



**PlanHolder:**  
**CENTRAL MICHIGAN UNIVERSITY**

Supply your name and DOB to the provider's office.

**Guardian DentalGuard**  
**Plan Number: G-00560625**

000001



**Customer Response Unit: 800-541-7846**  
**Submit Claims to:** GUARDIAN  
GROUP DENTAL CLAIMS  
PO BOX 981572  
EL PASO TX 79998-1572

**PROVIDER SELECTION:** You are free to decide which provider to use at any time. However, you can generally reduce your out-of-pocket expenses if you use a DentalGuard Preferred PPO network provider. To find PPO network providers in your area, consult your directory, visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) or call the toll free number.

See your benefits booklet for a description of benefits, terms and conditions, limitations and exclusions of coverage. This card is for identification purposes only and does not guarantee eligibility to receive services.

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**[www.GuardianAnytime.com](http://www.GuardianAnytime.com)**