Disability Income Insurance Plan

American Occupational Therapy Association

Don't Let A Disabling Injury or Sickness Take Away Your Family's Financial Security…

Help make sure your financial future is secure with Disability Income Insurance

Up to $5,000 in Monthly Benefits

Member and/or Spouse under age 70, who are citizens or legal residents of the United States and have been Actively at Work (at least 25 hours per week), may apply for up to $5,000 per month in disability income benefits. A Spouse cannot be legally separated or divorced from the Member. When Spouses are both Eligible Members, coverage may not be duplicated by applying as dependents of each other.

Spouse includes domestic partners who have provide a domestic partner affidavit or other documentation as required by law.

This coverage is not available in all states.

Choose Your Monthly Benefit

You may choose benefit amounts from a minimum of $200 up to $5,000 in $100 increments per month (your benefit amount cannot exceed 60% of your Pre-disability Earnings minus any Other Income Benefits). Once Totally Disabled, benefits will begin on the first day following completion of your selected Elimination Period (60, 90, or 180 days).

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Insured's Gross Monthly Income	$3,000.00
Long term disability benefits percentage	x 60%
Unreduced maximum benefit	$1,800.00
Less Social Security disability benefit per month	- $900.00
Less state disability income benefit per month	- $300.00
Total amount of long term disability benefit per month	$600.00

Benefit Period

For Total Disability caused by a covered Sickness or Injury, benefits will be paid as follows:

Up to age 65 if Total Disability occurs before attainment of age 64. If Totally Disabled at ages 64 through 69, benefits will be payable up to 12 months, but not beyond age 70.

Recurrent Disability

If you have multiple periods of disability, in order to requalify for full benefit periods, each disability period must either be separated by at least 6 consecutive months during which the insured is Actively at Work, or the later Total Disability is caused by an unrelated cause.

Rehabilitative Employment Benefit

A vocational rehabilitation program is available with staff nurses and specially trained counselors. Each individual rehabilitation program is custom tailored to each claimant's needs. Our counselors use skills assessment, job and transferable skills analysis, job modification, vocational testing, job placement assistance and retraining. The monthly benefit is reduced by 50% for any rehabilitative employment income you receive.

Successive and Concurrent Disabilities Limitation

The insured member will receive their selected benefit for disabilities, which are recurrent in nature. Successive periods of the same or related disabilities are payable as new benefit periods (eligible for new maximum durations) when separated by six consecutive months of full-time active employment. Periods of disability, if due to the same or related medical causes and separated by fewer than six months while you are Actively-at-Work, are considered a single period of disability.

Periods of disability from entirely unrelated causes are considered separate periods of disability.

Benefits during any Period of Disability as the result of: more than one Sickness; or more than one Injury; or both Sickness and Injury; will be considered the same as if the Disability resulted from only one cause.

Effective Date

Your insurance will become effective on the first of the month following the date of approval of your application, provided the required premiums are paid. Acceptance into this plan is subject to medical evidence of insurability as determined by The Hartford. Depending on your age, the amount of coverage you request, and your answers on the application, a medical examination, medical test(s), or other evidence of good health may be required. Any exams/tests requested by the company will be conducted at your convenience and at no expense to you.

Termination of Coverage

Coverage continues as long as: you remain an association member; you pay your premiums on time; you remain Actively at Work (except by reason of Total Disability covered by this plan); the master policy is in effect; and you remain under 70. Your spouse's coverage will remain in effect as long as your coverage is active, premiums are paid, and they meet the eligibility requirements.

TERMS OF COVERAGE

Exclusions

No benefits will be paid for any disability which is within or results directly or indirectly from one of the following: 1) intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane; or 2) pregnancy or childbirth, except Complications of Pregnancy; or 3) war or act of war, whether declared or not; or 4) any Injury sustained while riding on, boarding or alighting from, any aircraft: a) as a pilot, crew member or student pilot; b) operated by any military authority (land, sea or air), unless it is a military transport aircraft used for transport and operated by the United States Military Air Mobility Command (AMC) or an AMC type service of a national government recognized by the United States; or c) being used for tests, experimental purposes, stunt flying, racing or endurance tests; or 5) Your commission or attempted commission of a felony; or 6) Sickness contracted or Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority.

We will refund the pro rata portion of any premium paid for You while You are in the armed forces on full-time active duty for a period of two months or more. Written notice must be given to Us within 12 months of the date You enter the armed forces.

Mental Nervous Disorder Limitation

If You or Your Spouse are Totally Disabled due to Mental Illness, alcoholism or Substance Abuse, the Maximum Payment Period will be reduced to 2 years during Your or Your Spouse's lifetime unless You or Your Spouse are confined in a hospital or other institution licensed to provide care and treatment for that disability.

Defined Terms

Injury means bodily injury which results directly from accident and independently of all other causes.

