

A guide for clients

 Guardian®

eMed step- by-step guide

Secure and private collection
of your medical information



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Welcome

- Confirm that you are in a private setting without your insurance representative present to proceed.

WELCOME

[I Opt Out](#)

Welcome David!

Thank you for trusting Guardian for your insurance needs. As part of the underwriting process, we need you to provide information about your medical history.

Our eMed electronic system for gathering medical information is secure and private. We will keep all of your information confidential.

Are you in a private setting?

Yes No

Is your financial representative with you?

Yes No

i Additional records may be collected after your policy has been issued to verify the information provided. A policy may be rescinded if this information reveals a material misrepresentation in the application submitted.

- You can choose to opt out of eMed at any time by clicking the **I Opt Out** button in the upper right of the window.
- To proceed, scroll to the bottom of the page and click the blue **Next** button.

Authorization and disclosure

- Review the *Guardian Online Terms and Conditions of Use and Guardian Privacy Policy* and then click the **I Accept** button.
- Review the *Agreement to Conduct Business Electronically*. To proceed, scroll to the bottom of the page and click the second **I Accept** button.


AUTHORIZATION AND DISCLOSURE

Guardian Online Terms and Conditions of Use

By clicking "I Accept" you are indicating that you have read and accepted the Guardian Online Terms and Conditions of Use:

[Guardian Online Terms and Conditions of Use](#)

[Guardian Privacy Policy](#)

 **I Accept** **I Opt Out**

Agreement to Conduct Business Electronically

The Guardian Life Insurance Company of America and its affiliated entities, including The Guardian Insurance & Annuity Company, Inc., Berkshire Life Insurance Company of America and Park Avenue Securities LLC (together referenced as "Guardian") are required to provide you with disclosures and other information when you (i) access and/or log in to a Guardian website, (ii) proceed with an electronic process in connection with an application for life insurance or disability insurance, (iii) accept delivery of an approved life insurance or disability insurance policy, and/or (iv) receive information and/or request specific transactions electronically regarding your policy, contract or account (as applicable). We can only provide these disclosures and other information electronically with your consent. You are not required to conduct business electronically.

1. Definitions

The "Agreement" refers to this Agreement to Conduct Business Electronically. "You" and "your" refers to the individual, business or legal entity (i) accessing a Guardian website, (ii) proceeding with an electronic process in connection with an application for life or disability insurance, (iii) accepting delivery of an approved life or disability insurance policy, and/or (iv) receiving information and/or requesting specific transactions electronically regarding your policy, contract or account (as applicable).

2. Consumer Consent


With your consent, Guardian can deliver disclosures and information to you by displaying or delivering the information electronically and requesting that you print or download the information and retain it for your records. Your consent also permits Guardian to use an electronic signature and electronic records in connection with the requested transaction.

By clicking "I Agree" or "I Accept", you affirmatively consent and agree that:

- Guardian can provide all disclosures required by law and other information about your legal rights and duties electronically
- Guardian may send the disclosures and other information to you electronically via email or via a Guardian portal.
- The use of a key pad, mouse or other device to click "I Agree" or "I Accept" constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. You agree that the lack of a certification, authority or other third-party verification will not in any way effect the validity or enforceability of your signature.
- By logging in, entering a Guardian website and making a request, or otherwise following a procedure to verify your identity and intent to make a request, you are applying your electronic signature to your request. In addition to making disclosures and information available to you electronically, your electronic signature applies to all requests and transactions you make electronically on the website.

3. Withdrawal of Consent to Use Electronic Records

If you decide that you no longer wish to use electronic records or proceed with an electronic process for the purposes described herein, you must notify Guardian that you are withdrawing your consent to use electronic records or proceed with an electronic process. You may withdraw that consent at any time. If you withdraw

 **I Accept** **I Opt Out**

- Scroll to the bottom of the page in order to provide your authorization to ensure that the Company is able to collect this information on your behalf in accordance with state and federal privacy laws, click the [Click here to review this authorization and disclosures](#) button.
- You will be presented with a document detailing the *Authorization to Obtain and Release Information* form. After reviewing, you can either [Save/Download as PDF](#) or [Close](#). After closing, you will be presented with a check box to confirm agreement with the authorization and disclosures. You cannot proceed without signing this Authorization. Check the confirmation box and enter the City and State that you are currently located in.

To comply with the HIPAA Privacy Rule, we need to acquire your authorization for the Company to obtain and release your information.

[Click here to review this authorization and disclosures](#)

I have reviewed and read each page of the authorization and disclosures that are to be signed.

Signed in City

Signed in State

[Apply electronic signature](#)

- Once required fields are complete, click the [Apply electronic signature](#) button.

