



**MARCHESE FORD OF MECHANICVILLE**  
ALL ELIGIBLE EMPLOYEES  
Group Number: 005229922



**Customer Service (888) 600-1600**  
Monday to Friday | 8am to 8:30pm ET

## Welcome to

# Workplace benefits

### Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

### Your coverage options



**Dental  
insurance**

Taking care of teeth and  
overall health

### Ready to enroll?

Only you know what's right for you and your family. Which is why you can choose from a range of plans to pick the best fit.

Whatever you pick, you're in good hands.

We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

**1** Read through this information.

**2** Choose the benefits you'd like to take.

**3** Follow your employer's instructions to complete the enrollment process.

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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# Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

## Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

## What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

## Why should I consider it?

Poor oral health isn't just aesthetic; it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



## Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

**Cardiovascular disease:** Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

**Osteoporosis:** Weak and brittle bones may be linked to tooth loss.

**Diabetes:** Research shows that people with gum disease find it more difficult to control their blood sugar levels.

**Alzheimer's disease:** Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, [www.mayoclinic.com](http://www.mayoclinic.com). 2018.

You will receive these benefits if you meet the conditions listed in the policy.



# Your dental coverage

**PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

This plan covers the pediatric oral care essential health benefits that are compliant with the Affordable Care Act (ACA) requirements. Guardian will ensure that your dependents under age 19 receive the greater coverage between the traditional benefit and the pediatric essential health benefits. Please refer to "Your Pediatric Health Benefit" page for more details.

**Your Dental Plan**

**PPO**

Your Network is		DentalGuard Preferred	
Calendar year deductible		In-Network	Out-of-Network
Individual		\$25	\$25
Family limit		3 per family	
Waived for		Preventive	Preventive
Charges covered for you (co-insurance)		In-Network	Out-of-Network
Preventive Care		100%	100%
Basic Care		80%	80%
Major Care		50%	50%
Orthodontia		Not Covered (applies to all levels)	
Annual Maximum Benefit		\$ 1500	\$ 1500
Maximum Rollover		Yes	
Rollover Threshold		\$700	
Rollover Amount		\$350	
Rollover In-network Amount		\$500	
Rollover Account Limit		\$1250	
Lifetime Orthodontia Maximum		Not Applicable	
Dependent Age Limits		26	



# Your dental coverage

## A Sample of Services Covered by Your Plan:

PPO			
Plan pays (on average)			
	In-network	Out-of-network	
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	80%
	Fillings†	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Once Every 6 Months	
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
	Bridges and Dentures	50%	50%
Major Care	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Single Crowns	50%	50%
		50%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members. Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*General Anesthesia – restrictions apply. †For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

### Find A Dentist:

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.



# Your dental coverage

## EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic

consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al. **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy/limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.  
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16



# Your dental coverage

**Pediatric Essentials** – As highlighted on the “Dental Plans” page, this plan covers the pediatric oral care essential health benefits that are compliant with the Affordable Care Act (ACA) requirements. Guardian will ensure that your dependents Under Age 19 receive the greater coverage between the traditional benefit and the pediatric essential health benefits.

## Your Dental Plan

### Your Network is

DentalGuard Preferred

### Calendar Year Deductible

Per Insured Child (Orthodontic & Non-Orthodontic)  
Waived for

In-Network	Out-of-Network
\$150	\$150
Preventive	Not Waived

### Charges covered for you (co-insurance)

Diagnostic & Preventive - Oral Exam, Cleaning, X-rays, Fluoride  
Basic Care - Fillings, Stainless Steel Crowns, Extractions  
Major Care -Endodontic Services, Crown Restorations  
Orthodontia – **Medically Necessary Only**

In-Network	Out-of-Network
70%	70%
50%	50%
50%	50%
50%	50%

### Annual Maximum

In-Network	Out-of-Network
None	None

### Lifetime Orthodontia Maximum

In-Network	Out-of-Network
None	None

### Out Of Pocket Annual Maximum

Individual	Family
\$350	\$700

### Age Limits

Under Age 19

*This is only a partial list of dental services. Your certificate of benefits will show what is covered and excluded. Plan and rates subject to change based on state requirements.*

**Medically Necessary Orthodontics** – includes, but may not be limited to, orthodontic treatment of skeletal, dental and/or occlusal conditions due to cleft palate and resulting in severe or handicapping malocclusion. Medically necessary orthodontics does not include orthodontic treatment performed solely for crowded dentitions (crooked teeth), excessive spacing between teeth and/or having horizontal/vertical (overjet/overbite) discrepancies.