Total Disability means disability which, during the Elimination Period and the first 60 months during which Total Disability Benefits are payable, wholly and continuously prevents You or Your Spouse from performing the Essential Duties of Your or Your Spouse's Occupation.

Pre-disability Earnings means your regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or extra compensation, in effect on the last day you were Actively at Work prior to becoming Totally Disabled.

Waiver of Premium

If you become Totally Disabled, and the Total Disability continues for more than 6 consecutive months, you won't have to pay your premiums for as long as the Total Disability lasts and benefits are payable.

Monthly Rates per $100 Monthly Benefits

Select the monthly income you need, from $200 to $5,000.

Premiums are based on your selected Elimination Period, age when entering the program, and changes as each new age bracket is reached. The Insurance Company reserves the right to change rates.

Monthly* Premiums per $100 Benefit Unit

(Maximum $5,000 a month or 60% of your Pre-disability Earnings)

	Elimination Period		
Your Age	**60 days**	**90 days**	**180 days**
Under 30	$1.33	$1.17	$0.96
30–39	1.60	1.33	1.17
40–49	2.48	2.08	1.83
50–59	4.17	3.58	3.17
60–69	6.74	5.71	5.04

Rates and/or benefits are subject to change on a group basis.

*All Premiums apply at attained age on each premium due date.

Rates are based on the attained age of the Insured Person and increase as you enter each new age category.

If applicable, an additional $2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Pre-Existing Conditions Limitation

During the first two years of coverage, losses incurred for Pre-Existing Conditions are not covered. A Pre-Existing Condition means any Disability; diagnosed or undiagnosed, for which medical care is received by you within the 12-month period prior to your coverage effective date or the date of an increase in coverage. During that time, benefits for all other accidents or illnesses will be paid under the policy provisions. You are urged to consider this limitation before dropping any coverage you may have until the Elimination Period is over.

It's Easy to Apply!

1. Complete, date and sign the Application. If your spouse is also applying, please complete the form and sign where indicated.
2. **Send no money now.** You will be billed when your Certificate is issued.
3. Mail your completed Application to:
   AOTA GROUP INSURANCE
   P.O. Box 14533
   Des Moines, IA 50306

Program Offered by:

AMBA

Association Member Benefits Advisors, LLC., which acts as the insurance broker for the Group Policyholder, is appointed by The Hartford, and is compensated for the placement of insurance.

In CA d/b/a Association Member Benefits & Insurance Agency
CA Insurance License #0I96562 | AR Insurance License #100114462

P.O. Box 14533
Des Moines, IA 50306

1-800-503-9230
www.aotainsurance.com

Underwritten by:

THE HARTFORD

Hartford Life and Accident Insurance Company
Hartford, CT 06155

The Hartford Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries under the brand name, The Hartford, and is headquartered in Hartford, Connecticut. For additional details, please read The Hartford's legal notice at www.thehartford.com.

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Notice of Information Practices

This notice applies to residents of: All states, excluding Massachusetts.

The Hartford Life and Accident Company respects your right to privacy and values your trust. This Notice explains how we collect, use and protect your personal information and your rights regarding that information.

Information We Collect: While your application for insurance is our primary source of information about you, we may also need to collect or verify information from other sources such as physicians and other medical and health care providers and professionals, health facilities such as hospitals, clinics, pharmacies, employers, consumer reporting agencies, and insurance-support organizations, which may provide us with an investigative consumer report about you. Organizations that provide us with consumer reports about you may disclose the contents of the report to others for which such organization performs such services. We may collect personal information about you that is necessary to determine your eligibility for insurance, to service your insurance policy, and otherwise as permitted by law; the information may include information from which judgments can be made about your age, health and medical history, occupation, avocations, finances, credit, character, habits, general reputation, or any other personal characteristics. We also collect information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.

Personal History Interview: To provide you, our client, with the best possible service, we may also conduct what we call a personal history interview. This is a phone call placed from our underwriting office. Its purpose is to make sure that the application information is complete. Our interviewers are trained to conduct their calls in a friendly, professional manner. The nature of the information discussed is always treated as personal and confidential and will only be used to assess your eligibility for insurance.

Medical Information Bureau (MIB) Pre-Notice: Information regarding your insurability will be treated as confidential. Hartford Life and Accident Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company, with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite Model 400, Braintree, Massachusetts 02184-8734. Hartford Life and Accident Insurance Company, or their reinsurers, may also release information from their files to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Disclosure of Personal Information: We will not disclose your personal information to third parties without your authorization except in connection with our business or as otherwise permitted or required by law. For example, in connection with our general business practices, we may disclose personal information we collect to: companies performing services or functions on our behalf, including other insurers, agents or insurance support organizations, including for the purpose of determining your eligibility for insurance benefits or payments; detect or prevent fraud or criminal activity in connection with insurance transactions; medical care institutions or medical professionals for the purposes of verifying coverage or benefits; insurance regulatory authorities or law enforcement of other governmental authorities to prevent or prosecute the perpetration of fraud; the policyholder of a group insurance policy (for example an employer who provides group insurance) for purposes of reporting claims experience, conducting an audit of our operations or services, risk mitigation or other permissible purposes; third parties who collect data regarding claims for purposes of underwriting and claims handling, or to a third party as otherwise permitted or required by law; or reinsurers.