Navigation & general tips

- A directory and status icons appear in the left pane. A green check mark indicates that all required questions are complete. An orange question mark indicates that additional information is required. When all items in the directory have green check marks, eMed is ready to be eSigned.

| | |
|-------------------------------|---|
| Welcome | ✓ |
| Physician Information | ✓ |
| Weight Change | ? |
| Cancer | |
| Heart and Cardiology | |
| Blood/Skin/Glands | |
| Kidneys | |
| Reproductive | |
| Gastroenterology | |
| Arthritis | |
| Spine, Joints, Limbs or Bones | |

- Navigate between sections and fill in the information in any order that you like, using the directory on the left.
- Answer the medical questions as they appear on screen. When you answer 'yes' to any of these questions, you will be asked additional questions, such as details of any diagnoses, tests, treatments, and treating physician's name, contact information and prescribed medications.
- Completion of all requested information will expedite your eMed review by the Company's underwriters.
- Your progress is saved as you move through the medical questionnaire. If at any time you wish to save, click the "Save" button in the top-right corner.
 - Want to exit and finish later? No problem, just sign back in with the same email link, user ID and password that you registered with.

Physician information

- If you wish to provide the name and contact information for your primary care physician, click the **Yes** radio button.
- Required fields are noted by thick lines around the data fields; non-required fields have a thin line.

PHYSICIAN INFORMATION

[I Opt Out](#)

Do you have a personal care doctor you last consulted within the past 5 years?

Yes No

Primary Care Doctor

i Please enter the Healthcare facility's name or either the Physician's Last Name or First Name along with State (at a minimum) to use the Search feature. Alternatively, you may enter a Physician Name, Facility and Address without using the search feature.

First Name Last Name

Health care facility's name

Address Line 1 Address Line 2

City State Zip Code

Phone

- To use the **search feature**, you must provide, *at a minimum*, your physician's 'last name' or 'first name' and 'state'. Providing more data points will result in a more consolidated list of results. Upon entering desired data, click **Search** button, which will return a list of physicians meeting the criteria. Click the check box next to your physician's name to autofill any missing required contact information.

***Note**, the search button will not be available to click until data has been entered in the text field and you click out of the text field upon completion.

Primary Care Doctor

? Please enter the Healthcare facility's name or either the Physician's Last Name or First Name along with State (at a minimum) to use the Search feature. Alternatively, you may enter a Physician Name, Facility and Address without using the search feature.

First Name Last Name

Health care facility's name

Address Line 1 Address Line 2

City State Zip Code

Phone

Search

| Name | Address Line 1 | City | State | Zip |
|--|----------------|------------|-------|------------|
| <input type="checkbox"/> [REDACTED] MARTINEZ | [REDACTED] | [REDACTED] | MA | [REDACTED] |
| <input type="checkbox"/> [REDACTED] MARTINEZ | [REDACTED] | [REDACTED] | MA | [REDACTED] |
| <input type="checkbox"/> [REDACTED]-MARTIN | [REDACTED] | [REDACTED] | MA | [REDACTED] |
| <input type="checkbox"/> [REDACTED] MARTIN | [REDACTED] | [REDACTED] | MA | [REDACTED] |

- If your physician's contact information does *not* return in the search, you can manually complete all required fields.
- Depending on diagnoses and medical information you provide throughout the medical questionnaire, you may be presented with additional opportunities to share physician information relevant and specific to said diagnoses and medical information. Search functionality will remain the same throughout.

Medication look-up information

- As you disclose diagnoses and medical information, you will be asked to provide medication that may have been prescribed as a result. Enter the medication name and click the **Search** button.

***Note**, the search button will not be available to click until data has been entered in the text field and you click out of the text field upon completion.

Medication Details ✕

Medication Name

Why was this medication prescribed?

How would you describe your degree of recovery?

- The search will return numerous matching medications along with numerous quantities and dosages. Click the check box for the medication that best matches what you were prescribed.

Medication Details ✕

Medication Name

ibuprofen

Search

| Name | Strength | Package Code | Product Code |
|---|----------|--------------|--|
| <input type="checkbox"/> Hydrocodone Bitartrate And Ibuprofen | 7.5 | 0074-2277 | 4 BLISTER PACK in 1 CARTON (0074-2277-12) > 25 TABLET, FILM COATED in 1 BLISTER PACK |
| <input type="checkbox"/> Hydrocodone Bitartrate And Ibuprofen | 7.5 | 0074-2277 | 100 TABLET, FILM COATED in 1 BOTTLE (0074-2277-14) |

- There may be multiple pages of results. You can click through the pages at the bottom of the pop-up window.
- Once you have selected your medication, complete the 'Date first used?' and 'Date last used?' fields and click **Save**.

