



PATRICIA HODGE
90 WEST STREET
APT #18U
NEW YORK, NY 10006

April 09, 2015

Guardian Life
P.O. Box 14319
Lexington, KY 40512

Group G-00425611
Re: Employee

Dear Ms. HODGE

We are pleased to advise you that your application has been approved for the coverages listed below, provided you are actively at work on the date. If not, coverage will become effective on the date you return to work on a full-time basis.

<u>Name</u>	<u>Coverage</u>	<u>In-force Amount</u>	<u>Approved Amount</u>	<u>Total Amount</u>	<u>Effective Date</u>
PATRICIA HODGE	Vol. Long Term Disability	0	\$500.00	\$500.00	04/01/2015

Your approval was based on the information provided on your signed and dated application form. You may request a copy by calling 1-888-278-4542.

A copy of this letter will also be sent to your employer who will begin to make payroll deductions for these coverages, if necessary.

If you have any questions, please contact your plan administrator or our Customer Response Unit at 1-888-278-4542.

Sincerely,

Cheryl Davis (ngupkxh)
Group Underwriter - Medical