



SAPOZNIK INS AGENCY
1100 NE 163RD STREET
2ND FLOOR
N. MIAMI BEACH, FL 33162

Your client's Guardian employee benefits
renewal package is enclosed

As a valued Guardian producer, we appreciate your business and hope you are fully satisfied with our plan offerings and services. Our commitment is to continue providing high-quality plans while placing your business needs first.

If you have questions about this renewal package or would like information about other benefits available for your client, we can assist you. Contact your Guardian Group Sales office at:

1511 N. West Shore Blvd., Tampa, Florida, 33609, (813) 472-6080.

DENTAL	DISABILITY	LIFE	VISION	CRITICAL ILLNESS	CANCER	ACCIDENT
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The Guardian Life Insurance Company of America 7 Hanover Square, New York, NY 10004-4025



**It's renewal
time!**

**Guardian is
here to help.**

RENEWAL INFORMATION FOR

**TOWN OF GOLDEN BEACH
GROUP PLAN # 00429802**

**RENEWAL PERIOD
October 1, 2014 - September 30, 2015**



GUARDIAN®

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

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What you'll find in this package

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Renewal Rates At-a-Glance

This plan is currently offered for Insurance Class 1

DENTAL PLAN RATES -					
Tier	Enrolled Employees	CURRENT		RENEWAL	
		Monthly Rate	Annual Premium	Monthly Rate	Annual Premium
EE	17	\$42.55	\$8,680	\$44.68	\$9,115
EE & SP	9	\$94.21	\$10,175	\$98.92	\$10,683
EE & CH	7	\$120.54	\$10,125	\$126.57	\$10,632
FAMILY	7	\$161.30	\$13,549	\$169.37	\$14,227
TOTAL	40		\$42,529		\$44,657

Your dental and/or vision premium includes 3.60% to cover the expected cost of the Health Insurance Fee. This fee is not tax deductible to insurance carriers and applies to all insurers offering fully insured medical, dental, and vision coverages.

If you have determined that your group is considered a small group and subject to ACA regulations which require you to include pediatric dental essential health benefits, Guardian can provide these benefits. Please contact your local Sales Office for options.

Additional Dental Information

DENTAL MAXIMUM ROLLOVER SUMMARY

For Benefit Year Ending: 12/31/2014

ROLLOVER ACCOUNT SIZE	NUMBER OF QUALIFYING EMPLOYEES & DEPENDENTS	TOTAL ACCOUNT VALUE
\$0	19	\$0.00
\$1 - \$250	0	\$0.00
\$251 - \$500	13	\$6,050.00
\$501 - \$750	4	\$2,836.60
\$751 - \$1,000	11	\$10,331.80
Over \$1,000	29	\$36,200.00
TOTAL	57	\$55,418.40

18 of your Employees and Dependents currently are eligible for additional Maximum Rollover amounts.

"Benefit Year" refers to the 12-month period during which charges are counted toward this plan's annual maximum.

"Number of Qualifying Employees and Dependents" reflects information available at the time this renewal package was issued. Additional claims will affect this count.

"Eligibility for additional rollover amounts reflects information available at the time this renewal package was issued. Additional claims will affect the eligibility for additional rollover amounts"

Rollover amounts earned in the benefit year ending 12/31/2014 are applied to the members Maximum Rollover Account for use starting the next benefit year.