validate that all access is still required; and (3) indemnify Guardian for any liability to Guardian caused by your plan's access to the Administrative Systems or your failure to provide updated user information to Guardian, including but not limited to the failure to terminate a user's access to the Administrative Systems once access is no longer required.

Further, you 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.

Name and Title of Authorized Representative

Date

Signature, Authorized Representative