Medication history

- For some types of applications, we will securely retrieve your prescription history report from an authorized vendor.
- We will show this report to you, so you can compare your prescription history with the list of medications you provided during the questionnaire. If there are medications you overlooked, you can go back and update your answers or provide the details about the medication(s.)
- If you cannot continue to the next screen, verify that green check marks appear for all screens listed in the directory at left. Return to screens without a check mark and complete any unanswered questions.

ADDITIONAL PRESCRIPTION DETAILS

Please compare the two lists of medications below and use the details section to provide information for the medications you did not already tell us about. Kindly note that some brand and generic medications may be listed together. If this occurs, enter as much detail as possible for both medications. If you would prefer to go back and change any information, please do so prior to signing and submitting this application.

Details: an exact medication name, condition or disorder, generic/brand, dates first and last used and any other details you feel provide regarding this medication or condition.

Below is a list of medications you told us about throughout the survey

| Drug Name | Date First Used | Date Last Used |
|-----------|-----------------|----------------|
| Angin | 01/2017 | 07/2018 |

Showing 1 to 1 of 1 rows

Below are the medications identified in your prescription history from our medical vendor

| Drug Name | Generic Name | Fill Date | Physician Name |
|---------------------------|--------------|-----------|----------------|
| No matching records found | | | |

← Back
Next →

Review, sign and save your medical questionnaire

- Once all required pages have been complete and show green check marks in the left-hand directory, you will be directed to the 'Review and Lock' page. Click **Review Your Application** to view a PDF of your completed medical questionnaire.

Welcome ✓

Physician Information ✓

Weight Change ✓

Cancer ✓

Heart and Cardiology ✓

Blood/Skin/Glands ✓

Kidneys ✓

Reproductive ✓

Gastroenterology ✓

Arthritis ✓

Spine, Joints, Limbs or Bones ✓

REVIEW AND LOCK

Please review your application and all other forms in their entirety for accuracy and to make sure you completely understand and agree with what they say.

If you need to change or update any information you may do so by using the 'Back' Button and going back to do so, or if you have questions, please contact your financial representative. After reviewing your application and reading each of the pages that are to be eSigned, please check the box indicating you have read it and then select either 'I Agree' or 'I Opt Out'.

[Review Your Application](#)

[Back](#)

- Upon review, you can either **Save/Download as PDF** or **Close**. After closing, you will be presented with a check box to confirm you have reviewed the medical questionnaire and are ready to eSign. Click the check box and then the **I Agree** button.

[Review Your Application](#)

I have reviewed and read each page of the application and all supporting documents and disclosures that are to be signed.

[I Agree](#) [I Opt Out](#)

[Back](#)

- You will be directed to the Sign and Submit page. Click the check box next to your name, enter your 'Signed in City' and 'Signed in State' and click the **Apply electronic signature and submit the application** button.

SIGN AND SUBMIT

I, David CanTest

- Certify that I have read the application and all included forms and disclosures
- Certify to the best of my knowledge the answers and information provided on the application and all documents are true and correct
- Am signing the application and all required forms and disclosures, if any, utilizing an electronic signature
- Consent to receive all required documents, including the application and all ancillary forms and disclosures, by electronic transmissions to the email address I have provided

Signed in City: TestCity Signed in State:

Apply electronic signature and submit the application [I Opt Out](#)

- Upon completion, you will receive a 'Thank you' message with a green check mark that will explain next steps. You are now done with the medical questionnaire and can close the browser.

- Following completion, you will receive an email from donotreply@iPipeline.com with a secure link to your eSigned medical questionnaire. The email will contain a 4-digit PIN that must be entered along with the last four digits of your SSN to access the secure portal and retrieve your signed medical questionnaire.



Thank you for using our eMed service

A copy of the medical and health history you provided can be downloaded and printed by clicking the link below and use the following authorization code **7113**. We recommend that you maintain a copy for your records.

This link will expire in 14 calendar days. It is recommended you take immediate action.

[Click Here to
Save your Document](#)

Should you have any questions please contact your financial professional

[Redacted]

[Redacted]

Please do not reply to this mailbox. This address is not monitored for incoming mail.

Your email provider may have prevented the automatic download of some images contained in this message. You may manually adjust your settings to allow the images to display or [click here](#) to be directed to your online application.

If you are viewing this message from within your *Junk* or *Spam* folder, you may be required to move the message to your *inbox*

Frequently asked questions

Why should I use the online medical information collection process?

Online medical information collection is the fastest, most convenient way to provide your medical history as part of your application for insurance. It is secure, with no third-party intervention, and is available to you online, anytime, anywhere, 24/7. Plus, by using scripted drill-down questions, you are asked only to provide the information necessary for underwriting, reducing the need for possible follow-up questions.

What do I do if I cannot locate my email invitation?