**Out of Pocket Annual Maximum** – The Preferred Provider Out of Pocket Annual Maximum will apply each year. Any amount paid for covered pediatric dental services by a Covered Person applies toward satisfaction of the out of pocket maximum. Once the annual out of pocket maximum is reached, Covered Charges for services performed by a Preferred Provider will be reimbursed at 100%.

## Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

## Find A Dentist:

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) Click on “Find A Provider”; You will need to know your plan and dental network, which can be found on the first page of your dental benefit summary.



# Your dental coverage

## EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles *may* apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the

extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for preventive, restorative, endodontic, periodontic, and prosthodontic services. "See your Certificate for complete specifics of all Exclusions and Limitations."

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.  
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16



# Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.



## Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

## How maximum rollover works \*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
<b>\$1,500</b>	<b>\$700</b>	<b>\$350</b>	<b>\$500</b>	<b>\$1,250</b>
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to a plan's annual maximum for future years	Additional dollars added if only in-network providers were used during the benefit year	The limit that cannot be exceeded within the maximum rollover account

\* This example has been created for illustrative purposes only.

\*\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states. Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

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# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

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## Important information



### **Notice Informing Individuals about Nondiscrimination and Accessibility Requirements**

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

### **No Cost Language Services**

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

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## Dental insurance



### **Guardian's HIPAA Notice of Privacy Practices**

The notice describes how health information about you may be used and disclosed and how you can access this information. Visit <https://www.guardiananytime.com/notice50> to read more.

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Group Insurance Enrollment/Change Form  
**THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**  
Page 1 of 4

Guardian Life, P.O. Box 14319, Lexington, KY 40512  
Please print clearly and mark carefully.

Employer Name: <b>MARCHESE FORD OF MECHANICVILLE</b>	Group Plan Number: <b>00529922</b>	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX	Initial Enrollment	Re-Enrollment
Increase Amount	Family Status Change	Add Employee/Dependents
		Drop/Refuse Coverage
		Information Change

Class: _____	Division: _____	Subtotal Code: _____	(Please obtain this from your Employer)
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<b>About You:</b> First, MI, Last Name:		Social Security Number	
Address		City	State
Gender: M F	Date of Birth (mm-dd-yy): _____ - _____ - _____	Phone: ( ) - _____	Zip
Email Address:	Are you married or do you have a spouse? Yes No Date of marriage/union: _____ - _____ - _____ Do you have children or other dependents? Yes No Placement date of adopted child: _____ - _____ - _____		

<b>About Your Job:</b>		Job Title:
Work Status:		
Active	Retired	Cobra/State Continuation
Hours worked per week: _____	Date of full time hire: _____ - _____ - _____	

**About Your Family:** Please include the names of the dependents you wish to enroll for coverage. A dependent is a person who relies on you for financial support; and for whom you qualify for a dependent tax exemption. Dependent tax exemptions are subject to IRS rules and regulations. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

Spouse (First, MI, Last Name)	Gender M F	Social Security Number ____ - ____ - ____	
Address/City/State/Zip:		Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Phone: ( ) - _____			
Child/Dependent 1:	Add Drop Gender M F	Social Security Number ____ - ____ - ____	Status (check all that apply) Student (post high school) Non standard dependent Disabled
Address/City/State/Zip:		Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Phone: ( ) - _____			
Child/Dependent 2:	Add Drop Gender M F	Social Security Number ____ - ____ - ____	Status (check all that apply) Student (post high school) Non standard dependent Disabled
Address/City/State/Zip:		Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Phone: ( ) - _____			

