

Group Term Life Insurance Plan (with Living Benefit Feature)

FOR AMERICAN OCCUPATIONAL THERAPY ASSOCIATION MEMBERS

Read on for 2 ways you can get more protection for less...

1. Your Association's Group Rates

Your Association has made arrangements with Hartford Life and Accident Insurance Company to offer Group Term Life Insurance to eligible members under age 65.

Due to your Association's mass-purchasing power, this plan is available at economical group rates.

2. Lower Rates for Non-Smokers*

If you haven't used tobacco products in the past 12 months, you're eligible for the non-smokers' rates. As shown in the rate chart that is inside, this varies by age.

*A non-smoker is one who has not smoked cigarettes, cigars or a pipe, or used chewing tobacco, nicotine chewing gum or snuff during the 12 months before submitting an application for life insurance.

Even if you have some Life Insurance, you should consider applying!

Do you have enough life insurance? If you were to pass away, would your loved one have enough money to pay your "final expenses," the mortgage or rent payments, car payments, other financial obligations, living expenses, education expenses, and all the rest? Don't pass up this opportunity to help provide a measure of financial security—\$10,000 to \$150,000—for your family, at the affordable group rates available to association members.

You're Eligible to Apply if You're Under Age 65.

Each member under age 65 who is a citizen or legal resident of the United States, its territories and protectorates may apply for this coverage.

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.

Exclusions

During the first 2 years of coverage the benefit for death due to suicide will be limited to a refund of premium paid. During the two years immediately following an increase in coverage under The Policy, We will only pay the deceased person's Life Insurance Benefit in an amount equal to the amount of Life Insurance in force prior to the increase, plus an amount equal to the premium paid for the increase to the date of death.

Protection for your Family!

Coverage is available for your lawful Spouse, under age 65, from \$10,000 to \$150,000. Your Spouse's premium is based on your age. Spouse's coverage is available only if you are insured and may not exceed your amount of insurance. If member and Spouse are both members of AOTA, coverage may not be duplicated by applying as dependents of each other. Children may only be covered under one plan. Benefit amount restrictions for Spouse may apply in some states. A Spouse can not be legally separated or divorced from the member. You may also insure each of your unmarried dependent children (from 15 days old to age 26) for one monthly premium of 29¢ per \$1,000 of coverage to a maximum of \$5,000, no matter how many children you have. Children 15 days to 6 months can be covered for \$250.

Your Coverage is Renewable to Age 80

Your insurance cannot be cancelled, up to age 80, as long as your premiums are paid when due, you continue your Association membership, and the Master Policy remains in force. Coverage terminates on the premium due date coinciding with or following your 80th birthday. Dependent coverage terminates when your coverage ends, when you discontinue the payment of premiums, or when dependents no longer satisfy eligibility requirements.

Effective Date of Coverage

When your application is approved by the insurer, your insurance will become effective as of the first of the month coinciding with or following approval and receipt of the first month of premium.

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.

Waiver of Premium if Disabled

Should you become Disabled prior to age 60, and your disability continues for at least six consecutive months while insured, your coverage will continue without premium payments while you continue to be disabled. We'll also waive these premiums for your Spouse and covered dependents as long as you are unable to work and remain Disabled. Once a disability ends, premium payments must resume.

Disabled means you are unable to perform any work or occupation for which you are reasonably qualified or trained; or if not employed, engaging in the normal activities of a person of like age and gender in good health or as a result of injury or sickness. In addition, you will be considered disabled if you have been diagnosed with a life expectancy of 12 months or less.

Life Insurance Conversion Right

If coverage terminates for any reason, except for non-payment of premium or reaching the maximum age, you and/or your covered dependents may be eligible to convert the life insurance to an individual policy, underwritten by The Hartford***. The conversion opportunity is limited when coverage terminates due to group policy termination. Details are in your Certificate of Insurance.