Check your junk and spam folders to ensure the email did not end up there. If the email has not been received or has been lost, contact your insurance representative and he or she can resend the email invitation to you.

What do I do if I am locked out of the system?

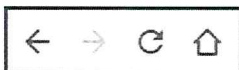
If this happens, contact your insurance representative. He or she will be able to reset the system and send a new email invitation to you. You may want to verify he or she has set the registration with your correct Social Security number and spelling of your first and last name.

Why do I need to register to use the system?

For your security and convenience, you must register to use Guardian's electronic services. After your identity is validated, you create a user ID and password that will allow you to save your progress and exit the online application service. Sign back in later using same email link, user ID and password. Your user ID and password will sign you into other online services as well. Talk to your insurance representative about Guardian's policy delivery services.

Can I use the "back" button in my browser to return to the prior page?

Usage of the "back" and "forward" buttons within your browser is not supported. Please use the left menu to choose the page you wish to view.



Why do some of the tabs still show a question mark?

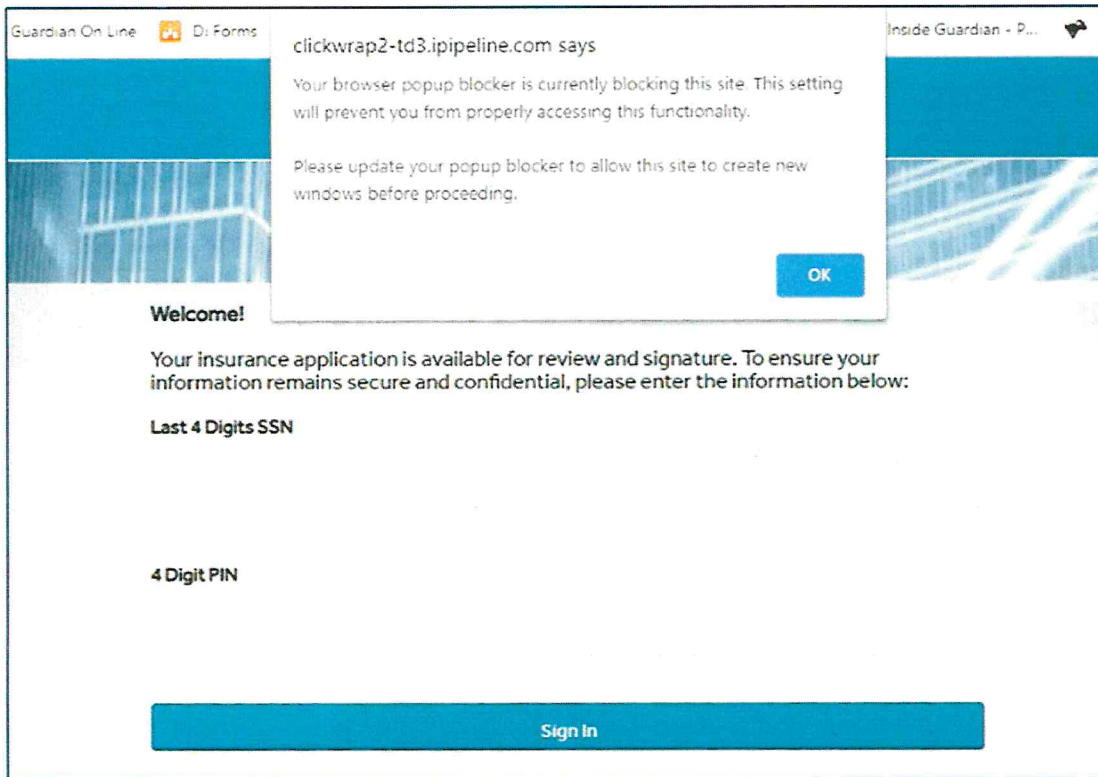
All fields with bold blue outlines are required. Please check that all required fields have been completed.

The tool does not seem to be working. How can I check my systems for compatibility?

To ensure you have the best experience with this online tool, please use a Google Chrome browser and ensure that pop-ups are enabled before you begin. To do this:

1. On your computer, open Google Chrome.
2. Click the 3 dots in the top right.
3. Click 'Settings.'
4. At the bottom, click 'Show advanced settings.'
5. Under Privacy, click 'Site settings.'
6. Under Pop-ups, select an option: 'Do not allow any site to show pop-ups (recommended)' or 'Allow all sites to show pop-ups.'

The below screenshot may reflect an instance where your pop-up blocker has not been disabled for the purposes of completing the eApp.



I can't find a next button to proceed. What should I do?

Sometimes action buttons or windows will appear at the bottom or top of the window, requiring you to scroll up or down accordingly to locate the action button. If you are stuck, we recommend scrolling up and down to see if something has been missed.

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