Child/Dependent 3:	Add	Drop	Gender M F	Social Security Number ____ - ____ - ____	Status (check all that apply) Student (post high school) Non standard dependent	Disabled
Address/City/State/Zip:						
Phone: (    )    -						
Child/Dependent 4:	Add	Drop	Gender M F	Social Security Number ____ - ____ - ____	Status (check all that apply) Student (post high school) Non standard dependent	Disabled
Address/City/State/Zip:						
Phone: (    )    -				Date of Birth (mm-dd-yyyy) ____ - ____ - ____		

<b>Drop Coverage:</b> Drop Employee                      Drop Dependents The date of withdrawal cannot be prior to the date this form is completed and signed. Last Day of Coverage:        -        - Termination of Employment                      Retirement Last Day Worked:        -        - Other Event:                      -                      - Date of Event:        -        -	<b>Coverage Being Dropped:</b> Dental                      Employee                      Spouse                      Child(ren)
<b>Loss Of Other Coverage:</b> I and/or my dependents were previously covered under another insurance plan. Loss of coverage was due to: Termination of Employment:        -        - Divorce/Separation        -        - Death of Spouse        -        - Termination/Expiration of Coverage        -        - Coverage Lost        Dental	I have been offered the above coverage(s) and wish to drop enrollment for the following reasons: Covered under another insurance plan Other _____ (additional information may be required)

**Dental Coverage:** You must be enrolled to cover your dependents. Check only one box.

Employee Only        EE & Spouse        EE & Dependent/Child(ren)        EE, Spouse & Dependent/Child(ren)

PPO \*

I do not want this coverage. If you do not want this Dental Coverage, please mark all that apply:

I am covered under another Dental plan  
My spouse is covered under another Dental plan  
My dependents are covered under another Dental plan

**Signature**

I understand that my dependent(s) cannot be enrolled for a coverage if I am not enrolled for that coverage.

Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.

I understand that if I waive coverage, I may not be eligible to enroll until the next open enrollment period. Late entrant penalties may apply. I understand that I may also have to provide, at my own expense, proof of each person's insurability. Guardian or its designee has the right to reject my request.

I understand that my coverage will not be effective until approved by Guardian or its designated underwriter.

I hereby apply for the group benefit(s) that I have chosen above.

I understand that I must meet eligibility requirements for all coverages that I have chosen above.

I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.

I agree that my [employer] or my employer's designated administrator may deduct premiums from my pay apply premiums to my credit card or debit card add premiums to my dues withdraw premiums from my designated bank account, apply premiums to my credit or debit card if they are required for the coverage I have chosen.

I state that the information provided above is true and correct to the best of my knowledge.

Any person who with intent to defraud any insurance company or other person files an application for insurance for insurance or statement of claim containing any materially, false information, or conceals for purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil Penalties, or denial of insurance benefits (Does not apply to Life Insurance).

The laws of New York require the following statement appear: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Does not apply to Life Insurance.)

READ YOUR CERTIFICATE CAREFULLY, CERTAIN WAR RISKS ARE NOT ASSUMED. IN CASE OF ANY DOUBT, CONTACT YOUR COMPANY FOR FURTHER EXPLANATION.

The following section applies to these coverage(s): Accident Coverage, Specified Disease Coverage, Hospital Indemnity Coverage:

NOTICE TO CONSUMER: THIS COVERAGE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

If you have questions about the benefits provided by this coverage, please contact us at 1-888-541-7846.

By my signature below, I affirmatively consent to receive electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I understand that I may change my election by providing Guardian 30 days prior written notice. I am opting out of receiving electronic copies of applicable insurance related documents and I understand such documents will be mailed to me at the address provided.

SIGNATURE OF EMPLOYEE X \_\_\_\_\_ DATE \_\_\_\_\_

### Fraud Warning Statements

Enrollment Kit: 00529922-0001, EN

The laws of several states require the following statements to appear on the enrollment form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Iowa, Nebraska, and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland : Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

Ohio: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.