Accelerated Death Benefit: "Living Benefit Feature"

The plan permits you take advantage of up to 50% of the death benefit or \$125,000, whichever is less, prior to death provided you have been diagnosed to be Terminally Ill, with life expectancy of less than 12 months. These funds can be used for any reason—for medical expenses, to pay off a mortgage, or just to make the final months more comfortable. The balance of the death benefit would go to the assigned beneficiary. Accelerated benefits may be taxable. These materials are not intended to provide tax, accounting or legal advice and cannot be relied upon for any such purpose. We recommend that you consult with a qualified tax advisor. Accelerated benefits may affect your or your family's initial or continued eligibility for public assistance, such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), we recommend that you consult with social service agencies with any questions regarding eligibility for public assistance.

About Your Premiums

The monthly premiums shown below are for your choice of \$50,000, \$100,000 or \$150,000 in coverage. Spouse's premiums are based on the member's attained age. Premiums increase as the member enters a new age bracket. The benefit amount remains constant except due to reductions by age. Rates and/or benefits may change on a class basis.

2 Ways to Pay!

If you choose to pay by Automatic Monthly Check Withdrawal, please complete the request on the application. The premium amount will automatically be deducted from your checking account each month. If you choose to pay by Semi-Annual Direct Bill, multiply your monthly premium by 6. You will be mailed a bill after your application has been accepted.

SEND NO MONEY NOW!

You are not required to send any money until your application is approved. You will be billed on a semi-annual basis later.

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.

Living Benefit Term Life Insurance Plan—Monthly Premiums

Standard Smoker Rates

Member's Age	\$50,000	\$100,000	\$150,000
Under 30	\$4.40	\$5.28	\$7.92
30–34	5.28	7.04	10.56
35–39	7.20	10.88	16.32
40–44	11.76	20.00	30.00
45–49	18.56	33.60	50.40
50–54	29.08	54.64	81.96
55–59	45.52	87.52	131.28
60–64	68.96	134.40	201.60
65–69*	112.00	220.56	330.84
70–74	186.63	367.53	551.30
75–79*	319.76	629.70	944.55

Standard Non-Smoker Rates

Member's Age	\$50,000	\$100,000	\$150,000
Under 30	\$3.68	\$3.92	\$5.88
30–34	4.40	5.28	7.92
35–39	5.60	7.76	11.64
40–44	9.12	14.72	22.08
45–49	14.36	25.20	37.80
50–54	23.48	43.44	65.16
55–59	37.48	71.44	107.16
60–64	58.48	113.44	170.16
65–69*	98.00	192.24	288.36
70–74	163.30	320.34	480.51
75–79*	279.79	548.85	823.27

Spouse Coverage**

(from \$50,000 – \$150,000)

*For renewal only.

Children's coverage: 29¢ monthly per \$1,000 of coverage to a maximum of \$5,000. Rates are based on member's attained age and will increase as the member enters a new age bracket. Rates and/or benefits may be changed on a class basis. At age 65, benefits are reduced by 50% and by an additional 50% at age 75 with an appropriate adjustment in premium.

**Spouse rates are shown in \$10,000 units. To determine your monthly rate, multiply the rate shown above by the number of \$10,000 units you are applying for.

A non-smoker is one who has not smoked cigarettes, cigars or a pipe, or used chewing tobacco, nicotine chewing gum or snuff during the 12 months before submitting an application for life insurance.

For rates for additional amounts not shown, please contact the Plan Administrator.

Per \$10,000 Unit	
Under 30	1.40
30–34	1.75
35–39	2.37
40–44	3.50
45–49	5.52
50–54	8.75
55–59	13.57
60–64	18.90
65–69*	30.80
70–74	51.32
75–79*	87.93

Program Offered by:



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 #0196562 | AR Insurance License #100114462

P.O. Box 14533
Des Moines, IA 50306

Questions?

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

Underwritten by:



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 the 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.

Life Form Series includes GBD-1000, GBD-1100 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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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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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. 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.

Right to Access and Right to Correct/Amend/Delete: You have the right to access 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.

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 in 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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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 that coverage for which you have applied is declined, terminated for reasons other than failure to pay your premium, or offered to you at a higher than standard rate, you have the right to request in writing within 90 days the specific reasons why. Within 21 days of receipt of your written request, we will submit to you a written statement of the specific reasons for our decision and the specific items in your recorded personal information that support that decision.

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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