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

Form PA-10210 (2018)

How We Protect Your Information: We employ administrative, technical and physical safeguards to protect the security, confidentiality and integrity of personal information. We will continue to protect your information even when a business relationship no longer exists between us.

Right to Access and Right to Correct/Amend/Delete: You have the right to learn what personal, including medical, information we have in our files about you, to whom it has been recently disclosed, to have access to the information, to correct the information, and to receive a copy. We are not required to provide you access to information that is collected when we evaluate a claim or when the possibility of a lawsuit exists.

Please contact us if you would like access to your information from your files. There may be a reasonable charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will investigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

If you request access to medical record information that was supplied to us by a medical care institution or medical professional, we may choose to provide it to a medical professional designated by you.

Rights Relating to Adverse Underwriting Decision: You have the right to certain information relating to adverse underwriting decisions we may make about You, including the reason for such decision. In the event we make an adverse underwriting decision relating to You, we will provide You with information regarding such decision and Your rights.

How to make a request: If you wish to exercise your rights as provided in this notice, please provide us with your full name, complete address, your policy number or other identifying information and a reasonable description of the information you wish to access or correct. Please send your written request to: The Hartford, Attn: Medical Underwriting, PO Box 2999, Hartford, CT 06104-2999.

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Notice of Information Practices

This notice applies to residents of Massachusetts.

The Hartford Life and Accident Company respects your right to privacy and values your trust. This Notice explains how we collect, use and protect your personal information and your rights regarding that information.

Information We Collect: While your application for insurance is our primary source of information about you, we may also need to collect or verify information from other sources such as physicians and other medical and health care providers and professionals, health facilities such as hospitals, clinics, pharmacies, employers, consumer reporting agencies, and insurance- support organizations, which may provide us with an investigative consumer report about you. Organizations that provide us with consumer reports about you may disclose the contents of the report to others for which such organization performs such services. We may collect personal information about you that is necessary to determine your eligibility for insurance, to service your insurance policy, and otherwise as permitted by law; the information may include information from which judgments can be made about your age, health and medical history, occupation, avocations, finances, credit, character, habits, general reputation, or any other personal characteristics. We also collect information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.

Personal History Interview: To provide you, our client, with the best possible service, we may also conduct what we call a personal history interview. This is a phone call placed from our underwriting office. Its purpose is to make sure that the application information is complete. Our interviewers are trained to conduct their calls in a friendly, professional manner. The nature of the information discussed is always treated as personal and confidential and will only be used to assess your eligibility for insurance.

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Disclosure of Personal Information: We will not disclose your personal information to third parties without your authorization except in connection with our business or as otherwise permitted or required by law. For example, in connection with our general business practices, we may disclose personal information we collect to: companies performing services or functions on our behalf, including other insurers, agents or insurance-support organizations, including for the purpose of determining your eligibility for insurance benefits or payments; detect or prevent fraud or criminal activity in connection with insurance transactions; medical care institutions or medical professionals for the purposes of verifying coverage or benefits; insurance regulatory authorities or law enforcement of other governmental authorities to prevent or prosecute the perpetration of fraud; the policyholder of a group insurance policy (for example an employer who provides group insurance) for purposes of reporting claims experience, conducting an audit of our operations or services, risk mitigation or other permissible purposes; third parties who collect data regarding claims for purposes of underwriting and claims handling, or to a third party as otherwise permitted or required by law; or reinsurers. Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.

How We Protect Your Information: We employ administrative, technical and physical safeguards to protect the security, confidentiality and integrity of personal information. We will continue to protect your information even when a business relationship no longer exists between us.

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Within 30 days of receipt of your written request, we will make any of this personal information available to you or to your designated representative. You also have the right to request correction, amendment or deletion of any of this personal information. Within 30 business days of receipt of your written request, we will notify you of our correction, amendment or deletion of the information in dispute, or our refusal to make such correction, amendment or deletion after further investigation. In the event that we refuse to correct, amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information is dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.

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How to make a request: If you wish to exercise your rights as provided in this notice, please provide us with your full name, complete address, your policy number or other identifying information and a reasonable description of the information you wish to access or correct. Please send your written request to: The Hartford, Attn: Medical Underwriting, PO Box 2999, Hartford, CT 06104-2999.

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